Increasing Use of Community LQAS Survey and Health Facility Assessment Results to Guide Health Service Planning and Decision Making at Sub County Level in Butaleja district

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# Table of Contents

Declaration ................................................................................................................................. vi
Fellow’s role in project implementation .................................................................................... vi
Acknowledgement .................................................................................................................... vii
Acronyms .................................................................................................................................... viii
Operational definitions .............................................................................................................. ix
Executive Summary .................................................................................................................... xi

1.0 Introduction .......................................................................................................................... 1

2.0 Literature Review ................................................................................................................ 2
   2.1 Assessment and improvement of data use context .......................................................... 2
   2.2 Importance of actively involving planners & decision makers in data use processes ..... 2
   2.3 Strategies for data availability and accessibility at sub-county level ............................. 3

3.0 Problem Statement .............................................................................................................. 3
   3.1 Statement of the problem ............................................................................................... 3
   3.2 Justification/Rationale ................................................................................................. 4
   3.3 Project Conceptual Framework .................................................................................... 5
   3.4 Conceptual framework ................................................................................................. 5

4.0 Project Objectives ................................................................................................................ 6

5.0 Methodology ....................................................................................................................... 6
   5.1 Project Location ............................................................................................................ 6
   5.2 Project beneficiary ........................................................................................................ 6
   5.3 Project Implementation ............................................................................................... 7
   5.4 Data user’s guide for D-SQUARE ................................................................................ 10

6.0 Expected Project Outcomes ............................................................................................... 12

7.0 Lessons Learned ................................................................................................................... 14

8.0 Challenges experienced and how they were overcome ...................................................... 15

9.0 Summary, Conclusions and Recommendations ............................................................... 16
   9.1 Summary ..................................................................................................................... 16
   9.2 Conclusions ............................................................................................................... 17
   9.3 Recommendations ..................................................................................................... 17
   9.4 Next steps .................................................................................................................. 17

10.0 References ........................................................................................................................ 18

11.0 Appendices /Annexes ........................................................................................................ 18
Table of figures

Figure 1: Project Conceptual framework .................................. Error! Bookmark not defined.
Figure 2: Description of D-SQUARE model ............................... Error! Bookmark not defined.
Figure 3: Five steps of D-SQUARE data use model ............... Error! Bookmark not defined.
Figure 4: Fellows train sub-county technical team on data use concept .................................................. 10
Figure 5: Show participants' knowledge and ability to use LQAS & HFA results to improve services ................................................................. 13
Figure 6: Fellows help sub-county teams identify performance gaps, underlying causes and improvement strategies ........................................................................... 14
Declaration
I, Olowo Apollo and Dr. Kobusingye Barbara Agnes do hereby declare that this end-of-project report entitled “Increasing use of Community LQAS Surveys and Health Facility Assessment Results to Guide Health Service Planning and Decision Making at Sub County Level in Butaleja district” has been prepared and submitted in fulfillment of the requirements of the Medium-term Fellowship Program at Makerere University School of Public Health and has not been submitted for any academic or non-academic qualifications.

Signed ……………………………………….  Date ……………………………………………

Olowo Apollo, Medium-term Fellow

Signed ……………………………………….  Date ……………………………………………

Dr. Kobusingye Agnes Barbara, Medium-term Fellow

Signed ……………………………………….  Date ……………………………………………

Mrs. Esther Sembali, Institution Supervisor

Signed ……………………………………….  Date ……………………………………………

Mr. Ibrahim Lutalo, Academic Supervisor
Fellow’s role in project implementation

The fellows Dr Kobusingye Agnes Barbara and Mr. Olowo Apollo worked together as a team during the whole fellowship period bringing on board knowledge, skills and experiences from different fields.

Apollo Olowo is a Health services manager currently working as a senior technical officer - district level LQAS and data use processes within STAR-E LQAS project. He has vast experience working within local government structures and supporting the district to put in place interventions that work and are sustainable.

Dr Kobusingye Agnes Barbara is a medical doctor currently working as senior technical officer coordinating for facility assessments within the STAR-E LQA S project. She has vast experience working with Ministry of Health programs especially offering technical support to districts and building capacity of health care providers to improve on quality of services offered to the communities.

