I spent the last two years in Togo, West Africa, serving in the Community Health sector with the Peace Corps through the Master’s International program, a program designed to combine Peace Corps service with Master’s degree coursework. During my time abroad, I had the opportunity to immerse myself in another culture, work with a diverse group of people, and observe firsthand the far-reaching impact of effective public health information collection and distribution on policy development and the quality of life in a community.

One of the key public health issues in Togo is malaria. In Togo, malaria causes an estimated 620-950 thousand infections and over 1,500 deaths per year, predominantly in children under five years old. In a country with barely six million people, this disease affects a significant portion of the population and has negative impacts that reach far beyond health into social and economic settings.

Unlike many other organizations, the Peace Corps has the unique quality of having a substantial personnel presence on the ground throughout the country. As a result, the World Health Organization (http://www.who.int) and Plan-Togo (http://plan-international.org/where-we-work/africa/togo/) approached me and two other individuals working in the country to perform an unbiased third-party evaluation of the campaign and of mosquito net usage. We achieved this by mobilizing our greatest resource, our people: Peace Corps Volunteers (PCVs) and their local counterparts.

PCVs and local counterparts were grouped to form data collection teams, with the PCV serving as supervisor. Then randomly selected villages were assigned to each team based on their geographical location. One week prior to the implementation of the survey, each team completed a special one-day training on proper surveying techniques and on the goals and objectives of the study. This training helped to reduce the possibility of recording error and surveyor bias. It also provided an opportunity for our surveyors to pre-test their translation of the survey questionnaire into local languages (if necessary). Over a two-week period our data collection teams visited the selected village, conducted the survey, and reported their results. After completing data entry, we were able to compile and analyze our results to generate a report for distribution to and use by the various partner organizations involved in LLIN distribution.

While it was too soon to observe the impact of LLIN distribution efforts on malaria morbidity in Togo, the study results represented a quantifiable indicator of the distribution campaign’s success in increasing mosquito net ownership and use, while also demonstrating the potential for continued inter-organizational collaboration on future public health projects in Togo.