

# DISTRICT ASSESSMENT TOOL FOR ANEMIA

## TRAINING OF TRAINERS GUIDE

### NUTRITION



### DISEASE CONTROL



### WASH



### REPRODUCTIVE HEALTH



### AGRICULTURE



### EDUCATION



## **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.

## **ACKNOWLEDGMENTS**

The authors—Danya Sarkar, Denish Moorthy, and Teemar Fisseha would like to thank the individuals who were involved with the DATA project. The accompanying Excel-based tool was developed by SPRING, in partnership with Barbara Knittel and Emma Stewart, SPRING consultants through the JSI Center for Health Information, Monitoring, and Evaluation (CHIME). The authors would like to thank the current and past members of the DATA Advisory Group. The current members of the DATA Advisory Group include Rolf Klemm (Helen Keller International), Robin Houston (John Snow, Inc.), Omar Dary (USAID), Tariq Azim (John Snow, Inc.), and Edward Bonku (John Snow, Inc.). Toby Stillman (Save the Children) also served as an Advisory Group member. Phil Harvey, SPRING consultant, and Ram Shrestha (John Snow, Inc.) provided high-level guidance to the project.

## **RECOMMENDED CITATION**

SPRING. 2017. *District Assessment Tool for Anemia: Training of Trainers Guide*. Arlington, VA: Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project.

## **SPRING**

JSI Research & Training Institute, Inc.  
1616 Fort Myer Drive, 16th Floor  
Arlington, VA 22209 USA

Tel: 703-528-7474  
Fax: 703-528-7480

Email: [info@spring-nutrition.org](mailto:info@spring-nutrition.org)  
Web: [www.spring-nutrition.org](http://www.spring-nutrition.org)

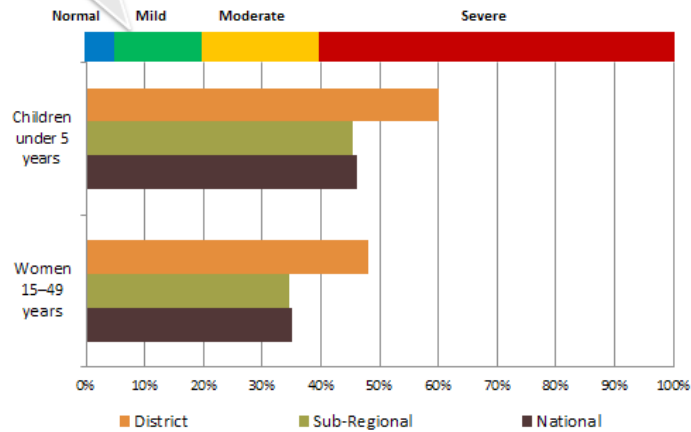
This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement No. AID-OAA-A-11-00031 (SPRING), managed by JSI Research & Training Institute, Inc. (JSI). The contents are the responsibility of JSI, and do not necessarily reflect the views of USAID or the United States Government.

# **DISTRICT ASSESSMENT TOOL FOR ANEMIA**

**TRAINING OF TRAINERS GUIDE**

WHO classification of public health significance not anemia cutoffs

## Prevalence of Anemia



## 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 .....vii

Overview of the Training of Trainers Guide .....1

    Introduction to DATA.....1

    How to Use the DATA TOT Guide ..... 2

    Tools and Resources ..... 3

    Preparation ..... 3

    TOT Workshop Objectives: Knowledge and Skills ..... 3

Three-Day Training Schedule—DATA TOT ..... 5

Session 1. Pre-assessment, Introductions, Expectations, and the DATA Workshop ..... 7

    Learning Objective 1: Assess understanding of anemia/anemia prevention and control approaches, and identify strengths and weaknesses in participants’ knowledge (pre-assessment)..... 7

    Learning Objective 2: Introduce participants, facilitators, and resource persons; discuss participants’ expectations, compare with the objectives of the training, and clarify the focus of the training..... 8

    Learning Objective 3: Understand the purpose of DATA and the objectives of the DATA workshop .....10

    Role of Facilitator.....11

    Role of Note-taker .....11

Session 2. Review of DATA Guides (Facilitator’s and User’s) and related materials.....12

    Learning Objective 1: Understand the content and use of Facilitator’s Guide .....12

    Learning Objective 2: Understand the content and use of the User’s Guide and related materials .....13

Session 3. Anemia Overview .....16

    Learning Objective 1: Know the content of the Anemia Overview presentation for the DATA workshop .....16

    Learning Objective 2: Understand how to present the Anemia Overview at the DATA workshop .....16

Session 4. DATA Demonstration: Tool Components .....21

    Learning Objective 1: Know the components of the DATA tool (7 tabs) and gain a general understanding of how information is entered in the tool and displayed as outputs .....21

Session 5. DATA Overview..... 23

Learning Objective 1: Know the content of the DATA Overview presentation ..... 23

Learning Objective 2: Understand how to present the DATA Overview at the DATA workshop ..... 23

Session 6. Conducting Overview Presentations: Q&A and Troubleshooting ..... 25

Learning Objective 1: Understand common issues that arise in conducting the Overview presentations  
and how to troubleshoot these issues ..... 25

Day 2 - Daily Review- ..... 26

Session 7. National Questionnaire .....27

Learning Objective 1: Understand the questions and indicators in the National Questionnaire and  
know how to present it in the district workshop .....27

Learning Objective 2: Clarify issues on indicators and sources of data, and understand the outputs  
of the National Questionnaire .....27

Session 8. District Questionnaire ..... 30

Learning Objective 1: Understand the content/questions in the District Questionnaire and know  
how to introduce it in the district workshop ..... 30

Learning Objective 2: Understand the indicators and sources of data to complete the District Questionnaire- - -31

Learning Objective 3: As a group, fill in the answers to the District Questionnaire in the tool- - -31

Session 9. Facilitation of District Questionnaire of Group Work ..... 35

Learning Objective 1: Know how to conduct the sectoral group sessions for completion of District  
Questionnaire at the DATA workshop ..... 35

Learning Objective 2: Understand the facilitation methods for the District Questionnaire and related  
group work session for the workshop ..... 35

Session 10. District Questionnaire: Q&A and Troubleshooting .....37

Learning Objective 1: To understand how to troubleshoot issues during the District Questionnaire session - - -37

Session 11. Outputs of DATA (Dashboards): Anemia at the District Level ..... 38

Learning Objective 1: Understand how the inputs of DATA are reflected as outputs in the Overview  
and Findings Dashboards ..... 38

Learning Objective 2: Facilitate a session on presentation of DATA outputs ..... 38

Session 12. Prioritization Framework Overview .....	40
Learning Objective 1: Understand the prioritization framework and the related presentation .....	40
Learning Objective 2: Know how to present the prioritization framework in the DATA workshop .....	40
Session 13. Prioritization Process: Identify and Assess Barriers .....	42
Learning Objective 1: Understand the prioritization process undertaken in the DATA workshop through identification and assessment of barriers .....	42
Learning Objective 2: Be able to conduct the identification and assessment of barriers session of the prioritization process in the DATA workshop- .....	43
Session 14. Prioritization Process: Formulate a Plan of Action- .....	45
Learning Objective 1: Understand the plan of action part of the prioritization process in the DATA workshop ---	45
Learning Objective 2: Be able to facilitate the Plan of Action session of the DATA workshop .....	45
Session 15. Prioritization: Troubleshooting and Q&A .....	48
Learning Objective 1: To understand how to troubleshoot issues during the prioritization sessions- .....	48
Session 16. Final Session (Review of Training; Training Evaluation and Post-Assessment; Closing) .....	49
Learning Objective 1: Identify strengths and weaknesses in their knowledge as a facilitator for the DATA workshop .....	49
Learning Objective 2: Conduct evaluation of training .....	49
Annex 1. Pre-assessment Questionnaire .....	50
Annex 2. Matching-Game Anemia Photos .....	51
Annex 3. DATA Overview .....	60
Annex 4. Expectations of Participants .....	62
Annex 5. National Questionnaire- .....	64
Annex 6. District Questionnaire .....	66
Annex 7. Indicators Table .....	72
Annex 8. Post-assessment Questionnaire .....	77
Annex 9. End-of-Training Evaluation- .....	78





# Acronyms and Abbreviations

ANC	antenatal care
DATA	District Assessment Tool for Anemia
DHS	Demographic and Health Survey
IFA	iron–folic acid
IPTp	intermittent preventive treatment in pregnancy
HMIS	health management information system
LMIS	logistics management information system
MNP	micronutrient powder
PPT	PowerPoint
Q&A	questions and answers
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally project
TOT	training of trainers
USAID	U.S. Agency for International Development
WASH	water supply, sanitation, and hygiene
WRA	women of reproductive age



# Overview of the Training of Trainers 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. A trained facilitator is needed to facilitate the workshop, and this person should be formally trained by a master trainer, using the Training of Trainers (TOT) Guide.

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.