The LQAS and HFA data use promotion project implemented in Butaleja during this fellowship was conceptualized, developed, implemented, monitored and evaluated jointly as a team. Both fellows contributed equally to the project success.
Acknowledgement

Dr Kobusingye Agnes and Olowo Apollo thank Mr. Stephen Lwanga, MSH Uganda Country Representative and Director-STAR-E LQAS, who allowed us, enroll for MakSPH M&E Fellowship program and provided the necessary support to have this work done. This work is a result of devotion, guidance and advice from the institutional and academic mentors. Special thanks go to institutional mentor (Mrs. Esther Sempiira, Deputy Director STAR-E-LQAS) and academic mentor –MakSPH Fellowship program (Mr. Ibrahim Lutalo). Appreciation also is extended to colleagues in STAR-E LQAS, especially Joseph Ouma, Eric Tabusibwa, Edward Were and Barbara Agaba in the conceptualization of the project, Andrew Kunihira, Simon Sentongo, Joseph Ouma for guidance and support in completion of the LQAS and HFA result charts, Alice Nakagwa, Okurut Babu and Catherine Mangeni for the support and guidance during implementation of the project.
We also thank Butaleja District Administration, Butaleja Sub County and Butaleja Town Council for accepting to undertake implementation of the data use project activities.
<table>
<thead>
<tr>
<th>Acronyms</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAR</td>
<td>After Action Review meetings</td>
</tr>
<tr>
<td>ADHO</td>
<td>Assistant District Health Officer</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
</tr>
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<td>BFP</td>
<td>Budget Framework Paper</td>
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<td>CDC</td>
<td>Center for Disease Control</td>
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<td>CDO</td>
<td>Community Development Officer</td>
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<tr>
<td>DDP</td>
<td>District Development Plan</td>
</tr>
<tr>
<td>DHO</td>
<td>District Health Officer</td>
</tr>
<tr>
<td>DHT</td>
<td>District Health Team</td>
</tr>
<tr>
<td>DLST</td>
<td>District LQAS Supervision Team</td>
</tr>
<tr>
<td>D-SQUARE</td>
<td>Data-driven Service quality improvement Actions and Response</td>
</tr>
<tr>
<td>HFA</td>
<td>Health Facility Assessment</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immune-deficiency Virus</td>
</tr>
<tr>
<td>HMIS</td>
<td>Health Management Information System</td>
</tr>
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<td>IPTp</td>
<td>Intermittent Preventive Therapy for malaria in pregnancy</td>
</tr>
<tr>
<td>LLG</td>
<td>Lower Local Government</td>
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<td>LQAS</td>
<td>Lot Quality Assurance Sampling</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>MakSPH</td>
<td>Makerere University School of Public Health</td>
</tr>
<tr>
<td>MCH</td>
<td>Maternal Child Health Services</td>
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<td>MSH</td>
<td>Management Sciences for Health</td>
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<td>NLF</td>
<td>National LQAS Facilitator</td>
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<td>OVC</td>
<td>Orphans and Other Vulnerable Children</td>
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<td>SA</td>
<td>Supervision Area</td>
</tr>
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<td>SDP</td>
<td>Sub-county Development Plan</td>
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<td>SIP</td>
<td>Sub-county Implementation Plan</td>
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<tr>
<td>SQPI</td>
<td>Service Quality and Performance Improvement</td>
</tr>
<tr>
<td>STAR-E</td>
<td>Strengthening TB/HIV/AIDS Responses in Eastern Uganda</td>
</tr>
<tr>
<td>STPC</td>
<td>Sub county Technical Planning Committee</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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Operational definitions

**LQAS Community Surveys** are community household surveys based on LQAS methodology useful in measuring knowledge levels, attitudes, practices and access to social services in the community among targets population such as Youth, Men, Women of reproductive age, and mothers of children 0-59 months, Orphan and Vulnerable Children (OVC) and PLHIV. The surveys take a maximum of three weeks starting with training the district people, through data collection to hand tabulation, report preparation and reporting the results to the district management officials. The surveys provide: i) Population-based information on services in districts complementing routine information normally obtained from service facilities; ii) Data in between the Demographic and Health Surveys (DHS) and other national population-based surveys and iii) District specific annual performance data to inform planning and decision making

**Data dissemination** is a process by which data producers (district team) make the district or sub county specific results collected on key service indicators available to potential users (planners, decision makers, leaders and managers) for use in planning, resource mobilization and decision making processes.

**D-SQUARE** (Data driven Service Quality Improvement Actions and Response) is an innovative data-use model which is applicable at service delivery point. The model links service improvement actions at the level of inputs and processes to outcomes in the community. It uses community LQAS survey and HFA data. It was developed by Apollo Olowo and Dr Agnes Kobusingye, M&E medium term fellows from MakSPH Fellowship program 2013. It is an adaptation of the Service Quality and Performance Improvement (SQPI) model.

