DISTRICT ASSESSMENT TOOL FOR ANEMIA

CONDUCTING THE DISTRICT WORKSHOP

FACILITATOR'S GUIDE

NUTRITION

DISEASE CONTROL

WASH

REPRODUCTIVE HEALTH

AGRICULTURE

EDUCATION

USAID
FROM THE AMERICAN PEOPLE

SPRING
Strengthening Partnerships, Results, and Innovations in Nutrition Globally

ABOUT SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year USAID-funded cooperative agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

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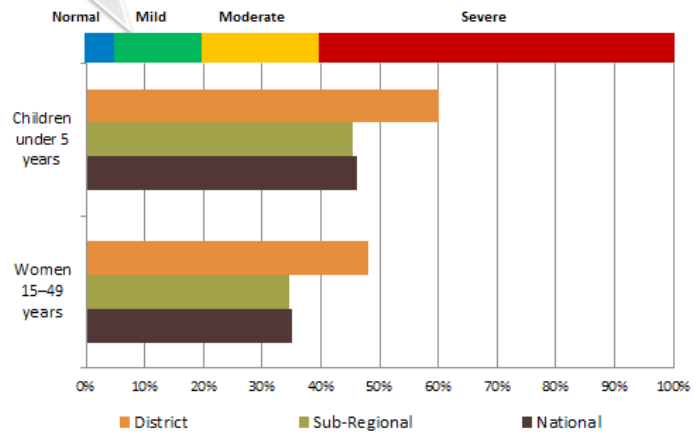
USAID FROM THE AMERICAN PEOPLE

District Assessment Tool for Anemia

SPRING Strengthening Partnerships, Results, and Innovations in Nutrition Globally

Prevalence of Anemia

WHO classification of public health significance
not anemia cutoffs



Risk Factors for Anemia

Risk Factor	Prevalence	Target Group
Malaria	**30%**	Children 6–59 months
	35%	Pregnant women
Helminth	**High**	Children 6-59 months
	Medium	Pregnant women
Vitamin A deficiency	**15%**	Children 6–59 months
Iron deficiency	**Medium**	Children 6–59 months
	Medium	Women 15-49 years

Vitamin A and Iron represent national level indicators

Multiple sectors play a role in anemia prevention and treatment.

Nutrition

Vitamin and mineral deficiencies cause anemia through inadequate production of red blood cells.

Disease Control

Malaria and **Helminth infections** result in anemia due to increased destruction of red blood cells and intestinal blood loss, respectively.

Reproductive Health

Early childbearing and **inadequate birth spacing** can cause anemia due to insufficient time to replenish iron stores.

Water & Sanitation

Unsafe drinking water, poor sanitation, and **inadequate hygiene practices** increase the risk of infection and can cause anemia.

Agriculture

Agriculture interventions improve income and dietary diversity for families, leading to improved anemia status.

Education

Deworming and **hygiene education** lead to less infections and improved anemia status.

Contents

Acronyms and Abbreviations ---- iv
Overview of the Facilitator's Guide ---- 1
Introduction to Data ---- 1
How to Use Data and the Facilitator's Guide ---- 2
Organization of the Facilitator's Guide ---- 3
Tools and Resources ---- 3
Preparation ---- 3
The District Workshop ---- 5
Organization and Activities of the District Workshop ---- 5
Agenda for the District Workshop ---- 6
Session Descriptions ---- 7
Annex 1: District Assessment Tool for Anemia (DATA) Overview ---- 17
Annex 2: Expectations of Participants for DATA Workshop ---- 19
Annex 3: District Worksheets ---- 20
Annex 4: Indicators Table ---- 28
Annex 5: District Workshop Evaluation Form ---- 32

Acronyms and Abbreviations

ANC	antenatal care
DATA	District Assessment Tool for Anemia
DHS	Demographic and Health Survey
HMIS	health management information system
IFA	iron and folic acid
IPTp	intermittent preventive treatment (malaria)
LMIS	logistics management information system
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally project
USAID	U.S. Agency for International Development
VIP	ventilated improved pit
WASH	water, sanitation, and hygiene
WRA	women of reproductive age

Overview of the Facilitator's Guide

INTRODUCTION TO DATA

The District Assessment Tool for Anemia (DATA) is a generic Microsoft Excel-based tool that helps districts assess their current anemia situation. The U.S. Agency for International Development (USAID)-funded Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project developed the tool to assist countries in strengthening anemia programming at the district level.

DATA is designed to help district-level program managers and planners better determine the main factors causing anemia in their districts, identify enablers and barriers to addressing anemia, and prioritize interventions and actions to strengthen anemia-related programming. The tool is designed for use at the district level and should be implemented through a facilitated process. Because districts are different within and across states and countries, SPRING has designed DATA for customization to the local context through the facilitation process. This guide outlines the steps that a facilitator should follow in leading the district-level DATA workshop, but s/he can adapt sessions according to context.

The tool's Microsoft Excel interface consists of seven separate tabs or sheets. The Tool Overview tab provides a description of the tool's purpose, approach, and use. The next two tabs consist of questionnaires that should be filled at the national and district levels. The National Questionnaire tab asks for information related to the status of anemia-related policies, as well as information on the national anemia prevalence and, if available, the national prevalence of iron and vitamin A deficiency. The District Questionnaire tab asks questions that combine elements of anemia and disease prevalence, and program coverage information. In the absence of data, there is an option in the District Questionnaire to include the district officials' subjective opinions about disease burden and program coverage. The Indicators tab provides detailed definitions for each indicator, and the Notes tab provides a space where, at the end of the workshop, structured notes can be inserted.

The **output** from the tool is presented in two tabs as follows:

1. An **Overview Dashboard** of national-, regional-, and district-level anemia prevalence data, as well as the prevalence of risk factors of anemia.
2. A **Findings Dashboard**, where information is presented on the status of anemia-related policies and various evidence-based anemia-related interventions in the sectors of nutrition, disease control, reproductive health, water and sanitation, agriculture, and education. The Findings Dashboard additionally includes a section identifying barriers to program implementation in each sector. Four key types of barriers are included: commodities; funding; provider skills/training; and client demand. This information should ultimately help participants or users in prioritizing anemia interventions.

HOW TO USE DATA AND THE FACILITATOR'S GUIDE

The first step to using DATA is to understand the anemia situation at the national level. This is done by filling out the National Questionnaire tab. The next step is to understand the anemia situation at the district level. This is done through a district-level DATA workshop where participants use available information on anemia to prioritize anemia interventions.

FILLING IN THE NATIONAL QUESTIONNAIRE

The National Questionnaire asks the participant or user for information in two areas:

1. National and regional (also known as provincial or state) prevalence of anemia in children 6–59 months of age and women of reproductive age (WRA), and where available, prevalence of micronutrient deficiencies from a national survey that includes biomarker measurements.
2. The presence or absence of national policies related to anemia interventions—specifically, related to micronutrient supplementation, malaria and helminth control, reproductive health,water, sanitation, and hygiene (WASH), agriculture, and education. The aim of the policy-related questions is to evaluate whether policies are translated into programs, or whether programs can exist in the absence of a policy environment.

