

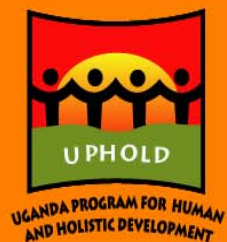


Using LQAS to Promote Equity in Delivery of 'Roll Back Malaria' Programs in Uganda

Presentation for the Annual Scientific Conference, Makerere University Medical School and IPH

Betty Mpeka, Margaret Kyenkya, Ebony Quinto, John Tumwesigye, Samson Kironde





Background: UPHOLD

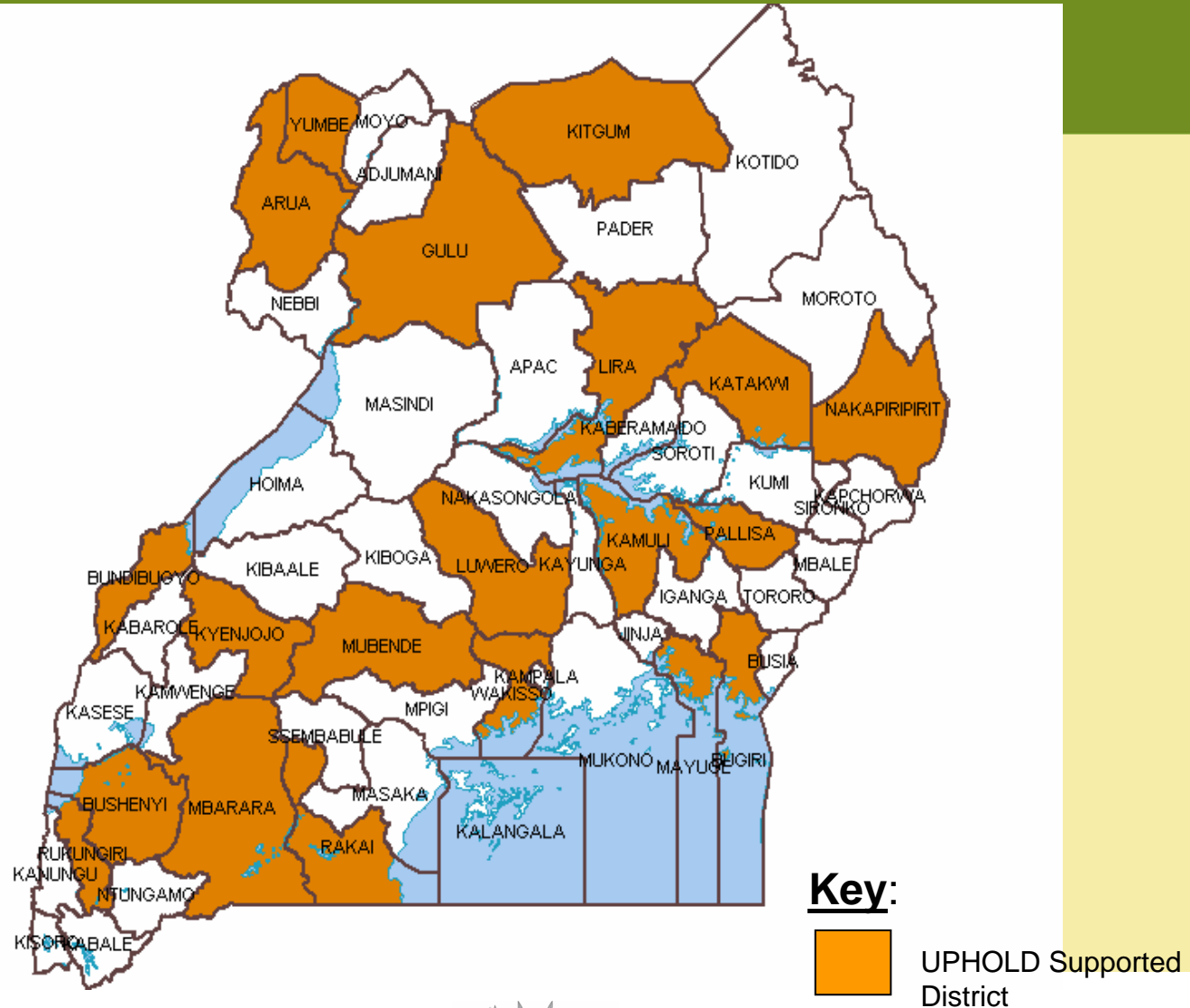
- GoU-USAID five-year bilateral project (Oct. 2002- Sept 2007)
- In 34 districts (up from 20), covering 42% Uganda's population (~ 11.4m people)
- Aims to increase utilization, quality and sustainability of services in **Education, Health** and **HIV/AIDS** through an integrated approach