**Health Facility Assessment (HFA)** is a process that enables districts to assess the quality of services delivered by examining the inputs and processes that influence quality of health service delivery (STAR-E LQAS 2012). The assessment focuses on human resources for health, infrastructure, available services, drugs, logistics and supplies, equipment records, reference documents, training & supervision and health worker practices during service delivery in the health facility.
Lot Quality Assurance Sampling (LQAS) is a random sampling and analysis method that uses small samples sizes to identify poor and well performing supervision areas (SA) or service indicators and provides evidence-based data in a very short time (STAR-E LQAS 2012).

Outcomes are the results of specific health services and interventions measured at community, system and individual levels. These include clinical quality, cost, effectiveness, access, patient satisfaction and resource use (Donald 1997).

Service delivery point is that point where the community actually accesses a service for example, the sub county administrative units and all health facilities within each sub county.
Executive Summary
In Butaleja district, there was limited use of community LQAS survey and health facility assessment results by both the district and sub county teams to inform service planning and decisions. Management Sciences for Health’s USAID-funded STAR-E LQAS in collaboration with MakSPH-CDC fellowship program supported the fellows to implement a medium-term data use promotion project in the district, purposely to improve the use of LQAS community survey and health facility assessment results to guide health service planning and delivery at sub-county level. The project Objectives were:

1. To increase access to 2013 community LQAS survey and health facility assessment results by the technical planning teams in Butaleja TC and Butaleja sub county by November 2013
2. To increase capacity (in terms of knowledge and skills) of the technical planning teams in Butaleja TC and Butaleja SC to interpret and use LQAS survey and HFA results in planning for health services by November 2013

Achievements
The project developed a data use model called “D-SQUARE”, which is applicable at lower local governments. Guidelines for use of this model and simplified formats of LQAS and HFA data referred to as result charts, were developed and distributed as reference documents to support service planning and decision making at sub-county level.

The project focused on empowering districts to take lead in promoting the use of community LQAS survey and Health Facility Assessment data at lower local government to ensure continuity even after the project lifetime. The project built capacity of eight district supervisors to analyze, interpret and use LQAS and HFA results to guide health service planning and delivery using the D-SQUARE model. The fellows trained, mentored and supported the district supervisors to build capacity of 16 sub county technical planning committee members. The evaluation of the training indicated that knowledge of participants and ability to use LQAS survey and health facility assessment results increased from zero to 4.2 average counts out of 5, for all assessed aspects of data use, with the highest average score of 4.6 counts and lowest 3.6 counts.
Over 30 people including the district trainer of trainees and sub-county technical planning committees of both sub counties (Butaleja TC and Butaleja SC) received each a copy of the district specific LQAS survey and HFA reports.

**Conclusion:** Improving access to survey results, building capacity of the potential data users and bringing planners, decision makers and frontline service providers to work together during data use processes enables them to become more aware of how to analyze and interpret service assessment data and eventually use it to improve decisions, thus promoting the interest to provide services that meet peoples’ needs (community centered services).
1.0 Introduction
Management Sciences for Health through USAID funded STAR-E (Strengthen HIV/TB response in Eastern Uganda) project is building the capacity of districts to conduct community surveys and to continuously monitor social services performance using Lot Quality Assurance Sampling (LQAS) method. It also promotes Health Facility Assessments (HFA), a process that enables districts to assess the quality of services delivered at health facilities by examining the inputs and processes that influence quality, thereby providing an overall picture on the performance of health facilities in the district.

So far, 87 districts in Uganda have been supported to undertake the community LQAS surveys. The district staffs were trained in data collection processes, hand tabulation, report preparation and results dissemination to the district management for use. A significant financial amount of resources have been invested to support the collection of population and health facility based data.

Lot Quality Assurance Sampling (LQAS) is a stratified random sampling method which uses small sample sizes to identify or ‘red flag’ poor performing service areas and provides survey results ready for use in a very short time (within 3 weeks). It has been used in Uganda in community household surveys particularly to measure knowledge levels, attitudes, practices and access to social services in the community. The methodology generates timely, accurate, valid and reliable data which is relatively easy-to-use and at a low-cost. The key performance indicators assessed by the districts, provide data on performance progress of HIV/TB, malaria, child health, reproductive health, education, sanitation, nutrition and orphans & vulnerable children.

