NATIONAL LQAS
CONFERENCE REPORT

Enhancing Evidence Based Planning At District Level:
The LQAS Experience

3rd July 2006
SHERATON BALL ROOM
KAMPALA
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<tr>
<td>AIM</td>
<td>HIV/AIDS Integrated Model District Program</td>
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<td>ANC</td>
<td>Ante Natal Care</td>
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<td>BCC</td>
<td>Behavioral Change Communication</td>
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<td>CAO</td>
<td>Chief Administration Officer</td>
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<td>CBO</td>
<td>Community Based Organization</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<td>DDHS</td>
<td>Director District Health Services</td>
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<td>DEO</td>
<td>District Education Officer</td>
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<td>DHAC</td>
<td>District HIV/AIDS Committee</td>
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<td>FBO</td>
<td>Faith Based Organization</td>
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<td>FLEP</td>
<td>Family Life Education Programme</td>
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<td>HMIS</td>
<td>Health Management Information System</td>
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<td>JSI</td>
<td>John Snow, Incorporated</td>
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<td>LQAS</td>
<td>Lot Quality Assurance Sampling</td>
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<td>MOES</td>
<td>Ministry of Education and Sports</td>
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<td>Ministry of Gender Labour and Social Development</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>NIMES</td>
<td>National Integrated Monitoring and Evaluation System</td>
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<td>PEAP</td>
<td>Poverty Eradication Action Plan</td>
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<td>PLWHA</td>
<td>People Living with HIV/AIDS</td>
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<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<td>PTC</td>
<td>Post-Test Clubs; Primary Teacher College</td>
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<td>SA</td>
<td>Supervision Area</td>
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<td>STD</td>
<td>Sexually transmitted Diseases</td>
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<td>UBOS</td>
<td>Uganda Bureau of Statistics</td>
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<td>UACP</td>
<td>Uganda AIDS</td>
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<td>UNICEF</td>
<td>United Nations Children’s Emergency Fund</td>
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<td>UPHOLD</td>
<td>Uganda Program for Human and Holistic Development</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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Executive Summary

On 3rd July 2006, leaders and policy makers at both national and district levels together with development partners and Civil Society Organizations convened at the Sheraton Kampala Hotel, to share lessons learned from utilizing the Lot Quality Assurance Sampling (LQAS) Methodology at district level and to discuss how the use of this methodology can be scaled up. The conference was opened by the Rt. Honorable Prime Minister under the theme: Enhancing Evidence Based Planning at District Level: The LQAS Experience in Uganda.

The conference objective were to promote:

- understanding of the LQAS methodology and the advantages it has for monitoring progress at district level;
- sharing of partners experiences in utilizing LQAS in Uganda;
- learning about district experience in using LQAS results for evidence based planning; and
- dialogue about how LQAS can be integrated into other management information systems.

The Prime Minister, an advocate of evidence based planning, observed that the use of data at the district and other levels of local government was a critical element in the planning and monitoring of the Poverty Eradication Action Plan indicators. Further, he recognized the need to ensure coordination and collaboration within government as well as between and among donors, non-governmental organizations and Government of Uganda.

The conference was funded by the U.S. Agency for International Development, through the Uganda Program for Human and Holistic Development (UPHOLD). The presence of the Mission Director and her remarks indicated support for the methodology and its potential for expanded use within Uganda.

Presentations made by users of the LQAS methodology from national to district level stimulated learning, debate, advocacy and caution. Questions and answers exchanged during the conference centered on the statistical underpinnings of the method; the benefits of a rapid, low-cost, district owned and managed method; capacity for implementation; interest in scaling up; and specific results. The use of LQAS by different development partners is viewed as a positive sign as there is now experience and capacity in more than 35 districts. USAID expressed its continuing commitment to support of district program implementation and the need for reliable data to plan and monitor such implementation.

The National Information Monitoring and Evaluation System has potential opportunities for LQAS work including the review of sector indicators; generating reports on selected indicators for specific local governments; generating cross learning fo districts as part of NIMES; and the commissioning of CSOs and LGs to conduct independent LQAS studies to feed directly into the APIR process.

In conclusion, several steps can be taken to further understand and develop the methodology and increase its use. Specifically, in noting that this methodology supports USAID’s continuing interest in supporting government in service delivery at district and sub district levels, the following steps were recommended:
1. Address critical issues of methodology; the standard package of LQAS surveys, catering to the needs and interests of the various stakeholders.
2. Convene all users of LQAS data, especially at district level (CAO, DPU, DDHS, DEO and others) to share experiences in order to institutionalize use of LQAS data within district, enabling transparent planning and resource allocation.
3. Build on current partnerships b/n UPHOLD, UNICEF, UACP and any other partners who will come on board. This will lesson the burden on the districts in collecting the same information.

Participants' evaluation indicated a high level of achievement of three of the four major objectives of the conference. All participants felt that the objectives related to understanding the methodology and its use in Uganda, including at district level, were at least partially met, with close to 90% indicating that they were fully met. Only 55% of the participants felt that the objective regarding integration of LQAS into other management information systems in Uganda was fully met, with another 42% indicating that it was partially met. It seems then that there is now broader understanding and interest in the use of LQAS at all levels and a dialogue on integration of LQAS into existing systems has been opened if not completed.
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<td>08:00 – 08:30</td>
<td>Breakfast &amp; Registration</td>
<td>Events Management</td>
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<td>Opening Remarks</td>
<td>Chief of Party UPHOLD</td>
<td>Mr. Male Mukasa, Executive</td>
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<td>08:50 – 09:10</td>
<td>Remarks by USAID</td>
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<td>09:10 – 09:30</td>
<td>Key Note Address and Official Opening</td>
<td>Rt. Hon. Prime Minister</td>
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<td>09:30 – 10:00</td>
<td>LQAS Methodology</td>
<td>Joseph Mabirizi</td>
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<td><strong>Session II: Application of LQAS Methodology in the Ugandan Context</strong></td>
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<td>11:00 – 11:30</td>
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<td>David Kaweesa, UACP</td>
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<td>11:30 – 11:50</td>
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<td>Margaret Balaba, UNICEF</td>
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<td>Joy Batusa, Health Partners</td>
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<td>02:00 – 02:20</td>
<td>District Experience in Health interventions</td>
<td>DDHS, Bushenyi District</td>
<td>Mr. Edward Mukooyo, Assistant</td>
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<td>Commissioner, MoH</td>
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<td>02:20 – 02:40</td>
<td>District Experience in Education Interventions</td>
<td>DEO Yumbe</td>
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<td>CSO Experience – utilization of results</td>
<td>Program Coordinator, FLEP</td>
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<td>03:00 – 03:20</td>
<td>Why use LQAS at District level?</td>
<td>Edward Mukooyo, MoH</td>
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<td>03:20 – 03:40</td>
<td>Plenary – Questions &amp; Answers</td>
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<td><strong>Session IV: Way Forward in Linking LQAS to National Monitoring Systems</strong></td>
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<td>03:40 – 04:10</td>
<td>LQAS and National Monitoring Systems</td>
<td>Richard Sewakiryanga and Joy Mukaire</td>
<td>Mr. Peter M. Ssentongo, Office of the Prime Minister</td>
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<td>04:10 – 04:30</td>
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SESSION ONE

Opening & LQAS Overview
SESSION I: LQAS Overview

Session Chairman: Mr. Male Mukasa, Chief Executive Officer, UBOS

Dr. Elizabeth Ekochu, the conference co-facilitator welcomed delegates to the National LQAS Conference. One stanza of the National Anthem was sung, after which she introduced the session Chairman Mr. Male Mukasa, Executive Director UBoS who welcomed the Rt. Hon. Prime Minister, the Director USAID and the Chief of Party UPHOLD, Guests, and all delegates present. He thanked the Prime Minister for accepting to deliver the Key Note Address and officially open the conference.

Dr. Samson Kironde (pictured left), the Chief of Party, UPHOLD provided background to the conference. He noted that the Uganda Program for Human and Holistic Development (UPHOLD) is a 5 year bilateral program supported by both the US government and the government of Uganda and funded by the United States Agency for International Development (USAID). The program is currently implemented in 29 districts of the country with local governments and over 50 Civil Society Organizations. UPHOLD’s overall goal is to improve the quality, utilization and sustainability of services in education, Health and HIV/AIDS. UPHOLD conducts an annual district survey using the Lot Quality Assurance Sampling Survey Methodology which was chosen as it is rapid, low-cost and robust.

