

# 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

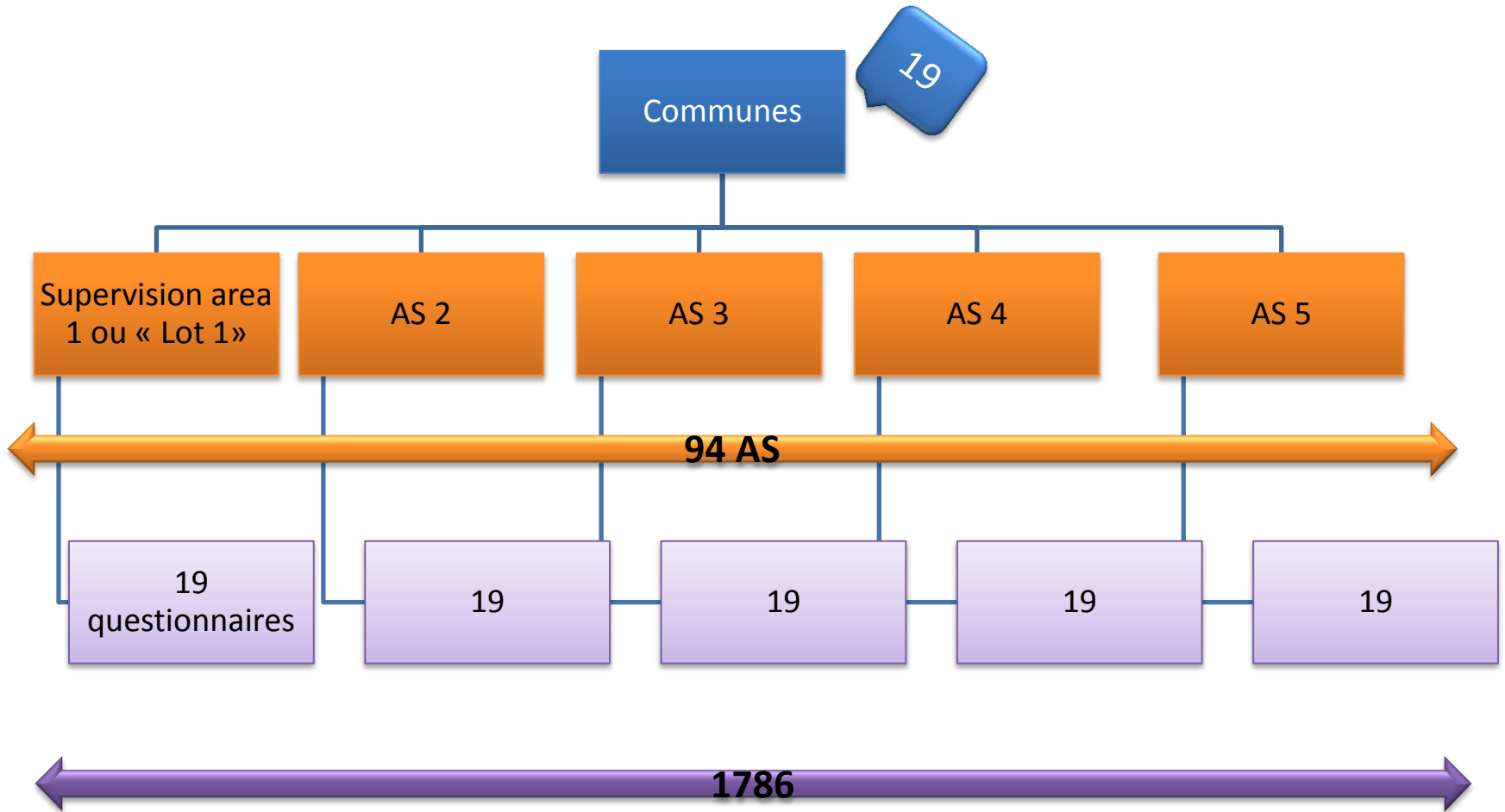
## **Goal**

- 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 access and utilization of VAS services and immunization with the aim of improving program planning and implementation