Health Facility Assessment (HFA) is a process that enables districts to assess the quality of services delivered by examining the inputs and processes that influence quality of health service delivery (STAR-E LQAS 2012). The assessment focuses on human resources for health, infrastructure, available services, drugs, logistics and supplies, equipment records, reference documents, training & supervision and health worker practices during service delivery in the health facility.
Data from community LQAS surveys and Health Facility Assessments is important in planning and decision making at district and sub county levels to guide in social advocacy, resource mobilization and allocation, planning, budgeting, and intervention prioritization.

In Butaleja district, however, there was limited use of community LQAS survey and Health Facility assessment results by both the district and sub county teams to inform their planning and decision making as revealed by the STAR-E LQAS report 2012. To address this gap, MSH/STAR-E in collaboration with MakSPH-CDC fellowship program supported fellows to implement a data use promotion project in the district. The project developed a model of data use applicable to the service delivery point at the lower local government called “D-SQUARE model”, built the capacity of the district and sub county teams to analyze and interpret use of community LQAS survey and HFA data, developed and disseminated a user’s guide for the D-SQUARE model, mentored the district and sub county teams on how to use the guidelines and how to monitor data use. The project has focused on empowering the districts to take lead in promoting use of LQAS and HFA data at sub county levels.

2.0 Literature Review
The argument of this paper is that availability of quality data and knowledge and ability to analyze and interpret such results is a precursor to use to improve services at all levels. LQAS community survey and health facility assessment results are available in the districts and will not be relevant if technical staff and stakeholders are not using to inform service planning and decisions.

2.1 Assessment and improvement of data use context
According to Tara 2012, the factors that inhibit the use of data vary between organizations, levels within the health system and facilities. Assessment of technical and behavioral factors that affect health service planning and decision making is necessary to help diagnose areas to intervene with activities to improve demand for and use of LQAS community survey and health facility assessment data.

2.2 Importance of involving planners and decision makers in data use processes
Results analysis and information interpretation is best done by people who engage in program or project activities such as planning, implementation, co-ordination, policy formulations and decision making processes. Lack of interaction among such people (planners, decision makers
and frontline service providers) contributes to the breakdown in the decision-making cycles (Lomas 2007 cited in Tara 2012). Therefore when planners, decision makers and frontline service providers work together during data use processes (such as data collection, results analysis and review, gap identification, constraint and underlying cause analysis etc.), they become more aware of how to analyze and interpret service assessment data and eventually use it for making decisions.

2.3 Strategies for data availability and accessibility at sub-county level
Ensuring that data are understood by potential users (planners, decision makers and technical people) requires it to be synthesized and disseminated in formats that are understandable by the target individuals (Tara 2012). Earlier studies (Davies, Hodge, Aumua, Malik and Lee 2011 cited in Tara 2012) show that data users have different information needs, intensities of interest and play different roles in decision making processes. Therefore, the sub-county planners, decision makers and service providers require dissemination of LQAS survey and health facility assessment data synthesized to show performance of service indicators. The survey results dissemination at the district and sub county levels needs to be aligned with the local government planning and budgeting cycle, so as to promote and facilitate timely data availability and use at lower local government (LLG).

3.0 Problem Statement
3.1 Statement of the problem
Despite efforts by MSH/ STAR-E project to promote the use of community LQAS and health facility assessment (HFA) information, there is still limited use of community LQAS survey and health facility assessment results to inform service planning and programmatic decision making at sub county level. While LQAS survey results are disseminated to district leaders by implementing partners (IPs) with support from MSH/STAR-E, the district team is expected to disseminate thereafter to Sub County level, few districts have been able to disseminate results to lower levels and thus affect the use of community LQAS survey data and health facility assessment (HFA) results in planning for service improvement at sub county level. As a result, health programs do not fully link evidence to decisions and therefore inability to respond to priority needs of the people they serve. In addition, the major factors identified which hinder data use at service delivery point are: 1) Poor information flow from the district to sub county level, leading to limited access to community LQAS survey and health facility assessment
results. 2) Inadequate capacity of sub county planning teams to analyze and interpret community LQAS survey and health facility assessment results. The service delivery points at lower local government (LLG) include the sub county administrative units, sectors and all health facilities within the sub county.