He shared selected results from surveys conducted using the LQAS methodology which allows districts to identify priority areas and enables regular tracing of achievements, promotes evidence based planning and targeted resource allocation. It is simple, yet wholly owned by the districts.

Ms. Margot Ellis, Director USAID Mission

Ms. Margot Ellis, Mission Director, USAID/Uganda, in her remarks, described the LQAS Methodology as a proven monitoring system which has provided information on coverage of knowledge and services in areas of Health, HIV/AIDS and Education at local level. The methodology generates accurate and timely information, which is vital to monitoring and evaluation, and program planning. She was pleased that the US Government was able to support this initiative and that the Government of Uganda had demonstrated such strong interest in extending the application of the methodology.

In his Key Note Address, the Rt. Hon. Prime Minister of Uganda, Prof. Apollo Nsibambi, noted that corruption and low capacity to implement programs are huge problems in the country. He highlighted the importance of using the right methodology to get right results and that results should be submitted as they are. He thanked USAID for instituting and funding the tracking and monitoring system (LQAS) in 29 districts and hoped in the future it will be instituted in all districts across the entire country. He said that the next steps to consider would be to establish a quality assurance system for information and harmonization of various systems to alleviate duplication and to reduce the burden of data collection and reporting at different levels of government. This would also reduce costs. He urged all players to further strengthen the capacity of the lower cadres to collect information and encouraged utilization of the information.
in evidence based planning, especially at the lower levels of government. He cautioned that information should be analyzed critically, using computers as well as general observation.

The Prime Minister reiterated Government’s commitment to ensuring that high quality and timely information especially at the local population level is available for planning and monitoring of national level indicators such as those enshrined in the Poverty Eradication Action Plan (PEAP), Uganda’s comprehensive development framework. Government also needs to ensure every shilling is put to best use. Ending his address, he expressed hope that the conference would work out mechanisms of linking methodologies like LQAS to routine public sector monitoring and evaluate on systems.

* A vote of thanks was passed by Dr. Edward Mukooyo, Assistant Commissioner of Health, Ministry of Health. 

* Above, Rt. Hon Apollo Nsibambi delivering his keynote address
SESSION I

Presentation 1: LQAS OVERVIEW - Mr. Joseph Mabirizi, UPHOLD

LQAS OVERVIEW

The objective of this presentation was to give the audience an overview of the LQAS Methodology, an understanding of the history of LQAS and its conceptual grounding as it has been applied to social sector programs in developing countries.

The presenter explained the basic principles of LQAS for carrying out baseline and monitoring surveys for community programs, gave some statistics behind the LQAS Methodology and presented some practical examples of LQAS application in the field.

What is LQAS

A sampling method that:
- Can be used locally, at the level of a “supervision area,” to identify priority areas (e.g., county, sub-county) or indicators that are not reaching average coverage or an established benchmark
- Can provide an accurate measure of coverage or health system quality at a more aggregate level (e.g., program catchment area or district or refugee camp)
- Can be used for quality assurance using a ‘minimal sample’, ‘maximal security’ principle

LQAS is a simple, low cost random sampling methodology
- Originally developed in the 1920s to control the quality of output in industrial production processes
- Involves taking a small random sample of a manufactured batch (lot) and test the sampled items for quality
- If the number of defective items in the sample exceeds a pre-determined criteria (decision rule), then the lot is rejected
- The decision rule is based on the desired production standards and a statistically determined sample size
- ‘n’ is chosen so that the manager has a high probability of accepting lots that meet the quality standards and rejecting lots that fail to meet those standards

What are the LQAS Principles?
- Assume a program covers a whole district
- Each county is then called a ‘supervision area’ and district a ‘supervision unit’
- LQAS would chose a minimum of 19 items (e.g. households, schools, health units) from each ‘supervision area’ in order to assess an indicator

A sample is taken from each supervision area in each district: Little is added to the precision of the measure by using a sample larger than 19 not withstanding the level of coverage to be assessed. Samples less than 19 deteriorate in precision especially where benchmarks vary.

Benefits of Using the LQAS as a Sampling Method
- Low sample size needs - you do not have to go back to the villages to get a list
- District level people can be trained to entirely ‘own’ this methodology
- Provides high quality information at low & affordable cost – Local people tell you/explain whatever problems there are. Initial capacity building is what is expensive.
- Fast – ‘supervision areas’ are able to conduct self-evaluation and obtain results immediately after the survey
- Results are locally relevant and can be utilized in district level annual planning and decision-making

Benefits of LQAS to Districts
- Change of mindsets towards reliance on data for Evidence-Based planning
- Districts have relied on LQAS data to identify priority target areas for implementation and to focus work plans
- Districts can use LQAS to do own evaluations in different technical areas e.g., education, agriculture
- Strengthened partnership between districts and NGOs in provision of related services

Results:

UPHOLD has built capacity of 200 district personnel to administer the methodology. 19 villages were sampled from each of the five supervision areas in each district. From the 5 households sampled from each village, and the different questionnaires administered to each of the households, 12,300 households in 20 districts were covered, at a very low cost. Schools and health facilities that were reached in the baseline survey were 423 and 1,449 respectively.
LQAS methodology has been applied in other countries as follows:

- Bangladesh – Immunization Coverage
- Malawi – Malaria Prophylactic Regime
- Kenya, Senegal – Contraception
- Costa Rica – Quality of Healthcare
- Spain – Quality of Health Centres
- Bangladesh, Indonesia, Zimbabwe, Namibia, Morocco – Neonatal Tetanus Elimination

PLENARY COMMENTS, QUESTIONS AND ANSWERS
(The comments, questions and answers have been edited for easier reading)

Q: Mr. Ezekiel Kisambira, Monitoring & Evaluation Officer, FLEP
   UACP uses a control area to determine whether supervision areas are performing below and above average. How relevant is this and how do you select a control area?

A. The use of a control area depends on the design of the intervention. If the design of the program is to investigate the effectiveness or appropriateness of an intervention, then definitely you'll need a control and intervention areas for comparison. For purposes whereby you're providing a service to the general population, mindful of the fact that there are other programs doing similar activities, then the use of a control area is not desirable because those programs may be operating in the control area and providing better services than what you are providing in your catchment area. In this case the control area is misleading. Using a control area may mean denying a certain population services. In general, a control area is not needed with LQAS since the average coverage for the supervision unit can be used as the benchmark to determine which supervision area is performing below or above average coverage. You can also get estimates from the control areas, neighboring districts, to determine the implementation of the program. You can also use the averages in your own district for comparison instead of comparing to other districts. Coverage estimates are used as a benchmark but UPHOLD’s determination depends on the program itself and recognizes there are other players in the field.

Q: Mr. Juan Schumacher, Research Officer, AFFORD
   When you talk about precision added are you talking about the standard deviation added? How did you determine 92% confidence interval? Sample of 19 regardless of universe – picking 19 households Do you weigh the data, and if you do, how do you do it?

A: We use alpha and beta to determine 92% confidence interval not standard deviation. LQAS follows a binomial distribution. And true, the data is weighed according to the population totals within each supervision area.

Q: The size of the sample is usually determined by the size of the population? How do you solve the problem of only selecting 19?

A: The sample of 19 for each supervision area has been statistically proven to provide precise estimates. And in selection of interview locations, LQAS takes into consideration the probability proportionate to sample size selection procedures.

Comment: Mr. Ham Mbamanya, Representing CAO, Bushenyi: supplementing on the two above, I'm uncomfortable with the 19 sample size. Attributes awarded may not necessarily be the best – dependent on size of population, if big and you choose 19, accuracy is compromised
**Q:** Mr. Luc Vanhoorickx, M&E Advisor, Save the Children: I know that the sample 19 is enough to get information about the district, but why did you pick 19 villages first and then 5 households. Why did you not go straight to the 19 households?

**A:** Picking 19 villages was to get the interview locations. Then within the interview locations, we randomly selected households again without violating the standard statistical rules. The 5 households for every interview location (selected village) was because we had five instruments that were to be administered in five different randomly selected households.

**Q:** Ben P. Mungyereza, Director Coordination, UBOS: How do you define a household, a group of persons who live and eat together? I would be more convinced if you at least chose a sample of 30 as a minimum sample because of the rule for small samples. Request justification why emphasis is put on cost as opposed to quality.