The National Questionnaire should be filled before the district-level workshop, with the assistance of one or multiple national-level key informants. Once the national-level information is complete, the output is reflected in an anemia prevalence graph in the Overview Dashboard and under the policy column in the Findings Dashboard. At this point, the tool is ready for use in the districts, through a facilitated district-level DATA workshop.

DISTRICT-LEVEL DATA WORKSHOP

The district-level workshop should take place as part of a planning and/or budgetary meeting of technical and administrative district program managers. The workshop should include participants from various sectors, including health (nutrition, infectious disease control, and reproductive health), WASH (public health and public engineering managers), agriculture, and education.

Role of the Facilitator: The facilitator is responsible for the following: ascertain that inputs are entered into DATA correctly, discussions are open and helpful, agreement is reached when required, and time is monitored. The facilitator's key role is to customize the tool to the local context by adapting the wording of questions, adjusting indicator definitions, leading discussions around factors to take into consideration while prioritizing interventions, and giving recommendations for reaching agreement on next steps. The facilitator will also help participants understand that the objective of the tool, and the workshop, is to assist districts in prioritizing actions for anemia, using data that is already available—not to replace the district-level decision-making process or add to/modify the district's data collection and analysis activities. A week or two prior to the workshop, the facilitator will send two documents to each participant—a brief one-page overview of DATA (**Annex 1**) and a description of data participants should bring to the workshop

(**Annex 2**). Please see **Figure 1** for a description of the information included in these data.

Role of the Note Taker: A designated note taker, whose duties will involve recording discussion points, entering information into the tool, and filling the barriers section in the Findings Dashboard during the prioritization section, will assist the facilitator.

Role of the Participant: The role of the participant is to follow the facilitator's instructions and guidance in the use of the tool and during discussions.

Data sources include health management information system (HMIS), logistics management information system (LMIS), programmatic reports, surveys like Demographic and Health Survey (DHS), and so on. Using these data, participants will engage in open discussions, providing their own insight and opinions when asked to do so, and come to an agreement on the next steps for improved anemia programming.

ORGANIZATION OF THE FACILITATOR'S GUIDE

SPRING designed the Facilitator's Guide to help the person leading the DATA workshop in ensuring that the workshop objectives are met effectively, with clear thinking, active participation, and support from all involved. The Facilitator's Guide includes a timed agenda of activities. For each activity, the section specifies the session objectives, as well as the materials, handouts, and PowerPoint slides to be used. Also included are helpful tips and instructions for conducting the sessions. At the end of the workshop, the facilitator should distribute an electronic copy of the completed tool to all participants, which includes the workshop outputs and structured notes from the discussions.

TOOLS AND RESOURCES

SPRING designed the DATA workshop to inform district officials' decisions as they relate to anemia programming. Additionally, SPRING has developed accompanying materials to the tool, including three PowerPoint presentations for the workshop: Anemia Overview, DATA Overview, and Decision Framework for Prioritization of Anemia Action. The facilitator and all participants should also receive a copy of the *User's Guide for DATA*, which explains the various components of the tool and provides instructions for effective use and navigation.

PREPARATION

The facilitator should familiarize him- or herself with the aims, tools, resources, and activities of the DATA workshop, as outlined in this *Facilitator's Guide*. In addition, s/he should ensure the completion of the National Questionnaire prior to the district workshop, and share the pre-workshop handout with workshop participants, to give them time to compile available district data.

Figure 1. Anemia Prevalence and Coverage Data for Anemia-Related Programs

1. **Anemia prevalence in various population groups; prevalence of risk factors for anemia, such as malaria, helminth infections, and micronutrient deficiencies.**

2. **Coverage data for anemia-related programs in various sectors illustrated below.**

NUTRITION

Supplementation with iron and folic acid, micronutrient powders, and vitamins, and infant and young child feeding practices

DISEASE CONTROL

Programs for malaria and helminthic infection

WASH

Safe water supply, water safety, hygiene, and improved sanitation

REPRODUCTIVE HEALTH

Usage of modern family planning method and delayed cord clamping

AGRICULTURE

Promotion of micronutrient-rich foods and biofortified foods and promotion of home food production

EDUCATION

Deworming in schools and hygiene education

The District Workshop

ORGANIZATION AND ACTIVITIES OF THE DISTRICT WORKSHOP

The facilitator should guide the workshop activities and designate a note taker to record all points of discussion during the sessions. At the end of the workshop, the facilitator should distribute to each participant an electronic copy of the Powerpoint presentations and the completed tool, including the output dashboards and structured notes summarizing key points of discussion.

Training Objectives

By the end of the workshop, participants will be able to:

- Understand the multi-factorial causes of anemia and the importance of context-specific, multi-sectoral approaches to address anemia
- Use DATA to identify anemia risk factors and gaps in anemia-related programs in their districts
- Use DATA to prioritize anemia prevention and control programs in their districts

Time: 960 minutes (two days; including coffee and lunch breaks)

Prepared Flip Charts

- Parking Lot
- Icebreaker Question

Materials

- Card stock for name tents
- Markers
- LCD projector and screen
- Four flip chart easels with paper, markers, tape
- Large sticky notes
- Thumb drives

Handouts

- DATA Overview (**Annex 1**)
- Pre-workshop handout, which will have been sent to participants prior to the workshop (**Annex 2**)
- Workshop Objectives and Agenda
- District worksheets (**Annex 3**)
- Indicators Table (**Annex 4**)
- Workshop Evaluation Form (**Annex 5**)

PowerPoint Presentations

- Anemia Overview
- DATA Overview
- Decision Framework for Prioritization of Anemia Actions

AGENDA FOR THE DISTRICT WORKSHOP

The facilitator should use the agenda provided below to structure activities during the two-day workshop, making necessary adjustments based on budget, time availability, and country context.

DAY 1

Title	Type	Time	Duration
Welcome and Introductions	Lecture and Icebreaker	9:00–9:30 AM	30 mins
Anemia: An Overview	Lecture and Discussion	9:30–10:15 AM	45 mins
Coffee Break			15 mins
DATA Overview	Lecture and Discussion	10:30–11:30 AM	60 mins
National Questionnaire	Facilitator-led Discussion	11:30 AM–12:30 PM	60 mins
Lunch			60 mins
District Questionnaire	Group work and Facilitator-led Discussion	1:30–3:00 PM	90 mins
Coffee Break			15 mins
District Questionnaire, continued	Group work and Facilitator-led Discussion	3:15–4:45 PM	90 mins
Day 1 Wrap-up	Lecture and Q&A	4:45–5:00 PM	15 mins
Total time (including breaks and lunch)			480 mins