3.2 Justification/Rationale
The data use project implementation in Butaleja district therefore focused on improving the knowledge and capacity of the sub county planning teams to analyze, interpret and use community LQAS survey and health facility assessment results to guide in service planning and programmatic decision making. It drew expertise from the fellows and working with the district teams (NLFs, DLST) experienced in LQAS community surveys, health facility assessment and data use for service performance improvement. This has increased interaction between individuals who generate and transmit data (service providers) and the district and sub county managers who use the data for service quality and performance improvement, thus contributing to the improvement in the decision-making cycle. The findings, lessons learned and recommendations will be shared with a wider forum beyond Butaleja district and the D-SQUARE approach will be replicated to other sub counties and districts.

The project implementation used a district team-led participatory approach; teams were trained, mentored and offered continued supportive supervision and field experiences to consolidate the knowledge and skills gained. The project increased the interaction between individuals who generate and manage data and professionals who use the data in program improvement and development - contributing to the improvement in the decision-making cycle.
3.3 Project Result framework

The results framework maps the pathways through which data use project achieve results, and it constitutes a logical framework for developing an evaluation plan with appropriate indicators. It draws attention to the different aspects of data use project that must be working satisfactorily to achieve the desired end result.

**Figure 1: Results Framework**

![Results Framework Diagram]
4.0 Project Objectives

Goal:
To contribute to evidence-based planning for health services delivery through increased use of community LQAS survey and health facility assessment results in Butaleja district by November 2013.

Purpose:
To improve the use of community LQAS survey and health facility assessment results to guide health service planning and decision making at sub county level in Butaleja

Specific Objectives

Objective 1: To increase access to 2013 community LQAS survey and health facility assessment results by the technical planning teams in Butaleja TC and Butaleja sub county by November 2013

Objective 2: To build capacity of the technical planning teams in Butaleja TC and Butaleja SC to interpret and use LQAS survey and HFA results in planning for health services by November 2013

5.0 Methodology

5.1 Project Location
The project was implemented in Butaleja town council and Butaleja sub-county. Butaleja district was one of the districts that had not reported use of community LQAS survey and health facility assessment data in the assessment undertaken by STAR-E LQAS, thus selected for data use promotion project. With reference to 2012 community LQAS survey results and in consultation with the district team, Butaleja F supervision Area comprising of Butaleja town council and Butaleja sub-county was selected because its performance was below threshold for most of the maternal and child health service indicators.

5.2 Project beneficiary
The beneficiaries of the project were primarily the sub-county technical planning committees (STPC) in Butaleja Sub County and Butaleja Town Council
The STPC is considered the lowest decision making body in the decentralization system, whose decisions influence services at the delivery points in the sub-county. The committee comprised of:

- Sub county Chief or Town Clerk
- Community Development Officer
- Health Inspector (HI) or Health Unit In-charge
- Health Management Information System (HMIS) Officer
- Agricultural or Nutritional Officer
- Midwife or nurse in charge maternal and child health
- Representative of NGOs based in Sub county

5.3 Project Implementation

The following activities were undertaken during the project implementation:

i. Developed a data use model here in referred to as “D-SQUARE Model” applicable at service provider level

ii. Developed, printed and distributed guidelines to enable use of D-SQUARE model

iii. Developed LQAS and HFA results charts to aid dissemination of data at sub county level

iv. Held a meeting to sensitize the district leadership on the data use project

v. Trained a team at district level (District TOT) on the data use model

vi. Trained, mentored and supported district TOT team to train Sub County Technical Planning Teams on the model, develop action plans and implement these action plans

vii. Supported the sub counties to refine the developed action plans and initiate implementation of at least one activity

Activities (viii) and (ix) were not implemented; the timelines were not feasible within the medium term fellowship time lines but will still be conducted as part of the Host institution activities.

viii) Conduct joint visit to monitor data use at the two sub counties in Butaleja
ix) Conduct an assessment of the impact of the data use project on planning and decision making at sub county level

**Development of a data use model/approach applicable at service delivery level**

A data use model referred to as D-SQUARE (Data driven Service Quality Improvement Actions and Response at service delivery level) was developed. The model was arrived at after review of a number of data use models currently in use in the country. The D-SQUARE Model is an adaptation of the Service Quality and Performance Improvement (SQPI) model which focuses on service processes and outcomes. It sometimes referred as “Outcome-based quality improvement” (OBQI) and provides substantial support for the concept of a data-driven approach to performance improvement (US Department of Education 2002). D-SQUARE is a performance improvement (PI) approach which employs step-by-step process to identify what is needed to achieve a desired service performance outcome and how to deliver it.