**A:** 19 samples are for each supervision area (county), not the district. Depending on the number of supervision areas, the minimum district sample total is 19. The sample size of 19 has cost and time advantages. We use the standard definition of household as defined in the Demographic Households surveys and UBoS UPHOLD does not create new definitions. UPHOLD uses a standard questionnaire (DHS format) and our indicators are standard for comparison.

**Q:** Ben P. Mungyereza, Director Coordination - UBOS: How can we make any inference from a sample of 19 from each supervision area? In slide #9 you mention that DPT3 overage was 51% and in the slide comparing LQAS and DHS, you quote 46%, is LQAS really comparable with other methodology you mentioned?

**A.** Joseph Mabirizi, Senior M&E Specialist, UPHOLD: In comparison, DHS and LQAS: Take note of the different definitions of the DPT3 indicators. The 51% is for children aged between 12-23 months receiving DPT3 by age of 12 months while the 46% is the proportion of children under one year receiving DPT3 by 12 months. Also, LQAS had a better coverage than the DHS because it involved larger county areas, e.g. in the DHS the only conflict area was Soroti and sampling was done in urban areas. LQAS went beyond that.
SESSION TWO

Application Of LQAS Methodology in the Ugandan Context
SESSION II: APPLICATION OF LQAS METHODOLOGY IN THE UGANDAN CONTEXT

Session Chair: Dr. Stephen Kirya – DDHS: Bugiri District

Presentation 1: Using LQAS for Improvement of District HIV/AIDS Programs: The UACP Experience – Mr. David Kaweesa- Kisitu, Coordinator, District Programs), Uganda HIV/AIDS Control Program (UACP)

Background
Uganda HIV/AIDS Control Project introduced & implemented the Lot Quality Assurance Sampling (LQAS) in 30 districts of Uganda to: support implementation of the harmonisation of M & E of HIV/AIDS Programmes; strengthen the capacity for M & E of HIV/AIDS programmes at all levels; promote M & E approaches that use data for policy, planning, management and programme improvement; assist districts to establish baseline and gauge progress; and to promote community learning and sharing of experiences.

Objectives of Application of LQAS
- To build capacity for M & E at district level
- To establish baseline data & regularly assess progress & performance of the HIV/AIDS response at district and community levels
- To identify priority sub-national geographical areas for intervention
- To identify priority population groups for intervention
- To determine district performance indicator targets

LQAS Implementation
- Assessment of the HIV/AIDS program in 30 districts
- Survey objectives: Focus on evaluation of outcomes
- HIV/AIDS, STD prevention, role of PMTCT & VCT
- PMTCT & STD prevention among mothers
- HIV/AIDS prevention among men, women and youth

Target Respondents
- Orphans 6-18 Years
- Mothers of Children 0-11 Months
- Youth 15-24 Years
- Women 15 – 49 Years
- Men 15-54 Years
- PLWHA 15-49 (Women) & 15-54 (Men)

Advantages of LQAS for Local Program Management
- Can be used at a local (sub-district) level with modest amounts of supervision.
- Produces information that can be rapidly interpreted by local managers
- Paper/pencil analyses rather than requiring computer analyses
- Data can be used for national reporting
- Sampling theory is rigorous
- Small sample 19/SA (County)
- Self assessment – Implemented by managers themselves
LQAS Implementation Steps
- **LQAS orientation** workshop for DHAC took 5 days
- Districts were divided into 5 Supervision Areas
- **Sampling** 19 villages of respondents using village population
- **Household** lists from the sampled villages were generated from the UBOS village code order
- Meetings were held with **PLWHA** and other service organizations on sampling and updating client registers,
- **Data collectors** were selected to compile submission of names by district
- **Training** in LQAS took place at one venue for all districts, for -5 days
- Field Work **Data collection**: 5 days in each of the Supervision Areas
- **Random sampling of homesteads for respondents**
- **Tabulation** and **analysis** of data at a common venue for all districts - 4 days
- **Dissemination of results** and development of the **district work plans**
- Diagnostic study to explain some of the findings
- **All 30 districts now implementing evidence-based HIV/AIDS work plans**
- Repeat LQAS after 2 years.

Examples of Sub-District LQAS Findings-Jinja
- Men who took HIV test (Av. 30%) – Kagoma A and B was below average
- Women who took HIV test (Av. 25%) – No supervision area was below average
- Youth who have taken HIV test (Av. 15%) – Only Butembe B was above average
- Mothers counselled for VCT (Av. 40%) – Kagoma B was below average
- Mothers who took HIV test (Av. 15%) – Only Butembe A was above average
- Delivery attended to by clinically trained provider (Av. 90%) – Kagoma A/Butembe B were below average
- Orphans receiving fees support (Av. 20%) – Kagoma A and Kagoma B were below average

Program Improvements Based on LQAS
- LQAS results enabled districts to refocus the efforts to respond to the identified service, information and knowledge gaps
- Community education flip chart was developed to provide relevant information
- Community groups were trained to provide information based on LQAS findings
- Service organizations for PLWHA reviewed their counseling procedures based on the results for positive living
- LQAS became a basis for priority setting and scaling up interventions such as VCT & PMTCT
- LQAS results were used as basis for annual and strategic planning
- Results provided the benchmark for setting targets and monitoring progress, e.g., Arua workplan targets & status
- Capacity Building for M&E
- 387 Participants were trained in providing HIV knowledge, 298 Organizations in 19 Districts were engaged in service provision like counseling.
- At least 19 villages were visited in each of the supervision areas /counties in each district
- In each Village, interviewed Orphans 6-18 years, Mother of an Infant, Youth 15-28, Women 15-49 Years, Men 15-54 and PLWHA 15- 49 (women) & 15-54 (men)
Lessons Learnt

- Collection of the data by DHAC members and implementers promoted interest and ownership of the results and contributed to the harmonization of M&E approaches at district level.
- LQAS is a self-assessment approach for managers and implementers & strategy for program improvement.
- Baseline and performance at supervision area and district levels is now known to facilitate priority setting.
- LQAS helps managers to define catchment areas which are smaller than a district.
- Village birth, death & PLWHA registers and ANC cards are important documents which facilitate M&E.
- LQAS promotes program accountability.

Acknowledgements

Global HIV/AIDS M&E Support Team (GAMET), World Bank Uganda Country Office, Uganda AIDS Commission, District and community leaders and staff & development partners.
Presentation 2: UPHOLD/UNICEF EXPERIENCE IN USING LQAS
- Xavier Nsabagasani, UPHOLD, and Margaret Balaba, UNICEF

The objectives of this presentation were to share with the audience the experiences of UPHOLD in using LQAS, including its 2005 collaboration with UNICEF; to show illustrative results from LQAS surveys; and to share lessons learned, challenges and conclusions from this experience.

The UPHOLD ‘Information’ Mandate
- Strengthen existing data collection and information systems for local government and civil society grantees
- Build district capacities in planning and evidence-based decision making
- Utilize survey results to target interventions
- Document and share key lessons learned

Partners worked with
Officials from Ministry of Health (MoH), Ministry of Education and Sports (MoES), Ministry of gender, Labour and Social Development (MoGLSD), District level personnel (DDHS, DEO, Planning and Community Development Departments), UACP and UNICEF

Why use Community Development Workers to do LQAS?
- Cross-cutting over several technical areas
- Full time district officers with mandate to gather information at community level- Saves costs
- Ability to work more rapidly in their communities than interviewers not known by residents
- LQAS does not need specialized personnel for data collection and analysis

Actual Implementation of LQAS:  
Districts divided into supervision areas.
Surveys covered three technical areas: Education, Health (Child and Reproductive), and HIV/AIDS
- Data was collected from the following sources:
  ✓ Mothers of Children under 2 years
  ✓ Parents/Guardians of Children 2-5 Years
  ✓ Parents/Guardians of Children 6-14 Years
  ✓ Women (15-49 years) and Men (15-54 years)
  ✓ Heads of facilities or their designated deputies
- For the conflict areas:
  ✓ Military clearance and support was sought for security
  ✓ Sampling followed original administrative structures before displacement
  ✓ Within the IDP camps, households were identified according to the original village from which
Selected Results

More Children Protected from Killer Diseases
Percent of children 12-23 months who received 3rd dose of DPT by 12 months of age

