# Title of Report

**e.g. LQAS Community Based Survey For Eg District**

# LQAS Survey Report

AUTHORS OF REPORT

LOCAL COUNTERPART (WHENEVER POSSIBLE)

PLACE AND TIME WHERE REPORT WAS WRITTEN



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# Acronyms

|  |  |
| --- | --- |
| CA | Catchment Area |
| DIP | Detailed Implementation Plan |
| IP | Implementing Partner |
| LQAS | Lot Quality Assurance Sampling |
| MOH | Ministry of Health |
| PPS | Probability Proportional to Size |
| SA | Supervision Area |
| WHO | World Health Organisation |

# List of Stakeholders

|  |  |  |
| --- | --- | --- |
| **Organisation** | **Lead Person** | **Role** |
| UNICEF | e.g. Country Rep and or health advisor |  |
| Ministry of Health |  |  |
| Civil Society |  |  |
| Other Government Agencies |  |  |
| Other International Agencies |  |  |

# Executive Summary

*This section should be written last, only after the rest of the report has been written. It should be no more than a page long, just one paragraph for each bullet point. It should summarize the following:*

* **Background:** Summarise section 1 –where, when and why the survey was carried out
* **Methods:** Summarise section 2 - state that you used LQAS methodology. Explain how many respondents were surveyed in how many supervision areas. State how many how many data collectors carried out this task over how many days.
* **Key Findings:** Summarise section 5 – what were the most important results which came out of the survey?
* **Conclusions:** Summarise section 6 – what are the main conclusions drawn from this report? What, according to your survey, are your main priorities?
* **Recommendations:** Summarise section 7 – what are the principle recommendations you would make to address the priorities you identified in the conclusion?

# Section 1: Background

*This section should contain very similar information to the background section of the DIP – if available you should cut, paste and adapt this section so that it is specific to your district. It should contain the following:*

* **General situation/health situation of the country.** This should include social, economic, political and health information relevant to the survey. Country information might include GDP, human development index ranking, and details of any recent upheaval such as conflict or natural disasters and a description of infrastructure in the country. Health information might include; what are the principle health problems, who are the major health care providers, what are the most pressing health needs, what is the coverage of health services. Sources of data might include: Situation Analysis of the highlighted issue, Country Program Action Plan, Medium Term Strategic Plan, Country Office Annual Reports, Poverty Reduction Strategy, surveys (e.g. DHS, MICS, KAP), sector Management Information Systems, Lives Saved Tool analyses, Marginal Budgeting for Bottlenecks analyses, Integrated Monitoring and Evaluation Plan, and country map. Include a description of administrative divisions in the country and the specific area of the country where the survey took place.
* **Background to the survey in your district**. This is where you should relate the above information to your district. Identify if there was a specific Project or Program that the LQAS survey was supporting. What are the objectives of the program? Were there sources of data, for example administrative data or surveys, for monitoring and evaluating the program? What were the circumstances that justified the LQAS survey? How does the LQAS survey complement the other sources of program monitoring and evaluation data, for example through triangulation or by comparison? What additional information was gained by the LQAS survey?

# Section 2: the Lot Quality Assurance Sampling (LQAS) Method

*The following explanation of LQAS can be adapted or used verbatim:*

**Lot Quality Assurance Sampling (LQAS) is a method for assessing a program by analyzing the data produced by a small sample.** It was developed in the 1920s for industrial quality control. During the mid-1980s it was adapted to assess health programs. In 1991, a World Health Organization (WHO) report on epidemiological and statistical methods for rapid health systems assessment concluded that LQAS was one of the more practical methods available and encouraged its further development to monitor health programs1.