The current focus of the D-SQUARE model is to institute improvement efforts at the level of service provision by promoting doing what works at the district and sub county levels. It builds on the Data Quality Initiative by shifting from collecting valid and reliable data to using this data to guide performance improvement.

**Figure 2: Description of D-SQUARE model**

![Diagram of D-SQUARE model](image)
D-SQUARE model uses a generic five-step improvement process that is based on practical yet rigorous methods and tools to guide improvement efforts of service providers at lower local governments (i.e. Sub County, Town Council). This involves actively reviewing community LQAS survey data (outcomes data) and health facility assessment results (input and process data), using that data to identify strength and weaknesses, successes and opportunities for improvement, determining underlying reasons, selecting target outcomes, establishing and implementing a plan of action.

Figure 3: Steps of D-SQUARE model
5.4 Data user’s guide for D-SQUARE

The data user’s guide was developed to enable the planners, managers and technical persons at sub-county levels apply the D-SQUARE model when using community LQAS survey and health facility assessment results to guide service planning and programmatic decisions. The purpose of these guidelines is to provide clear guidance on steps and procedures for using community LQAS survey and health facility assessment results in informing service planning and decision making at sub county level (D-SQUARE model). The guide is titled “Using LQAS Community surveys and Health Facility Assessment Results to guide Health Service Planning at Sub-county level” (see appendix 3). This was developed with guidance from academic mentor MakSPH /CDC Fellowship program and institutional mentor STAR-E LQAS and shared with the STAR-E LQAS staff.

The guide was tested in two sub counties in Butaleja district (Butaleja TC and Butaleja sub county). STPC was guided to understand the role of data in improving the health service planning and delivery and how to apply some basic techniques for using data to support their performance improvement efforts. A total of 30 copies were printed and distributed to 8 district trainers of trainee (ToT) and 16 sub county technical planning committees from Butaleja TC and Butaleja SC for continued use.

Figure 4: Fellows train sub-county technical team on data use concept
LQAS and HFA results charts to aid dissemination of data at sub county level

The project has developed simplified formats of LQAS and HFA data and these have been distributed as references for planning and decision making. The simplified formats are in form of Result Charts. Two different types of charts were developed

Chart one titled “Butaleja District Community LQAS Results for Key MCH Indicators (2009 – 2013) (see appendix 5)” is a graphic presentation of results from community LQAS surveys in Butaleja over the period 2009 - 2013 and specific sub county (supervision area) performance flagged against district coverage and national targets. This chart shows performance of 5 MCH indicators assessed for the period 2009 – 2013. The purpose of the chart is to guide district and sub county planners use LQAS community survey results to assess performance of selected MCH indicators, identify poor performing service and geographical areas for immediate decisions and actions.

Chart two titled “Relationship between provision and utilization of key MCH Interventions (2012 – 2013) (see appendix 6)” shows the relationship between provision and utilization of key MCH interventions (2012- 2013) in Butaleja District. The key MCH interventions are: (i) Uptake of IPTp amongst pregnant mothers, (ii) Attending at least 4 ANC visits (iii) Delivery in a Health Facility. The chart shows Butaleja SA performance for the respective indicator in 2012 and 2013. It includes status of the health facilities that provide the specific service to the population of Butaleja TC and Butaleja sub-county.

The project has increased access to community LQAS survey and Health Facility Assessment results for surveys conducted in 2013. Over 30 people including the district trainer of trainees and sub-county technical planning committees of both sub counties (Butaleja TC and Butaleja SC) received a copy of the district specific report.

The project has also developed structured guidance on LQAS and HFA data dissemination and oriented the district team on its use. The project has facilitated a dissemination meeting led by the district team using the guidance provided. This has ensured that the 2 sub counties (Butaleja TC and Butaleja S/C) gain access to the 2013 LQAS and HFA data but at the same time consolidate the capacity of the district team to disseminate LQAS and HFA data.
Sensitization of the district leadership on the data use project

A meeting to sensitize Butaleja district leadership on the LQAS and HFA data use project was held at the district. It was attended by district resident commissioner (RDC), Assistant Chief Administrative Officer (ACAO), district executive committee (DEC) and the district planner among others. ACAO noted that Butaleja district had done 5 rounds of LQAS surveys since 2009, but the data was not being put to use and he recognized the effort to promote LQAS surveys and HFA data use as long overdue. He pledged support and commitment of the district leadership and urged the technical staff to translate data use knowledge obtained during training into improving health service delivery and performance.