DATA is accompanied by two guides, the *User's Guide* and the *Facilitator's Guide*. The *User's Guide* explains the various components of the tool and provides instructions for effective use and navigation. The *Facilitator's Guide* directs the person leading the workshop to ensure that workshop objectives are met effectively.

## HOW TO USE THE DATA TOT GUIDE

The *DATA TOT Guide* should be used to design the TOT workshop.

## PURPOSE OF THE TOT WORKSHOP

The purpose of the TOT is to prepare master trainers with technical knowledge and skills to teach facilitators how to conduct DATA workshops at the district level. The TOT will impart to master trainers a comprehensive understanding of DATA, how to use the tool, and how to organize and facilitate all the sessions of the DATA workshop at the district level. This knowledge and capacity will allow master trainers to teach district-level facilitators on all aspects of DATA, including (1) components of the tool; (2) inputs of the tool and how to populate them; (3) outputs of the tool and how to assess them; (4) priority actions and how to develop them based on the outputs of the tool; and (5) essential facilitation and troubleshooting methods needed to carry out the workshop.

**Role of the Master Trainer:** SPRING designed the *DATA TOT Guide* to help the person leading the DATA TOT workshop ensure that the workshop objectives are met effectively and that participants obtain the necessary knowledge and skills to become DATA master trainers. The master trainer should have a comprehensive understanding of DATA, how

to conduct DATA workshops, and be familiar with the PowerPoint slides and the scripts, *TOT*, *Facilitator's*, and *User's Guides*.

The master trainer is responsible for leading all the sessions in the workshop, teaching participants on the content and methodology of DATA, and teaching the facilitation and troubleshooting methods for each of the sessions in the DATA workshop. The master trainer will also lead the role plays, which are simulations of the DATA workshop sessions. The master trainer will also ensure that discussions are open and helpful and that agreement and understanding are reached when required, and that time is monitored. Further, the master trainer will ensure that the TOT workshop is customized to the local context, by teaching participants how to adapt questions and indicator definitions, how to lead discussions around factors to take into consideration while prioritizing interventions, and how to give recommendations for reaching agreement on the next steps.

**Role of the Participants:** The participants of the TOT will become the future facilitators of DATA. The role of the facilitator in the DATA workshop is detailed in the *Facilitator's Guide*. The facilitators will ultimately conduct DATA workshops for district-level officials, which will not feature the extra sessions on facilitation and will be the same as the sessions outlined in the *DATA Facilitator's Guide*. If necessary, the participants will need to carry out training of other facilitators in the district with the use of the *TOT Guide*. The role of the participants as future master trainers is to follow the master trainer's instructions and guidance on DATA and how to conduct the TOT workshop, as outlined in this Guide. Participants should pay close

attention to how the TOT is conducted as they will be doing the same when they conduct TOT workshops for facilitators of the DATA workshops at the district level.

## ORGANIZATION OF THE TOT GUIDE

The TOT Guide includes a timed agenda of sessions. For each session, the section specifies sub-sections: first, the session's learning objectives and preparation needed for the session (which includes materials, handouts, and PowerPoint slides to be used). For each learning objective, there are instructions for activities to meet that objective, followed by a Key Content section with additional information as a reference for the master trainer, with helpful instructions for facilitating the sessions. The master trainer should review the Key Content section for all sessions to identify the additional information that they think is relevant to the TOT workshop. The TOT workshop follows the structure of a DATA workshop as outlined in the *Facilitator's Guide*, and it has extra sessions on facilitation and role play (which are not featured in a regular DATA workshop). The modules outlined in the *TOT Guide* can be adapted according to context in the country and district. The annexes to the *TOT Guide* includes all the handouts for the training, which should be printed prior to the workshop.

## TOOLS AND RESOURCES

In addition to the Excel-based DATA tool, SPRING has developed a number of accompanying materials, including three guides (TOT, Facilitator's, and User's); three PowerPoint presentations for the DATA workshop (Anemia Overview, DATA

Overview, and Decision Framework for Prioritization of Anemia Action); and several questionnaires/handouts (DATA Overview, Expectations of Participants in DATA Workshop; National Questionnaire; District Questionnaire; Indicators Table; End-of-Training Evaluation). All these resources are available on the SPRING website at <https://www.spring-nutrition.org/publications/tools/district-assessment-tool-anemia-data>.

## PREPARATION

The master trainer should familiarize him- or herself with the aims, tools, resources, and activities of the TOT and the DATA workshops, as outlined in the *TOT* and *Facilitator's Guides*. The participant should be sent the DATA User's and *Facilitator's Guides* to review prior to the TOT workshop, as s/he will need to be familiar with the content of DATA and the guides prior to attending the TOT workshop.

## TOT WORKSHOP OBJECTIVES: KNOWLEDGE AND SKILLS

By the end of the training, the participants will have acquired the following knowledge and skills.

### KNOWLEDGE

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

1. Describe the multiple causes of anemia that vary across contexts
2. List and understand the collaborative *multi-sectoral* and context-specific approaches needed to address anemia

3. Understand the objectives and uses of DATA
4. Understand how to complete the DATA questionnaires, and read and interpret the outputs of DATA
5. Understand how to translate DATA results into priority actions for anemia.

### SKILLS

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

1. Organize the DATA district-level workshop
2. Facilitate the district-level DATA workshop sessions
3. Lead discussions on the issues related to inputs and outputs of DATA
4. Facilitate the prioritization session of the DATA workshop based on the DATA outputs.

# Three-Day Training Schedule—DATA TOT

Time	Day 1	Day 2	Day 3
9:00–9:15 AM	Registration and Welcome Remarks	Daily Review	Daily Review
9:15–10:15 AM	Session 1: Pre-assessment; Introductions; and Expectations of the DATA Workshop (60 mins)	Session 7: National Questionnaire (60 mins)	Session 12: Prioritization Framework Overview (60 mins)
10:15–10:30 AM	Tea Break		
10:30 AM –1:00 PM	Session 2: Review of DATA Guides (Facilitator’s, User’s) and Supporting Materials (90 mins)	Session 8: District Questionnaire (150 mins)	Session 13: Prioritization Process: Identify and Assess Barriers (90 mins)
	Session 3: Anemia Overview (60 mins)		Session 14: Prioritize Action: Formulate a Plan of Action (60 min)
1:00–2:00 PM	Lunch		
2:00–3:30 PM	Session 4: DATA Demonstration: Tool Components (60 mins)	Session 9: District Questionnaire Sectoral Group Work (75 mins)	Session 14 (cont’d): Prioritize Action: Formulate a Plan of Action (45 mins)
	Session 5: DATA Overview (30 mins)	Session 10: District Questionnaire Q&A and Troubleshooting (15 mins)	Session 15: Prioritization Q&A and Troubleshooting (45 mins)
3:30–3:45 PM	Tea Break		
3:45–5:00 PM	Session 5 (cont’d): DATA Overview (30 mins)	Session 10 (cont’d): District Questionnaire Q&A and Troubleshooting (30 mins)	Session 16: Review of Training; Training Evaluation; and Post-assessment (60 mins)
	Session 6: Conducting Overview Presentations: Q&A and Troubleshooting (45 mins)	Session 11: Outputs of DATA (Dashboards): Anemia at the District Level (45 mins)	
Closing (10 mins)			





# Session 1. Pre-assessment, Introductions, Expectations, and the DATA Workshop

**Time:** 1 hour

## LEARNING OBJECTIVES

After completing this session, participants will be able to:

1. Assess their knowledge of anemia and approaches to anemia prevention and control; identify strengths and weaknesses in their knowledge (pre-assessment)
2. Introduce fellow participants, facilitators, and resource persons; discuss their expectations of the workshop
3. Understand the purpose of DATA and the objectives of the DATA workshop

## PREPARATION

- Pre-assessment: **Handout 1.1** in **Annex 1**
- Drawings or photos related to anemia: **Handout 1.2** in **Annex 2**
- Prepared flip chart with the objectives of the TOT (and/or handouts with all objectives listed under Knowledge and Skills)

## Learning Objective 1: Assess understanding of anemia/anemia prevention and control approaches, and identify strengths and weaknesses in participants' knowledge (pre-assessment)

**Methodology:** Written pre-assessment

**Suggested Time:** 15 minutes

### Instructions for Activity

1. Welcome participants as they arrive and ask them to be seated in a U or circle.
2. As soon as participants are seated, distribute **Handout 1.1**, the Pre-assessment Questionnaire, and ask them to complete it individually.
3. Ask participants to write their birth date on the pre-assessment.
4. Correct all the assessments as soon as possible and on the same day administered, identifying topics that caused disagreement or confusion and need to be addressed. Advise participants that these topics will be discussed in greater detail during the training.