# Methodology



# Methodology

## ***Three questionnaires :***

- Questionnaire mothers of children 6 to 11 months
- Questionnaire mothers of children 12 à 23 months
- Questionnaire mothers of children 12-59 months

## ***Data collection :***

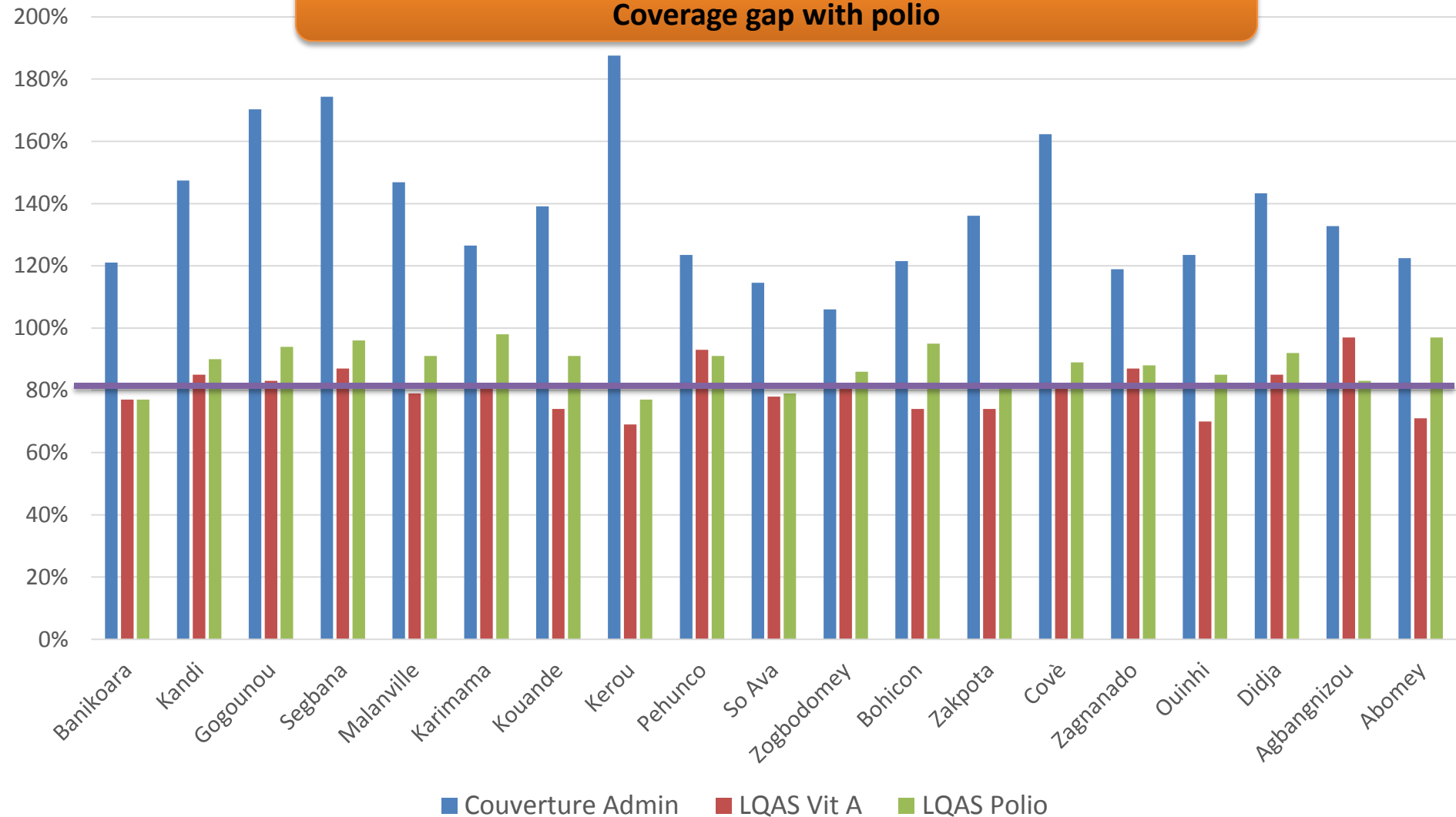
- 16 -20 november 2015
- Android phone: Samsung Galaxy S4