- Financed training of district vaccinators
- Increased mass media campaigns
- Emphasized planning and community mobilization especially in areas identified through LQAS with low coverage

More Children Sleep under Treated Nets
Percent of children under-5 years sleeping under a treated net in the previous night

- Supported Net Retreatment for over 140,000 nets in 6 districts
- Increased BCC campaigns on use of ITNs through LG and CSO grants
- Distributed over 25,000 ITNs to IDP camps in Gulu and Kitgum
- Distributed ~260,000 Insecticide Treated Nets in 9 districts (coverage to be captured in 2006 Survey)

HIV/AIDS Counselling & testing uptake increased
Percent of adults who tested for and received their HIV test results

- Trained 1,492 service providers
- Increased testing sites from 32 to 119 (including outreaches)
- Grant support to AIC and TASO
- Awarded 29 CSO grants
- Demonstrated that Gender-Based Violence mitigation activities increase couple testing
Why the UNICEF/UPHOLD Collaboration?
Margaret Balaba, UNICEF

- UPHOLD is a leading organization with experience and competence in the application of the LQAS methodology in Uganda. UNICEF and UPHOLD are complementary in many programmatic areas including Child Health, Maternal Health, HIV/AIDS Prevention and Care, Education

- UNICEF and UPHOLD also shared 13 districts in Uganda during the implementation of the 2001-2005 GoU and UNICEF Country Programme

UNICEF’s Rationale for the Use of LQAS
- To experiment and later apply LQAS as a sound and low cost M&E Methodology that provides information on the status of key situational and performance monitoring indicators

- The development of local capacity at district and sub-county level for monitoring and evaluating local government programmes

- LQAS can be used to provided population based data disaggregated at sub-county level for purposes of quickly and cheaply comparing different program areas and identifying those for prioritization and leveraging of resources

- This survey would also build the capacity of the M&E Team at UNICEF in using the LQAS methodology

UNICEF’s Experience with LQAS
- Small samples, randomly distributed in a program area make conducting the LQAS survey more efficient in terms of time and resources

- Pooling of human and financial resources with UPHOLD made it cheaper

- The results of the survey are in many respects similar to what one would expect and are comparable to other surveys

- The results have been used to compare program performance at the sub-county level for purposes of identifying those that are performing poorly

- LQAS will also help in prioritization of areas for programme improvement and improving supervision efforts among other things in sub-counties where performance is poor

Limitations of LQAS
- LQAS is inappropriate for use in collecting data on rare events such as mortality because of the small sample sizes used

- LQAS is also not appropriate for use in assessing indicators that take a long time to realize (e.g., reduction in Total Fertility Rate) due to the time interval of the surveys and small sample sizes

UNICEF is grateful to UPHOLD in the use of LQAS and is learning more. UNICEF will endeavour to continue using the methodology to improve quality of life in Uganda.
LESSONS LEARNED

- 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 5 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
- UPHOLD has found no statistically significant differences in results generated using other sampling methodologies when comparing similar indicators in same localities
- LQAS is simple, robust, cost effective and generates timely data
- Innovation and adaptation can be applied to the methodology to fit contextual settings (e.g., the conflict districts in the North)
- We decided to experiment and test this methodology because it's cheap and quick data collection method
- There are some limitations discovered such as assessment of rare events (mortality) and long term outcomes. UNICEF is committed to using this rapid assessment methodology in future.

Presentation 4: HEALTH PARTNERS Experience with LQAS
Joy Batusa, Health Partners – Uganda Health Cooperative

The objective of this presentation was to share with the audience, the experiences of Health Partners in conducting an LQAS survey in Bushenyi District in January 2006

Child Survival Grant
A five year grant was awarded to Health Partners – Uganda Health Cooperative in October 2005 by USAID, to link child survival interventions and partnerships to prepaid health plans, building on the existing structure, to sustainably reduce morbidity and mortality for women of reproductive age and children under 5 years.

Expected Key results
- Reduce incidence of Malaria in Bushenyi district for children under 5 and pregnant women
- Reduce incidence of Diarrhea in Bushenyi district for children under 5
- Increase % of pregnant women receiving improved antenatal, delivery and post partum care

Child Survival Grant Baseline
- Conducted in Bushenyi district in January 2006 using LQAS
- First consulted with UPHOLD regarding their LQAS experience in order not to duplicate efforts
- Some questions for which data was already available were dropped as a result of this consultation
- UPHOLD supported our efforts in developing the final research tools.
- District level survey was conducted in a manner similar to what has been done elsewhere (five supervision areas, 19 households taken from each supervision area)
Why we liked LQAS
- Low Cost – was less costly than if we had used simple random or cluster sampling
- Were able to hand tabulate/analyze data quickly and share findings especially with Bushenyi district leaders
- Highlighted areas within the district that had less levels of coverage
- Program management decisions were quickly made as a result

Bushenyi District Leaders
- Had meetings with district leaders before the survey – they were receptive as they had dealt with UPHOLD before
- Participated in data collection – UPHOLD trained district staff were our collectors
- Shared findings with the district leaders at a meeting that was attended by LC5, RDC, CAO, DDHS among others – meetings were not being attended in large numbers before
- Shared findings with UPHOLD

Challenges with LQAS
- Distances – one would walk a long distance before getting a household to be interviewed. (Buhweju)
- Did not shed light on the “why” and therefore had to follow up with a qualitative study

PLENARY COMMENTS, QUESTIONS AND ANSWERS
(These comments, questions and answers have been edited for easier reading; the first few questions reflect issues that were not completely addressed in the early plenary session)

A: 28 is an error the correct age bracket is 15-24

Q. How reliable are village registers?
A: UBOS register was used and we updated it with district leaders, LC Chairmen and the community.

Caution: Mr. Mabirizi’s presentation displays information up to sub-county level which is not possible unless you describe the supervision areas.

Q. Robert Ochai, Deputy Executive Director - TASO
From what we have heard, sampling starts with 19 villages; then within each village, one household for 3 to 4 questionnaires – what is the real sample size – is it the household or the individuals. How does the household relate to the unit of measure?
A. We sample 19 villages from each supervisory area. In each village you get one respondent from each category of population to be surveyed, e.g., – 1 orphan, one young woman, one young man per village.

Q: Maria Najjemba, Representing DDHS, Mayuge District
Results in assisted deliveries in Jinja are 90%. Jinja should share experience with other districts – the normal one is 30% - how did Jinja manage to achieve this?

NB: Useful to do some more in depth exploration; Jinja has 100% access to health facility within 5 km.

Q: Malaria: Was there enough capacity to handle LQAS in Bushenyi
A: Yes, Health Partners used capacity already existing in Bushenyi.

Q: Presentation on Buhweju: Mosquito nets were distributed and it had wider coverage yet more women suffered more from malaria except Buhweju. Why?
A: Nets were distributed up to 85% in Buhweju. Most of the work was done here but seems nets were not put to proper use. Some families do not know why use mosquito nets.

Comment (Caution)  John Sekamatte, Demographer, ISEA - Makerere University
Control is causing a problem. We should not confuse two different terms: LQAS as a better method and the control which is an evaluation design. LQAS is a sampling method.

Q: Lucy Shillingi, Deputy Chief of Party/Technical, UPHOLD: why is there such a variation in the number of days spent on data collection, data analysis and training between UPHOLD and UACP?
A: The number of days is still the same only that UACP first did the training on the methodology, then went out and collected the data. And finally did the training on data analysis using the collected data.

Q: How much did district officials make use of the data/results in budget allocation, not only in planning?
In the Arua presentation, why did the HIV knowledge for men and women go down while UPHOLD and UNCEF were still implementing their HIV Projects?
A: David Kaweesa, District Programs Coordinator, UACP
LQAS does not tell you why? So we can’t explain it.

Q: Mugisha E, Administrator – Rakai District How has district and leadership used the finding in these districts when there are other partners doing the same kind of thing?
A: Joy Batusa, Director, Health Partners
Many of us are guilty of not sharing the results with district officials, but when they implement the methodology themselves, they are more likely to know the results. We were able to consult the district first regarding who was doing what and we shared our findings with LCV and CAO among other district officials. They were amazed to see that coverage was so low in some areas. LQAS is not a panacea, therefore, we should utilize it when it’s appropriate and should identify conditions when it’s not appropriate.
Q: **Mugisha E, Administrator, Rakai District:** Is the Diagnostic Study the same as LQAS or not? The results in one of the presentations went down after implementation of the program. Could you please explain why? How available are UPHOLD consultants? If other organizations are interested in using LQAS, is it free of charge?