DAY 2

Title	Type	Time	Duration
Share Something You Learned on Day 1	Icebreaker	9:00–9:15 AM	15 mins
Day 1 Recap	Facilitator-led Discussion	9:15–9:30 AM	15 mins
Overview and Findings Dashboards—Anemia at the District Level	Interactive Demonstration	9:30–10:00 AM	30 mins
Decision Framework for Prioritization of Anemia Action	Lecture and Discussion	10:00–11:00 AM	60 mins
Coffee Break			15 mins
Prioritization Process	Group Work and Facilitator-led Discussion	11:15 AM-12:30 PM	75 mins
Lunch			60 mins
Prioritization Process	Group Work and Facilitator-led Discussion	1:30–3:00 PM	90 mins
Coffee Break			15 mins
Inputs to District-level Action Plan	Facilitator-led Discussion	3:15–4:30 PM	75 mins
Workshop Wrap-up and Evaluation	Lecture, Q&A, and Evaluations	4:30–5:00 PM	30 mins
Total time (including breaks and lunch)			480 mins

SESSION DESCRIPTIONS

DAY 1 ACTIVITIES

1. Welcome: Introduction and Icebreaker—30 minutes

Session Objectives:

- Set the tone for the workshop, fostering a comfortable environment for learning and working together
- Get participants to start thinking about anemia

Start by introducing yourself (and other co-facilitators, if applicable) as well as the note-taker(s). Greet participants and explain that you will be starting with an icebreaker activity.

Introductions

Explain that, to start the workshop, participants will do a brief activity to get to know each other. With this in mind, ask participants to introduce themselves and share a piece of work-related or personal good news with the group.

After everyone has had a chance to introduce themselves, ask participants to write and display a name tent, if they haven't already done so.

Before moving on to the next session, distribute and review Handout 3, Workshop Objectives and Agenda. Call attention to the Parking Lot flip chart and explain its purpose—to list important ideas that come up during a session for later discussion.

2. Anemia: An Overview—45 minutes

Session Objectives:

- Discuss the multi-factorial causes of anemia
- Discuss the population groups particularly affected by anemia
- Discuss the consequences of anemia

Project the PowerPoint presentation titled: Anemia Overview.

Before starting the discussion of anemia prevention and control, begin by asking participants about the various causes of anemia, and what they think are the consequences of anemia.

After giving everyone a chance to participate, explain that you will show slides covering all the different causes of anemia (direct and indirect), the consequences of anemia, and the various interventions that can address the multiple causes.

Slide 2: What Is Anemia?

Here, talk about the role of hemoglobin in oxygen transport and briefly describe what occurs as a consequence of insufficient hemoglobin.

Slide 3: Causes of Anemia

Begin the discussion by asking participants to name the causes of anemia, what population groups are most at risk, and why.

After giving everyone a chance to participate, continue with your presentation. Emphasize that anemia has many causes, which can be grouped into four categories: nutrition, infection, inflammation, and genetic disorders. Describe the causes briefly and give an example for each.

Be sure to underline that, globally, iron deficiency is *estimated* to contribute approximately 50 percent of all anemia; but, depending on the setting, other

factors—including malaria, helminths, or inflammation—may be more important. In some contexts, genetic blood disorders may also play a major role in causing anemia.

Slide 4: Consequences of Anemia

Anemia's consequences are widespread. Describe the negative health outcomes for adolescent girls, mothers, and children, and the costs to economies and societies. Describe the effects of maternal anemia: higher rates of infant mortality, pre-term delivery, and low birthweight, and reduced cognitive development in the child.

Be sure to highlight that children and WRA are at an increased risk for anemia. For this reason, DATA focuses exclusively on this population.

Slide 5: How Widespread Is the Problem?

Before showing this slide, ask participants to estimate the global burden of anemia. After allowing all participants to contribute their responses, show the map on **Slide 5** and reiterate that approximately one-quarter of the world suffers from the condition.

Underline that the greatest burden of disease for children 6–59 months, and for pregnant women, is in West and Central Africa and Southeast Asia.

Slides 6–9: Interventions for Anemia

Slides 6–7: Summarize the interventions that address the direct causes of anemia. Current evidence demonstrates that these interventions lead to reductions in population-level anemia prevalence. These interventions include supplementation, fortification, and disease prevention and control, particularly for malaria and helminth infections.

Slides 8–9: Summarize interventions that address the indirect causes of anemia. Current evidence does not show a strong correlation between these interventions and population-level reduction in anemia prevalence. Still, these interventions are important as they address anemia's underlying causes. These interventions include dietary intervention, feeding practices, family planning; as well as WASH interventions.

3. DATA Overview—60 minutes

Session Objective:

- Discuss DATA's role in generating awareness about anemia, and identify causes and risk factors of anemia in order to prioritize anemia control and prevention programs across multiple sectors.

Project the PowerPoint Presentation titled: DATA Overview.

Slides 2–4: Rational and Purpose of DATA

Use **Slides 2 and 3** to discuss the rational for developing a tool like DATA. Use **Slide 4** to describe DATA and its purpose, which includes understanding anemia and its causes, highlighting available data and encouraging further data collection, and assisting in the prioritization of activities and interventions at the district level.

Slide 5: Audience

Emphasize that DATA requires participation from multiple sectors.

Acknowledge the various sectors that are participating in this workshop: health (including nutrition, disease control, and reproductive health), WASH, agriculture, education, and any others in attendance.

Slides 7–11: Using DATA

Use these slides to describe DATA's approach and share guidance on how to best navigate the tool and input information.

Slides 12–17: Sectors Represented in the Tool

Describe the various sectors that are represented in the tool, including the risk factors and the suggested interventions related to anemia in each sector. Remind the participants that the risk factors and interventions have been highlighted during the Anemia Overview Presentation.

4. National Questionnaire—60 minutes

Session Objectives:

- Review the questions in the National Questionnaire
- Describe the role of national-level data in the tool and in district-level anemia programming

Start by reiterating that the main causes of anemia vary widely in different settings, so understanding the anemia situation at the national level is a very important step in tackling the problem and prioritizing district anemia prevention and control programs.

Pull up the National Questionnaire on the projector and go through all the questions, reading each one aloud and holding a short discussion to ensure that all participants have a full understanding of each question. Make sure to inform participants about where the national data for the country were obtained (remember that you have already filled it out with the assistance of key informant(s) at the national level) and allow participants to comment or discuss further, if they wish. Explain how the data entered in the National Questionnaire will be presented in the Overview and Findings Dashboards to provide a "'snapshot" of anemia prevalence in the country. However, keep in mind that you should wait to view the dashboards until after you have responded to every question in the National and District Questionnaires. It is crucial to note that, while some districts may mimic the national situation, others will be substantially different.

Explain the purpose served by including policy questions in the National Questionnaire. Answers to policy questions will outline the country's current strategies related to anemia. Some countries will have all current World Health Organization-accepted interventions in place, as part of their national strategy. Others will not yet have included all these interventions in policy, or they may be considering them for inclusion. The policy questions completed at the national level will be reflected in the Findings Dashboard.

Special note: While the National Questionnaire asks a single question related to the policy for promotion of WASH, keep in mind that multiple components feed into this policy, including a safe water supply, water safety, hygiene, and sanitation. Depending on the country, a single policy or multiple policies related to WASH may exist, and they may address some or all of these components. Make sure participants

discuss all national policies related to water, sanitation, and hygiene, including the absence of specific components from policies.