## Learning Objective 2: Introduce participants, facilitators, and resource persons; discuss participants' expectations, compare with the objectives of the training, and clarify the focus of the training

**Methodology:** Matching game and plenary

**Suggested Time:** 30 minutes

### Instructions for Activity

1. Cut drawings or photos related to anemia (**Handout 1.2** in **Annex 2**) in half, mix them up, and lay them on the floor. Ask each participant to take one half of a drawing or photo. Instruct participants to find their matching halves. Once this is accomplished, ask the pairs to introduce themselves to each other, and ask each other the following questions (put these questions on a flip chart, if available):
  - a. What was your first thought when you saw the drawing/photograph?
  - b. What is your name and where do you work?
  - c. What is your favorite food?
  - d. What is one of your expectations for the training?
2. Tell the participants that they will have to introduce their partner based on the answers to the above questions.
3. Go around the room and ask participants to introduce their partner. First thought about the drawing/photo, name, position, agency, favorite food, and one of their expectations of the training. Write participants' expectations on a flip chart, not repeating any that are the same.
4. Show the prepared flip chart with the learning objectives of the TOT workshop.
5. Compare participants' expectations of the workshop with the objectives of the training; clarify the priorities/focus of the training.
6. Post the flip charts with the objectives and the expectations on one side of the room to remain until the end of the training.
7. Announce any logistics, such as where meals will be served, location of washrooms, etc., before the participants break for tea/coffee.
8. Briefly review the training agenda.

## KEY CONTENT

The Pre-assessment (**Handout 1.1**) is found in **Annex 1**.

### Objectives of TOT Workshop (prepare a flip chart)

#### Knowledge

1. Describe the multiple causes of anemia that vary across contexts
2. List and understand the collaborative *multi-sectoral* and context-specific approaches needed to address anemia
3. Understand the objectives and uses of DATA
4. Understand how to complete the DATA questionnaires, and how to read and interpret the outputs of DATA
5. Understand how to translate DATA results into priority actions for anemia

#### Skills

1. Organize the district-level DATA workshop
2. Facilitate the district-level DATA workshop sessions
3. Lead discussions on issues related to inputs and outputs of DATA
4. Facilitate the prioritization session of the DATA workshop based on the DATA outputs

### Learning Objective 3: Understand the purpose of DATA and the objectives of the DATA workshop

**Methodology:** Plenary

**Suggested Time:** 15 minutes

#### Instructions for Activity

1. Show the flip charts on the purpose/aims of the tool and the objectives of the DATA workshop.
2. Based on this information, ask participants

if they have any questions on the purpose/ aims or objectives of DATA. For example:

- a. Who is the audience for the district tool?
  - b. What is the use of the district tool?
3. Explain roles of facilitator and note-taker in a DATA workshop.
  4. Discuss and summarize, as needed.

#### KEY CONTENT

Discuss the aims of DATA and objectives of DATA workshop from **Table 1.1** below.

**Table 1.1: Aims of DATA and Objectives of DATA Workshop**

Aims of DATA	DATA Workshop Objectives
<p>To help district-level program managers and planners:</p> <ul style="list-style-type: none"> <li>• Better determine the main factors causing anemia in their districts</li> <li>• Identify enablers and barriers to addressing anemia in their districts</li> <li>• Prioritize interventions and actions to strengthen anemia-related programming</li> </ul>	<p>District-level program managers and planners will be able to:</p> <ul style="list-style-type: none"> <li>• Understand the multifactorial causes of anemia and the importance of context-specific, <i>multi-sectoral</i> approaches to addressing anemia</li> <li>• Use DATA to identify anemia risk factors and gaps in anemia-related programs in their districts</li> <li>• Use DATA to prioritize anemia prevention and control programs in their districts</li> </ul>

### Role of Facilitator

1. Guides the workshop sessions and activities
2. Is familiar with the PowerPoint slides and the scripts that accompany each slide (as a presentation aide for the speakers)
3. Ensures that objectives of the workshop are met
4. Stimulates participants' interest in proceedings

### Role of Note-taker

1. Records all points of discussion in the group sessions of the District Questionnaire and prioritization sessions
2. Creates a concise summary of notes and records the plan of action at the end of the workshop
3. Ensures that the concise summary of notes and plan of action are inserted into the Notes tab of DATA

# Session 2. Review of DATA Guides (Facilitator’s and User’s) and Related Materials



**Time:** 1 hour, 30 minutes

## LEARNING OBJECTIVES

After completing this session, participants will be able to:

1. Understand the content and use of the *Facilitator’s Guide*
2. Understand the content and use of the *User’s Guide* and the related materials provided at the workshop

## PREPARATION

- Handouts for DATA workshop: DATA Overview one-pager (**Handout 2.1** in **Annex 3**) and Expectations of Participants in Data Workshop (**Handout 2.2** in **Annex 4**) one-pager
- Copies of *Facilitator’s* and *User’s Guides*

## Learning Objective 1: Understand the Content and Use of Facilitator’s Guide

**Methodology:** Interactive presentation

**Suggested Time:** 45 minutes

## Instructions for Activity

1. Distribute the *Facilitator’s Guide*.
2. Together with the group, go through the structure and layout of the *Facilitator’s Guide*, and how it is used, including purpose, role of the facilitator, participants of the workshop, and organization of the guide, described in key content below.
3. Note that the TOT that they are participating in will mirror the flow of the *Facilitator’s Guide*, with additional sessions for facilitation methods, questions and answers (Q&A), and troubleshooting.

## KEY CONTENT

Table 2.1: Overview of the Facilitator’s Guide

Facilitator’s Guide	
<b>Purpose</b>	The purpose of the <i>Facilitator’s Guide</i> is to direct the facilitator of the district-level DATA workshop in effectively and comprehensively implementing DATA. The <i>Facilitator’s Guide</i> provides instructions to help the facilitator ensure that inputs are entered into DATA correctly, that discussions are open and helpful, and that the process achieves the objectives of DATA—to generate awareness, assess the anemia situation, and prioritize actions for anemia at the district level.
<b>Role of Facilitator (User) of the Guide and Workshop</b>	The facilitator of the DATA district-level workshop is responsible for organizing and leading the DATA workshop, helping the users ensure local customization—if needed—by adapting the wording of questions, adjusting indicator definitions- and leading the discussions of prioritizing interventions.
<b>Participants of the workshop (“who receive the training”)</b>	The participants of the DATA Workshop are district-level actors (officials, implementers, managers, etc.) who will be responsible for translating prioritized actions into district activities.
<b>Organization of Guide</b>	This provides a timed agenda of activities to be conducted during the DATA workshop. Each section specifies the session objectives, materials, handouts, and PowerPoint slides to be used. It also includes helpful instructions for conducting the sessions.

Please discuss the details in **Table 2.1** to orient the participants on the role of the *Facilitator’s Guide*

### Learning Objective 2: Understand the content and use of the User’s Guide and related materials

**Methodology:** Interactive presentation

**Suggested Time:** 45 minutes

#### Instructions for Activity

1. Distribute *User’s Guide* and the DATA Overview one-pager (**Handout 2.1**) and Expectations of Participants (**Handout 2.2**).

2. Explain that the DATA Overview and Expectations of Participants handouts are to be sent to workshop participants at least one week in advance of the scheduled workshop. Go through the details of these two documents, which are described in the key content.
3. Explain that the *User’s Guide* will be distributed to participants at the beginning of the DATA workshop. Go through the structure and layout of the *User’s Guide*, which is described in Key Content.

**KEY CONTENT**

Prior to the DATA workshop, participants will receive two pre-workshop materials: the DATA Overview one-pager and Expectations of Participants one-pager. Handouts are found in the annexes of the *Facilitator’s*

*Guide*. The DATA Overview handout provides a brief overview about DATA, including audience, purpose, and approach. It outlines the sectors that are included in the tool (**Figure 2.1**):



**Figure 2.1: Sectors included in the DATA tool**







The Expectations of Participants handout outlines the relevant sectors included in the tool, as well as related interventions per sector, for which participants will need to bring related data. Relevant data include:

- Existence of programs
- Coverage of programs
- Use of commodities (contraceptives,

antimalarials, iron–folic acid [IFA], micronutrient powders [MNPs], etc.)

- Barriers to u
  - Prevalence of anemia, helminths, and malaria
- DATA participants are expected to bring information that relates to the anemia interventions in their respective sectors (**Figure 2.2**):



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			

**Figure 2.2: List of interventions in DATA, organized by sectors**

At the start of the DATA workshop, participants will receive the *User's Guide*, along with the agenda for the two-day DATA workshop. Please discuss the details in **Table 2.2** to orient the participants on the role of the *User's Guide*.

**Table 2.2: Overview of the User's Guide**

User's Guide	
Purpose	The purpose of the <i>User's Guide</i> is to explain the rationale, structure, and use of the tool. It is intended to be used as an accompaniment to the tool itself, so that users of the tool can understand how to navigate the tool, enter the inputs, and assess the outputs. The <i>User's Guide</i> also provides comprehensive background on the causes of anemia and the evidence for the known interventions to reduce anemia.
Key Role of User	District-level actors (officials, implementers, managers, etc.) using the guide will be responsible for translating prioritized actions into district activities.
Participants	The participants are the same as the "user" listed above, as this Guide is distributed to the participants of the district-level DATA workshop.
Organization of Guide	The <i>User's Guide</i> is divided into four parts. Part I describes the need for reducing anemia and the role of DATA within those efforts. Part II provides an overview of the structure of the tool. Part III briefly highlights the use of the tool within a facilitated district workshop/meeting. Part IV provides key evidence for the interventions for reduction of anemia that are suggested within the tool.

