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Utilizing evidence to drive program implementation:

How Lot Quality Assurance Sampling (LQAS) surveys help districts to target underserved areas in Uganda

Samson Kironde[1], Joseph Mabirizi[1], Denis Businge[2], Stephen Ssimbwa[2] Nosa Orobaton[1]
[1]Uganda Program for Human and Holistic Development/John Snow Incorporated; [2]Independent Consultants

Issues

For effective implementation of decentralized health systems at the local level, districts need to have accurate, up-to-date and representative information to guide decisions about where to focus resources in order to achieve maximum impact with the often limited resources at their disposal.

However, many local government entities in Uganda have limited capacity and resources to measure outputs and outcomes in order to effectively tailor interventions. Use of regular low cost Lot Quality Assurance Sampling (LQAS) surveys can help achieve this.

Description of activities

John Snow Incorporated (JSI) with funding from USAID, through the five year Uganda Program for Human and Holistic Development (UPHOLD) annually supports 29 districts in Uganda to collect output data at the lower level (county and health sub-district) for evaluation, monitoring and planning.

Using LQAS methodology, each district is divided into a minimum of five 'supervision areas' which are existing administrative structures, homogeneous in socio-economic indicators (usually county or sub-county). 19 households are then selected from each 'supervision area' using a sampling technique that accounts for village size. Interviews are then conducted at household level using structured questionnaires and data collected on several indicators is analyzed

For the annual household survey, five classes of respondents, are targeted for interview as follows:

- Mothers with a child under 2 years
- Mothers/caretaker with child 2 to 5 years
- Parents/caretakers with school age child 5 to 14 years
- Women 15 to 49 years
- Men 15 to 54 years

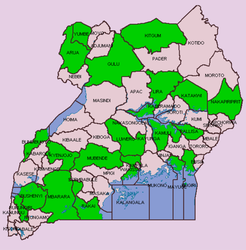
District official interviewing a respondent in Kitgum IDP camp during the LQAS survey

What can LQAS do?

A sampling method that:

- Can be used locally, at the level of a 'supervision area' (e.g., district) to identify priority areas (e.g., county, sub-county) or indicators that are not reaching average coverage or an established benchmark
- Can provide an accurate measure of coverage or health system quality at a more aggregate level (e.g., district, program catchment area etc.)

Map of Uganda showing Districts were the LQAS survey is done Annually



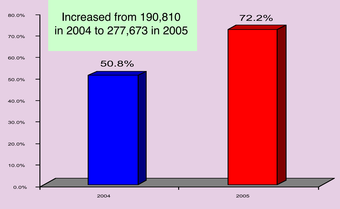
Results

200 district officials have been trained in the methodology

The LQAS survey has so far been conducted twice in the UPHOLD supported districts with 9,975 households surveyed in 2004 and 12,360 surveyed in 2005

LQAS results show that more children are protected from killer diseases through immunization.

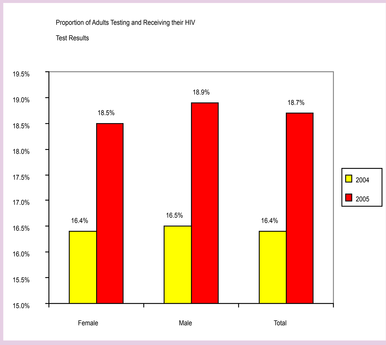
Percent of children 12-23 months who received 3rd dose of DPT by 12 months of age .



LQAS also showed an increase in the uptake of HIV Counselling and Testing (HCT) services partly as a result of interventions supported by USAID as is described below:

HIV/AIDS Interventions results for 12 districts between October 2004-September 2005

- District supported HCT static sites increased from 32 to 75
  Overall, static and outreach sites increased from 32 to 404
- The number of people testing and receiving HIV results has increased from 752,654 to 878,720
- 1,492 HCT service providers were trained
- All UPHOLD supported districts had their HIV/AIDS plans integrated into district development plans, with resources allocated appropriate to activities a timeframe for monitoring results and with evidence of community participation in the process
- The number of public-private partnership participating in community-based HIV/AIDS related activities at the district level increased from 1 to 29
- Partly as a result of the above interventions, an LQAS survey done in 2005 showed that uptake for HCT services had increased between 2004 and 2005 in the districts surveyed



- PMTCT sites increased from 9 to 41
- The number of pregnant women accessing PMTCT services increased from 12,088 to 24,265
- 295 PMTCT counsellors were trained
- Gender-based violence and family dialogue activities were implemented at community level to increase uptake of PMTCT and couple counselling and testing

Lessons Learned

- District and national level planners find LQAS results useful for evidence-based work planning and decision-making
- District wide and supervision area-specific data now available for the intervention monitoring, evaluation and planning
- It is possible to make comparisons within and across districts and measure success in comparison to national targets
- LQAS has fostered more equitable allocation of resources at district level due to 'evidence-based' planning
- The methodology is simple to use and district personnel can be trained to carry out and analyze the annual surveys
- 'Start-up' training costs may be high, but this is often a once-off as persons already employed at district level are utilized for the surveys
- At a cost of ~2,700 USD per district, LQAS is suitable for annual routine data collection even in resource limited settings

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Acknowledgments

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For further information

Please contact:
Samson Kironde, MD, PhD
Chief Of Party, UPHOLD
skironde@upholduganda.org