## ***Technical support :***

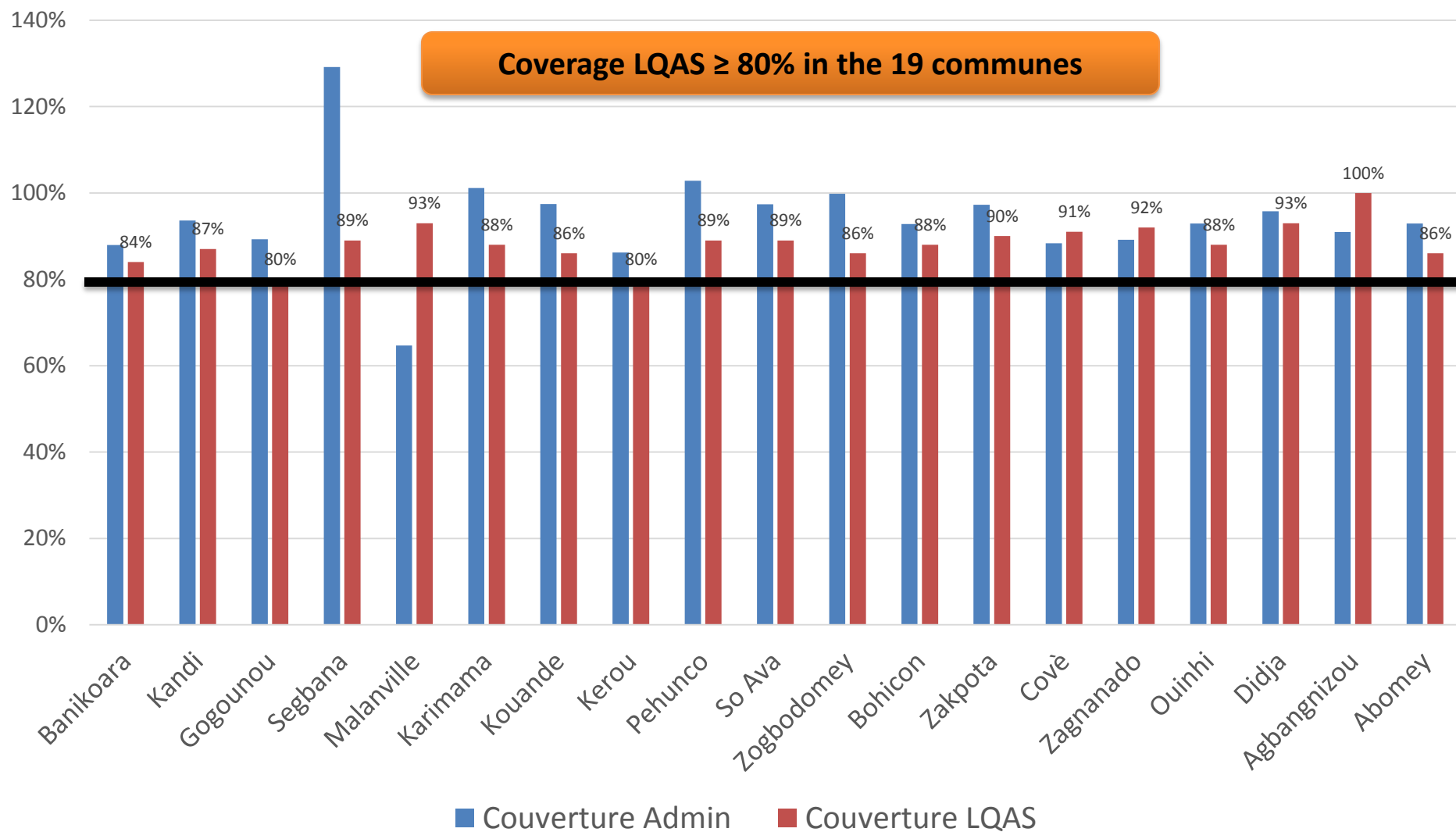
- Liverpool School of Tropical Medicine

# VAS & polio coverage for children 6 – 11 months

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

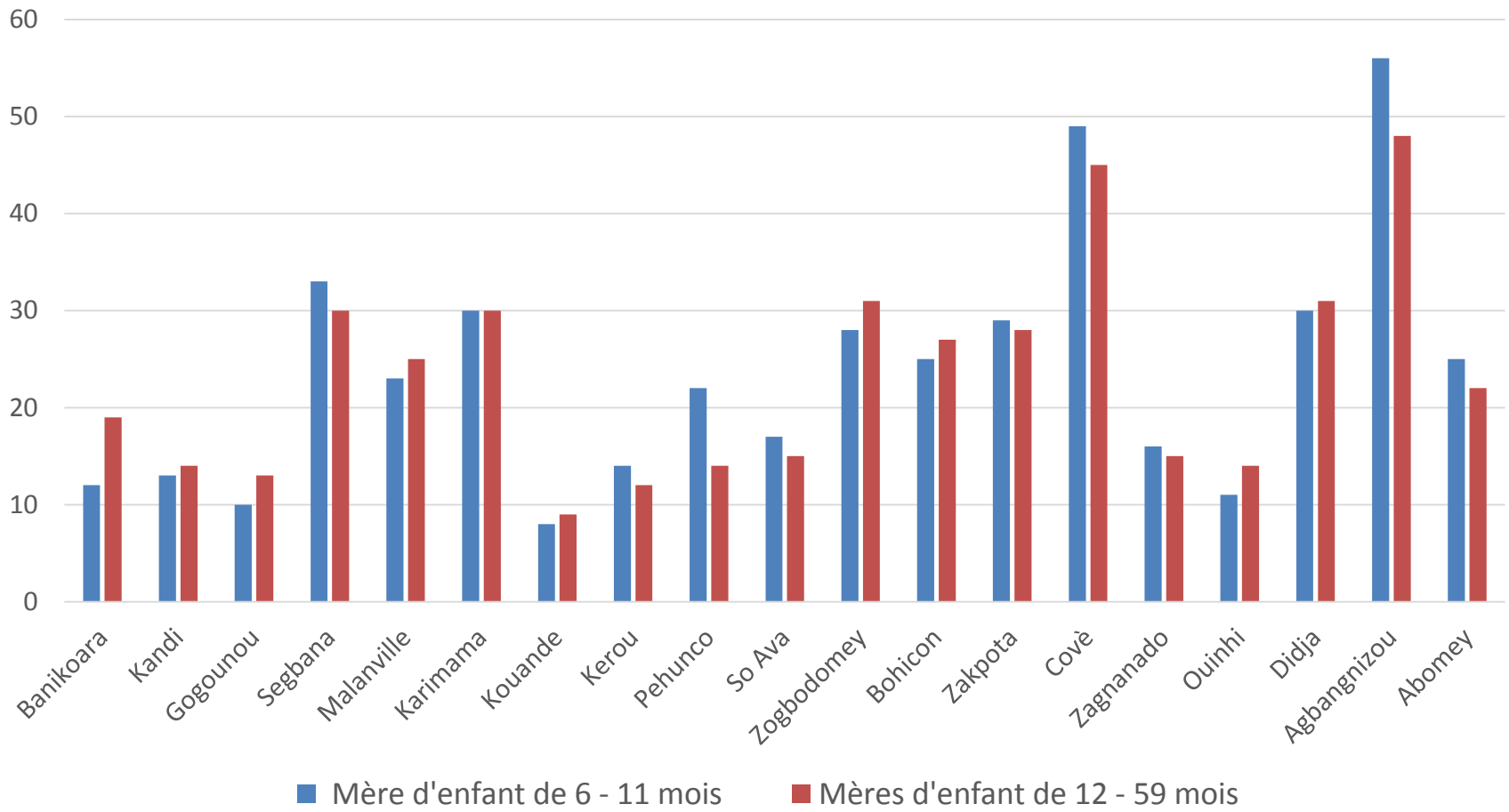