District Questionnaire–180 minutes

Session Objectives:

- Guide participants in filling out the District Questionnaire within their sectoral groups, ensuring that they understand the questions and contribute data to inform their answers.
- Discuss how to qualitatively classify prevalence and program coverage where quantitative data are unavailable.

For this session, ask participants to divide into their sectoral groups and select a note taker to keep track of internal discussions. Project the District Questionnaire and distribute the District Worksheets (**Annex 3**) and Indicators Table (**Annex 4**) to each group.

Begin with a discussion around how to classify, in qualitative terms, prevalence and coverage information, where quantitative data is lacking. Reiterate the purpose of DATA. The District Questionnaire collates information about the anemia situation at the district level. Subsequently, the tool provides a list of suggested interventions to address the factors contributing to anemia. **Note that workshop participants should *not* focus on ascribing specific values to prevalence or coverage of interventions; the main aim of DATA is to characterize, in general terms, the status of anemia, its risk factors, and coverage of** interventions. Participants need only agree on the general picture, rather than debate slight differences in numeric values.

Pull up the District Questionnaire on the projector to familiarize participants with the kinds of questions they will need to answer when using this tool. Ask the participants to look at the types of questions in the questionnaire and ask them: "Imagine you're back in your district, sitting at the computer and filling out this questionnaire. What difficulty do you foresee when answering some of these questions?" For this discussion, it is crucial that participants identify the issue themselves: data may be unavailable or unreliable. Allot 5–10 minutes for participants to come up with this answer, giving hints and guiding responses, as needed.

Explain to participants that you would like to hold a discussion about what to do in the face of unavailable or unreliable data. It is important to have this discussion before participants start filling out the District Questionnaire as a group—because you'll want to establish a guideline on how to qualitatively classify prevalence or coverage by the time participants break off into groups to begin completing worksheets.

Explain to participants that DATA has an option for qualitative classification in the absence of data. Show them the categories on the District Questionnaire: low/medium/high and poor/fair/good/excellent. Participants will not need to generate ideas for this part of the discussion, because this "qualitative classification" feature is already built into the design of DATA. However, active participation, discussion, and internal consistency will be *very* important as the groups *define* these categories. Participants will have an idea of what is high, low, medium, and so on, in terms of program coverage or prevalence; but, as the facilitator, you

should offer some concrete ideas of how scale is defined and what it should be based on (e.g., targets, data trends, or other information). For example, if participants know that malaria prevalence in their district is 60 percent—which they consider to be high—and they estimate that there are about as many cases of helminth infection as malaria, then they can conclude that the qualitative classification for helminth infections is also high.

Before starting work in sectoral groups, fill out the General Anemia Questions in the District Questionnaire as a large group. This will give participants the opportunity to see, first hand, some of the difficulties that may arise when attempting to determine the burden of anemia in their district. If quantitative information is unavailable or questionable, encourage participants to discuss, debate, and ultimately agree on a qualitative categorization.

Remind participants to keep in mind the following: Sometimes the answer to a question, whether quantitative or qualitative, will be straightforward; but, other times, discussions will be lengthy and require the group to draw on various data sources and hold a debate before reaching consensus. In such instances, group members should encourage open debate, allowing each participant to argue his or her point of view. Each participant should be given the opportunity to express what s/he thinks the qualitative answer should be, based on his/her experience, as well as the opinions s/he has heard from others. Please encourage participants to consider everyone's opinion within the group when coming to a qualitative rating. Group members should agree on the most common qualitative rating before assigning the final classification. If there is a majority, but not all agree, the note taker should capture the dissenting opinions.

Now, ask participants to start working in their sectoral groups to fill out the District Worksheets. The sectoral groups should be comprised of all participants within each of the following sectors: health (includes nutrition, disease control, and reproductive health), WASH, agriculture, and education.

Once the groups have formed, the facilitator should designate a note taker to capture in writing the prevalence and coverage information in the worksheet. In addition, the designated note taker should record the assumption- and consensus-building processes within each group for qualitative designations, keeping in mind that the group need only agree *internally* about the definitions of these categories.

Ask each group to go through all the questions on the worksheet, reading each one aloud and holding a short discussion to ensure that all participants have a full understanding of the question.

As they're going through the questions, ask participants to think through the sources they might use to find information to enter into DATA. Encourage participants to volunteer data from different sources, including DHS, HMIS, special surveys, other sources of information from partners, or simply their general knowledge and expertise. Recall that you asked all participants to come prepared with these data sources, and that you specifically selected some participants *because* they have access to these data sources. Explain to the group members that DATA comprises a relatively simple list of indicators; most of them are adapted from standard

surveys and common HMIS questionnaires. As such, it is likely that, in almost every district, information for some indicators may be collected and/or calculated in a different way from how it is defined within the tool. Such information is perfectly acceptable to input into DATA—participants need only note these differences in definition in the tool's Indicators table. Note that the DATA tool is not meant to introduce an additional burden to district officials; rather, its aim is to facilitate their prioritization process, using whatever data they have available.

As mentioned above, when faced with a situation where information collected/calculated by the district differs from DATA's indicator definition, enter that information in the Indicators table, noting how the district's definition for an indicator deviates from that of the tool. This Indicators table allows you to capture any changes (modifications to indicator definition, target group, delivery platforms, etc.) or notes regarding the denominator that was used to calculate a percentage. For instance, question 1 in the District Questionnaire asks the percentage of women 15–49 years with anemia in a specific district, but the district may test the hemoglobin levels of pregnant women only. In this case, you can still input into DATA the percentage of pregnant women with anemia in the district, and mark in the Indicators table that the figure applies only to pregnant women. Alternatively, participants may choose to use the data for anemic pregnant women as a starting point, and then extrapolate that information using their own knowledge and expertise to qualitatively categorize the burden of anemia among all WRA in the district.

Encourage debate and discussion among participants about the applicability and reliability of different sources of data. As the facilitator, you should be circulating and dividing your time between groups to ensure that fruitful discussions are taking place and clarifying any questions the groups may have. Various topics are likely to arise in this session. Hold discussions when relevant topics come up, or otherwise "park" certain subjects in the Parking Lot, to be discussed at a later time.

Note: It is important to record all relevant discussion points and decisions reached, as these contributions will be used for the prioritization exercise on the second day. District worksheets, Indicator tables, and notes should be handed to the facilitator at the end of the day to input the information into DATA.

5. Day 1 Wrap-up: Q&A and Day 2 Agenda—30 minutes

Session Objectives:

- Address unanswered questions
- Close Day 1

Thank participants for their active participation. Tell them that you've reserved a few minutes for questions.

Address any items placed in the Parking Lot, or tell participants that these questions will be discussed on Day 2.

Before closing, briefly describe the agenda for Day 2 as it relates to Day 1.

Preparation for Day 2

After closing the sessions on Day 1, the facilitator

should ensure that participants have answered all questions in the National and District Questionnaires before viewing the Overview and Findings Dashboards on Day 2. The dashboards summarize information provided in the questionnaires, integrating data on national anemia-related policies, anemia prevalence, risk factors, and interventions. Incomplete responses will yield an incomplete, and likely inaccurate, picture of the situation.