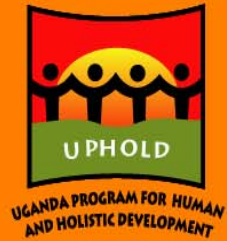




UGANDA PROGRAM FOR HUMAN AND HOLISTIC DEVELOPMENT

UPHOLD's Geographical Coverage

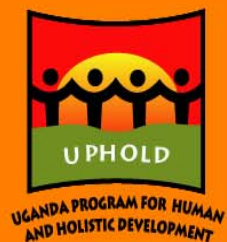




Background: UPHOLD

- UPHOLD supports districts improve quality and utilization of malaria interventions:
 - Home-based Management of Fever
 - Insecticide Treated Nets for <5 year children, pregnant women & PLHAs
 - Malaria in Pregnancy



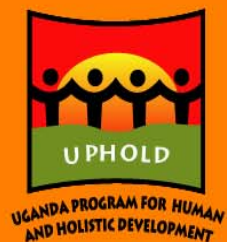


What is LQAS?

LQAS refers to Lot Quality Assurance Sampling

- Can be used locally, to identify and target priority “supervision areas,” (e.g., county, sub-county) that are not reaching average coverage or an established benchmark
- Can provide a good estimate of coverage or health system quality at a more aggregate level (e.g. program catchment area, district or refugee camp)
- UPHOLD uses LQAS to track progress of key project indicators annually





Methodology - I

- An annual cross-sectional survey in 20 districts using LQAS methodology
- Each district is divided into 5 supervision areas (counties)
- 19 villages are sampled from each of the five 'Supervision Areas' in each district





Methodology - II

- 5 households are sampled from each village (~12,300 households covered in last survey)
- In each selected household structured questionnaires are administered parents/caretakers to elicit information on:
 - incidence of fever in <5s in the past 2 weeks
 - treatment sought and ,<5s ITNs utilization
- Data analysis is performed using data management software (FoxPro 2.6) and Stata 8.2





ITN Coverage % (2004)

• Arua	21.8	• Wakiso	14.7
• Yumbe	11.6	• Luwero	13.7
• Gulu	16.1	• Mubende	3.7
• Kitgum	18.9	• Rakai	5.3
• Lira	15.0	• Kyenjojo	8.0
• Katakwi	21.1	• Bundibugyo	10.4
• Nakapirpirit	4.7	• Mayuge	2.1
• Mbarara	24.9	• Bugiri	4.2
• Bushenyi	4.2	• Kamuli	13.7
• Rukungiri	3.7	• Pallisa	4.2