A. Diagnostic studies answer qualitative questions, that is, they answer the WHY questions.

Q: **Noordin Mulumba, Statistician, Ministry of Health**
Is there a possibility of modifying the LQAS and incorporating the qualitative component? What is the plan for cooperating with other partners?

A. We did incorporate the qualitative questions in LQAS and it’s in our report. UPHOLD will continue cooperating with other partners and welcomes more opportunities to do so.

**Comment: Margaret Balaba APO, M&E, UNICEF**
UNICEF carried out same survey with UPHOLD, same methodology, same training etc. UNICEF had focus on sub-counties whereas UPHOLD was taking districts. UNICEF had more supervision areas within the districts in order to get more information on UNICEF performance. We over sampled some districts because UNICEF works at sub county level.

Q: **Christine Lalobo, Regional Director North, UPHOLD**
Why did ITN coverage among children under-five years in Luwero District go down?

A. Note that we are dealing with a cohort of children under-five years whereby there are new ones born in a year entering the cohort and those reaching five years exiting the cohort. So if you don’t position your interventions in such a way that ensures that those entering the cohort have access and availed ITNs, then there may not be a change in the denominator (i.e. total of children under-five years) but a decrease in numerator (i.e. number of children under-five years sleeping under ITNs). And that explains why coverage went down in Luwero District. That calls for continuous planning using evidence-based data generated annually. That’s the emphasis of rapid method like LQAS that can provide that kind of information annually at a low cost and with ease.
SESSION THREE

District Experiences in using LQAS
Session Chair: Dr. Eddie Mukooyo, Assistant Commissioner for Health, MoH.

Presentation 1: District Experience in Health:
- Dr. Charles Katureebe, DDHS, Bushenyi District

Dr. Katureebe presented brief statistics about the District as background. (Population, male and female ratio, health sub-districts, number of health facilities, health patterns in the district).

District Sources of Data for Planning, Monitoring and Evaluation
- Routine Data (HMIS) collected from health facilities
- Community Based Management Information System (CBMIS)
- Studies conducted by DDHS's office and/or development partners (Using LQAS and other methodologies)
- UDHS of 2001
- Census (Pop Map, Census info)

Capacity of LQAS-Use in Bushenyi
- Officers from Health, Planning, Education and Community Departments and CSOs were trained in data collection and analysis by UACP and UPHOLD
- Health Partners were able to use the existing capacity

Findings
- Low Bed Net Coverage in Buhweju County
- More children slept under treated mosquito nets in 2005 than in 2004
- Access to Prompt Malaria Case Management
- Fewer Children < 5 years reported Fever
- More Children have access to timely malaria treatment

More LQAS!
- Health Partners began working with the district in the area of Maternal and Child Health
- District & Health Partners have chosen LQAS as well for M & E
- Health Partners conducted another LQAS survey in Jan. 2006 to help focus their child survival interventions

District Responses
- Proportion of Children who got Malaria 2 weeks prior to survey (Buhweju had the least number),
- Proportion of Homes with Nets (Buhweju tops: confirms that Nets were distributed)
- Mothers Sleeping Under ITNs (Buhweju has the highest %age),
• Children sleeping under ITNs (Buhweju tops again indicating good Bed Net usage);
• The Effect of Sensitization and Mobilization that accompanied the ITN distribution exercise (Knowledge).

Conclusions
• LQAS provides critical planning data at the District and sub/county levels.
• LQAS data can be used to target interventions and avoid duplication of effort.
• LQAS measures Behavioral Determinants of Health that may not be captured by routine HMIS
• Use of the same methodology by different partners is helpful at the district level and should be harmonized.

The study conducted in Bushenyi District allowed to double check the accuracy of the methodology. The study showed that the prevalence of malaria was lower in the areas where IT nets were distributed.

Presentation 2 : District Experience in Education
- Mr. Mark Tivu, DEO Yumbe

LQAS in Yumbe District
District was divided into 5 supervision areas:

Results of August 2004 LQAS School Facility Survey showed
Management and school administration
• 53% of Head Teachers were present during day of interview
• 42% of schools had documented supervision of teacher’s planning and assessment
• 34% of schools had documented system for classroom observation
• 42% of schools reported conducting school-based continuous professional development workshops
• 23% of schools received more than one support supervision visits per term from CCTs
• 77% of pupils attended school the previous school day before the survey

District Education Office Response
• Education Office convened a technical meeting to deliberate on LQAS findings
• Technical team designed another District LQAS study to assess the performance standards in schools

Qualitatively in:
• School Management and administration
• Teaching and Learning processes

District Education LQAS Assessment Study Areas
School Management and Administration
• Leadership
• Monitoring and evaluation of teaching/learning and the curriculum
• Effectiveness and deployment of staff
• Implementation and management of special needs programmes
• Management of accommodation and resources
• Overall levels of attainment of primary school children

Teaching and Learning Processes
• Quality of teachers’ planning process
• Classroom environment
• Level of pupils learning, understanding and attainment
• Assessment of pupils’ needs
• Quality of classroom teaching/learning experience
Results of the Yumbe District LQAS Assessment

School Management and Administration

- Poor time management and late arrivals of teachers
- Most schools do not house head teachers and teachers within the school quarters
- Majority of Head teachers were absent during the survey

Teaching and Learning processes

- No critical self-evaluation of lessons in some schools except use of words like “the lesson was taught”.
- Teachers’ preparation of lessons was inadequate in most schools
- High dropout of adolescent girls due to early marriages and teenage pregnancies
- 30% of pupils were absent from school

Actions Taken based on the findings of the District LQAS Study

Disseminated and discussed the district LQAS study results with various stakeholders in line with UPE Policy whereby:

- Rationalized staff ceilings
- Re-organized staffing in schools
- Sought capacity-building of Head teachers, teachers and CIE interventions from UPHOLD
- Sought support from WFP on housing for teachers
- Established a coordination mechanism with the Core Primary Teachers College

Conclusion

- LQAS opened our eyes to several challenges at school level enabling us to intervene.

- LQAS has also helped us measure results of District interventions to address key issues. We have been able to measure results in management improvement and parent support for children’s learning

- Applying the LQAS on our own helped us better understand the issues and recognize the need for continuous capacity building at the district level in the application of LQAS.

- Close collaboration and working together with all stakeholders to improve quality in primary school education

- The district is new and therefore has been underserved; National School Facility Survey demonstrated that the district is falling behind in the quality of education compared to other districts;

- During the implementation of the LQAS Survey, the district officials, school administrators as well as community leaders (LCs 1, LCs 2, etc) were consulted.

- For example, LQAS study discovered that the poor quality of schooling is particularly attributed to the high teacher/student ratio.
Presentation 3: Experience of Civil Society – Utilization of LQAS Results
- Ezekiel Kasimbira, Programme Coordinator, Family Life Education Programme (FLEP)

The objective of this presentation was to share the experience of FLEP in utilizing LQAS results for evidence based program planning and in particular how this method was used to target home based HIV counseling and testing interventions in Mayuge district. This targeting led to a four fold increase in the number of clients testing for HIV and receiving their results.

FLEP Background
The presenter introduced FLEP as a Faith-based organization established with support from MoH and USAID in 1986 with a focus on Family Planning/Reproductive Health in Church of Uganda’s Busoga Diocese.

- HIV/AIDS integrated into FLEP in 1996 with support from Pathfinder International and JHU
- FLEP works with rural communities in Kamuli, Iganga, Mayuge, Bugiri, Namutumba, Kaliro and Jinja Districts

FLEP and LQAS
- Participated in the UACP 2003 LQAS in Kamuli and Mayuge Districts
- In Mayuge, the 2003 LQAS survey done by UACP revealed limited access to HIV counselling and testing due to few HCT sites, Stigma and discrimination, as well as long distances
- Designed community outreach activities for HIV/AIDS in Mayuge and Kamuli Districts

New Strategies as a result of 2005 LQAS in Mayuge district
- Home-to-Home Based Counselling and Testing
- Advocacy for mitigation of Gender-based violence and defilement
- Community mobilization and awareness for HIV/AIDS prevention and testing

Lessons Learned in LQAS Application
- LQAS has provided household-based evidence to focus our interventions
- “After testing, what next?”- LQAS results need to be shared with a range of partners to address other complimentary services
- LQAS is good tool for evaluating program performance on an annual basis
- LQAS is not a solution but an eye opener – it does not tell you ‘why’

LQAS was used to modify the project and adapt it to the needs of the community, mainly VCT at a household level. The results showed that the utilization of VCT has increased drastically.