**LQAS has emerged as a practical management tool for conducting baseline surveys and monitoring health services and health needs.** Advantages of the methodology include the following:

* LQAS sampling procedures and analyses are relatively simple and the findings can be used immediately by local managers and health workers.
* The data from individual Supervision Areas (SA) can be aggregated into an estimate of coverage for the entire program Catchment Area (e.g. district).
* Only a small sample is needed to classify an SA as not having reached the average coverage of the CA or a predetermined target;

**LQAS works by subdividing a program CA (e.g. a district) into smaller areas that deliver health services, the SA**. A CA consists of a minimum of four SA, although five or more is preferred. Typically, LQAS uses a sample size of 19 individuals from each SA. In the case of 5 SA, this results in a sample of 95 respondents for the entire CA. By combining data from 5 SAs, managers can estimate coverage proportions of the entire catchment area with 95% Confidence Intervals of +10% for multiple indicators. If 4 SA are included in the assessment, resulting in a total sample size of 76, the 95% Confidence Interval is still acceptable as it does not exceed 11%. In addition to this, LQAS decision rules can identify SAs that perform below the CA average coverage or pre-selected targets. These areas are then prioritised. A detailed statistical description of LQAS is included in annex 5.

# Section 3: Methodology of the Survey

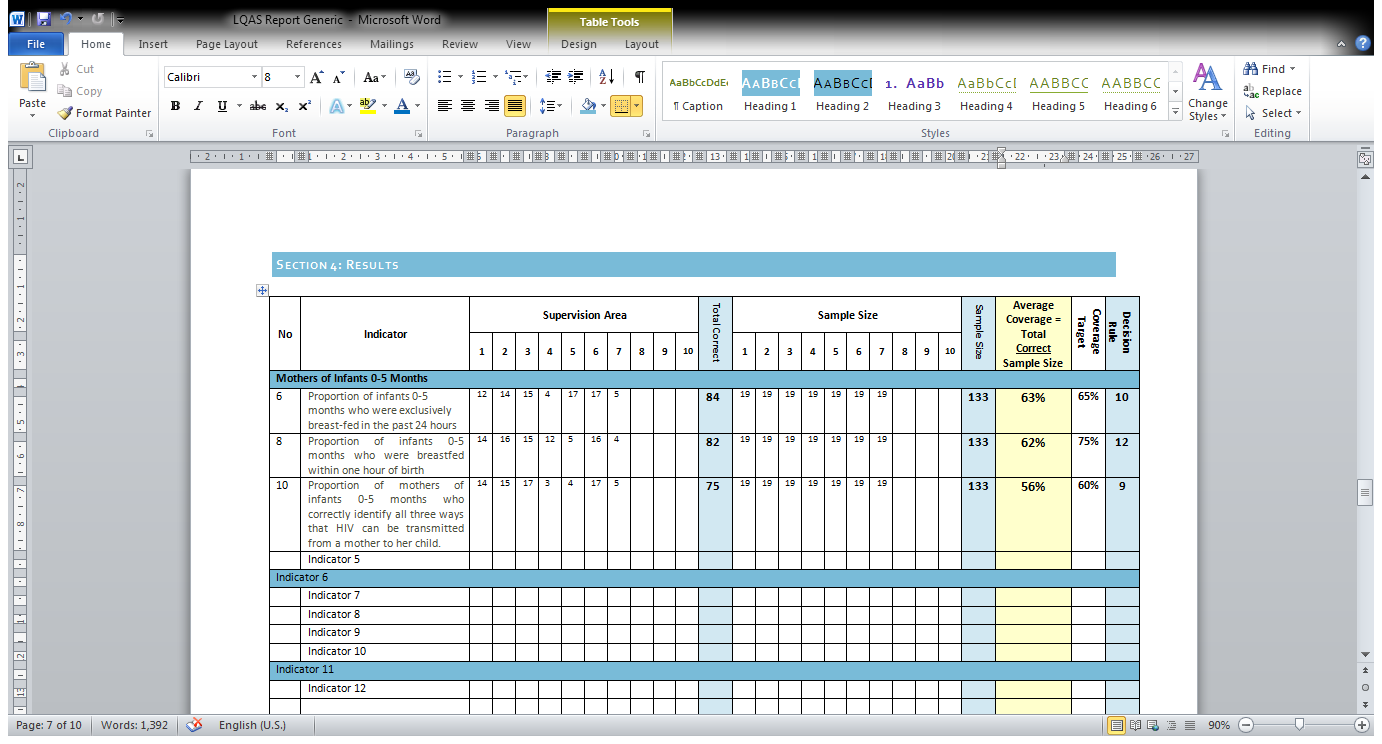
*Include the following information:*

* **Time and place of survey:** location of the survey by State and District; number of supervision areas, sample size per supervision area and total sample size; overall dates of the activity
* **Survey Topics and Questionnaire:** What were the main topics covered in the survey? Who developed the questionnaire? How many universes/modules did the questionnaire include? What language was the questionnaire produced in?
* **Data Collectors and Training:** What staff was used for data collection? How many days training did they receive? Who conducted the training?
* **Sampling and data collection:** How was the sampling frame Generated? What form of first stage sampling was used? (e.g. probability proportional to size) What form of second stage sampling was used? (e.g. segmentation) What language were the interviews conducted in? (Were translators required etc?) Was any data validation conducted? (e.g. 10% of samples re-interviewed to check for consistency) Identify any difficulties or limitations with the data collection
* **Data Analysis:** Who carried out the hand tabulation? Who supervised the hand tabulation workshop?

# Section 3: Results

*This section shows all the results you gained from your survey in a table. To fill out the table, follow the numbered steps on the pictures below. The pictures can be deleted from the finished report.*

* This first picture shows you how to fill in the indicators and the results for each supervision area. A complete list of the indicators chosen for the survey should be in Annex 2 of the DIP.