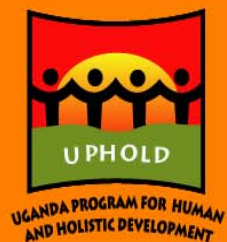




Interventions

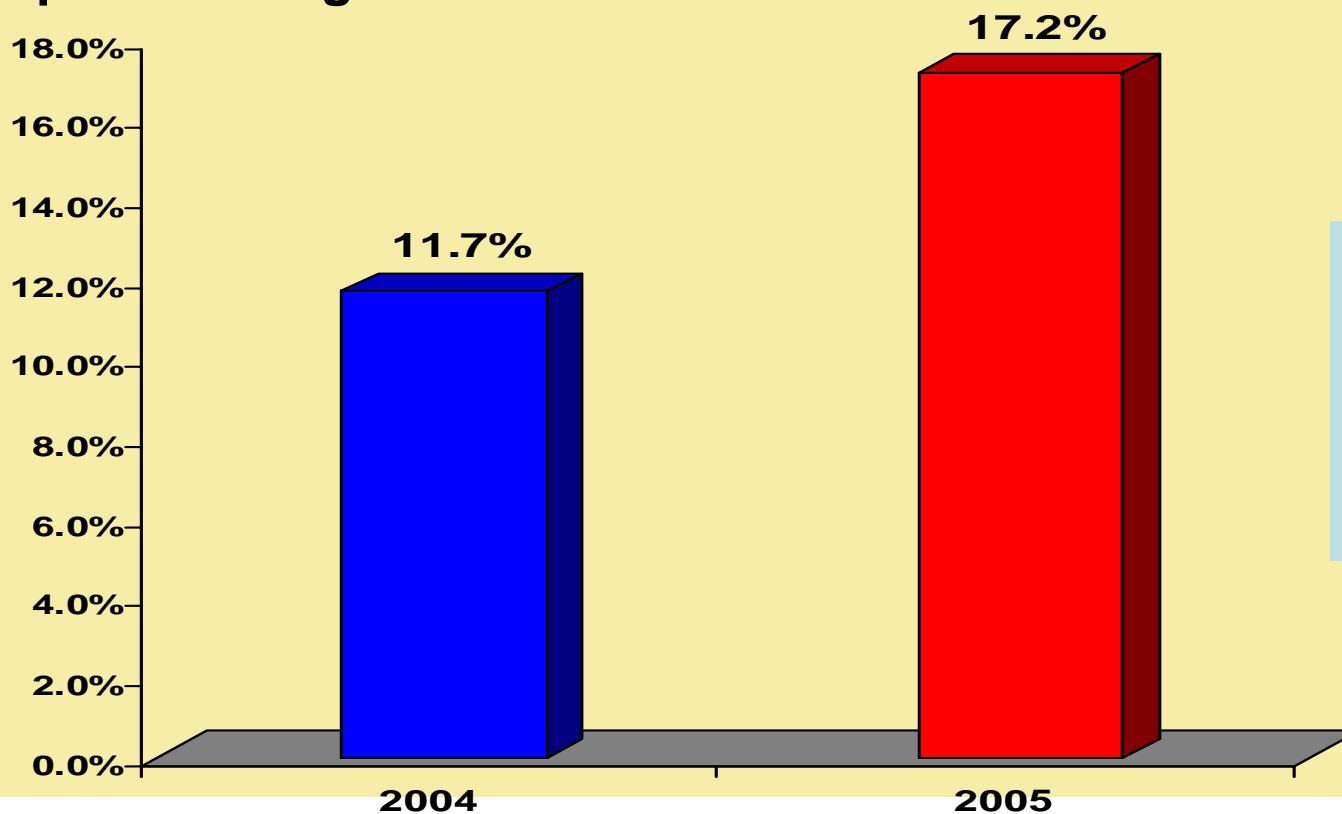
- Focus for Impact strategy which aimed at increasing $< 5s$ ITN coverage by 15% in all UPHOLD-supported districts
- Focus was on districts with lowest coverage and including conflict districts:
 - 248, 755 ITN distributed in 9 districts (2005)
 - Increased BCC campaigns on use of ITNs





ITN Results 2004-05

Percent of children under-5 years sleeping under a treated net in the previous night