Although we were able to increase the number of people who are getting tested for HIV, at the end we left with the question “What’s next after testing?” The system of services for people who are tested HIV Positive is still not widely available and not affordable or and easily accessible to everyone.
Presentation 4: Why Use LQAS at District Level?
- Dr. Eddy Mukooyo, Assistant Commissioner Health Services, Ministry of Health

Dr. Eddie Mukooyo - Assistant Commissioner Health Services, Ministry of Health

The objective of this presentation was to recap the three presentations on District Experiences, capturing the key justifications in using LQAS at this level of service delivery and below.

LQAS and other Management Information Systems (HMIS, EMIS, etc)

- Cross checking quality (accurate records)
- It is timely and complete, comprehensive and promotes a culture of data collection and utilization
- LQAS and other common sources of population-based data for Districts:
  - LQAS is effective and cheaper, it is simple to use and builds district capacity – easy to conduct. It is rapid, provides data on a regular basis and can be used for comparison purposes.
  - It helps districts in annual planning and proper utilization of resources.

Benefits
LQAS is the best way of feedback into the data sources and improves data availability, quality and utilization at the lower levels. It can also be used to collect household level data that could feed into the District League Tables.

Conclusion
- Encourage Districts to utilize this methodology as actions usually take place at service delivery – district – level.
- Districts may refer to other districts that have used it before, especially as LQAS contributes to capacity building at district level
- Expand the use of LQAS to other areas of focus for intervention
- Use LQAS to supplement and substantiate other data sources
- LQAS enables us to look at the data that are already available, it is comprehensive
- Compared to MIS, LQAS is a step further because it moved from the information on management level to promote a culture of data collection and use and it provides feedback at household level.
- LQAS is cheap, helpful for district level, easy to conduct. It is a quick way of collecting information on key indicators at District level. Information does not have to be 100%
- Request all supporting partners take it to a higher level, to expand its use and take advantage of this information to be consumed at lower level.

COMMENTS, QUESTIONS AND ANSWERS

Comment: by Mr. Luc Vanhooickx, M&E Advisor – Save the Children:
Presentations from the districts were great because the results presented have been followed by a response, either finding out why, or taking an action. LQAS is a good bi-product to ensure quality of lot by sampling, determine if the lot meets a standard or not. We should present data by lots which have achieved or not achieved the set benchmark.
Comment – Bushenyi District Official
Assistance of parents to people increased in Arua. In Bushenyi people were encouraged to help children, but they were doing the work for them and this is not assistance. This type of assistance given by parents is just spoon feeding them! I would love to know the type of assistance found in Yumbe.

Response (DEO Yumbe)
As regards assisting children with homework, I meant basic needs like lighting and time, things that facilitate pupils to do their homework. Literacy in Arua is very low; most parents are not able to do children’s homework.

Comment: I’m optimistic about LQAS –We need an intervention that can be quickly used in this area to guide districts on using LQAS for screening, trouble shooting tools, using data. Also need to maximize LQAS utility while reducing its limitations.

Q. Christine Lalobo Regional Director, North, UPHOLD
Banyaruguru had 69% knowledgeable about sleeping under nets. Yet, Mothers who know about malaria do not sleep under nets. 26% of homes have nets; 21% of children sleep under nets. Who is using and not using nets?

A. On nets and why women are not using them – May be cost, culture, other beliefs/behaviors. A qualitative research is needed to explore this.
SESSION FOUR

Way Forward in Linking LQAS to National Monitoring Systems
PLENARY SESSION: WAY FORWARD ON LINKING LQAS AND THE NATIONAL MONITORING AND EVALUATION SYSTEM

Presented by Mr. Richard Ssewakiryanga, NIMES Consultant, with introduction by Mr. Peter Ssentongo

By Richard Ssewakiryanga, NIMES Consultant,

Mr. Peter Ssentongo, Office of the Prime Minister offered introductory remarks to this session, highlighting key points in linking LQAS to the National Information Monitoring and Evaluation System (NIMES)

- There is need for better monitoring and evaluation at government level
- Prime Minister’s office is spearheading efforts to create a culture that makes decisions based on results
- LQAS links outcome indicators to the population in a very short time
- Government’s aim is to reduce poverty, increase human development, and GDP growth level
- There is need for each PEAP pillar to perform to desired outcome. If sectors work as they are supposed all above will be achieved.
- Need for every tool to measure the changes.
- LQAS+Surveys+Data should be used to create this change.

Mr. Ssewakiryanga then proceeded with his presentation:

Background: The main function of Government is to provide its citizens with optimal goods and services. Performance of the public sector system is critical to citizens’ satisfaction in a democratic system. The main challenge is usually to ensure a smooth flow of information from frontline service providers to decision makers. Uganda started the NIMES to offer better coordination of M&E systems.

- NIMES emphasises that the real product of M&E is NOT reports or facts per se, but a higher quality of decision making
- The act of identifying, tracking and analyzing development outcomes calls for better linkages among stakeholders
- This is because institutions within Government work towards achieving an agreed set of strategic results areas, yet these institutions have got different mandates
- This calls for close collaboration & development of functional linkages and synergies as shown in the figure
NIMES & National Policy Framework

- DD & SS of M&E information is anchored within a larger institutional framework for policy development
- The executive authority of Uganda is vested with the President to be exercised in accordance with the Constitution
- Cabinet supports the President in the exercise of this executive authority
- Key Constitutional function of Cabinet is to determine, formulate and implement policy of the Government
- Parliament provides the legislative oversight on policies developed by the Executive

M&E and National Policy Framework

- At the sectoral level, policies are developed by the line ministries
- They identify the need for policy development through several sources which include; analytical work in the PEAP, the President’s Manifesto and related Cabinet directives
- The line ministries develop Cabinet Memos and Ministry’s Top Management discuss the memo to obtain ownership and ensure collective agreement about the issues in the memo
- Minister responsible then presents the memo to Cabinet
- Cabinet monitors the implementation of its decisions by way of “Matters Arising”
- Ministries are also required to submit quarterly reports on the implementation of Cabinet decisions
- OPM reports annually to the Cabinet on sectoral policy implementation through the National Policy and Programme Performance Report based on the NIMES work
- This National Policy Framework creates linkages in M&E system as a means of building clarity and consensus on development results

Public Sector Demand & Supply for M&E info

![Diagram showing interactions between citizens, parliament, cabinet decisions, public sector coordination, sector programming, service delivery performance evidence, and budget management mechanisms.]

PEAP and M&E Information

- In Uganda the agreed set of development results are articulated in the PEAP - the national planning framework
- The policy actions in the PEAP are achieved through a number of sectoral programmes & indicators are set out in the PEAP Results & Policy Matrix
- The PEAP thus sets directions for formulation of sector strategies, institutional reform programmes, budget prioritization & dialogue with external development partners
- To bring all these elements together requires a logic of change in public sector management.
PEAP M&E Review Cycle

- To track the PEAP results an Annual Review has been put in place with two main objectives
  - create an understanding of the PEAP implementation process and also trigger proactive management of its complexities
  - rationalize and simplify the multiple streams of data collection and reporting that currently exist within Government

- The PEAP Review Cycle will have two main approaches:
  - The annual implementation review and
  - The medium (end of PEAP period) impact evaluation

See figure 1, 2 & 3 ......

The Logical Framework of PEAP Results Review

![PEAP Results and Policy Matrix](image_url)

**Figure 1: The PEAP Results Review Framework:**
Linkage between Sectors, Pillars & the APIR Feedback Mechanism

Figure 2: Sector Reviews and the Feed-Back Mechanism

Links to the LG Assessments

Figure 3: Links between the sector reviews of LGs and the LG comprehensive assessments

LG assessments (annual)
1) General Administrative performance and 2) Sector performance focusing on service delivery results drivers
Opportunities for LQAS Work

- LQAS will be useful in review of sector indicators
- LQAS reports can be used at Pillar level where questions on how results in one sector contribute to overall PEAP Pillar results will be asked & answered
- LQAS can also contribute to Multi Sector Local Government Review Process by generating reports on selected indicators for specific LGs
- LQAS reports at LG level can generate cross learning for districts as part of NIMES
- NIMES can also work with CSOs and LGs to commission independent LQAS studies to feed directly in APIR process

Need for a Balancing Act!!