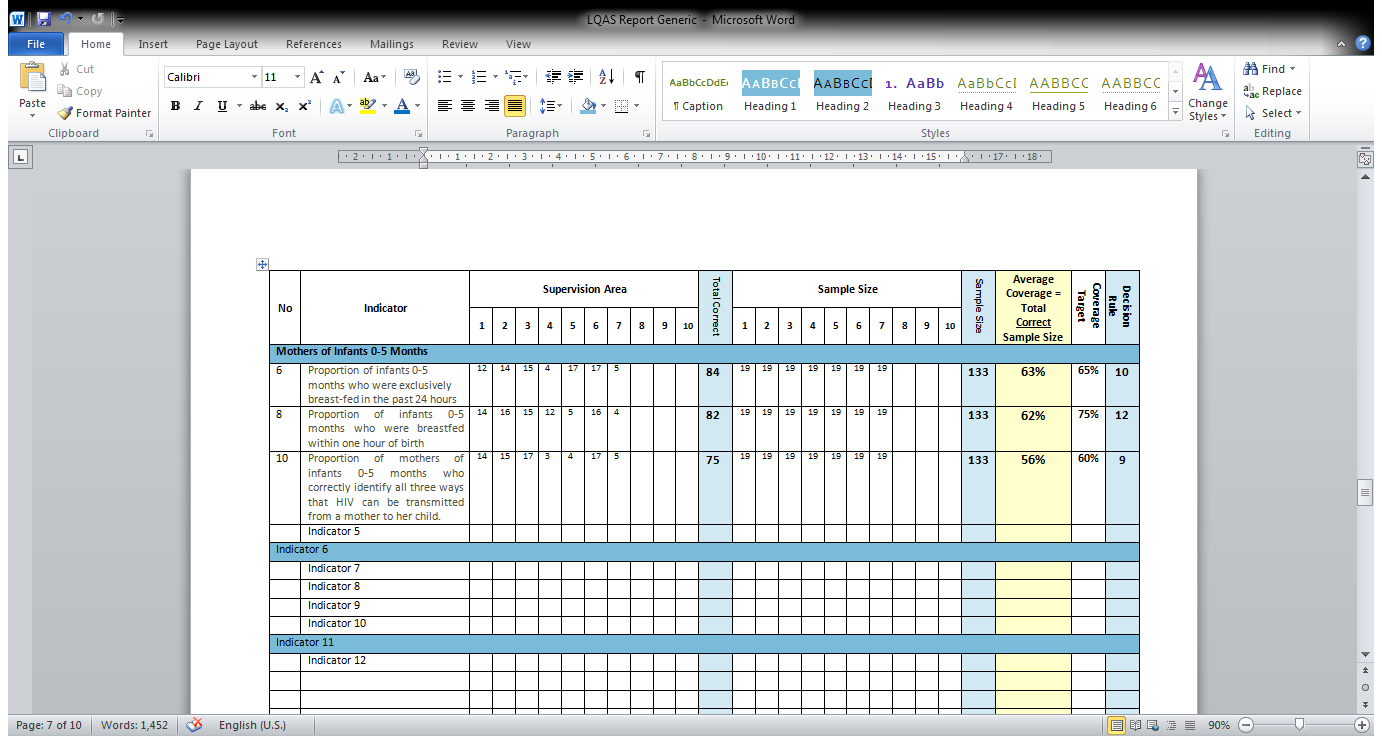


**1.** Enter in the indicators you have chosen to look at. This is the same list as in Annex 2 of the DIP

**2.** Enter in the number of correct responses for that indicator in each supervision area

**3.** Total up all of the correct responses for all of the supervision areas in your district and enter the number here

* This second picture shows you how