DAY 2 ACTIVITIES

1. Day 2 Warm-up: Icebreaker—15 minutes

Objective:

- Conduct warm-up activity for Day 2

Welcome participants to Day 2 of the training. As a warm-up activity, ask each participant to share something interesting they learned during Day 1 of the workshop.

2. Day 1 Recap—15 minutes

Ask a few participants to share their perspectives on the events of Day 1. Guide the discussion by asking them to recall the salient take-home messages from the various presentations and interactive demonstrations. Note that the discussion will now focus on what needs to be done with all the information that the tool has presented.

3. Overview and Findings Dashboards: Anemia at the District Level—60 minutes

To start, pull up the Overview Dashboard (filled with national, regional and district-level data related to the prevalence of anemia and its risk factors) on the projector. Again, give participants five minutes to observe the dashboard contents, before discussing as a group how the district compares to the region and country as a whole.

Pull up the Findings Dashboard (filled with the data generated by the sectoral groups on Day 1) on the projector. Although they have seen the layout of the Findings Dashboard from the DATA Overview presentation on Day 1, this will be the first time they see the output of the discussions and information entered the day before. First, give participants five minutes to observe the dashboard contents. Walk participants through the various components of the dashboard and give a brief overview of each section before opening up the discussion with the following questions:

- What are the various features of the Findings Dashboard?
- What data are presented?
- What jumps out at you?
- How can you use the information on the Findings Dashboard?

Explain that, by separating out the various causes of anemia, and the status of programs that address these causes, you can, as a group, help determine how the district should prioritize its activities most efficiently, to get the greatest return for that effort. Note that the Barriers section of the Findings Dashboard has not been completed yet—this step will be done during the prioritization process.

4. Decision Framework for Prioritization of Anemia Action—60 minutes

Project PowerPoint Presentation titled: Decision Framework for Prioritization of Anemia Action.

Slide 2: Why Prioritize?

Use this slide to explain what prioritization means and why a prioritization exercise is necessary for anemia action.

Slide 3: Steps in Prioritization Process

Read, out loud, the five steps involved in the prioritization process, before moving on to the next slides where you'll discuss each step in more detail.

Slide 4: Step 1: Review the Anemia Situation

Discuss the importance of reviewing the prevalence of anemia and its risk factors. Note: This information is provided in the Overview Dashboard in the DATA tool.

Slide 5: Step 2: Review Anemia Programs

Discuss the importance of reviewing the status of anemia policies and programs. Note: This information is provided in the Findings Dashboard.

Slide 6: Step 3: Review Inputs to Prioritization

Now move on to **Slide 6** to describe the factors DATA considers for program implementation and for decision making, which are listed in the Findings Dashboard. These six key categories that contribute to successful program implementation are listed below.

The six key elements include the following:

1. **Presence of a policy** (without which the intervention is not likely to be implemented)
   - Policy is usually determined at the national level, with districts adhering to national policy. Districts need to be aware of these policies.
2. **Coverage:** the overall percentage of the target population receiving the intervention, which depends on demand and quality of service deliver.y
   - Districts are also unlikely to have population-based coverage information; however, they may have reported information that will give some indication of coverage. For example, in a country with a high rate of first visits for antenatal care (ANC), the percentage of these visits where iron and folic acid (IFA) was provided can serve as a proxy for a population-based coverage estimate. High coverage for an intervention implies there is demand for that service, while low coverage could be caused by lack of demand or other factors.
3. **Commodities:** adequate and consistent supply of the commodity required for an intervention.
   - Districts are likely to have logistics information on commodity outflow to health clinics. This can be useful to confirm that a needed commodity is available to service providers because, without the commodity, it is not possible to provide the service.
4. **Funding:** adequate and consistent allocation of resources to successfully implement an intervention.
5. **Provider skills/training:** adequate training of staff including refresher training and supportive supervision to ensure high quality of services.
6. **Client demand:** awareness of and interest in the intervention in the target population.

- Districts are not likely to have information on demand for a specific intervention unless they have mechanisms to ask clients questions during clinic or household visits.

Other factors: After giving a few minutes for participants to digest the six categories, and giving them the opportunity to ask questions, open up the discussion by asking the group what additional factors they think are important to consider for successful program implementation. For example, compliance, which captures the percentage of a target population practicing an intervention correctly, may be something to consider in a district that faces issues related to pregnant women taking the recommended number of IFA tablets, or people practicing regular handwashing, or using a household latrine.

Write down their contributions on the flip chart, and engage other members of the group to comment on whether these new factors are important to consider in their district. If the group agrees that they are important elements, be sure to include them in the upcoming prioritization process. Remind participants that, though DATA only includes the six categories initially discussed, the additional, context-specific elements will be captured by the note taker and will be included in the Plan of Action if the group determines that they are important considerations.

Before moving on to the next session, ensure that every participant understands and agrees with DATA's six categories (and any other context-specific factors that the group felt necessary to include).

5. Prioritization Process—165 minutes

Slide 7: Step 4: Identify and Assess Barriers to Implementation

The first step of the prioritization process is to identify the major barriers to successful program implementation, according to the categories discussed in the previous session. To do this, you should pull up the Findings Dashboard on the projector, and for each intervention, discuss existing barriers with participants. By going through this process, it should be possible to get a picture of what is working well, what is faltering, and what to focus on to improve the situation. Throughout the discussion, the designated note taker should be taking notes on the discussion points, while you, the facilitator, fill out the Barriers section of the Findings Dashboard to reflect the consensus of the group.

Slide 8: Step 5: Formulate a Plan of Action Prioritize Actions for Interventions

Once the group finishes discussing the barriers and you have completed recording the consensus into the Barriers section of the Findings Dashboard, hold a conversation about each sector with all the participants to begin prioritizing actions for specific interventions. Call attention to the resources participants should be referring to during discussion: the Findings Dashboard, which summarizes anemia-related policies, prevalence, program coverage, and barriers in the district.

Using these pieces of information as starting points, participants should discuss ways to address anemia more effectively. What can each sector do

to improve the situation? What activities and interventions should be prioritized within each sector? What barriers exist *across* sectors, and how can these sectors work together to address them? How can identified barriers be addressed and what is required for the necessary actions to take place?

Note: The note taker should record information using Microsoft Word and organize the notes according to three sections:

a. Key discussion points
b. Critical barriers to address
c. Prioritization ideas for activities/interventions

After this session, the note taker should follow the instructions in the Notes tab of the tool to insert all the notes from the two-day workshop into DATA.

6. Inputs to the District-level Action Plan—75 minutes

This time will be used to summarize the process that occurred over the previous day and a half. Guide the discussion by asking the participants how they propose to use the consensus from the group discussions to inform routine planning. Describe how the prioritized list of anemia prevention interventions could inform routine planning at the district level. List the various materials that the participants will be taking to their respective sectoral district teams. An electronic copy of the filled-in tool will also be distributed to all participants.