# Session 3. Anemia Overview

**Time:** 1 hour

## LEARNING OBJECTIVES

After completing this session, participants will be able to:

1. Know the content of the Anemia Overview presentation for the DATA workshop
2. Understand how to present the Anemia Overview at the DATA workshop

## PREPARATION

- Anemia Overview Presentation (PPT) for projection—the PowerPoint (PPT) has scripts in the Notes section that can be used by the speaker when presenting
- Anemia Overview slides with script

## Learning Objective 1: Know the content of the Anemia Overview presentation for the DATA workshop

**Methodology:** Plenary

**Suggested Time:** 20 minutes

### Instructions for Activity

1. Give the Anemia Overview presentation as should be done in the DATA workshop.

## Learning Objective 2: Understand how to present the Anemia Overview at the DATA workshop

**Methodology:** Group work

**Suggested Time:** 40 minutes

### Instructions for Activity

1. Divide participants into four groups by asking the participants to line up in three columns.
2. Ask one group to focus on the Causes of Anemia slides (**slides 2 and 3**). Ask one group to focus on the Consequences of Anemia slides (**slides 4 and 5**). Ask one group to focus on the Interventions for Anemia with Strong Evidence slides (**slides 6 and 7**) and fourth group to focus on the Interventions for Anemia with Indirect Evidence slides (**slides 8 and 9**).
3. Ask each group to select one or two presenters, who will be responsible for presenting the slides. Ask each group to read the scripts together for each group of slides, and discuss the contents of the scripts. Ask groups to refer to the Anemia Overview session in the *Facilitator's Guide*. Rotate around the groups to field questions on the content of the slides/scripts.
4. Ask each group presenter(s) to present their set of slides to the plenary. Interact with each group to discuss presentation style and skills so that participants can better communicate this information with DATA workshop participants.

## KEY CONTENT

The key content and how to facilitate the Anemia Overview session in the DATA workshop is outlined in the *Facilitator's Guide*, and the master trainer should refer to this section in the guide so that participants can review and internalize the information related to this session. Here are some key points about the Anemia Overview session in the DATA workshop:

The Anemia Overview session in the DATA workshop is 45 minutes long. The session objectives are:

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

The facilitator of the district workshop will project the PowerPoint presentation titled Anemia Overview. Instructions on presenting the slides in the Anemia Overview presentation are found in the *Facilitator's Guide*, and the PowerPoint contains accompanying scripts for each slide. The facilitator may take clarification questions during the course of the presentation, and also should leave room for questions after the presentation. The master trainer should impart the key points of each slide detailed in the Anemia Overview presentation.

Please use additional information in **Table 3.1** and **Table 3.2** when discussing the causes and consequences of anemia.

Table 3.1: Causes of Anemia

Causes of Anemia	
<p><b>Micronutrient Deficiencies:</b> Diets deficient in iron, vitamin A, zinc, folate (vitamin B9), vitamin B12</p>	<ul style="list-style-type: none"> <li>• Iron deficiency: The more severe stages of iron deficiency can result in anemia when there is not enough iron to produce adequate amounts of hemoglobin for red blood cells. Specific groups at an increased risk of iron deficiency include children (due to rapid growth), pregnant women (due to expansion of the red blood cell mass and the need for more iron for the fetus), and women of reproductive age (WRA), including adolescent girls (due to blood loss during menstruation).</li> <li>• Vitamin A deficiency: The role of vitamin A deficiency in causing anemia has not been established with certainty but may involve a direct inhibition of red blood cell production. It may also cause anemia through indirect effects, such as decreasing the iron available to produce red blood cells or decreasing iron absorption, or by causing increased risk and severity of infections.</li> <li>• Zinc deficiency: Zinc is a catalyst for many enzymes needed for red blood cell production; as a result, a zinc deficiency may be associated with anemia.</li> <li>• Folate (B9) deficiency: A severe deficiency in folate, which is required for the synthesis of red blood cells, results in megaloblastic anemia, characterized by oversized and malformed red blood cells.</li> <li>• Vitamin B12 deficiency: A severe deficiency of vitamin B12, which is required for the synthesis of red blood cells, results in megaloblastic anemia, characterized by oversized and malformed red blood cells.</li> </ul>
<p><b>Infections:</b> These can cause anemia directly by destroying red blood cells or decreasing their production. Some infections can cause anemia directly by blood loss as well as indirectly by depletion of iron stores. •</p>	<ul style="list-style-type: none"> <li>• Malaria: Malarial infection causes anemia by destroying red blood cells, decreasing the production of new red blood cells, and inhibiting dietary iron absorption, which leads to iron deficiency and increases the risk of iron-deficiency anemia.</li> <li>• Soil-transmitted helminths: STH infections result in anemia by causing blood loss in the gastrointestinal system, interfering with the absorption of nutrients, suppressing appetite, and producing systemic inflammation. Hookworm, with high levels of intestinal blood loss, is likely the main STH contributing to anemia.</li> <li>• Schistosomiasis: This infection results in a combination of effects, including blood loss, red blood cell destruction associated with sequestration in the spleen, and immune reaction resulting in general inflammation.</li> </ul>

Causes of Anemia	
<p><b>Inflammation:</b> This develops in response to acute, chronic, or subclinical infections as well as a variety of chronic disorders. Anemia of inflammation involves dysregulation of iron homeostasis, cytokine suppression of erythropoietin production, and decreases in the life span of red cells. With inflammation, levels of the iron-regulating hormone hepcidin increase, reducing the body's ability to absorb iron and to use iron for erythropoiesis and other necessary functions.</p>	<ul style="list-style-type: none"> <li>• Malaria causes anemia by destroying red blood cells, decreasing the production of new red blood cells, and inhibiting dietary iron absorption, which leads to iron deficiency and increases the risk of iron-deficiency anemia.</li> </ul>
<p><b>Genetic Disorders:</b> Some genetic disorders result in abnormal structure or production of red blood cells, and subsequently can cause anemia.</p>	<ul style="list-style-type: none"> <li>• Thalassemia (thalassemias result in ineffective red blood cell production, as well as a shortened red blood cell life span).</li> <li>• Sickle cell, hemolytic anemia, G6PD deficiency (increase the destruction of red blood cells).</li> <li>• Disorders with abnormal haemoglobin (Hb-E, Hb-C) result in defective hemoglobin and decreased oxygen transport.</li> </ul>

**Table 3.2: Consequences of Anemia**

Consequences of Anemia across the Life Cycle	
<b>Pregnant Woman</b>	<ul style="list-style-type: none"> <li>• Risk of decreased birthweight</li> <li>• Risk of increased preterm birth</li> <li>• Risk of increased maternal mortality</li> </ul>
<b>Adolescent</b>	<ul style="list-style-type: none"> <li>• Reduced quality of life</li> <li>• Decreased academic performance</li> </ul>
<b>Child</b>	<ul style="list-style-type: none"> <li>• Decreased development of all domains: physical, cognitive, and socio-emotional</li> <li>• Increased risk of infections</li> <li>• Increased risk of mortality</li> </ul>
<b>Society</b>	<ul style="list-style-type: none"> <li>• Increased risk of disease and disability</li> <li>• Decreased economic productivity</li> <li>• Overall increased costs to society</li> </ul>

# Session 4. DATA Demonstration: Tool Components

**Time:** 1 hour

## LEARNING OBJECTIVES

After completing this session, participants will be able to:

1. Know the components of DATA (7 tabs) and gain a general understanding of how information is entered in the tool and displayed as outputs.

## PREPARATION

- Projector with DATA Excel tool (blank)

### Learning Objective 1: Know the components of the DATA tool (7 tabs) and gain a general understanding of how information is entered in the tool and displayed as outputs

**Methodology:** Demonstration

**Suggested Time:** 60 minutes

## Instructions for Activity

1. Tell participants that before going into detail about DATA and its various components (Table 4.1), it is essential that they become familiar with the look and feel of the tool.
2. Display the Excel tool on the projection and go through each of the tabs, presenting the information for each tab as detailed in Key Content below.
  - b. Overview tab
  - c. National Questionnaire tab
  - d. District Questionnaire tab
  - e. Overview Dashboard tab
  - f. Findings Dashboard tab
  - g. Indicators tab
  - h. Notes tab
3. Explain to participants that the all of these tabs will be fully explored during the following sessions: National Questionnaire and Overview Dashboard; District Questionnaire and Sectoral Group Work Role Play; Findings Dashboard: Anemia at the District Level; and Prioritization Process: Identify and Assess Barriers and Role Play.

