

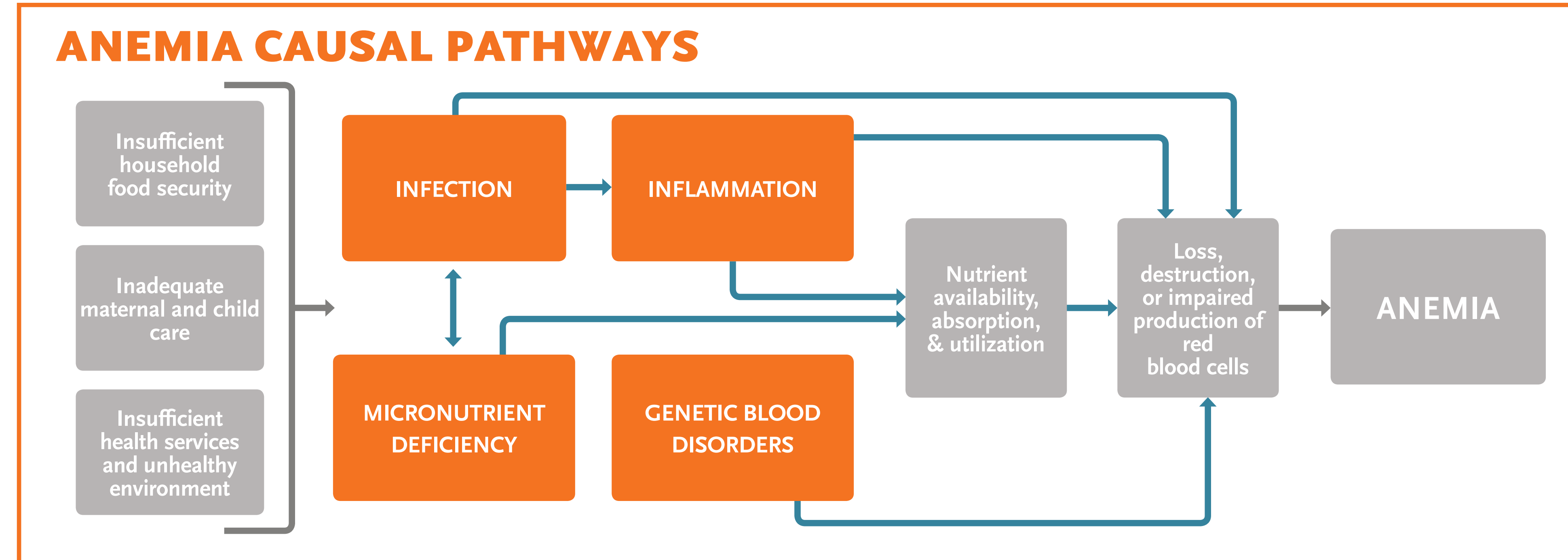
DISTRICT ASSESSMENT TOOL FOR ANEMIA (DATA)

MULTI-SECTORAL ACTION AT THE DISTRICT LEVEL IN GHANA, NEPAL, AND UGANDA

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BACKGROUND/OBJECTIVE

Anemia in low- and middle-income countries is caused by micronutrient deficiency, infection and inflammation, and genetic disorders. Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING), the flagship nutrition project of the U. S. Agency for International Development, developed the District Assessment Tool for Anemia (DATA) to help district-level program managers from all sectors use available data to identify the causes of anemia in their setting and develop solutions for reducing it.



CONCLUSIONS

Our experience with DATA in Ghana, Nepal, and Uganda shows that DATA can be adapted to any country context. All three countries expressed the need for multi-sectoral coordination and collaboration for anemia reduction by convening teams from health, agriculture, education, and other sectors for DATA workshops and subsequent planning of activities. This finding validates the need for a tool like DATA to strengthen programming for anemia prevention and control efforts at the district level.

METHODS

DATA is an Excel-based tool designed for use during a two-day facilitated workshop where district-level stakeholders from various sectors, including agriculture, health, education, and water and sanitation, fill out a questionnaire using sector-specific data, as available. DATA translates the information that is entered into two dashboards—“Overview” and “Findings”—that district-level stakeholders use to—