Emphasize how these materials can be used for the current iteration of their planning cycle, and when the tool is reused for the next planning cycle, the outputs will allow for comparisons of changes in anemia and anemia programs within the districts.

7. Workshop Evaluation—30 minutes

Thank participants for their active participation. Tell them you have reserved a few minutes to answer any questions they may have. Address any items written in the Parking Lot.

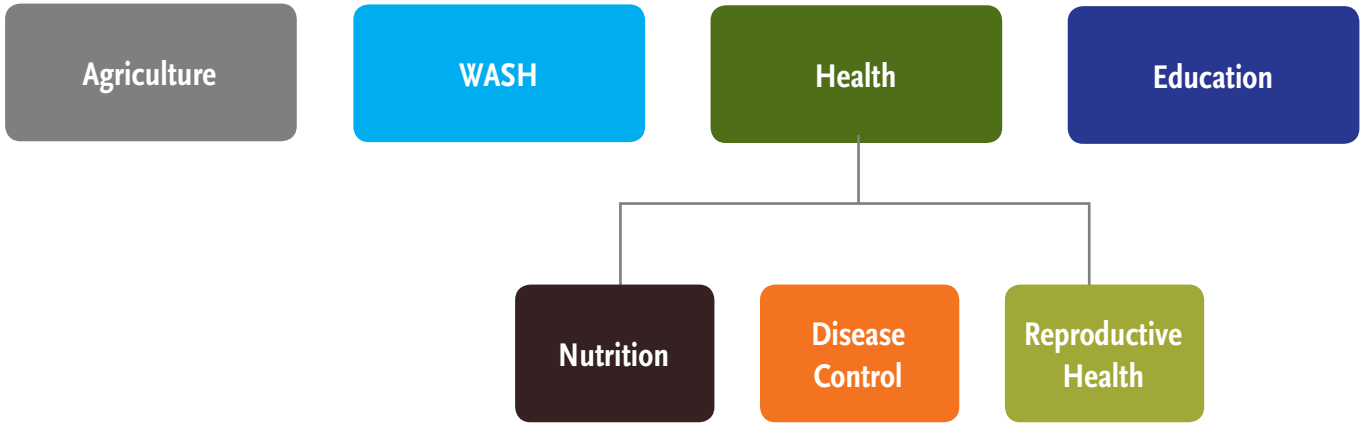
Ask participants to complete the District Workshop Evaluation Form before they depart. The form can be found in **Annex 5**. While the participants complete the Evaluation Form, the facilitator and designated note taker should compile the notes taken during the Prioritization Process. Add succinct bullet-pointed notes in the form of action-oriented ideas for each sector into an additional tab in the Excel tool. These notes are essential, as they are not captured in the output of the tool itself (i.e., the Overview and Findings Dashboards). Further, the facilitator should ensure that a date is recorded at the top of the notes tab. If possible, hard copies of the notes, along with the Overview Dashboard, Findings Dashboard, and Indicators table should also be handed at to all participants.

Annex 1: District Assessment Tool for Anemia (DATA) Overview

Iron deficiency and anemia affect approximately two billion people worldwide and are associated with maternal and perinatal deaths. Despite sound national policies, progress in accelerating the reduction of anemia has been slow. Multiple sectors play a role in anemia prevention and treatment. Since the causes of anemia often span many different programmatic areas, it is rare for a country to collect anemia-specific indicators at the district level. However, there are many district-level interventions that can help to reduce the incidence of anemia. The District Assessment Tool for Anemia (DATA) draws on multiple indicators, which are more likely to be collected, and local knowledge to help inform stakeholders about programmatic entry points for addressing anemia.

AUDIENCE:

DATA is intended for use by *district level stakeholders* in agriculture, water, sanitation, and hygiene (WASH), education, and health (which includes issues related to nutrition, reproductive health, malaria, and helminth infections).



PURPOSE:

The purpose of the tool is two-fold:

1. Increase understanding among district-level personnel about anemia and its causes
2. Assist with an analytic process to help prioritize activities and interventions in a way that is most likely to address the most important causes.

APPROACH:

DATA is implemented through a facilitated workshop, which will draw on local knowledge of factors that contribute to anemia. After the information is gathered using the DATA tool, dashboards are produced that help stakeholders to understand how anemia is affected by their sector. In advance of the workshop, national-level data will be collected by the implementing team to inform district personnel about the broader anemia situation in-country, and the existing priorities and policies.

TOPICS COVERED IN DATA

NUTRITION

DISEASE CONTROL

WASH

REPRODUCTIVE HEALTH

AGRICULTURE

EDUCATION

Annex 2: Expectations of Participants for DATA Workshop

DISTRICT ASSESSMENT TOOL FOR ANEMIA (DATA) WORKSHOP

Multiple sectors play a role in anemia prevention and treatment. Since the causes of anemia often span many different programmatic areas, it is rare for a country to collect anemia-specific indicators at the district level. However, there are many district-level interventions that can help reduce the incidence of anemia. The District Assessment Tool for Anemia (DATA) draws on other indicators, which are more likely to be collected, and local knowledge to help inform stakeholders about programmatic entry points for addressing anemia.

During the workshop, you will use DATA to learn more about anemia and its causes, and be able to analyze your district context to prioritize anemia activities and interventions. In order to maximize the usefulness of DATA, we ask that you bring to the workshop data relevant to the intervention areas outlined below.

This data will likely come from a variety of sources, including: health management information system (HMIS), logistics management information system (LMIS), programmatic reports, surveys like DHS, etc. Note that some interventions may take place in schools, and relevant information may be maintained by the Ministry of Education. Examples include iron-folic acid for adolescent girls and improved sanitation at schools.

Relevant data includes (but is not limited to) information on the following:

- Existence of programs
- Coverage of programs
- Use of commodities (contraceptives, anti-malarials, iron-folic acid, etc.)
- Barriers to use
- Prevalence of anemia, helminths, and malaria

Nutrition	Disease Control	WASH	Reproductive Health	Agriculture	Education
Iron-folic acid	Malaria	Improved Water Source	Modern family planning	micronutrient-rich foods and biofortified foods	Deworming in schools
Micronutrient powders	Helminthic infection	Water treatment	Delayed Cord clamping	Home food production	Hygiene education
Vitamin A		Hygiene			
Feeding practices		Improved sanitation			

Annex 3: District Worksheets

WORKSHEET: NUTRITION

Iron-Folic Acid (IFA)		
3	Is there a program in your district for IFA supplementation to pregnant women?	
4	What is the coverage of this program (percentage of pregnant women attending ANC who receive IFA)?	
4a	How would you rate the coverage of this program?	
5	Is there a program in your district for IFA supplementation to women of reproductive age (WRA), including adolescent girls?	
6	Percentage of WRA given IFA supplementation.	
6a	How would you rate the coverage of this program?	
Micronutrient Powders		
7	Is there a program in your district to provide micronutrient powders to children?	
8	What is the coverage of this program? (% of children receiving micronutrient powder)	
8a	How would you rate the coverage of this program?	
Vitamin A		
9	Is there a program in your district for high-dose vitamin A supplementation to children?	
10	What is the coverage of this program? (% of children receiving vitamin A supplementation)	
10a	How would you rate the coverage of this program?	