Increased from 246,438 in 2004 to 370,944 in 2005

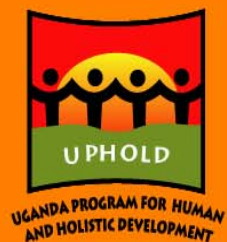




More Specific Targeting

District	Estimated Popn under-5 years (2006)	% ITN coverage by Sept 2004 (LQAS)	% ITN coverage by Sept 2005 (LQAS)	# of ITNs distributed by UPHOLD in Jan 2006	ADJUSTED % ITN coverage after, LLINs distribution
Bugiri	104,526	4.2	19.6	13,000	32.0
Bushenyi	157,621	4.2	9.4	22,800	23.9
Gulu	105,628	16.1	25.5	51,525	74.3
Katakwi	79,638	21.1	41.7	21,945	69.3
Kitgum	68,109	18.9	32.4	16,650	56.8
Lira	175,989	15.0	19.9	38,775	41.9
Mayuge	75,727	2.1	4.7	10,000	17.9
Mubende	160,195	3.7	9.7	20,529	22.5
Rukungiri	68,884	3.7	10.5	9,931	24.9





LQAS: District Experience

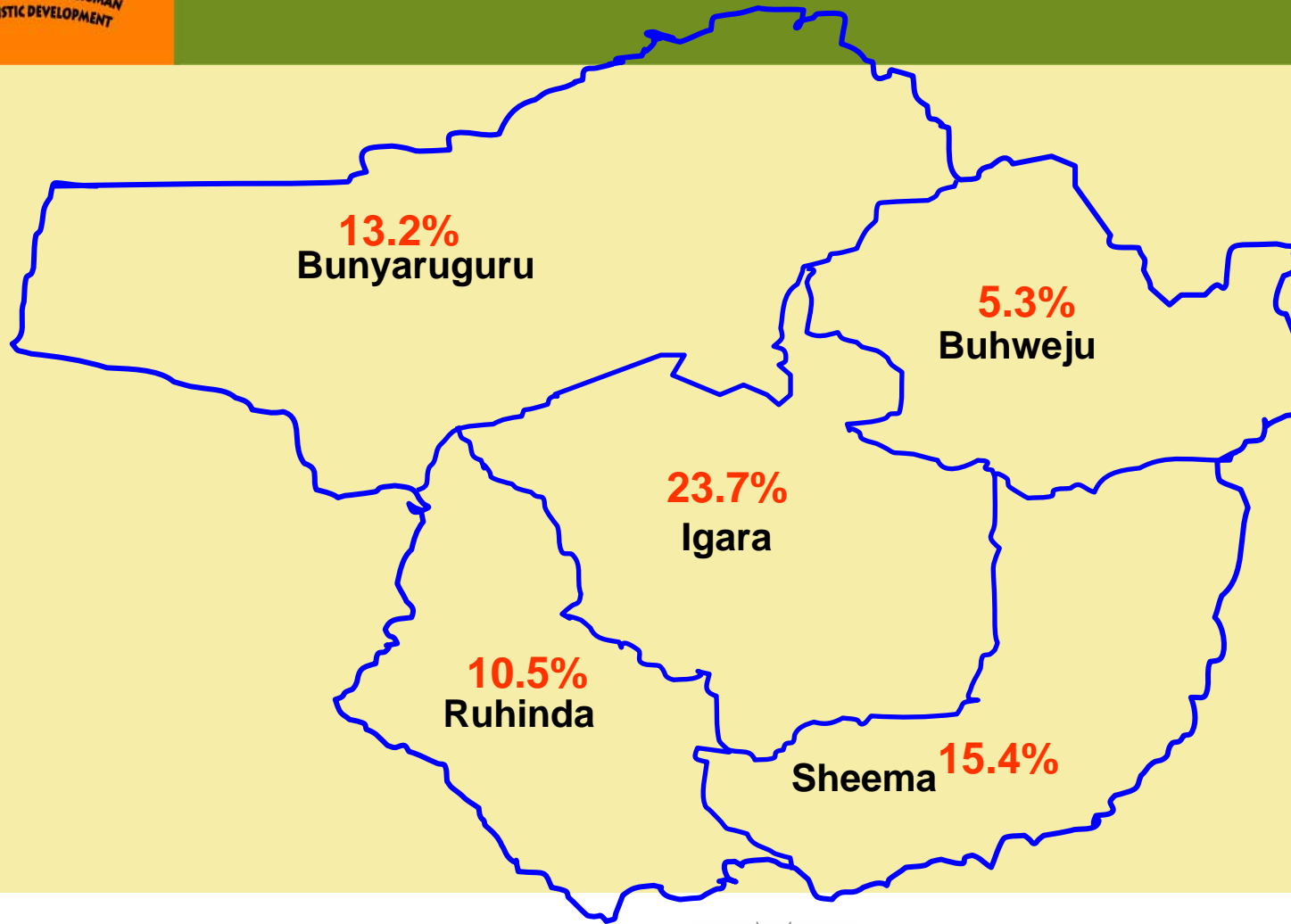
- Districts were able to further select priority supervision areas (counties) with low coverage for targeted ITN distribution
- Bushenyi selected Buhweju County for distributing the 22,800 ITNs