to calculate the sample size for the whole district, then calculate the coverage for that indicator by dividing the total correct by the total sample size and multiplying by 100



**4.** Enter here the sample size for each supervision area – normally this will be 19

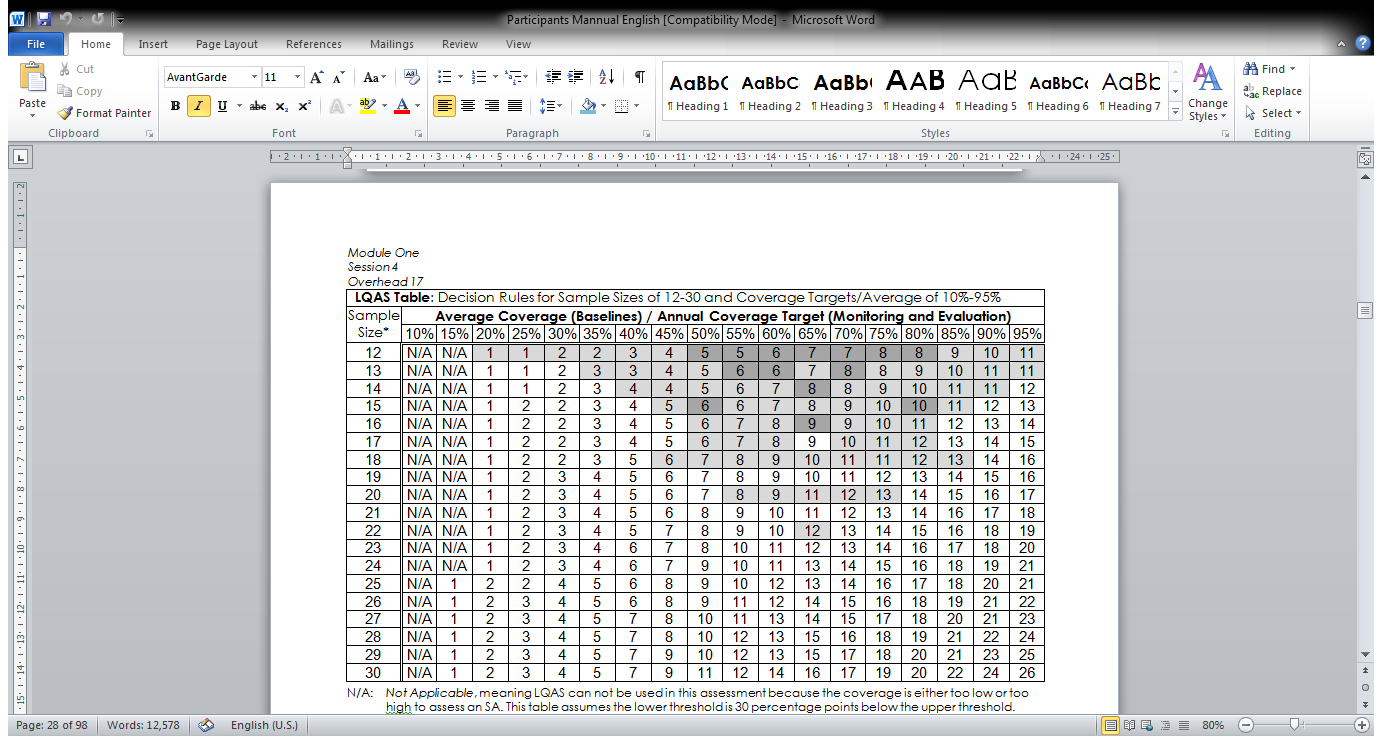
**5.** Total up all the samples for all of the supervision areas and enter the number here