## KEY CONTENT

Table 4.1: Components of DATA

7 Components (Tabs) of DATA	
<b>Overview of DATA tab</b>	Provides a description of the tool’s purpose, approach, and use.
<b>National Questionnaire tab (input)</b>	Asks for information on 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 deficiencies.
<b>District Questionnaire tab (input)</b>	Asks questions that combine elements of anemia and disease prevalence, as well as 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.
<b>Overview Dashboard (output)</b>	Presents information on national-, regional-, and district-level anemia prevalence data, as well as the prevalence of risk factors of anemia
<b>Findings Dashboard (output)</b>	Presents information 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.
<b>Indicators tab</b>	Provides detailed definitions for each indicator in the tool.
<b>Notes tab</b>	Provides a space where, at the end of the workshop, structured notes can be inserted.



# Session 5. DATA Overview

**Time:** 1 hour

## LEARNING OBJECTIVES

After completing this session, participants will be able to:

1. Know the content of the DATA Overview presentation for the DATA workshop
2. Understand how to present the DATA Overview at the DATA workshop

## PREPARATION

- DATA Overview Presentation (PPT) for projection—the PowerPoint contains scripts in the Notes section that can be used by the speaker when presenting
- DATA Overview slides with script handout

## Learning Objective 1: Know the content of the DATA Overview presentation

**Methodology:** Interactive presentation

**Suggested Time:** 20 minutes

### Instructions for Activity

1. Give the DATA Overview presentation as should be done in the DATA workshop.

## Learning Objective 2: Understand how to present the DATA Overview at the DATA workshop

**Methodology:** Practice/group work

**Suggested Time:** 40 minutes

### Instructions for Activity

1. Divide participants into three groups by asking the participants to line up in three columns.
2. Ask one group to focus on the DATA purpose, aims, and objectives slides (slides 2, 3, 4, and 5). Ask one group to focus on the steps of using DATA slides (slides 6, 7, 8, 9, 10, and 11). Ask one group to focus on the outputs of DATA and sectors slides (slides 12, 13, 14, 15, 16, 17, 18, and 19).
3. Ask each group to select 1–3 presenters. Ask each group to read the scripts together for each group of slides, and discuss the contents of the scripts. Ask groups to refer to the DATA Overview session in the *Facilitator's Guide*. The master trainer will rotate around the groups to field questions on the content of the slides/scripts.
4. Ask each group to present their set of slides to the plenary. The master trainer will interact with each group to discuss presentation style and skills so that participants can better communicate this information with DATA workshop participants.

## KEY CONTENT

The key content and how to facilitate the DATA Overview session in the DATA workshop is outlined in the *Facilitator's Guide*, and the master trainer should refer to this section in the guide so that participants can review and internalize the information related to this session. Here are some key points about the DATA Overview session.

The DATA Overview session in the DATA workshop is 60 minutes long. The session objective is:

- Discuss DATA's role in generating awareness about anemia, and identify causes and risk factors

in order to prioritize anemia control and prevention programs across multiple sectors.

The facilitator of the district workshop will project the PowerPoint presentation titled DATA Overview. Instructions on presenting the slides in the DATA Overview presentation are found in the *Facilitator's Guide*, and the PowerPoint contains accompanying scripts for each slide. The facilitator may take clarification questions during the course of the presentation, and also should leave room for questions after the presentation. The master trainer should impart the key points of each slide detailed in the DATA Overview presentation.

# Session 6. Conducting Overview Presentations: Q&A and Troubleshooting

**Time:** 45 minutes

## LEARNING OBJECTIVES

After completing this session, participants will be able to:

1. Understand common issues that arise in conducting the Overview presentations and how to troubleshoot these issues

## PREPARATION

- N/A

**Learning Objective 1: Understand common issues that arise in conducting the Overview presentations and how to troubleshoot these issues**

**Methodology:** Plenary

**Suggested Time:** 45 minutes

## Instructions for Activity

This session is focused on taking questions from participants and responding appropriately with answers that will help them resolve any issues that may come up during the Overview presentation sessions of the DATA workshop. This session is kept purposely undirected so that there can be an open flow of discussion and response to participants' needs.

## Day 2 - Daily Review

### LEARNING OBJECTIVE

To assess how much of the information imparted the previous day is retained

### PREPARATION

- Prepare a ball out of rolled up paper, held together by some tape if needed
- Prepare a list of simple questions you could ask the participants based on discussions of the previous day to assess how much of the information imparted the previous day is retained

### Instructions for Activity

1. Participants and facilitators form a circle.
2. One facilitator has a ball that he or she throws to one participant.
3. The facilitator asks a question of the participant who catches the ball. The participant responds.
4. When the participant has answered correctly to the satisfaction of the group, that participant throws the ball to another participant asking him/her a question in turn.
5. The participant who throws the ball asks the question.
6. The participant who catches the ball answers the question.
7. Continue this for 15 minutes.

Note: if a participant has any difficulty asking a question, the facilitator can prompt them from his/her list of questions”

# Session 7. National Questionnaire

**Time:** 1 hour

## LEARNING OBJECTIVES

After completing this section participants will be able to:

1. Understand the questions and indicators in the National Questionnaire and know how to present it in the district workshop
2. Clarify issues on indicators and sources of data, and view the outputs of the National Questionnaire

## PREPARATION

- DATA Excel tool (National Questionnaire) and projected on screen
- National Questionnaire handout (**Handout 7.1** in **Annex 5**)

### Learning Objective 1: Understand the questions and indicators in the National Questionnaire and know how to present it in the district workshop

**Methodology:** Plenary

**Suggested Time:** 30 minutes

#### Instructions for Activity

1. Ensure that you have completed the National Questionnaire using data at the national level from your country, prior to this TOT workshop.

2. Discuss why this information is collected at the national level and why it is important for understanding the anemia context in-country.
3. Explain that the National Questionnaire is to be completed by national-level stakeholders prior to the district-level workshop, and the responses to the questions regarding anemia prevalence, risk factors, and policy should be agreed upon at that level, and also confirmed by the participants at the district-level workshop.
4. Present all the questions in the National Questionnaire, as they would be presented in a DATA workshop.
5. For each question, explain the indicators and source(s) of data that can be used to answer the question.
6. Explain how to enter the information into the questionnaire—quantitative and qualitative; explain the sources of data for each indicator.

### Learning Objective 2: Clarify issues on indicators and sources of data, and understand the outputs of the National Questionnaire

**Methodology:** Plenary—interactive discussion

**Suggested Time:** 30 minutes

#### Instructions for Activity

1. Ask participants to brainstorm any issues that may arise when trying to collect these responses at the national level.

2. Answer any queries from participants on the questions, indicators, and sources of data.
3. Ask participants to refer to the National Questionnaire session in the *Facilitator's Guide*.
4. Discuss the issues and summarize.

Explain to participants how the information from the National Questionnaire (inputs) are reflected as

outputs in the dashboard. The anemia prevalence and risk factors are displayed in the Overview Dashboard, and the policy questions are reflected in the Findings Dashboard. Explain that these dashboards are not to be shown until both the National and District Questionnaires are completed.

### KEY CONTENT

The key content and how to facilitate the National Questionnaire session in the DATA workshop is outlined in the *Facilitator's Guide*, and the master trainer should refer to this section in the guide so that participants can review and internalize the information related to this session. Here are some key points about facilitating the National Questionnaire session.

The National Questionnaire session in the DATA workshop is 60 minutes long. The session objectives are to:

- Review the questions in the National Questionnaire
- Describe the role of national-level data in the tool and in district-level anemia programming
- The facilitator of the district workshop will project the completed National Questionnaire tab on the projector, using the instructions on presenting the questionnaire that are found in the *Facilitator's Guide*. The facilitator may take clarification questions during the course of the presentation, and also should leave room for questions after the presentation.

### National Questionnaire Facilitation Points

As a facilitator, there are several issues that you may need to address while presenting the National Questionnaire during the training. The *Facilitator's Guide* outlines basic key points, but the master trainer should be able to address any additional issues that may arise, such as the following.

**Anemia Prevalence Questions:** These questions are usually not a source of issue. Anemia prevalence data are obtained from the most current Demographic Health Survey (DHS) conducted in the country.

**Anemia Risk Factor Questions:** Many countries do not have national-level data for iron deficiency and vitamin A deficiency prevalence; this information is usually only available if a country has conducted a national-level micronutrient survey. If the data are not available, there is an option to address the question using a qualitative categorization (low, medium, or high). If the qualitative categorization is used, the facilitator will need to explain to participants why and how those categorizations were made at the national level. They may have been selected based on results of smaller district- or regional-level surveys, or smaller

surveys conducted by partner organizations, either on micronutrient biomarkers or on dietary assessments. They may be based on program performance, such as vitamin A supplementation programs.

**Anemia-Related Policy Questions:** The questionnaire asks about the existence or absence of 14 policies related to anemia prevention and control. These policies include nutrition (IFA, MNP, breastfeeding promotion), disease control (deworming, malaria prevention and treatment), reproductive health (family planning, delayed cord clamping), agriculture (promotion of dietary diversity, value chain, home food production), education (deworming, hygiene), and WASH (promotion of water, sanitation, and hygiene).

