

during their enrollment in El Comedor and compared to the WHO international growth standards.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Dr. Theresa Ochoa, Universidad Peruana Cayetano Heredia

Summary/Conclusion: The teams performed 78 home visits where they administered 78 caregiver schedules and anthropometric data on 102 children. The initial implementation of the caregiver schedule functioned as a cross-sectional survey to identify a number of cultural beliefs, nutritional understanding, and sociodemographic information. Data analysis to identify statistically significant differences between the children's baseline and current nutritional status are being performed. Any progress made toward narrowing the growth gap between our population and the WHO growth standards is also being investigated. The data is currently being stratified according to various sociodemographic and nutritional understanding levels, based on the caregiver schedule, to better identify at-risk subpopulations. Final results will be reported pending complete data analysis.

Use of aggregated Lot Quality Assurance Sampling methods in Uganda to provide implementation-relevant evaluation data

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Background: Data collection for monitoring and evaluation of international development projects can be difficult, costly, and time consuming. SPRING adapted Lot Quality Assurance Sampling (LQAS) methodology to provide up-to-date monitoring information along with district-level information for project reporting and targeting. This "aggregated LQAS" methodology allows for accurate reporting at both levels to meet both monitoring and evaluation needs.

Structure/Method/Design: Through partnership with the USAID-funded STAR-EC project, SPRING collected data on household characteristics, health indicators, and nutrition practices across six districts in East Central and Southwest Uganda. The survey was based on existing STAR-EC household questionnaires with nutrition-related questions drawn from the World Health Organization's Indicators for Assessing Infant and Young Child Feeding Practices (2008). Nineteen respondent households were chosen from each Supervision Area (SA). The mutually exclusive SAs were comprised of subcounties or groups of contiguous subcounties in each district. Data collection was conducted in local languages by trained data collectors and supervised by SPRING staff, STAR-EC staff, and consultants.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): At the SA level, LQAS results categorized areas as performing above, at, or below district indicator averages. SPRING staff analyzed results in the context of known indicators for each SA, including the presence of health facilities and other nutrition-supporting institutions, and used the results to tailor program implementation.

Supervision area results were aggregated to give percentage point estimates of district performance for each indicator. These estimates were also combined to provide estimates by geographic region or for SPRING (intervention) and non-SPRING (control) districts. Because

this survey constituted a baseline for SPRING's work in Uganda, it was not surprising that many key indicators showed little variation by implementation status. Nor were there notable differences between geographic regions, with the exception of higher rates of exclusive breastfeeding for children under 6 months in the Southwest and slightly higher rates of health center deliveries and fortified food consumption in East Central.

Summary/Conclusion: The aggregated LQAS methodology provides programs with a method for collecting evaluation data across large areas that is also relevant for monitoring and improving local implementation of programs. While still a resource-intensive endeavor that requires program support for implementation and analysis, this option is less costly than conducting surveys to provide point estimates at the local level. This option is also more useful for program monitoring and implementation than surveys that do not allow disaggregation of results to programming-relevant levels.

Sustaining vision: Tracking and monitoring both visual acuity and access to follow-up ophthalmologic care at the WWO/AHF family health clinic in Addis Ababa, Ethiopia

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Background: Background: The prevalence of low vision and blindness in Ethiopia are 3.7% and 1.6%, respectively. Major causes of vision loss and/or blindness include refractive error, cataract, glaucoma, trachomatous corneal opacity, cytomegalovirus (CMV) retinitis, uveitis, ophthalmic herpes zoster, etc. While the majority of these conditions are readily treatable, prevalence and resulting sequelae remain high in Ethiopia, especially among people with HIV/AIDS. This is possibly due to fragmentation of care, which is pronounced for ocular manifestations of the disease. The Worldwide Orphans/AIDS Healthcare Foundation (WWO/AHF) Family Health Clinic aims to provide comprehensive and continuous care to orphans, vulnerable children, and adult family members with HIV/AIDS in Addis Ababa.

Objective: The aim of this quality improvement project was to set up a system at the WWO/AHF Family Health Clinic for sustainably screening the vision and tracking the treatment of all the patients at the clinic to ensure that they receive prompt, appropriate ophthalmologic care.

Structure/Method/Design: Methods: 106 patients at the clinic were interviewed and screened; staff members were interviewed and qualitatively observed. A form was developed to track patients through annual vision screenings. Additionally, the form follows patients through the referral, diagnosis, and treatment process required to ensure effective follow-up care.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): World Wide Orphans Foundation and Mount Sinai Global Health Center

Summary/Conclusion: Results: The form was successfully piloted. The nurses at the clinic screened the vision and coordinated the follow-up care for over 150 patients over the following 2 weeks.

Conclusions: This quality improvement project underscores the importance of an informed clinic staff as well as quality record keeping. While the path to ophthalmologic care in Ethiopia is fragmented, successful access is mediated by the series of interactions between the patients and their caregivers. The ability of the caregivers to be informed and communicate clearly with their patients as well as track their patients longitudinally is essential to effective delivery of care.