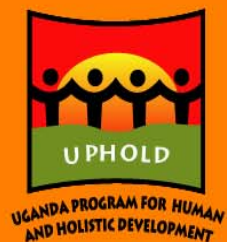




UGANDA PROGRAM FOR HUMAN AND HOLISTIC DEVELOPMENT

Targeting Interventions

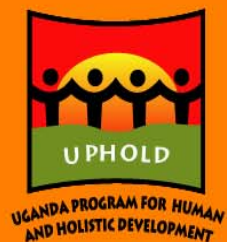




More LQAS partners

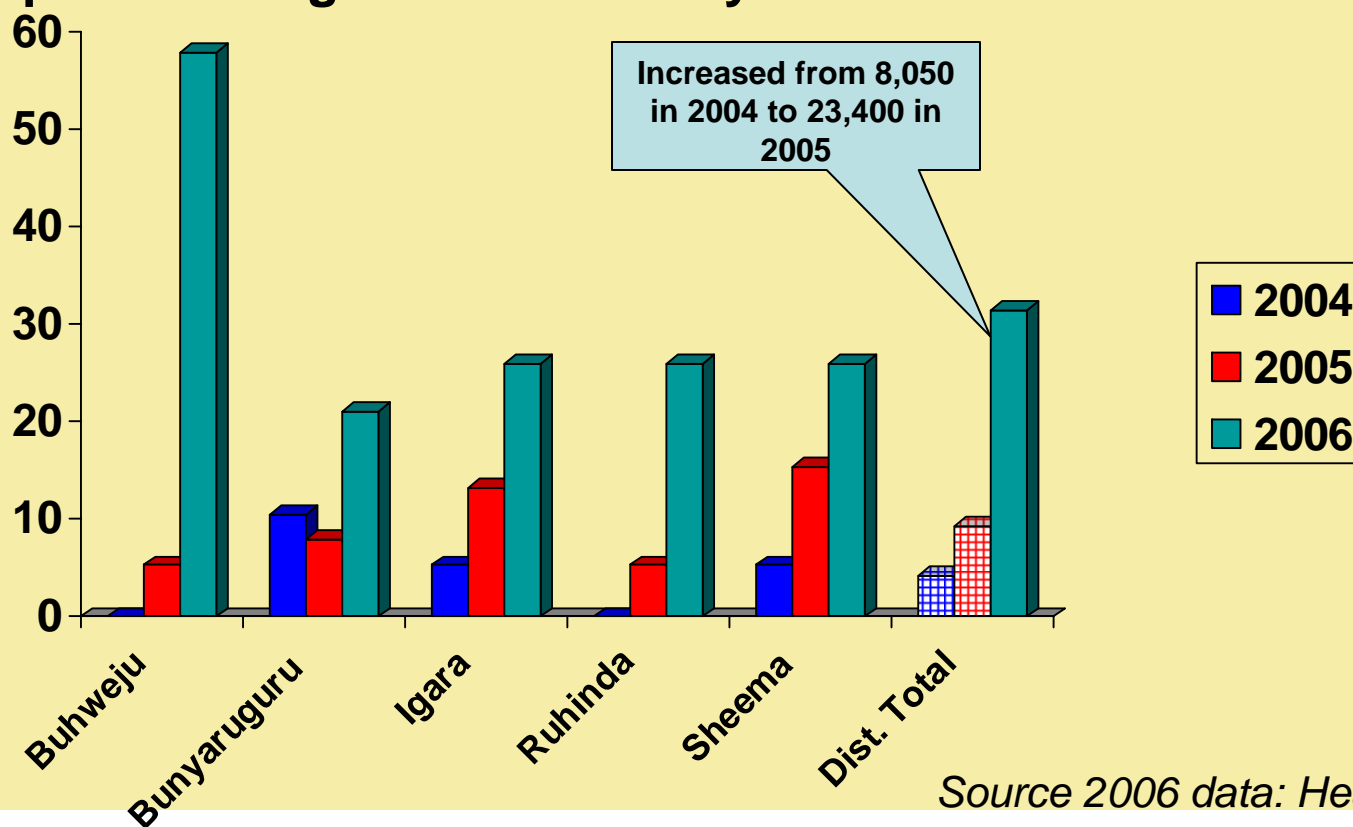
- Health Partners used LQAS methodology to collect baseline information for targeting their interventions
- Used trained personnel UPHOLD works with annually
- Established that Buhweju County where UPHOLD interventions had been focused, has highest ITN coverage