- Select strategic sectors for LQAS
- Provide information to feed into critical processes
- Add value to the research knowledge already available
- Create a well defined implementation plan

Conclusion

- The above process represents an effort by Government to institute a culture of results management in the public sector
- GoU has recognized the importance of strengthening of M&E and it is aware that making any headway will necessarily be an ongoing and long-term process of awareness building, institutional linkages, systems adjustment as well as skills building
- It will therefore be important for the LQAS to be supported beyond the projects that spearhead this methodology
PLENARY COMMENTS, QUESTIONS AND ANSWERS

Q. Lucy Shillingi – Deputy Chief of Party/Technical, UPHOLD
What is the optimal size of basket to the citizen? Is it static over the years or does it change? If it changes, what factors lead to the change?

A. UBOS: The basket to the citizen is a package of services that citizens are expected to demand from government, e.g., clean water, energy, health care, etc. It is based on services that a household might consume on average. The present “basket” is based on a 1993 monitoring survey and is under discussion. Optimal size is hard to determine and much of it is local government responsibility.

Q. Do we have natural plans to develop PEAP monitoring at national level? Level of reporting not clear if we have NIMES and other organizations doing the same thing.

A. Yes. Coordination is the biggest challenge of government. The combined interests of bureaucrats and politicians at many levels, makes coordination very difficult. This is not a criticism and the situation has improved.

Q. Thank you UPHOLD for the good work. What mechanism does UPHOLD have to cover the whole country?

A. Samson Kironde, Chief of Party, UPHOLD: Government of Uganda gave UPHOLD the mandate to cover geographic area of 20 districts now 29. Increasing the number of partners and users in another way to scale up, e.g. UNICEF, UACP and others. We hope that today’s conference will increase the number of partners using LQAS.

Comment: Dr. Angela Akol, H/FHD, Population Secretariat
The presentations today have shown the beauty of planning and policy decisions based on use of research and data. The methodology should therefore be tailored to the specific need we want to address. We should focus on the bigger picture: research, use of data, not specifically LQAS alone.

Q. Akim Okumi, Education Specialist - World Bank
Need to hear more about what went into training of those who implemented this LQAS methodology. How much effort has been put in designing questionnaire and collection of data? e.g. Bushenyi bednets. How was the question in the questionnaire posed and how was it verified. How do you get people at lower level to design?

Q. Peter Sentongo, Clarify how much capacity is out there and what do we build on.

Other Responses:
Samson Kironde: Training was implemented in a participatory manner. UPHOLD can share books and materials used to train. In 2005 Report, questionnaires were developed with UNICEF and district coordinators after a wide survey.

Joy Mukaire (GAMET) - World Bank Consultant - Initial training was done by World Bank for district level officers. The young men and women who participated are highly trained and trainable. They have the necessary capacity. On introduction of LQAS the bank came up with a National Team of Trainers, 35 individuals were trained to train others. UNAIDS and UPHOLD used this team. In every districts there are 15 technical people from various departments trained in principles
of LQAS; how to do data collection; tabulation of data; report writing; and application. (Three weeks of training). A number of institutions were approached to institutionalize methodology as resources for designing future applications. District people were not taught how to design but if indicators are known, that information can be used to design.

**Capacity Building: Mr. Mark Tivu, DEO Yumbe:** All service delivery programs of government are run by districts. We have the capacity to identify and implement. The Local Government Act specifies qualifications needed to work in the districts. Most are university graduates; DEOs needed a Master’s degree... don’t doubt them.
WAY FORWARD AND CLOSING REMARKS
- Mr. Andrew Kyambadde Cognisant Technical Officer for UPHOLD- USAID

On behalf of USAID he thanked all organizers and presenters for the work put in and noted the interest in the conference since it was still full house at closing time.

He noted that the theme of the conference clearly supports USAID's efforts in support of district based programs. It is USAID's expectation that LQAS will be pushed a step further considering some of the benefits, e.g LQAS is low cost and it is a simple application tool that avails good population information from the district to lower cadres. USAID is pleased to learn that the Prime Minister's Office is considering this low cost system as one method to support NIMES, and encourages government, stakeholders and partners to come closer together to strengthen data collection systems at central and sub-national levels. District Officers are encouraged to take lead in ensuring that their districts are strengthened. He suggested that as away forward, three next steps should be considered:

1. Create dialogue groups to agree on and address critical issues of methodology; the standard package of LQAS surveys, catering to the needs and interests of the various stakeholders.
2. All users of LQAS data, especially at district level (CAO, DPU, DDHS, DEO and others) should have a forum to share experiences in order to institutionalize use of LQAS data within district, enabling transparent planning and resource allocation.
3. Build on current partnerships b/n UPHOLD, UNICEF, UACP and any other partners who will come on board. This will lesson the burden on the districts in collecting the same information

Mr. Kyambadde reiterated the USAID Mission Directors' statement supporting the Government of Uganda to strengthen and improve monitoring and evaluation for improved services at district and lower levels. On this note, the conference was officially closed.
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Enhancing Evidence Based Planning at District Level: The LQAS Experience in Uganda
Sheraton Hotel, Kampala, 3rd July 2006
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National LGAS Conference
Enhancing Evidence Based Planning at District Level! The LGAS Experience in Uganda
Sheraton Hotel. Kampala, 3rd July 2006

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THE Rt. HON. PRIME MINISTER OF UGANDA;
SENIOR GOVERNMENT OFFICIALS;
THE MISSION DIRECTOR, USAID;
OTHER REPRESENTATIVES FROM OUR DEVELOPMENT PARTNERS;
DISTINGUISHED INVITED GUESTS;
LADIES AND GENTLEMEN with all Protocol observed.

It is my pleasure to welcome all of you to this conference, the first of its kind, to discuss experiences and lessons learned regarding the enhancement of evidence-based planning at the lower levels of governance using the Lot Quality Assurance Sampling (LQAS) methodology.

Honourable Prime Minister, the Uganda Program for Human and Holistic Development (UPHOLD) – a consortium of different partners led by JSI Research & Training Institute Inc., is a five-year bilateral program designed by the Government of Uganda and funded by the Government of the United States of America through USAID. The geographical coverage of UPHOLD is currently 29 districts in an area where over 11 million Ugandans live.

UPHOLD supports social sector programs in these districts and works with both local governments and over 100 Civil Society Organizations to assist Ugandans achieve longer and more productive lives through interventions in three integrated areas namely Education, Health and HIV/AIDS. UPHOLD’s overall goal is to improve the quality, utilization and sustainability of services in these three areas and in the process create ‘a difference in the lives of Ugandans’.

As part of its work in Uganda, UPHOLD recognizes the need to strengthen information systems in order to foster evidence-based planning and decision-making at both the central and district levels. To this end, over the past three years, UPHOLD has provided support to both the Ministry of Health and the Ministry of Education and Sports in order to strengthen their information management systems (that is; HMIS and EMIS respectively) and has actively participated in the harmonization process of national monitoring and evaluation systems.

At the district level, UPHOLD also supports local governments to carry out an annual evaluation that assesses coverage and utilization of social services in the education, health and HIV/AIDS sectors. This evaluation utilizes Lot Quality Assurance Sampling (LQAS) which has been found to be a simple, robust, low cost and rapid methodology on which we shall hear much more during the course of this conference.

Honourable Prime Minister Sir, as an example of the outputs of LQAS, allow me to present some illustrative quantitative results that arose out of the most recently concluded exercise that was conducted in collaboration UNICEF between August – September 2005. The survey revealed the following aggregate outputs from all the districts were it was conducted:

- The percentage of children between 12 to 23 months of age who had received the third dose of DPT immunization by age of 12 months increased from 51% in 2004 to 72% in 2005;
- The percentage of children under five years of age who slept under an insecticide treated mosquito net increased from 12% in 2004 to 17% in 2005 – an increment which translates into an additional 136,000 children under five years benefiting from this intervention;
The percentage of children under five years who had fever in the previous two weeks preceding the survey and who received the recommended treatment within 24 hours of onset of the fever increased from 31% in 2004 to 40% in 2005 – this translated in an additional 232,000 children benefiting from this potentially life saving community level intervention;

The percentage of adults (15 years and older) who reported having taken an HIV test increased from 20% in 2004 to 23% in 2005;

The percentage of primary school going children aged between 6-12 years who regularly attended school (including all five school days preceding the survey) increased from 77% in 2004 to 82% in 2005; and

the percentage of households where parents/guardians reported assisting their children with doing homework increased from 70% in 2004 to 78% in 2005.

