

Building the Capacity of Ministries, Departments and Agencies (MDAs) in Bauchi and Sokoto States Northern Nigeria in Outcome Monitoring of MNCH/FP/RH Interventions Using the Lot Quality Assurance Sampling (LQAS) Technique

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Background

TSHIP, a USAID-funded project, strengthens the health systems in Bauchi and Sokoto states, Northern Nigeria, to deliver high impact maternal, newborn, child health interventions. TSHIP also empowers health agencies to monitor and evaluate health interventions.

Previous practice in the states: non-involvement of health agencies in survey design, data collection, analysis, and use.

Why LQAS?

LQAS originated from industrial sector as quality control method and has been adapted to public health and other sectors due to its:

- Ease of use
- Small sample size
- Flexibility as both a monitoring and evaluation tool
- Participatory approach
- Cost effectiveness
- Availability of information at the lowest level
- Good alternative to other sampling methods

Methodology

- Protocol review, selection of indicator and sampling carried out and approved by MOH and SPHCDA
- Managed by MOH-led survey committee with TOR
- Trained 218 MOH, LGA staff and volunteers on LQAS methodology for 17 days
- Data collected, manually tabulated and analyzed by team led by LGA Chairpersons



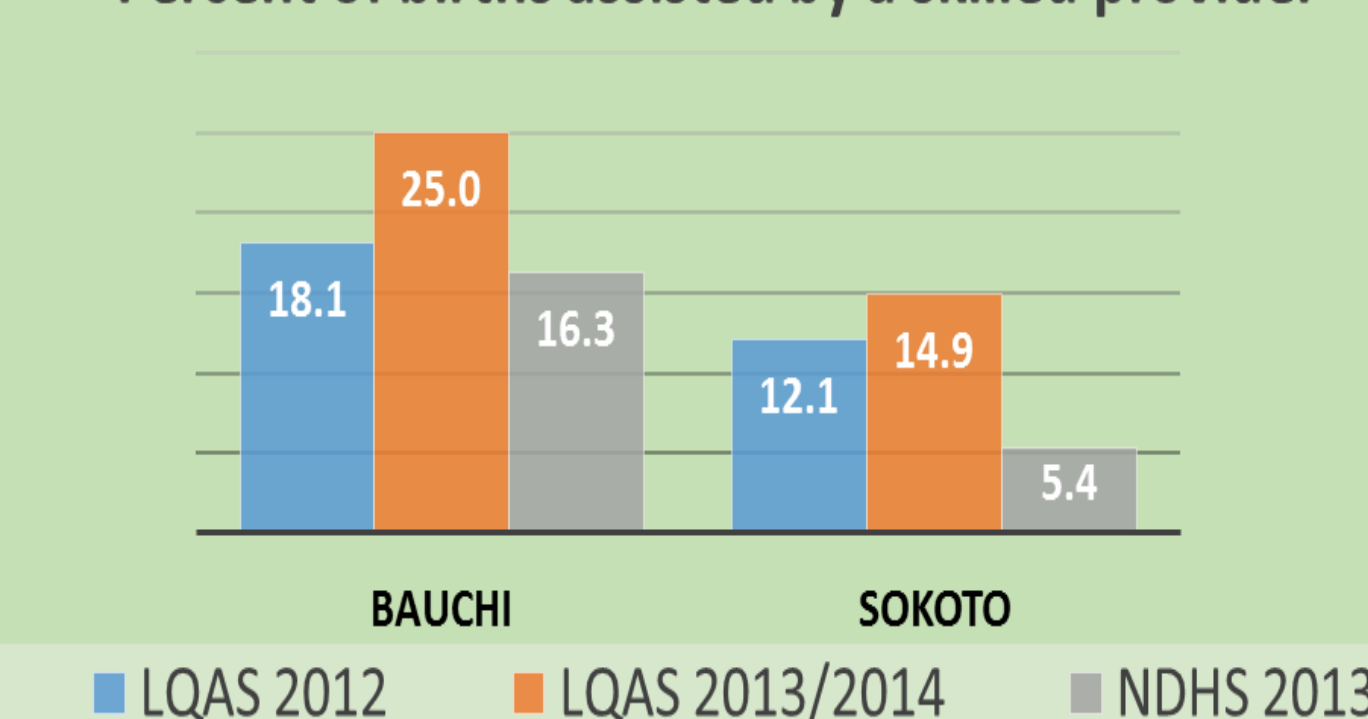
Achievements

- First-time tracking indicators using population-based methodologies by MDAs and local authorities
- Increased commitment to results through participation of MDAs and local politicians in tabulation analysis

More Achievements

- Increased resource allocation and political commitment for health
- Adopted for outcome monitoring of state performance pending the DHS
- Triangulation with cluster sample surveys such as the DHS and social audit shows no major difference between some results
- Carried out twice with MDAs participation with plans for a 3rd in 2015

Percent of births assisted by a skilled provider



Lessons Learned

- Sharing survey costs with state increases ownership and participation
- Creating a pool of trained personnel at community level reduces cost and saves time during future surveys
- Learning experience is enriched by pairing of local health authorities with experienced data collectors
- Setting up of state committee working side-by-side with TSHIP staff builds trust between implementing partner and key stakeholders

Considerations

- Low statistical precision
- Not intended to measure incremental change over time

Other applications of LQAS:
Education, Agriculture, Democracy and Governance etc.

Percent of children age 12-23 months vaccinated