Feeding Practices		
11	Is there a program in your district that promotes exclusive breastfeeding for infants 0-5 months?	
12	Percentage of infants 0-5 months who are fed exclusively with breast milk.	
12a	How would you describe the prevalence of exclusive breastfeeding among children 0-5 months of age in your district?	
13	Is there a program in your district that promotes continued breastfeeding for children 6-23 months?	
14	Percentage of children 6-23 months who are fed breast milk in your district.	
14a	How would you describe the prevalence of breastfeeding among children 6-23 months of age in your district?	

Note: In the absence of quantitative data to answer questions 4, 6, 8, 10, 12 and/or 14, discuss with members of your sectoral group how you would subjectively rate the coverage of the program(s). As a group, decide which subjective category best describes the coverage of the program(s) in your district: **poor**; **fair**; **good**; or, **excellent**.

WORKSHEET: DISEASE CONTROL

Malaria		
15	Percentage of pregnant women with malaria in your district.	
15a	How would you describe the prevalence of malaria among pregnant women in your district?	
16	Percentage of children 6-59 months with malaria in your district.	
16a	How would you describe the prevalence of malaria among children 6-59 months in your district?	
17	Is there a program in your district for intermittent preventive treatment (IPTp) of malaria for pregnant women?	
18	What is the coverage of this program? (% of women going to ANC receiving IPTp.)	
18a	How do you rate the coverage of this program?	
19	Are there programs in your district that distribute insecticide treated nets for the prevention of malaria?	
20	What is the coverage of the program? (% of target population receiving a bednet)	
20a	How do you rate the coverage of the program?	
21	Is there active case management (diagnosis and treatment) of malaria in all age groups in your district?	
22	Percentage of children age 6-59 months in your district who received any drug treatment for malaria.	
22a	How would you describe the prevalence of drug treatment for malaria among children 6-59 months in your district?	

Helminth Infection		
23	Percentage of children 6-59 months with helminth infection.	
23a	How would you describe the prevalence of helminth infection among children 6-59 months in your district?	
24	Is there a program for deworming children 12-59 months in your district?	
25	What is the coverage of this program? (% of children 12-59 months dewormed)	
25a	How would you rate the coverage of this program?	
26	Percentage of pregnant women with helminth infection.	
26a	How would you describe the prevalence of helminth infestation among pregnant women in your district?	
27	Is there a program for deworming pregnant women?	
28	What is the coverage of this program? (% of pregnant women dewormed)	
28a	How would you rate the coverage of this program?	

Note: (1) In the absence of quantitative data to answer questions 15, 16, and/or 23, discuss with members of your sectoral group how you would subjectively rate the prevalence of malaria and helminths. As a group, decide which subjective category best describes the prevalence of malaria and helminths in your district: **none**; **low**; **average**; or, **high**. (2) In the absence of quantitative data to answer questions 18, 20, 22, 25, 26 and/or 28, discuss with members of your sectoral group how you would subjectively rate the coverage of the program(s). As a group, decide which subjective category best describes the coverage of the program(s) in your district: **poor**; **fair**; **good**; or, **excellent**.

WORKSHEET: WATER, SANITATION, AND HYGIENE

Safe water supply		
Improved water sources include piped drinking water supply/ public taps/standposts/tubewell/borehole; protected dug well; protected spring or rainwater		
29	Does the district use improved water sources?	
30	Percentage of population in your district that is using an improved water source.	
30a	How would you describe the usage of an improved water source among the population in your district?	
Water Safety		
31	Is there a program to treat household water used for consumption in your district?	
32	Percentage of households in your district that treat water used for consumption.	
32a	How would you describe the coverage of household treatment of water used for consumption?	
Hygiene		
33	Is there a program in your district to promote the use of soap and water at handwashing facilities?	
34	Percentage of households in your district with soap and water at a handwashing facility commonly used by family members.	
34a	How would you describe the access to a handwashing facility with soap and water among households in your district?	
Improved Sanitation		
Improved sanitation is defined as flush or pour-flush toilet/latrine to piped sewer system, septic tank, pit latrine, ventilated improved pit (VIP) latrine, pit latrine with slab, composting toilet.		
35	Does the population in your district have access to improved sanitation?	
36	Percentage of population in your district with access to an adequate sanitation facility.	
36a	How would you describe the access to improved sanitation facilities among the population in your district?	

Note: In the absence of quantitative data to answer questions 30, 32, 34 and/or 36, discuss with members of your sectoral group how you would subjectively rate the coverage of the program(s). As a group, decide which subjective category best describes the coverage of the program(s) in your district: **poor**; **fair**; **good**; or, **excellent**.

WORKSHEET: REPRODUCTIVE HEALTH

37	Is there a program in your district to promote the use of modern family planning methods among WRA?	
38	Percentage of WRA age using a modern family planning method in your district.	
38a	How would you describe the usage of modern family planning methods among WRA in your district?	
Delayed cord clamping—during labor, waiting 1-3 minutes after the baby is delivered before clamping the umbilical cord.		
39	Is delayed cord clamping practiced at health facilities in your district?	
40	Percentage of health facilities in your district practicing delayed cord clamping.	
40a	How would you describe the coverage of the practice of delayed cord clamping in your district? (% health facilities where delayed cord clamping is practiced)	

Note: In the absence of quantitative data to answer questions 38 and/or 40, discuss with members of your sectoral group how you would subjectively rate the coverage of the program(s). As a group, decide which subjective category best describes the coverage of the program(s) in your district: **poor**; **fair**; **good**; or, **excellent**.

WORKSHEET: AGRICULTURE

41	Is there a program to promote the consumption of micronutrient-rich foods and biofortified foods in your district?	
42	Percentage of households in districts reached by programs that promote micronutrient-rich foods and biofortified foods	
42a	How would you rate the coverage of this program (percentage of people in district reached by programs that promote micronutrient-rich foods and biofortified foods)?	
43	Are there programs to promote home food production in your district?	
44	Percentage of households enrolled in home food production programs.	
44a	How would you rate the coverage of this program?	

Note: In the absence of quantitative data to answer questions 42 and/or 44, discuss with members of your sectoral group how you would subjectively rate the coverage of the program(s). As a group, decide which subjective category best describes the coverage of the program(s) in your district: **poor**; **fair**; **good**; or, **excellent**.

WORKSHEET: EDUCATION

45	Are there programs for the deworming of children in schools in your district?	
46	What is the coverage of this program? (% schools deworming children)	
46a	How would you rate the coverage of this program?	
47	Are there programs to promote hygiene education in schools in your district?	
48	What is the coverage of this program? (% schools teaching hygiene education)	
48a	How would you rate the coverage of this program?	

Note: In the absence of quantitative data to answer questions 46 and/or 48, discuss with members of your sectoral group how you would subjectively rate the coverage of the program(s). As a group, decide which subjective category best describes the coverage of the program(s) in your district: **poor**; **fair**; **good**; or, **excellent**.