# VAS coverage children 12 – 59 months



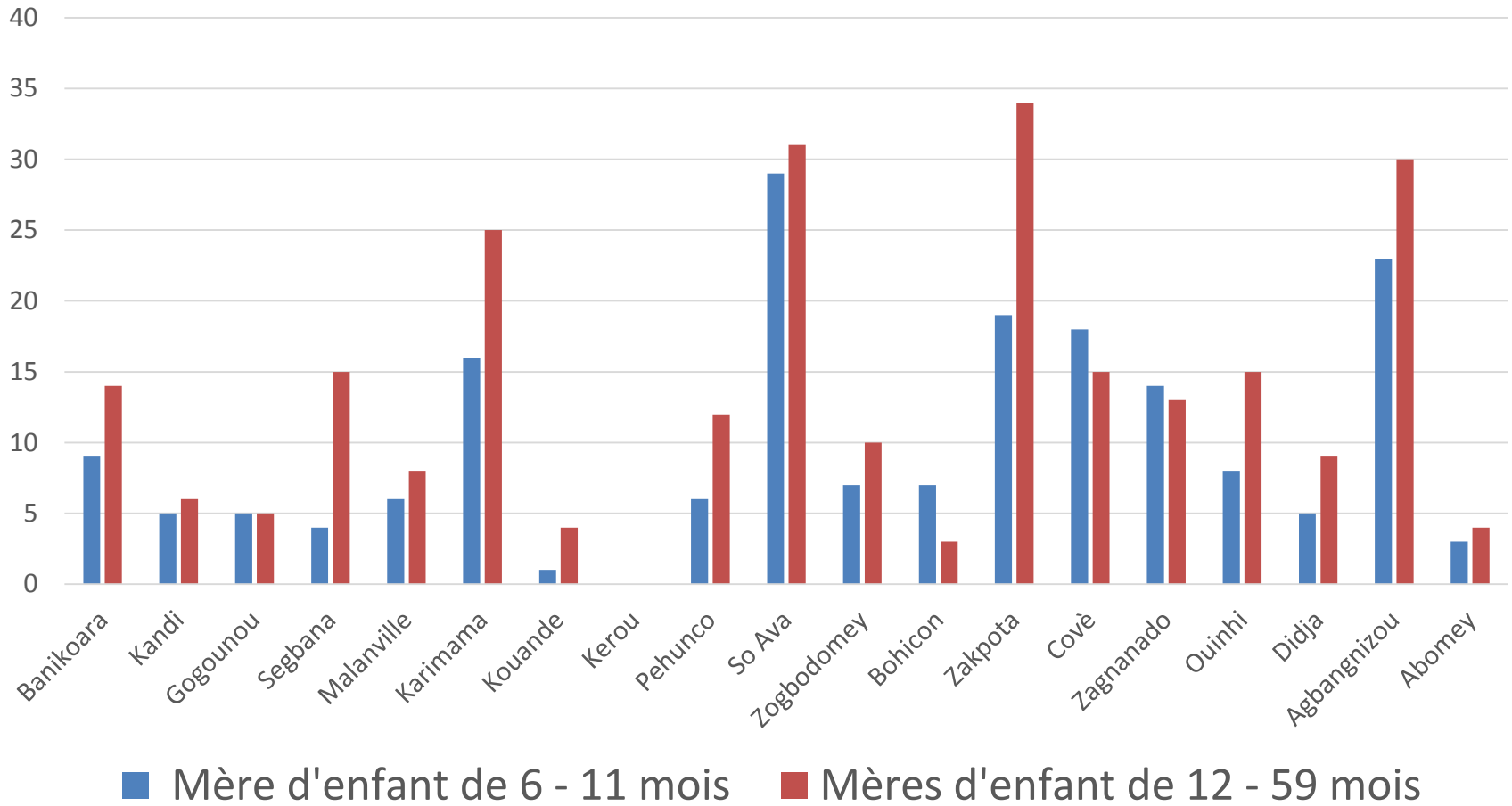


# Proportion of mothers who received a message on benefits of VAS before or during campaign



**Low availability of messages on VAS**

# Proportion of mothers who know target groups for VAS



# Bottlenecks and causes

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

# Advantages of the approach

- Data disaggregated by age groups
- Identification of low coverage and low performing 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