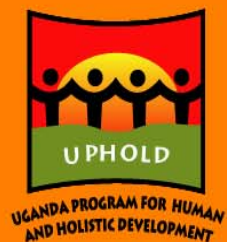
Bushenyi Results – I

Percent of under-fives sleeping under a treated mosquito net in the previous night before survey



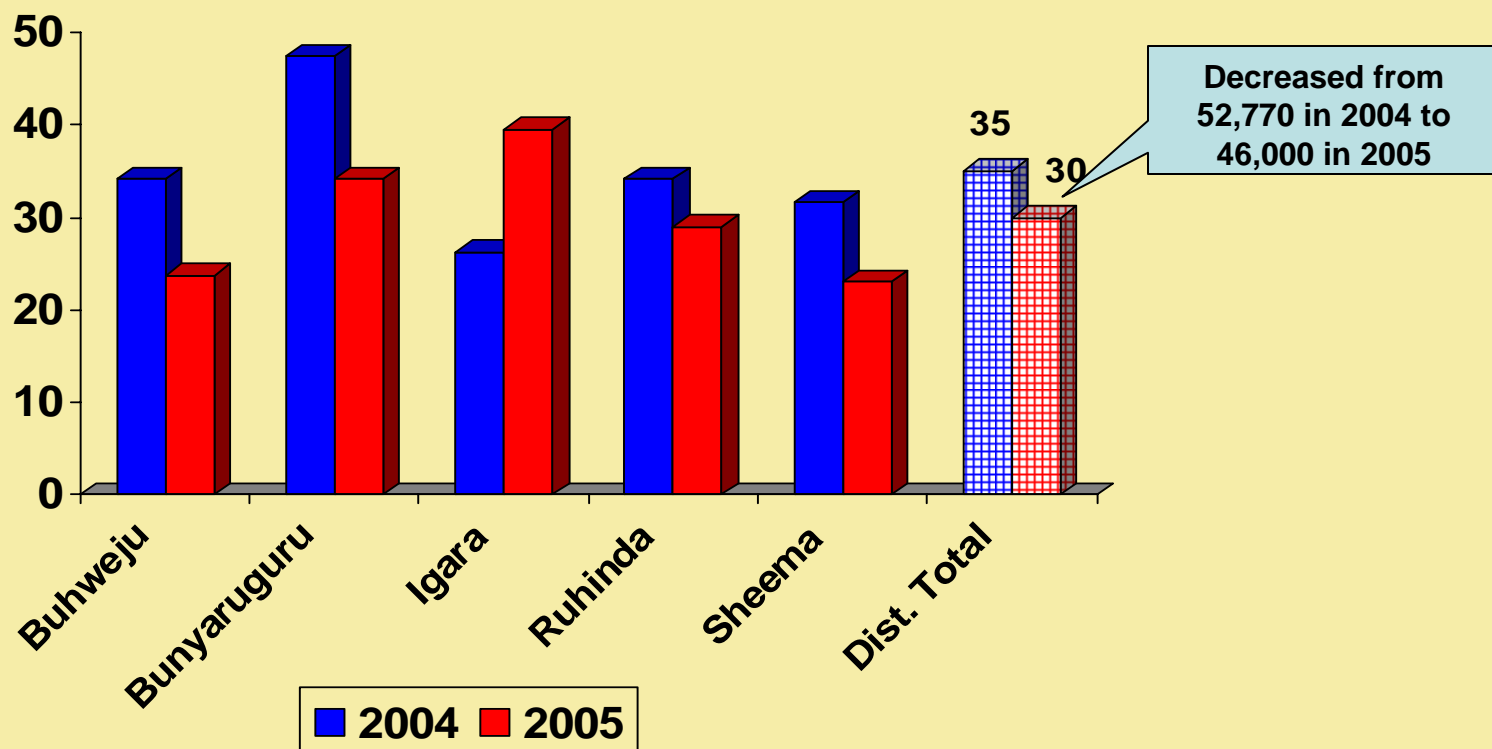
Source 2006 data: Health Partners, 2006

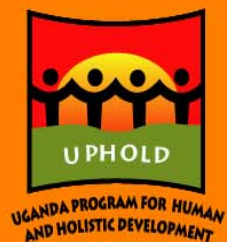




Bushenyi Results – II

Percent of under-fives who had fever in the past two weeks preceding survey

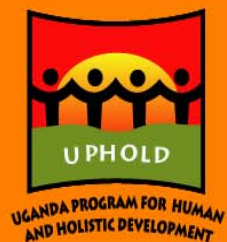




Lessons learned - I

- Demand for localized population-based data by districts and sub-counties and CSOs for planning and decision-making is easily met by LQAS
- Method is good for monitoring short term programs (like most USAID Five Year Projects) that need to allocate resources appropriately and demonstrate effectiveness/impact
- Empowers community ownership and builds consensus during data collection and analysis of results

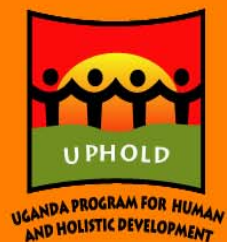




Challenges

- Initial costs for training and capacity building may be quite high
- Being a relatively new methodology, there are concerns about the validity and reliability
- May require significant district personnel time and hence requires appropriate pre-planning
- Cannot answer the ‘why?’ Follow up studies are required to establish the reasons for low coverage/poor performance





Acknowledgements

UPHOLD would wish to thank the following for their contribution to this work

- USAID for provision of funding for the Annual LQAS survey
- District Local Governments for participation in the surveys
- UNICEF for participation and funding in the 2005 Survey
- All respondents at household and facility level





UGANDA PROGRAM FOR HUMAN
AND HOLISTIC DEVELOPMENT

THANK YOU



The Republic of Uganda