Participants may ask why these particular policies are included, and it should be noted that the 14 policies

match the 20 interventions that are included in the tool and are considered important for a *multi-sectoral* approach to addressing anemia. As the *Facilitator's Guide* notes, some countries may have all of these policies in place (based on World Health Organization [WHO] guidance/recommendations); however, some countries may not have included all these interventions as part of national-level policy. Participants may ask if each policy asked about can only be answered as “Yes” (existing) if there is a formal policy document for that specific intervention. In this case, the facilitator should note that as long as the intervention is part of a national policy, strategy, or guideline document, it can be considered as “Yes” for existence of policy. It does not have to be in the form a stand-alone document for that particular intervention.

# Session 8. District Questionnaire

**Time:** 2 hours, 30 minutes

**Suggested Time:** 15 minutes

## LEARNING OBJECTIVES

After completing this session, participants will be able to:

1. Understand the content/questions in the District Questionnaire and know how to introduce it in the district workshop
2. Understand the indicators and the sources of data to complete the District Questionnaire
3. As a group, fill in the answers to the District Questionnaire in the tool

## PREPARATION

- DATA Excel tool (District Questionnaire) projected on screen
- District Questionnaire (**Handout 8.1** in **Annex 6**)
- Indicators Table (**Handout 8.2** in **Annex 7**)

### Learning Objective 1: Understand the content/questions in the District Questionnaire and know how to introduce it in the district workshop

**Methodology:** Present the District Questionnaire on the screen and go through the anemia prevalence, risk factors, and highlight the answers to the policy questions in the National Questionnaire that are revealed at the top of each sectoral intervention.

## Instructions for Activity

1. Discuss why this information is collected at the district level and why it is important for understanding the anemia context in the district. Also discuss how it relates to the National Questionnaire.
2. Present all the questions under each sector in the District Questionnaire, briefly, as you will go into more depth for each question, along with discussing the Indicators Table, immediately following.
3. Explain the indicators and sources of data for the anemia prevalence and risk factor questions at the district level.
4. Explain all the questions under each sector, why these questions were chosen in their relation to anemia prevention and control.
5. Explain how to enter the information into the questionnaire—quantitative and qualitative.
6. Explain that participants will be discussing each question during the District Questionnaire sectoral group work. Ask groups to refer to the “District Questionnaire” session in the *Facilitator’s Guide* for more information.



## Learning Objective 2: Understand the indicators and sources of data to complete the District Questionnaire

**Methodology:** Group work followed by plenary

**Suggested Time:** 1 hour, 30 minutes

### Instructions for Activity

The sectoral group work will mimic what is supposed to happen during the district workshop.

1. Divide participants into the six sectoral groups: Nutrition, Disease Control, Reproductive Health, WASH, Agriculture, and Education, with each sector assigned to a table.
2. At the table for each sector, there should be a “master copy” of the District Questionnaire (**Handout 8.1**) and the Indicators Table (**Handout 8.2**). Indicate that the sectoral questions in the master copy are the ones that will be filled in by the participants sitting at that table. For example, at the Agriculture table, only the questions related to agricultural interventions should be answered.
3. Ask each group to refer to their District Questionnaire (**Handout 8.1**) and the Indicators Table (**Handout 8.2**).
4. Each group should pretend that they are officials/managers from that district-level sector and proceed to complete the questionnaire for that sector, as instructed by the trainer.
5. As they are completing the questionnaire, the trainer will circulate to groups and answer any questions they may have about the questionnaire,

indicators, and sources of data. Ask each group to discuss and note down any issues for any of the questions that arise in their sector that needs to be discussed with the plenary as a whole.

6. Each sector will take 15 minutes to fill in the information. After 15 minutes, the group will move as one to the next sector, even if the questionnaire is incomplete.
7. When moving to the new sector table, each new group will review the work that the previous group has done. They will complete the questionnaire, if it is incomplete.
8. Ask groups to hold their places after completing the sixth sector.

## Learning Objective 3: As a group, fill in the answers to the District Questionnaire in the tool

**Methodology:** Plenary

**Suggested Time:** 45 minutes

### Instructions for Activity

1. Ask for a volunteer to manage the data entry into the DATA Excel sheet.
2. For each sector, go through the questions in the District Questionnaire, and ask the group in each respective sector to provide the answers from the filled-in sheet. Briefly, ask for the other groups to comment.
3. The note-taker records main points in each sector.

## KEY CONTENT

The key content and how to facilitate the District Questionnaire session in the DATA workshop are outlined in the *Facilitator's Guide*, and the master trainer should refer to this section in the guide so that participants can review and internalize the information related to this session. Here are some key points about facilitating the District Questionnaire session.

The District Questionnaire session in the DATA workshop is 180 minutes long. The session objectives are to:

- 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

The facilitator of the district workshop will project the completed District Questionnaire tab on the projector, using the instructions on presenting the questionnaire that are found in the *Facilitator's Guide*. The facilitator may take clarification questions during the course of the presentation, and also should leave room for questions after the presentation.

### District Questionnaire Facilitation Points

As a facilitator, there are several issues that you may need to address while presenting on how to complete the District Questionnaire with participants during the training/DATA workshop. The *Facilitator's Guide* outlines basic key points in all the areas mentioned below, but the master trainer should be able to address any additional issues that may arise, such as the following.

**Indicators Table:** While workshop participants are completing the District Questionnaire in their sectoral groups, they will rely on the Indicators Table, which provides a description of the indicator, the numerator and denominator used to calculate the indicator, and a space for recording any modifications used for an indicator. Remind participants that the Indicators Table is a tool that allows for use of different indicators, thereby making it possible to customize the tool to the local context and the data collected in a particular district.

**General Anemia Prevalence Questions:** Anemia prevalence data are rarely captured at the district level. Regional-level data can be obtained from the most current DHS conducted in the country, and these can be used as a proxy for district-level prevalence data, if the participants come to a consensus through discussion and agree that the regional-level data are reflective of their district. Facility-level data on anemia (e.g., data collected on pregnant women attending antenatal care) may be available, so some districts opt to use these as a proxy indicator. Other sources of data that could be used as proxy are program or project surveys conducted in the district. If participants opt not to use this type of quantitative data, they can use a qualitative assessment, based on their knowledge of anemia in the district. Using the same sources of data above, they can assess whether the anemia prevalence should be categorized as low, average, or high. Usually, districts make this categorization in relation to DHS data at the national and regional levels.

**Anemia Risk Factor Questions:** There are two types of risk factor questions asked at the district level, which are found under the Disease Control sector questions, and include prevalence of malaria (in children 6–59

months and in pregnant women) and helminth infection (in children 6–59 months and in pregnant women). These data are usually available at the district level, based on data from facilities where children and pregnant women are tested for malaria when they present with symptoms, and can be used as a proxy for population-level data. Other sources of data may be smaller surveys conducted by partner organizations in the area. If the quantitative data are not available, participants can use qualitative assessment, and can categorize the prevalence rates as none, low, medium, or high. Again, the qualitative categorization is determined by participants' knowledge of the district situation, and coming to conclusions based on rigorous discussion, in the absence of data.

**Anemia-Related Program Questions:** The questionnaire asks about the existence of 21 programs related to anemia prevention and control, and their coverage rates. These policies include nutrition (IFA, MNP, exclusive and continued breastfeeding), disease control (deworming, malaria prevention and treatment), reproductive health (modern contraceptive use, delayed cord clamping), agriculture (promotion of micronutrient-rich and biofortified foods and home food production), education (deworming, hygiene education), and WASH (improved water source, treatment of water for consumption, improved latrine, and handwashing with soap and water). Participants may ask why these particular programs are included, and it should be noted that the 21 interventions included in the tool have strong evidence for anemia prevention and control, and are considered important for a *multi-sectoral*

approach to addressing anemia. Sources of data for these questions are:

- Health information management system (HMIS)
- Logistics management information system (LMIS)
- Program reports
- District annual reports
- Surveys (DHS, micronutrient survey, etc., if regional data are available and used as proxy)

As with the risk factor questions, there is an option to use qualitative assessment with the following categories: poor, fair, good, excellent. Again, the qualitative categorization is determined by participants' knowledge of the district situation, and coming to conclusions based on rigorous discussion, in the absence of data. A few common questions around programs and program coverage that may come up during workshop include the following:

- *If a program is implemented by partners, and may have a short project life, do we consider the program?* This is up to the participants, but usually if these programs are district-wide and being implemented to the target groups we are interested in, they can be included with an explanation in the notes.
- *If there are multiple data points for coverage of a program, which data should I use?* This issue can manifest in a number of different ways. One example is IFA during antenatal care (ANC) visits. Participants may ask if they should use the coverage data obtained during the first ANC

visit, or any subsequent ANC visit, depending on how the district facility collects the information. Another example is MNP. Participants may ask if they should report the coverage for the first distribution of MNP, or for the second or third distributions (repeated coverage). These are all up to the discretion of the participants, and what they would like to reflect in the tool analysis, and what will be helpful to use in order to prompt action to improve the program.