**8.** Use the LQAS table to find the appropriate decision rule for your target (see the next picture below for how this is done)

**6.** Calculate the coverage percentage for the district by dividing the total correct for the district by the sample size and multiply by 100

**7.** Decide what you want your target to be – either use the average coverage for the district rounded up to the nearest 5%, or set a target of your choosing

* This picture shows you how to find the decision rule for a specific target. The decision rule table can be found in Annex 1

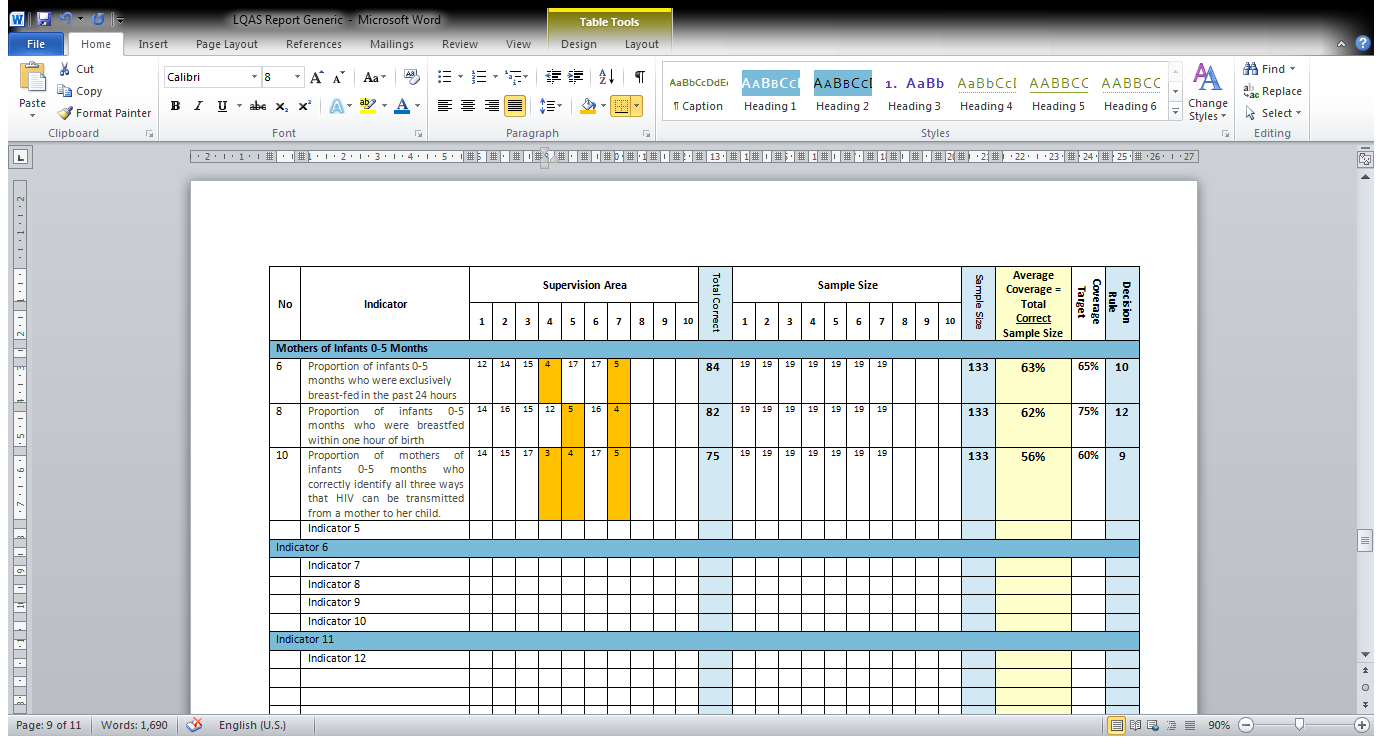


**9.** First of all find your target. These are the columns along the top. The targets are in multiples of 5 – always round up. In our example, our target was 63%, so we round up to 65%.

**10.** Next select your sample size for each supervision area. In a normal LQAS survey this will be 19

**11.** By following the 19 row across and 65% column down, we can see that they intersect at 10. So for a sample of 19, and a target of 65%, your decision rule is 10.

* This picture shows you how to use the decision rule to classify Supervision Areas as having met or not met the target, then color coding them on the report



**12.** To classify the supervision area as having met the target, it must have equal to or more correct answers than the decision rule. Any Supervision Areas which fall below the decision rule can be classified as priorities – you should highlight them in orange

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Indicator** | **Supervision Area** | | | | | | | | | | **Total Correct** | **Sample Size** | | | | | | | | | | **Sample Size** | **Average Coverage = Total Correct Sample Size** | **Coverage Target** | **Decision Rule** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **Universe 1: Mothers of Infants 0-5 Months** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Indicator 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Indicator 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Indicator 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Indicator 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Universe 2:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Indicator 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Indicator 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Indicator 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Indicator 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Universe 3:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Indicator 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Indicator 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Indicator 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Indicator 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# Section 5: Summary of Findings and Priorities