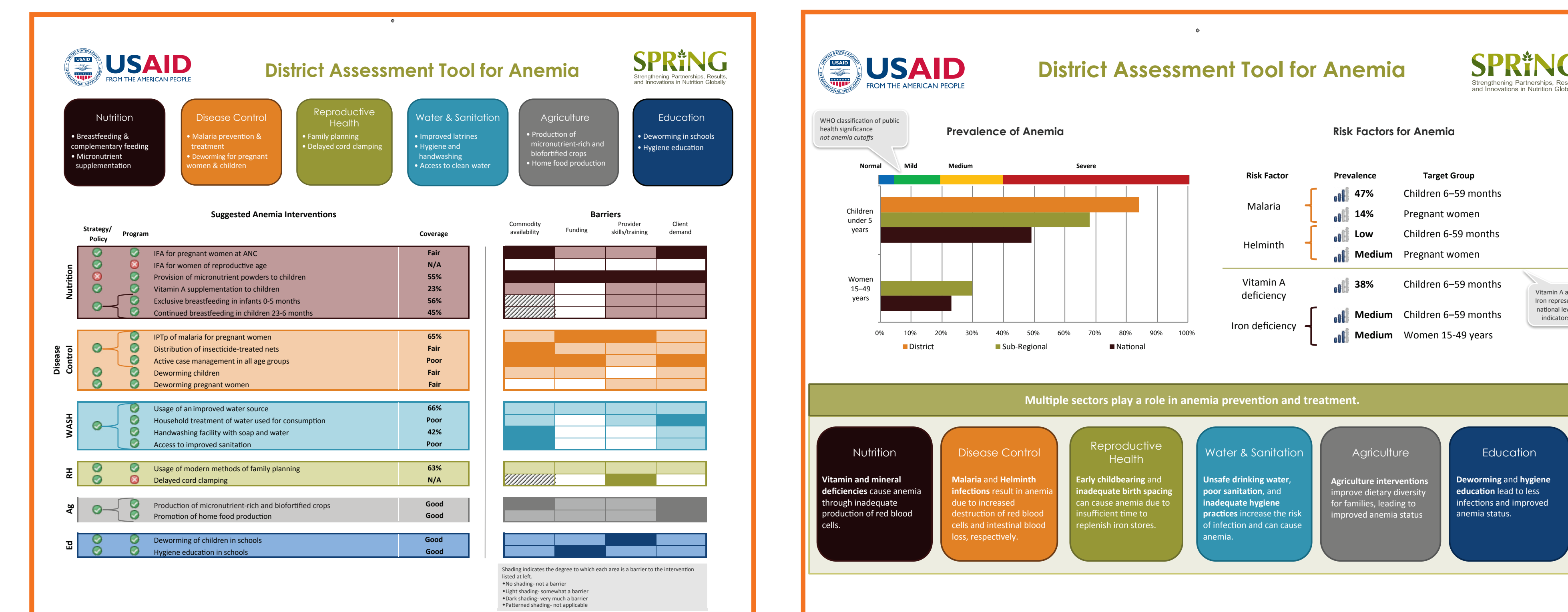
- assess their anemia burden
- identify gaps and barriers in program implementation of included interventions
- prioritize actions for anemia reduction.

DATA gives users the option of using qualitative categorizations to answer questions, since district-level quantitative data is frequently unavailable.

We field-tested DATA in one district in Ghana and implemented a revised Excel tool, with accompanying guides for users, facilitators, and trainers, in one district in Nepal and three districts in Uganda. Subsequently, Ghana scaled up its use of DATA to seven districts and Nepal is integrating DATA into the monitoring and evaluation framework of its multi-sectoral nutrition plan (MSNP). We also developed training-of-trainers guides to introduce DATA more widely.

Here, we describe the feedback from participants and facilitator observations from our district workshops in Ghana, Nepal, and Uganda and from training-of-trainer workshops in Ghana and Nepal.

EXAMPLE DATA FINDINGS (L) AND OVERVIEW DASHBOARDS



RESULTS

In Ghana, where DATA implementation involved only district-level officials, it enabled participants from different sectors to realize that they can work together by sharing monitoring data to assess progress and identifying opportunities for integration of activities (e. g., the health and agriculture sectors working together for malaria control by eliminating standing water in agriculture fields).

In Nepal and Uganda, where national-level officials participated in the district-level implementation, this indicator of political commitment helped the district participants take ownership of actions to address anemia.

In both countries, DATA was also used for planning and allocation of budgets in district-level sectoral work plans. In Nepal, DATA will be incorporated into a suite of monitoring and evaluation tools to assess the effectiveness of MSNP in districts. In all three countries, the tool also allowed users to identify gaps in data availability and quality and encouraged future improvements in data collection.

ACT TO REDUCE ANEMIA



ASSESS THE SITUATION
Anemia has many causes, such as infections, micronutrient deficiencies, inflammation, and genetic disorders. Use the **Landscape Analysis Guidance for Anemia** to help you understand the unique factors that contribute to anemia in your country and assess the status of programs and policies.

COORDINATE ACROSS SECTORS
Establish a **coordination group** consisting of multiple sectors. Develop, implement, and monitor a government-led anemia strategy in partnership with diverse stakeholders ranging from civil society to the private sector.

PRIORITIZE ANEMIA AT THE DISTRICT LEVEL
Link national planning efforts to district implementation. Engage district actors with the **District Assessment Tool for Anemia** to help prioritize anemia-related interventions.