6.0 Expected Project Outcomes

The project implementation was expected to yield short and long term outcomes as follows:

It achieved increased access to LQAS community survey and health facility assessment results by the technical planning teams and decision makers in Butaleja town council and Butaleja Sub County in Butaleja district was achieved. Eight district trainers of trainee and sixteen sub-county technical planning teams in both sub counties (Butaleja TC and Butaleja SC) received a copy of the district specific report. The project also developed simplified formats of LQAS and HFA called result charts and distributed to the target sub-counties as reference documents to inform planning and programmatic decisions.

The project increased capacity (in terms of knowledge and skills) of the district level supervisors and sub-county technical planning teams of Butaleja town council and Butaleja sub county, to analyze and interpret and use LQAS and HFA results to guide service planning.

A training evaluation was done to assess the knowledge and ability of the participants to use data in the following areas:- reviewing LQAS/HFA results, identifying underperforming indicators
and performance gaps, identifying constraints and underlying causes, identifying priority improvement strategies to address priority gap, identifying and implement best interventions, preparation and presentation of the action plans, monitoring data use activities and overview of D-SQUARE model of data use. The rating range between 1= lowest ability and 5= highest ability. The assessments results indicated that knowledge of participants and ability to use LQAS survey and health facility assessment results increased from zero to 4.2 average counts for all aspects of data use assessed among twenty participants. The average scores for individual data use aspects range from 4.6 counts highest and 3.6 counts lowest. Over 30 people including the district trainer of trainees and sub-county technical planning committees of both sub counties (Butaleja TC & Butaleja SC) received each a copy of the district specific LQAS survey and HFA reports.

**Figure 5:** show participants' knowledge and ability to use LQAS and HFA results to improve services

The project was able to increase access to and ability to interpret survey results which are considered precursors to data use. District and Sub County teams were coached and mentored into how to review survey results so as to identify priority underperforming service indicators
and derive improvement strategies. This process helped teams to identify performance gaps, underlying causes both within their control (that could be addressed by their improvement strategies) and those causes beyond their control (that could be addressed by improvement strategies at higher level) and developed an action plan for each sub-county technical team.

The district and sub-county technical teams will then use the available LQAS community survey and health facility assessment results to inform the ongoing local government budgeting and planning processes which started-off with briefing of the sub-county technical staff and politicians in October 2013.

Figure 6: Fellows help sub-county teams identify performance gaps, underlying causes and improvement strategies

The plans are being implemented at the sub county and health facilities. The identified underlying causes which require improvement strategies from higher levels will be incorporated into the district budget framework paper (BFP) and district development plan (DDP). Impact assessment and data use monitoring is yet to be conducted to establish the extent and effect of data use in improving service planning and delivery.

7.0 Lessons Learned

- Community level data can inform decisions at a service provision level if it is synthesized to inform programming at that level
- Service provider level is an important pivot point for service performance improvement and should be the primary focus for data use processes
- There is a thin line between promoting data use at service provider level and supporting service delivery that one has to consciously draw the line on where data use promotion stops and service delivery starts
• Involvement of people from service delivery arm (health workers) and those from community arm (sub-county chief, chairman LCIII) in data-driven decision-making processes improves actions at sub-county level.

• Since the health workers in the technical planning committee were familiar with the processes involved in the health services delivery they were able to easily identify with actions required to cause improvement.

• The project has helped to bridge the gap in service delivery by clarifying the roles of health workers and the immediate decision makers at sub-county level. Through joint planning, the sub-county leaders are now empowered with knowledge and are enabled to follow up with frontline service providers (HW) on the level of progress.

• Although the local government structure indicates that the sub-county leadership is directly responsible for services within the sub county including health services, we realized a gap in knowledge of respective responsibilities in both parties as far as health services were concerned. The health care providers were reporting directly to the DHO office for all issues concerning health service delivery and thinly interacting with sub county leadership. The project provided a platform on which to bridge this gap by bringing the two parties to work together in reviewing service performance and action planning. This required and involved clarifying the roles and responsibilities of the health care providers and sub county leadership. It was also realized that some interventions which seemed beyond the control of the health facility were actually manageable at the sub county level thus increasing on the number of issues that can be collectively improved using existing data.