*Pages and pages of numbers can be difficult to interpret unless you know what you are looking for. This section is where you make sense of the information provided in the results section. Do not comment on all the results, but rather pick out which are the most important results and especially the priorities.*

* **Start by looking at your results table.** You will see that it is organised by universe (for example Mothers of Infants 0-5 Months, Mothers of Children 0-59 Months with Diarrhoea). You will see that in each universe the listed indicators cover certain topics (for example, mothers of infants 12-23 months covers the topics immunizations and vitamin A supplementation).
* **For each universe write at least two paragraphs.** 
  + The first paragraph should briefly cover what is already known about the topics covered in the universe. This could be DHS data, national data, HMIS data or previous surveys. Are there any projects currently targeting the topics? Are any of these topic areas particular priorities in your district?
  + The second paragraph should cover what the survey has shown regarding the topics. Do they agree with the other data sources? Are there any indicators which are consistently underperforming across all the supervision areas? Are there any where the Average Coverage is unacceptably low?
* **Next write a paragraph on the Supervision Areas.** Look down the column of each Supervision area. Is there one which is not reaching the target more than the others? If so this may be an area which should be prioritised. What could be the reasons for this?

# Section 6: Conclusions

*Ideally this should be just one or two paragraphs summarizing the main points from section 5.*

* **What are the main observations from the survey?**
  + Do some SA have better results than others?
  + Are some indicators worse than others?
  + What are the priorities for both indicators and SA?
* **Comparison with previous survey**
  + If there were previous surveys conducted in the same districts with the same indicators, how do these results compare?
  + Did more or less Supervision Areas reach the decision rule?
  + Are the aggregated district coverage figures higher or lower?
* **What are the major observations from the data? Where do the biggest problems lie?**

# Section 7: Action Plan and Recommendations

* Following on from the key observations, what are the recommendations?
* What changes need to be made? Who is responsible for these changes?
* Complete the action plan for main actions that need to be undertaken.

|  |  |  |  |
| --- | --- | --- | --- |
| Action No. | Action to be taken | Person/Persons/Group/Organisations Responsible | Date to be completed by |
| 1 | FFor Example: Additional 10,000 bed nets to be ordered | District head of Malaria Control Group | March 2012 |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

# Section 8: Acknowledgements

# Annex 1: LQAS Decision rule Table