Honourable Prime Minister, these examples illustrate real achievements that are a result of collective efforts and strong partnerships forged between district governments and civil society organizations by the Government of Uganda and its partners in development such as USAID, UNICEF and the many other stakeholders who work at the district and community level. The LQAS survey methodology is especially useful in that it enables individual districts to identify areas, at county and sub-county level, where coverage of social services is not yet adequate. Done on an annual basis, LQAS enables districts to not only to identify priority areas for focus but also enables them to monitor trends of interventions.

With support from USAID, LQAS has enabled districts to adopt a focus for impact approach by leveraging scarce resources into interventions that aim to create an impact on the lives of people. One recent practical utilization of LQAS results was between November 2005 and February 2006 when the District Directorates of Health Services in nine districts undertook a community level distribution of over 260,000 long lasting insecticide treated nets. Using results from the 2005 LQAS survey, underserved communities at sub-county level with low bed net coverage were identified and selected households with children under five years of age within these communities were provided with bed nets.

It is my conviction Honourable Prime Minister that with the increased availability of such sources of regular information, planners and decision makers at district level can allocate scarce resources based on reliable evidence targeting interventions where they are most needed and in the process, truly making a difference in the lives of Ugandans.

It is my hope therefore that during this conference, as we hear about the experiences of the different partners gathered here today, the key overriding issues in our minds will focus on what each of us can do to further enhance the role of evidence-based decision-making and how we can leverage the different data collection/information systems we have available in Uganda in order to achieve this noble goal.

Thank you all
Right Honourable Prime Minister, Permanent Secretaries, Senior Government Officials, Representatives from fellow Development Partners, and Distinguished Invited Guests, Ladies and Gentlemen protocol observed.

- Thank you Rt. Hon. Prime Minister for accepting to officiate at this conference. Your presence today is a clear indication that your office is committed to supporting a national coordinated framework for gathering and analyzing data to support Uganda’s Poverty Eradication Action Plan (PEAP).

- The Lot Quality Assurance Sampling (LQAS) approach is a proven community level monitoring system as indicated by the examples from the speech by the UPHOLD Chief of Party. LQAS is a very useful approach that can be used assess coverage of key knowledge and practices for key services such as HIV/AIDS, health and education. Identifying such coverage is vital in planning, monitoring and evaluation at all levels.

- One of the major challenges in development planning is the scarcity of accurate, timely and population based data. While larger surveys are historically the basis for collection of population based information, they take place at multi year intervals and are expensive to conduct. LQAS provides a means to quickly and efficiently update information for planning purposes especially at district and lower levels.

- Experience from the UPHOLD supported districts has clearly shown that the USAID mission can also use the results from the district level surveys to inform its own planning. For example, The LQAS data from the UPHOLD districts in Northern Uganda has been instrumental in informing high level US delegations interested in Northern Uganda about coverage and gaps.

- The LQAS methodology used through Uganda AIDS Control Program is also being used with other national data to inform strategic directions and the revised National Strategic Framework for HIV/AIDS.

- I am very pleased that the United States Government has supported the use of this innovative and ‘manageable’ monitoring and evaluation tool. The United States Government will continue to strengthen its efforts to assist Government of Uganda and other stakeholders in the country to improve monitoring and evaluation of services being delivered at district and lower levels in order to better inform planning and development.

Thank you
PRIME MINISTER’S SPEECH AT THE LQAS NATIONAL CONFERENCE
Monday July 3rd 2006, Sheraton Kampala Hotel, Rwenzori Ballroom

THE CHAIRPERSON;
SENIOR GOVERNMENT OFFICIALS;
REPRESENTATIVES FROM OUR DEVELOPMENT PARTNERS;
DISTINGUISHED INVITED GUESTS;
DISTRICT OFFICIALS;
LADIES AND GENTLEMEN with all Protocol observed.

Thank you for inviting me to officiate at this important national conference to discuss the use of information to improve evidence-based planning and decision-making at the district level.

I would first of all like to commend the United States Agency for International Development (USAID), which through UPHOLD has worked with the Government of Uganda to strengthen monitoring and evaluation of service delivery at the district, county and sub-county levels.

The truth, of course is that without a mechanism for routinely obtaining accurate information we cannot have an objective view of what we are doing, how well we are doing it or whether it is even relevant to the needs of those we are doing it for. More importantly, we are not in position to plan effectively.

Cabinet has long recognized the need for results-oriented management. In 2003, it approved a coordination framework called the National Integrated Monitoring and Evaluation Strategy (NIMES) which has worked towards the harmonization, alignment and building of a results-based decision making process at all levels in Uganda. The Office of the Prime Minister is the key coordination office to ensure the efficient and effective implementation of this policy.

Many of the major improvements in the public sector under the leadership of the National Resistance Movement government over the past twenty years have benefited from evidence based planning and decision making. For instance, routine monitoring of the trend of the HIV/AIDS epidemic in the country and the utilization of this information to drive policy decisions, direct resource allocation and target interventions enabled the remarkable reduction of HIV prevalence among the general Ugandan population from a high 18% in 1992 to 6.4% in 2005.

In June this year, my office launched a programme titled ‘Managing for Development Results’ that aims to promote accountability by looking at the impact of poverty alleviation projects in communities using information beyond the figures in books of accounts. The theme of this conference “Enhancing Evidence-Based Planning at District Level: The LQAS Experience in Uganda” is well in line with this initiative.

In a context where resources are constrained, the Government needs to make sure that every shilling it has at its disposal is put to the best possible use. Monitoring and evaluation of interventions especially at the community level is crucial to improve the effectiveness and efficiency of resource utilization of both public and private sources.

In this era of decentralization, the focus on enhancing skills and competencies within districts in the use of evidence-based information for planning and decision making is crucial. I am happy to learn that with support from USAID, 29 district local governments from all regions of the country have already instituted an annual community-oriented monitoring and evaluation system that tracks results of interventions in the areas of HIV/AIDS, Health and Education using a low cost, user friendly, and rapid methodology called Lot Quality Assurance Sampling (LQAS).
I commend the 29 districts, the Ministry of Health, the Ministry of Education and Sports, the Ministry of Gender, Labour and Social Development and the Ministry of Local Government, who with the support of USAID and UNICEF have put a great deal of time and effort into conceptualizing, operationalizing and implementing this LQAS methodology for monitoring performance of districts at county and sub-county levels as evidenced by the two 2004 and 2005 LQAS Annual Reports available here today.

This methodology is quite attractive as a resource because it can provide valuable population level information for the annual work planning processes at district level. It bridges the data and information gap between major surveys such as the National Census and the Uganda Demographic Household Survey (UDHS), which are done comprehensively but at longer intervals.

Despite our progress and the success to date in monitoring and evaluation, I recognize that there is more to be done to accurately assess the results of development projects and social sector interventions at the household and community levels. Critical steps must be taken to:

- improve the quality of information collected using existing systems;
- harmonize the various information systems in order to avoid duplication of processes, reduce costs and decrease the burden on those primarily tasked with collecting this information at different levels of governance;
- further strengthen the capacity of lower level cadres to effectively deploy data collection systems, ensure the collection of data that meets their specific needs and have ownership of these systems; and
- encourage the utilization of existing information for evidence based planning especially at the lower levels of governance.

As Prime Minister, I am committed to ensuring that high quality and timely information especially at the population level is available for planning and monitoring of national level indicators such as those enshrined in the Poverty Eradication Action Plan (PEAP) which is Uganda’s comprehensive development framework. Many of you here today are tasked with policy making, development planning, and program implementation. All of these duties require the collection and utilization of information. It is my hope therefore that through this conference you sit together and work out mechanisms of how to link such methodologies as LQAS to routine public sector monitoring and evaluation systems.

I wish you successful deliberations, and I look forward to the recommendations from your conference.

I would now like to declare this conference open.

Thank you all

For God and My Country