8.0 Challenges experienced and how they were overcome

The following challenges were faced during project implementation

1. Generally evidence of ‘data use’ at district level is low/poor thus making it difficult to measure or ascertain in a short term. We had regular consultation with other project staff enabled us understand and developed data use measurement indicator

2. Limited knowledge and understanding of LQAS methodology and the results generated amongst the district teams and Sub county Technical planning committee required a lot of time affecting the time dedicated to promoting data use. We overcame this by
discussing data use issues concurrently with LQAS principles in groups to facilitate further learning

3. Health Facilities have been reporting directly to DHO office and not through the sub counties and developing actions plans together with the STPC was challenging. Involvement of CAO into the data use processes, helped to clarify such issues.

4. The D-SQUARE model was developed as part of the fellowship, we needed to pilot the model first, refine it and then roll it out to a sub county where we could then follow it up and assess its impact, however, the experience in Butaleja TC and SC served as both a pilot and roll out. Integration of all aspects of work

5. Competing priorities at work. We developed a work plan which helped to balance and integrated routine project work with fellowship

6. Health facilities have major infrastructural and human resource gaps that affect service delivery and these are many times beyond the ability of the STPC. Participants were helped to identify those underlying causes within their control, in which they would develop improvement strategies for.

9.0 Summary, Conclusions and Recommendations

9.1 Summary

Active engagement of both district and sub-county planners, decision makers and frontline service providers to work together during data use processes (such as data collection, results analysis and review, gap identification, constraint and underlying cause analysis etc), enhance awareness on the service gaps and joint effort to derive appropriate improvement strategies to address the performance gaps. This is achieved through joint identification of programmatic questions and linking such questions to available service assessment data for answers.

The local government planning and budgeting process is a data-driven process requiring timely availability of quality and accurate data to facilitate the consecutive planning stages, involving performance reviews to identify key activities and investments to be included in the sector development plans (DDP) and budget framework paper (BFP). This can be best facilitated with good access to and availability of LQAS community survey and health facility assessment results presented in a simplified format which is easily understood and meet the information needs of the users at all levels.
9.2 Conclusions
Improving access to data and building the capacity of the potential users to analyze and interpret data are very important steps in ensuring that data from community LQAS and HFA are put to use during planning and decision making at the service delivery point. This process should be aligned with the local government planning and budgeting cycles.
The LQAS and HFA data use promotion project in Butaleja district used the data-driven service quality actions and response at services delivery level (D-SQUARE model) that links actions to outcome and has demonstrated that effective use of data for service improvement is a cross cutting issue and requires that planners, decision makers and frontline service providers work together during data use processes (such as data collection, results analysis and review, gap identification, constraint and underlying cause analysis etc). This enables them to become more aware of how to analyze and interpret service assessment data and eventually use it to improve decisions, thus promoting the interest to provide services that meet peoples’ needs (community centered services).

9.3 Recommendations
The survey results dissemination at the district and sub county level should be aligned with the local government planning and budgeting cycle, so as to promote and facilitate timely data availability and appropriate use at lower local government (LLG).

9.4 Next steps
1  Conduct joint visit to monitor the progress made on action plans developed by the sub-county technical committees and document any other efforts to promote data use.
2  Hold after action review (AAR) meeting with STAR-E LQAS staff to review the implementation process of the LQAS survey and HFA data use project in Butaleja, use recommendations to refine guideline and implementation process in preparation for scale up to all the other sub counties of Butaleja and eventually to other districts.
3  Conduct an assessment of the impact of the LQAS and HFA data use process to the planning and decision making efforts in Butaleja
4  Hold dissemination meeting at district to share project implementation report with district and sub-county leaders (DEC, SEC, STPC, HUMC, NGO representatives)
5  Orient all team members (STAR-E LQAS) on the D-SQUARE model of data use
6 Scale up the application of D-SQUARE approach of LQAS and HFA data use to cover all sub counties of Butaleja district and other districts within STAR-E Region

10.0 References
   Boston, Management Decision and Research Center, Washington DC

   http://www.cpc.unc.edc/measre/publications/fs-11-43

MEASURE Evaluation (2011) Data Demand and information use in the health sector:
   Conceptual Framework. [Pdf] Chapel Hill, University of North Carolina, Available at:
   http://www.cpc.unc.edc/measre


   Geneva, World Health Organization, available at: bookorder@who.int

11.0 Appendices
Appendices
1. Training Timetable
2. List of trained participants
3. Cover page of D-SQUARE Model data use guide
4. Criteria for Classifying Supervision Area Performance against Indicator Targets
5. “Butaleja District Community LQAS Results for Key MCH Indicators (2009 – 2013)
7. Sub County Action plans (Products of D-SQUARE model application)