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# Utilizing annual LQAS survey results in strengthening decentralized level planning and decision-making:

**An experience on triangulating HMIS and LQAS data from a newly formed district in East Central Uganda.**

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## Background

The Strengthening TB and HIV&AIDS Responses in East Central Uganda (STAR-EC) is a USAID supported program implemented by JSI Research & Training Institute, Inc. (JSI) and operating in nine Ugandan districts with a population over three million. Strengthening decentralized health systems is one of the program's main objectives. The district of Namayingo was recently gazetted by the Government of Uganda and being new, lacked disaggregated data on HIV&AIDS and TB indicators. A baseline survey using the lot quality assurance sampling (LQAS) methodology was conducted in June 2010 that established that 37% and 16% of households in Buswale and Buyinja sub-counties respectively had more terminally ill persons' proportions when compared to other sub-counties

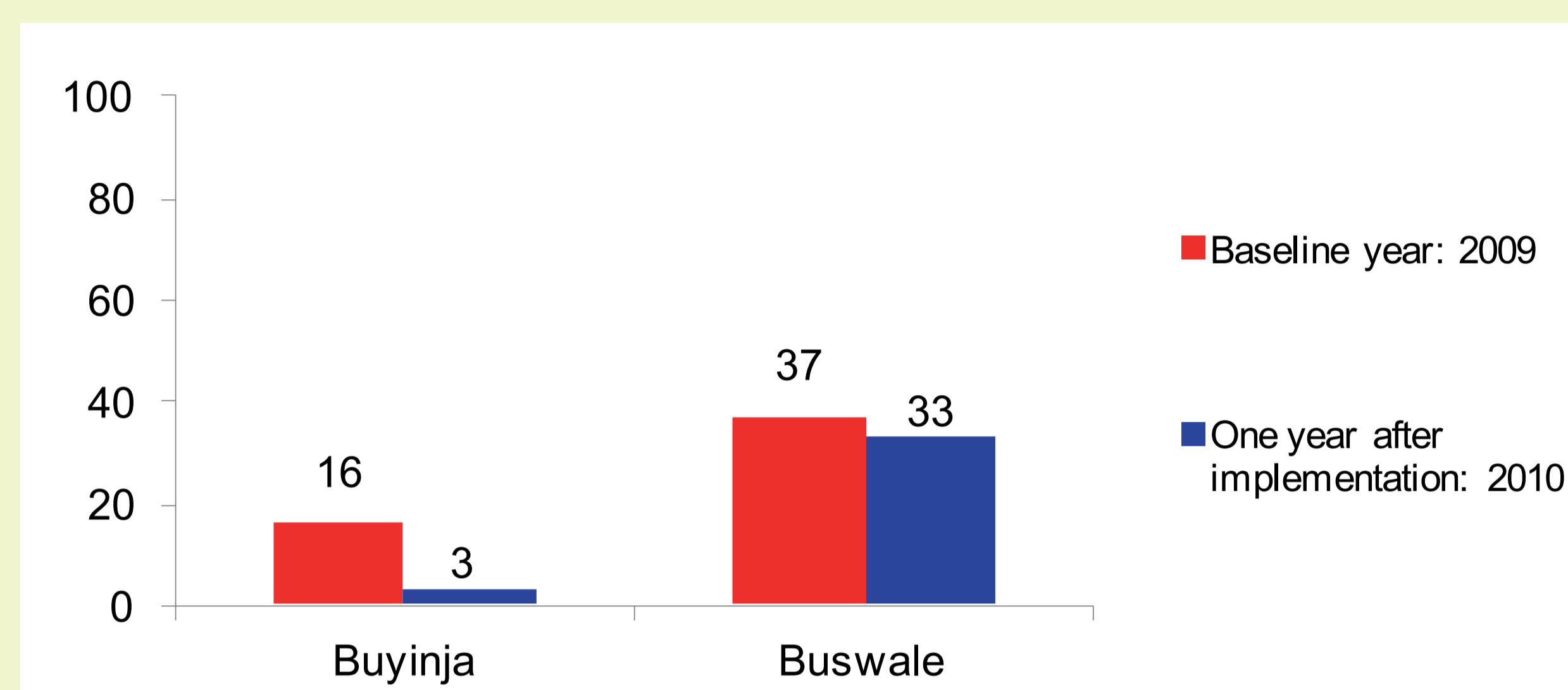
## Methods

LQAS annual surveys were conducted and results disseminated among local government and sub-county decision makers prior to work-planning meetings. Among other reasons, most key informants during baseline disseminations attributed such high terminally ill persons' proportions to high HIV prevalence in the district (which has a large fishing community) and the large numbers of traditional healers in Buswale and Buyinja sub-counties. Through snow balling techniques, 120 traditional healers were identified and educated on signs/symptoms of TB/HIV and referral of any terminally ill persons for care at the nearest health facilities