- *If there are multiple data sources for a program, which data should I use?* This issue comes up most commonly in the agriculture sector, where, for example, there may be many partner programs operating to enroll households for different kinds of home food production. It is up to participants to come to a consensus, but in this case usually all the programs operating are considered, and the total coverage of households in the district is

used. Similar questions come up regarding modern contraceptive use and treatment of water for consumption.

**Anemia-Related Programs Not in the Tool:** There are many interventions that are not included in the tool that can also address the underlying causes of anemia, such as women’s empowerment, land utilization, and value chains. These programs are indirectly related to anemia. If participants enquire about the utility of these programs for anemia reduction, encourage them to consider these interventions, even if they are not present in the tool. Tell them to analyze and prioritize these interventions as they would for an intervention included in the tool—that is, policy, program coverage, and four barriers of commodities, funding, provider skills/training, and client demand. These interventions should be included in the plan of action as well as in the notes for the sessions.

# Session 9. Facilitation of District Questionnaire of Group Work

**Time:** 1 hour

## LEARNING OBJECTIVES

After completing this session, participants will be able to:

1. Know how to conduct the sectoral group sessions for completion of the District Questionnaire at the DATA workshop
2. Understand facilitation methods for the District Questionnaire and related group work session for the workshop

## PREPARATION

- *Facilitator's Guide*
- District Questionnaire on projected on screen
- District Questionnaire filled in for each sector (**Handout 8.1** from **Session 8**)
- Indicators Table (**Handout 8.2** from **Session 8**)

## Learning Objective 1: Know how to conduct the sectoral group sessions for completion of District Questionnaire at the DATA workshop

**Methodology:** Group discussion

**Suggested Time:** 10 minutes

### Instructions for Activity

1. Explain how the group work for the TOT workshop differs from the DATA workshop.

2. Using the *Facilitator's Guide*, explain the structure of the DATA District Questionnaire session.
3. Explain that the TOT workshop needs participants to be conversant with all questions, while DATA workshop participants need only answer the questions from their sector.

## Learning Objective 2: Understand the facilitation methods for the District Questionnaire and related group work session for the workshop

**Methodology:** Demonstration in plenary, followed by practice via role play

**Suggested Time:** 50 minutes

### Instructions for Activity

**Demonstration in Plenary:** 10 minutes

1. Use the scenario below to demonstrate to the participants the process of facilitating a group session.
2. Scenario: DATA workshop participants are stuck on the prevalence of anemia in WRA. They have data on anemia in pregnant women, and they insist that they want to use only that information.
3. Facilitation: Never dismiss the concerns of participants. The master trainer asks about the definition of the indicator (anemia in WRA) and also the indicator that the participants

have (anemia in pregnant women). The participants are referred to the Indicators Table. The participants are referred to the space where a changed indicator can be added. The master trainer asks if it is okay if the preferred indicator—anemia in pregnant women—is added to the changed indicator column. The master trainer asks the note-taker to ensure that the use of the changed indicator is recorded in the notes (and inserted into the Notes tab). The master trainer also asks the participants to ensure that all discussions on master trainer explicitly consider that the indicator has changed.

4. At the end of the facilitation, ask the participants for brief reactions.

**Practice via Role Play:** 40 minutes

1. Ask participants to line up in three columns. Indicate that the participants of each row across the three columns will form a team, and each member of a team will be asked to play one of three roles: facilitator, note-taker, DATA workshop participant.
2. Ask the facilitators and note-takers to step outside.
3. Read a scenario to those in the role of DATA workshop participant only.
4. Ask facilitators and note-takers to return to their team.
5. In each team, the DATA participant is asked to present their scenario. The note-taker records how the facilitator handles the concerns raised by the DATA workshop participant.

6. After five minutes, the role play stops, and the note-takers from each group present their observations in brief, commenting on the facilitation skills needed.
7. The participants switch roles within their groups and repeat the above steps using scenarios 2 and 3.
8. At the conclusion of each scenario, the note-takers present their observations.
9. Discuss and summarize for the whole group.

**Scenario #1—Qualitative versus quantitative information**

DATA participant: I am the nutrition officer for my district. I do not know about the “percentage of infants 0–5 months who are fed exclusively with breastmilk in my district.” What should I do?

**Scenario #2—Conflicting sources of data**

DATA participant: I am the environmental health officer for my district. Based on my records, the “percentage of population in my district that is using an improved water source” is 20 percent. However, my friend from the helminth control program says that his data show that 80 percent of the district is using an improved water source. Who is correct?

**Scenario #3—Multiple sectors**

DATA participant: I am the education officer for my district. We organize school deworming but it is carried out by the health officer for my district. Shouldn't this be under Disease Control? Why is it under Education?

# Session 10. District Questionnaire: Q&A and Troubleshooting

**Time:** 45 minutes

**Suggested Time:** 45 minutes

## LEARNING OBJECTIVES

After completing this session, participants will be able to:

1. Understand how to troubleshoot issues during the District Questionnaire session

## PREPARATION

- Flip chart

**Learning Objective 1: To understand how to troubleshoot issues during the District Questionnaire session**

**Methodology:** Discussion

## Instructions for Activity

1. Participants are free to bring up questions and issues as they have gone through the District Questionnaire process.
2. Respond to questions, and ask participants to discuss these questions as a group.
3. Summarize major issues on the flip chart.

# Session 11. Outputs of DATA (Dashboards): Anemia at the District Level

**Time:** 45 minutes

## LEARNING OBJECTIVES

After completing this session participants will be able to:

1. Understand how DATA inputs are reflected as outputs in the Overview and Findings Dashboards
2. Facilitate a session on presentation of DATA outputs

## PREPARATION

- Overview Dashboard, projected on screen
- Findings Dashboard, projected on screen
- Printed copies of the Overview and Findings Dashboards, if possible

## Learning Objective 1: Understand how the inputs of DATA are reflected as outputs in the Overview and Findings Dashboards

**Methodology:** Presentation/plenary

**Suggested Time:** 15 minutes

### Instructions for Activity

1. Present the output from the Overview and Findings Dashboards, as if they were at a DATA workshop.

## Learning Objective 2: Facilitate a session on presentation of DATA outputs

**Methodology:** Group Work and plenary

**Suggested Time:** 30 minutes

### Instructions for Activity

1. Divide the participants into groups of at least six, with each group representing all the sectors.
2. Each group nominates a presenter.
3. Each group spends 10 minutes conducting the following activity:
  - a. Review the “Overview and Findings Dashboards: Anemia at the District Level” session from the *Facilitator’s Guide*.
  - b. Discuss the presentation of Output Dashboards by the facilitator.
  - c. Review the outputs of DATA, including how the data inputs are converted into outputs.
  - d. Identify any salient findings that have captured the group’s attention.
4. Ask each group presenter to summarize main points from their group discussion.



### KEY CONTENT

The key content and how to facilitate the presentation of the Overview and Findings Dashboards:

Anemia at the District Level is outlined in the *Facilitator's Guide*. Please refer to this section in the guide so that participants can review and internalize the information related to this session.

#### Facilitation Points

As a facilitator, there are important points to highlight while presenting the Overview and Findings Dashboards, including the following.

**Prevalence of Anemia and Risk Factors:** Be sure to compare how the district compares to the region and country as a whole.

**Findings Dashboard:** Ask the following questions while presenting the Findings Dashboard:

1. What are the various features of the Findings Dashboard?
2. What data are presented?
3. What jumps out at you?
4. How can you use the information on the Findings Dashboard?

**Using the Output:** 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 effort.

**Barriers:** Note that the “Barriers” section of the Findings Dashboard has not been completed yet—this step will be done during the prioritization process.

## Day 3 - Daily Review

### LEARNING OBJECTIVE

To assess how much of the information imparted the previous day is retained

### PREPARATION

- Prepare a ball out of rolled up paper, held together by some tape if needed
- Prepare a list of simple questions you could ask the participants based on discussions of the previous day to assess how much of the information imparted the previous day is retained

### Instructions for Activity

1. Participants and facilitators form a circle.
2. One facilitator has a ball that he or she throws to one participant.

3. The facilitator asks a question of the participant who catches the ball. The participant responds.
4. When the participant has answered correctly to the satisfaction of the group, that participant throws the ball to another participant asking him/her a question in turn.
5. The participant who throws the ball asks the question.
6. The participant who catches the ball answers the question.
7. Continue this for 15 minutes.

