Utilizing evidence to drive program implementation: How Low Quality Assurance Sampling (LQAS) surveys help districts to target underserved areas in Uganda

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For effective implementation of decentralized health systems at the local level, districts need to have a strategy, up to date and representative information to guide decisions about where to focus resources in order to achieve maximum impact with the limited resources at their disposal. However, many developing countries lack limited budgetary and personnel resources to measure outputs and outcomes in order to effectively tailor interventions. Use of simple low cost Low Quality Assurance Sampling (LQAS) surveys can help achieve this.

What can LQAS do?
A sampling method that
- Emphasizes a systematic and equitable distribution of modern health services
- Can provide an accurate measure of coverage or health system quality
- Can be used locally, at the level of a ‘supervision area’ (e.g., district) to monitor and analyze the annual surveys and analyze the annual surveys
- 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 conduct and analyze the annual surveys
- ‘Start-up’ training costs may be high, but this is often a one-off as persons already employed at district level are utilized for the surveys

Lessons Learned
- District and national level planners find LQAS results useful for medium-term work planning and decision making
- District wide and supervision area service data now available for the identification and evaluation of curricula and training
- 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 it is often a one-off as personnel already employed at district level are utilized for the surveys

Literature Cited


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Description of activities
John Samson (Project Leader) 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-districts) for evaluation, monitoring and planning.

Using LQAS methodology, each district is divided into a minimum of 50 supervisors’ areas which are existing administrative structures, homogeneous in socio-economic, and geographic environments. The district is then divided into sub-counties where supervisors interview a sample of respondents to assess the coverage of health care services. 19 households are then selected from each supervisor’s area using a sampling technique that assures a sample representative of the villages size. Respondents are then asked to complete a household level survey, using structured questionnaires, and data collected on several indicators are analyzed.

In order to provide an accurate evaluation of both coverage and impact of services, 1000 respondents were interviewed in each survey. The total sample is divided into 50 classes of respondents, targeted for interview at varying ages.

For an annual household survey, 5 classes of respondents are targeted for interview at different ages:

- Mothers with a child under 2
- Mothers/caregivers with children 2 to 5 years
- Mothers/caretaker with children 2 to 5 years
- Parents/caretakers with school age child 5 to 14 years
- Adults 15 to 49 years
- Men 15 to 45 years

LQAS surveys help districts to target underserved areas in Uganda.

2005
Male
Total

2004
Male
Total

Proportion of children 12-23 months who received 3rd dose of DPT

LQAS also observed an increase in the uptake of HIV Counseling and Testing (HCT) services partly as a result of interventions supported by USAID and implemented below.

2004-2005 Interventions results for 12 districts between October 2004 - September 2005

- District supported HCT site-driven increases from 32 to 75
- Overall, state and non-state driven increases from 52 to 148
- The number of people testing and receiving HIV results has increased from 72,074 to 176,732

- 1.4 LQAS surveys per province were trained.

- All UPHOLD supported districts had their HCT sites plans integrated into district development plans, with measures utilized approved to achieve a timeframe for measuring results and with evidence of community participation in the process.

- The number of QoP partners participating in community-based HIV/AIDS related activities at the district level increased from 1 to 29

- Overall, 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 0 to 9

- The number of pregnant women accessing PMTCT services increased from 12,800 to 29,200

- 295 PMTCT counselors were trained

- Gender-based violence and family dialogues activities were implemented at community level to increase uptake of PMTCT and couple counseling and testing

Results

2005: 8 districts had been trained in the methodology.

The LQAS survey has so far been conducted twice in the UPHOLD supported districts with 9,475 households surveyed in 2004 and 12,035 surveyed in 2003.

LQAS results, shown in the following diagram, can be protected from lower classes through immunization.

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

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