

Why use LQAS at District Level?

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Outline of Presentation

1. Introduction (the need for District Population-based information)
2. LQAS and Other Facility-Based Management Information Systems (HMIS, EMIS, etc)
3. LQAS and Other common sources of data for the district (DHS, Census etc)
4. LQAS and data utilisation

Introduction

- Where as LQAS serves vital informational purposes at national level, its usefulness at district and lower levels is even greater
- LQAS meets information needs at service delivery level in an approach that has a comparative advantage over systems
- Additionally helps in building capacity in Data collection, analysis and interpretation at district level

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

- Cross checking quality (Accuracy of records)
 - Improves accuracy of data available for those indicators that are best collected at household level
- Timeliness and completeness
- Comprehensiveness (Compares HH to Facility data)
- Promotion of culture of data collection and utilization
 - May improve quality of other data collection and reporting back e.g., HMIS
 - Strengthens ownership of data – DDHS, DEO, CDWs participate actively in the data collection

LQAS and other common sources of population-based data for Districts

- Cost-effective – It's cheaper
- Simplicity/ District Capacity: Ease-to-Conduct
- Time (rapid methodology)
 - Quick way of collecting coverage/ performance data on key indicators
- Frequency
 - Can provide data on a regular (annual) basis that can be used to compare trends and achievements
- Sub-county/Lower-level data for District decisions
 - Helps districts in annual planning and proper resource allocation

LQAS and Data Utilisation

- Best way of Feedback into the data Sources (Households with Interventions)
- Improves data availability, quality and utilisation at the 'lower' (county and sub-county) levels
- Can be used to collect household level data that could feed into the District League Tables e.g.,
 - ❑ % Children <1 year who received 3 doses of pentavalent vaccine on schedule
 - ❑ % Deliveries in Govt & NGO health facilities
 - ❑ % Pregnant women receiving 2nd dose of Fansidar for IPT
 - ❑ Pit latrine Coverage etc.

Conclusion

- Encourage Districts to utilise this methodology and may refer to other which have used it already
- Expand its use to other areas of focus for intervention
- Use it to supplement and substantiate other data