Post Campaign coverage survey using LQAS: Experience from Benin

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Content

• Context and justification
• Objectives
• Methodology
• Key results
• Conclusions and recommendations
Context and justification

- NiD: platform for VAS since 2010
- Data quality:
  - Administratives
  - surveys (MICS, DHS, monitoring)
- LQAS experience
- Recherche topics for «Scaling up Nutrition and Routine Immunization » project
Goal and Objectives

Goal
• To improve the planning, implementation and quality of VAS and routine EPI

Objectives
• Estimate the coverage of VAS and EPI during NiD
• Compare with administrative data
• Identify barriers to acces and utilization of VAS services and immunization with the aim of improving program planning and implementation
Methodology

Communes

Supervision area 1 ou « Lot 1 »
- AS 2: 19
- AS 3: 19
- AS 4: 19
- AS 5: 19

19 questionnaires

94 AS

1786
Methodology

Three questionnaires:
- Questionnaire mothers of children 6 to 11 months
- Questionnaire mothers of children 12 to 23 months
- Questionnaire mothers of children 12-59 months

Data collection:
- 16-20 November 2015
- Android phone: Samsung Galaxy S4

Technical support:
- Liverpool School of Tropical Medicine
VAS & polio coverage for children 6 – 11 months

9 Communes with LQAS coverage < 80%
Coverage gap with polio

[Bar chart showing coverage for different communes, with overlay text explaining the coverage gap with polio.]
VAS coverage children 12 – 59 months

Coverage LQAS ≥ 80% in the 19 communes

Couverture Admin  Couverture LQAS
Proportion of mothers who received a message on benefits of VAS before or during campaign

Low availability of messages on VAS
Proportion of mothers who know target groups for VAS

Mère d'enfant de 6 - 11 mois  Mères d'enfant de 12 - 59 mois
## Bottlenecks and causes

<table>
<thead>
<tr>
<th>Bottlenecks</th>
<th>Reasons or causes</th>
<th>Number of communes that answered (N=19)</th>
<th>% mothers who answered those reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supplies</strong></td>
<td>Stock out</td>
<td>5</td>
<td>2 – 4%</td>
</tr>
<tr>
<td><strong>Humanes Resources</strong></td>
<td>Not informed of distribution date</td>
<td>12</td>
<td>2 – 16%</td>
</tr>
<tr>
<td></td>
<td>Unaware of importance of VAS</td>
<td>13</td>
<td>7 – 27%</td>
</tr>
<tr>
<td><strong>Geographic access</strong></td>
<td>Absent from home</td>
<td>13</td>
<td>2 – 15%</td>
</tr>
<tr>
<td></td>
<td>Home not visited</td>
<td>11</td>
<td>2 – 6%</td>
</tr>
<tr>
<td><strong>Utilization</strong></td>
<td>Do not trust distributors</td>
<td>4</td>
<td>0.7 – 2%</td>
</tr>
<tr>
<td></td>
<td>Do not trust VAS</td>
<td>9</td>
<td>1 – 6%</td>
</tr>
</tbody>
</table>
Advantages of the approach

• Data disaggregated by age groups
• Identification of low coverage and low performance communes
• Identification of underlying causes
• Identification of low coverage supervision areas:
  – 13 on 94 for coverage of 6 – 11 months
• Data collection: 5 – 6 days
• Cost per commune affordable: $4,800
• Feasible at least once a year: in low performing communes
• Confirm or not the administrative coverage
What LQAS revealed

• Globally the program coverage is acceptable
• Low coverage for 6-11 months and need for analysis to understand causes
• Disparity between communes within the same district
• Not enough communication on vitamin A before and during NiD
Next steps

**LQAS for VAS monitoring:**
- Coordinate with decentralised monitoring/LQAS
- Synchronisation with CHD to catch uncovered children

**Implementing corrective measures:**
- Results feedback to communes
- Deepen analysis of causes of bottlenecks
- Implement corrective measures
- Conduct second LQAS in November 2016