Annex 4: Indicators Table

Indicator	Numerator	Denominator	Changed Indicator
Section 1. General Anemia			
Prevalence of anemia among women of reproductive age (WRA) 15-49 years in your district?	Number of WRA (15–49 years) with anemia (hemoglobin < 12 g/dL) in your district.	Number of WRA (15–49 years) in your district.	
Percentage of children 6–59 months with anemia (hemoglobin < 11 g/dL) in your district.	Number of children 6–59 months with anemia (hemoglobin < 11 g/dL) in your district.	Number of children 6–59 months in your district.	
Section 2. Nutrition			
IFA			
Percentage of pregnant women going to ANC receiving IFA supplementation in your district.	Number of pregnant women going to ANC receiving IFA supplementation in your district.	Number of pregnant women going to ANC in your district.	
Percentage of WRA (15–49 years) receiving IFA supplementation in your district.	Number of WRA (15–49 years) receiving IFA supplementation in your district.	Number of WRA (15–49 years) in your district—number of pregnant women.	
Micronutrient Powders			
Percentage of children (6–24 months) receiving micronutrient powder in your district.	Number of children (6–24 months) receiving micronutrient powder in your district.	Number of children (6–24 months) in your district.	
Vitamin A			
Percentage of children ages 6–59 months old who received at least two doses of vitamin A in the previous year in your district.	Number of children ages 6–59 months old who received at least two doses of vitamin A in the previous year in your district.	Number of children ages 6–59 months old in your district.	
Infant and Young Child Feeding			
Percentage of infants 0–5 months who are fed exclusively with breast milk in your district.	Number of infants 0–5 months who are fed exclusively with breast milk in your district.	Number of infants 0–5 months in your district.	
Percentage of children 6–23 months who are fed breastmilk in your district.	Number of children 6–23 months who are fed breastmilk in your district.	Number of children 6–23 months in your district.	

Indicator	Numerator	Denominator	Changed Indicator
Section 3. Disease Control			
Malaria			
Percentage of pregnant women with malaria in your district.	Number of pregnant women with malaria (as diagnosed by clinical signs, rapid diagnostic test, or microscopy) in your district.	Number of pregnant women in your district.	
Percentage of children 6–59 months with malaria in your district.	Number of children 6–59 months with malaria (as diagnosed by clinical signs, rapid diagnostic test, or microscopy) in your district.	Number of children 6–59 months in your district.	
Percentage of women going to ANC receiving IPTp.	Number of pregnant women going to ANC receiving IPTp in your district.	Number of pregnant women going to ANC in your district.	
Percentage of target households receiving a bed net.	Number of households in your district with at least one and more than one mosquito net (treated or untreated), ever-treated mosquito nets, and insecticide-treated net.	Number of households in your district.	
Percentage of children age 6-59 months in your district who received any drug treatment for malaria.	Number of children age 6-59 months in your district in the past two weeks who received any drug treatment for malaria.	Number of children age 6–59 months in your district with a fever in the past two weeks.	
Helminths			
Prevalence of helminth infection among children 6–59 months.	Number of children age 6–59 months in your district with a diagnosed helminth infection.	Number of children age 6–59 months in your district.	
Percentage of children 12–59 months who were dewormed.	Number of children age 6–59 months in your district who received deworming medication.	Number of children age 6–59 months in your district.	
Percentage of women going to ANC receiving deworming medication.	Number of pregnant women going to ANC receiving deworming medication in your district.	Number of pregnant women going to ANC in your district.	

Indicator	Numerator	Denominator	Changed Indicator
Section 4. Water, Sanitation, and Hygiene			
Safe Water Supply			
Percentage of population in your district that is using an improved water source.	Number of people in your district who are using an improved water source (Improved water sources include piped drinking water supply/ public taps/ standposts/tubewell/borehole; protected dug well; protected spring or rainwater).	Number of people in your district.	
Water Safety			
Percentage of households in your district that treat water used for consumption.	Number of households in your district that treat water used for consumption.	Number of households in your district.	
Hygiene			
Percentage of households in your district with soap and water at a handwashing facility commonly used by family members.	Number of households in your district with soap and water at a handwashing facility commonly used by family members.	Number of households in your district.	
Improved Sanitation			
Percentage of population in your district with access to an improved sanitation facility.	Number of people in your district with access to an improved sanitation facility (Improved sanitation is defined as flush or pour-flush toilet/latrine to: piped sewer system, septic tank, pit latrine, ventilated improved pit (VIP) latrine, pit latrine with slab, composting toilet).	Number of people in your district.	

Indicator	Numerator	Denominator	Changed Indicator
Section 5. Reproductive Health			
Family Planning			
Percentage of WRA using a modern family planning method in your district.	Number of WRA using a modern family planning method in your district.	Number of WRA in your district.	
Delayed Cord Clamping			
Percentage of health facilities in your district practicing delayed cord clamping.	Number of health facilities in your district practicing delayed cord clamping.	Number of health facilities in your district.	
Section 6. Agriculture			
Percentage of people in your district enrolled in program to promote the consumption of micronutrient-rich foods and biofortified foods.	Number or people in your district enrolled in program to promote the consumption of micronutrient-rich foods and biofortified foods	Number of people in your district.	
Percentage of households enrolled in home food production programs.	Number of households enrolled in home food production programs in your district (home food production programs include home gardens, small livestock breeding, and animal husbandry programs).	Number of households in your district.	
Section 7. Education			
Percentage of schools deworming children.	Number of schools in your district carrying out deworming programs for children.	Number of schools in your district.	
Percentage of schools teaching hygiene education.	Number of schools in your district carrying out hygiene education programs for children.	Number of schools in your district.	

Annex 5: District Workshop Evaluation Form

District Assessment Tool for Anemia (DATA)

District Workshop

{Insert Date}

{Insert district and region}

Workshop Evaluation

(This form has been formatted to fit the document; before printing it out for distribution, please allow more space for the answers to the open-ended questions.)

1. Indicate how well you think the workshop objectives were met by placing a check in the column that best describes your opinion.

	Workshop Objective	Objective Fully Achieved	Objective Adequately Achieved	Objective Partially Achieved	Objective Not Achieved
1	Understand the multi-factorial causes of anemia				
2	Understand the importance of context-specific, multi-sectoral approaches to successfully address anemia				
3	Learn how to use DATA to prioritize district-level anemia prevention and control programs				

2. Do you anticipate the use of DATA for district-level prioritization of anemia programs in the future?

   ☐ Yes (Go to question 3)

   ☐ No (Skip to question 4)

3. If yes, why?

4. If no, why not?

ABOUT THE WORKSHOP

5. What did you like most about the workshop?

6. What did you like least about the workshop?

7. What would you improve about the content or format of the workshop?

8. What suggestions do you have for any future workshops?

9. Please rate the workshop trainers on a scale of 1–10 (with 1 being very dissatisfied and 10 being very satisfied). *(Circle one number.)*

Very dissatisfied			**Somewhat satisfied**				**Very satisfied**		
1	2	3	4	5	6	7	8	9	10

Thank you for your feedback!

NOTES

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