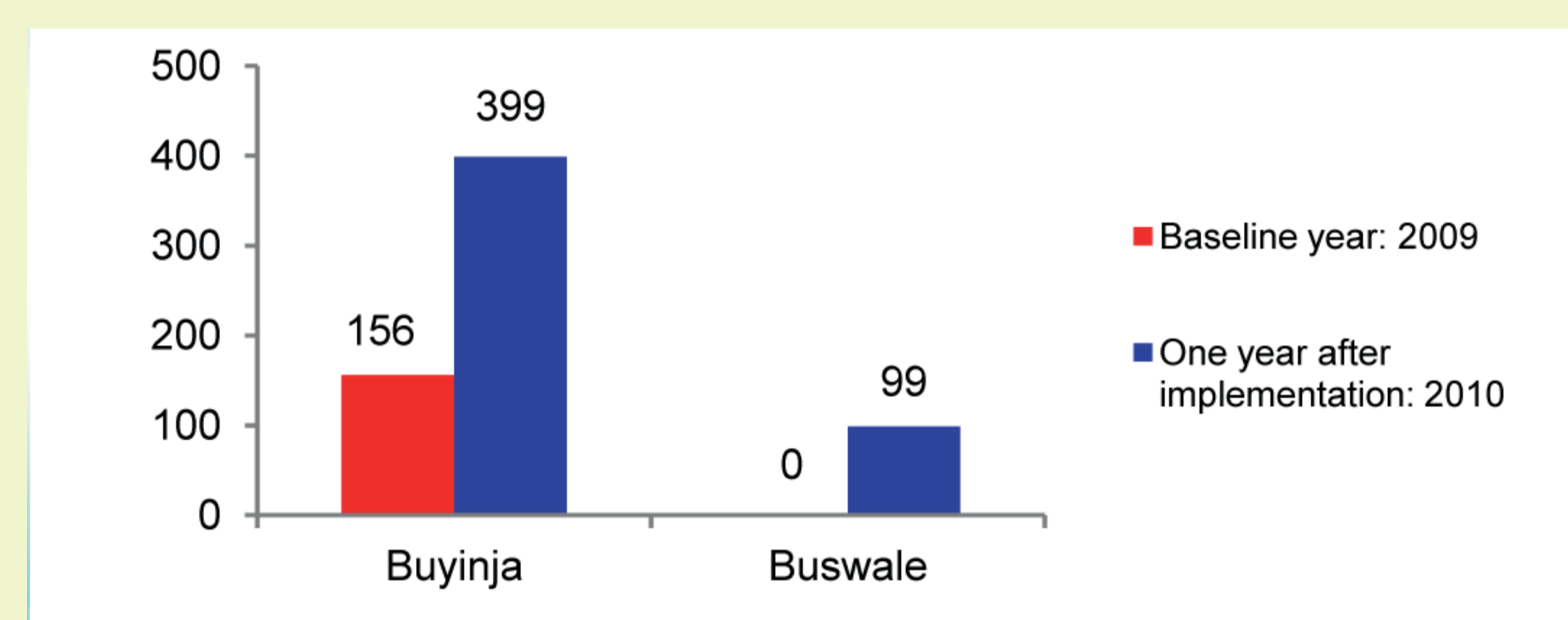


A dissemination and action planning workshop where triangulation of information takes place

**Proportion (%) of terminally ill persons in two priority sub-counties of Namayingo District**



**Number of HIV+ persons receiving pre-ART and ART in two priority sub-counties of Namayingo District**



## Results

The June 2011 follow-up results showed a decrease in proportion of terminally ill persons in both sub-counties to 3% ( $p < 0.001$ ) and 33% ( $p = 0.554$ ) in Buyinja and Buswale sub-counties respectively. HMIS data from 2010-2011 also showed increases from 156 to 399 and from zero to 99 among new persons receiving pre-ART/ART in Buyinja and Buswale sub-counties respectively. The district TB Case Detection Rate increased from 32% to 45.5% within one year.

## Conclusion

Household annual LQAS data can strengthen new district local governments and sub-counties with valuable information for work planning and evidence-based allocation of scarce resources without any negative political or other influence other than available data. Involving traditional healers in effective referrals is crucial to improving health service utilisation since many terminally ill persons seek services from them. Additionally, supplementation of HMIS data using LQAS household data is equally important in triangulation and validation of information.

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