Note: if a participant has any difficulty asking a question, the facilitator can prompt them from his/her list of questions”

# Session 12. Prioritization Framework Overview

**Time:** 1 hour

## LEARNING OBJECTIVES

After completing this session, participants will be able to:

1. Understand the prioritization framework and the related presentation
2. Know how to present the prioritization framework presentation in the DATA workshop

## PREPARATION

- Prioritization PPT for projection—the PowerPoint has scripts in the Notes section that that can be used by the speaker when presenting
- Handout: Prioritization slides with script
- Flip charts

### Learning Objective 1: Understand the prioritization framework and the related presentation

**Methodology:** Interactive presentation

**Suggested Time:** 40 minutes

#### Instructions for Activity

1. Present the Prioritization presentation as should be done in the DATA workshop, up until **slide 6**. At **slide 6**, the master trainer in the TOT workshop (or facilitator of the DATA workshop) will carry out an activity to address point “g” on the slide—“other factors.”

2. Ask the group what additional factors they think are important to consider for successful program implementation. Note these down on a flip chart. Identify which of the factors from the Other category they can match from the DATA dashboards. It is important to highlight that DATA will not provide all the information that they need; there are other inputs to the decision making process, but DATA can assist with some of them. These categories in the flip chart will be discussed in the next session, on Barriers (**Session 13**).
3. Complete presentation (**slides 7 and 8**), and answer any comments that arise.

### Learning Objective 2: Know how to present the prioritization framework in the DATA workshop

**Methodology:** Group work/practice

**Suggested Time:** 20 minutes

#### Instructions for Activity

1. Divide participants into three groups by asking the participants to line up in three columns.
2. Ask one group to focus on the DATA Purpose, Aims, and Objectives slides (**slides 2 and 3**). Ask one group to focus on steps 1 and 2 slides (**slides 4 and 5**). Ask one group to focus on steps 3, 4, and 5 slides (**slides 6, 7, and 8**). Let the group know that the activity on **slide 6** may be omitted since they just participated in it.
3. Ask each group to select 1–2 presenters. Ask

each group to read the scripts together for each group of slides, and discuss the contents of the scripts. Ask groups to refer to the Decision Framework for Prioritization of Anemia Action session in the *Facilitator's Guide*. The master trainer will rotate around the groups to field questions on the content of the slides/scripts.

4. Ask each group to present their set of slides to the plenary. Interact with each group to discuss presentation style and skills so that participants can better communicate this information with DATA workshop participants.

### KEY CONTENT

The key content and how to facilitate the presentation of this session is outlined in the session in the *Facilitator's Guide* titled Decision Framework for Prioritization of Anemia Action. Please refer to this section in the guide so that participants can review and internalize the information related to this session.

# Session 13. Prioritization Process: Identify and Assess Barriers

**Time:** 1 hour, 30 minutes

## LEARNING OBJECTIVES

After completing this session, participants will be able to:

1. Understand the prioritization process undertaken in the DATA workshop through identification and assessment of barriers
2. Be able to conduct the Identification and Assessment of Barriers session of the prioritization process in the DATA workshop

## PREPARATION

- Flipchart: Barrier categories present in the tool (Commodities, Funding, Provider Training, Client Demand)
- Flipchart of additional factors they think are important to consider for successful program implementation (from **Session 12**)
- Flip charts

### Learning Objective 1: Understand the prioritization process undertaken in the DATA workshop through identification and assessment of barriers

**Methodology:** Interactive presentation

**Suggested Time:** 45 minutes

## Instructions for Activity

1. This session involves presenting and assessing barriers with the participants and recording the consensus in the Barriers section of the Findings Dashboard. Invite one of the participants to handle the entry of information into the Findings Dashboard.
2. Review on a flip chart the implementation categories that were presented in the previous session, both the pre-prepared one and the one created with participants' input (**Session 12**).
3. Present the barriers assessment on the Findings Dashboard and the range of barriers (0 = no barrier; 1 = somewhat of a barrier; 2 = very much a barrier; N/A = not applicable to category).
4. Enter a level (0, 1, 2, or N/A) of barriers for all interventions. This is a subjective decision of the group, reached by consensus. The note-taker records all points pertinent to discussion of the barriers.
5. Do not leave any intervention unanswered with respect to barriers.
6. After entering the barriers for all interventions, present the barriers to the group and ask what stands out for them in the graphical display.

## Learning Objective 2: Be able to conduct the identification and assessment of barriers session of the prioritization process in the DATA workshop

**Methodology:** Demonstration in plenary followed by practice via role play

**Suggested Time:** 1 hour

### Instructions for Activity

Demonstration in Plenary: 10 minutes

1. Use the scenario below to demonstrate to the participants the process of facilitating the prioritization process.
2. Scenario: The DATA workshop participants are filling in the barriers. However, participants are unable to understand what the commodities category represents in the intervention for IFA supplementation in pregnant women.
3. Facilitation: Never dismiss the concerns of participants. The master trainer asks about the supplements that a pregnant woman takes. Once IFA is mentioned, the master trainer asks how is it given to pregnant women. If the answer is that IFA is given through the pharmacy, the master trainer asks where the pharmacy gets its supply of IFA, be it a government pharmacy or a private one. The master trainer explains that any drug (or medicine) in the supply chain is called a commodity.
4. Additionally, explain that the breastfeeding and complementary feeding interventions do not have any commodity involved as they are

interventions done at the household level, and are more to do with behaviors than any particular commodity, so they can be labeled N/A.

5. At the end of the facilitation, ask the group for brief reactions.

**Practice via Role Play:** 50 minutes

1. Ask the participants to line up in three columns. Indicate that the participants of each row across the three columns will form a team, and each member of a team will be asked to play one of three roles: facilitator, note-taker, and DATA workshop participant.
2. Ask the facilitators and note-takers to step outside.
3. Read a scenario to the DATA workshop participants only
4. Ask the facilitators and note-takers to return to their teams.
5. In each team, the DATA participant is asked to present their scenario. The note-taker records how the facilitator handles the concerns raised by the DATA participant.
6. After five minutes, the role play stops, and the note-takers from each group present their observations in brief, commenting on the facilitation skills needed.
7. The participants switch roles within their groups and repeat the above steps using scenarios 2 and 3.
8. At the conclusion of each scenario, the note-takers present their observations.
9. Discuss and summarize for the whole group.

**Scenario #1—Funding**

DATA participant: I am the disease control officer for my district. I do not have any funding for bed nets in my budgets but I get support from nongovernmental organizations that provide bed nets for free. How do I categorize the funding of bed nets?

**Scenario #2—N/A for hygiene education**

DATA participant: I am the school health education officer for my district. I do not have any commodities related to hygiene education in schools. How do I rate the barriers?

**Scenario #3—No program**

DATA participant: I don't implement a micronutrient powders program in my district. What happens if I leave all the barriers blank?

**KEY CONTENT**

The key content and how to facilitate the presentation of this session is outlined in sessions in the *Facilitator's Guide* titled Prioritization Process. Please refer to this section in the guide so that participants can review and internalize the information related to this session.

**FACILITATION POINTS**

1. Mention that the four highlighted barriers in the Findings Dashboard should not be the only points of discussion on barriers to program implementation. The barriers that participants listed in Session 12 should also be included
2. No barriers should be missed. Since the default is blank; if you miss a barrier entry, this implies that there is no barrier to implementation of that intervention.

# Session 14. Prioritization Process: Formulate a Plan of Action

**Time:** 1 hour, 45 minutes

## LEARNING OBJECTIVES

After completing this session, participants will be able to:

1. Understand the Plan of Action part of the Prioritization Process in the DATA workshop
2. Be able to facilitate the Plan of Action session of the DATA workshop

## PREPARATION

- Flip charts

### Learning Objective 1: Understand the plan of action part of the prioritization process in the DATA workshop

**Methodology:** Group work

**Suggested Time:** 45 minutes

#### Instructions for Activity

1. Ask participants to break into six sectoral groups—Nutrition, Disease Control, Reproductive Health, WASH, Education, and Agriculture.
2. Ask sectoral groups to brainstorm actions that can be included in the following year's district work plan. These actions should be based on their discussions on the outputs of DATA and the assessment of barriers. Refer to the Facilitators Guide session titled Formulate a Plan of Action Prioritize Actions for Interventions for details.
3. Ask the group note-taker to record the actions on the flip chart.
4. Once the plans of actions are complete, ask a sectoral representative from each group to present the action plan to the plenary.
5. Tell participants to refer to the section in the *Facilitator's Guide* titled Inputs to the District-level Action Plan, which provides next steps to the DATA workshop participants.

### Learning Objective 2: Be able to facilitate the Plan of Action session of the DATA workshop

**Methodology:** Demonstration in plenary, followed by practice via role play

**Suggested Time:** 1 hour

#### Instructions for Activity

**Demonstration in Plenary:** 10 minutes

1. Use the scenario below to demonstrate to participants the process of facilitating the prioritization process
2. Scenario: DATA workshop participants are working together in sectors. The Agriculture sector has a question. They want to include other interventions that can impact on anemia, especially the women's income-generation program. However, this intervention is not listed in the tool. How can this be included?

3. **Facilitation:** Never dismiss the concerns of participants. Explain that all the interventions in the tool have been selected after careful consideration. All other interventions, including economic development and other nutrition-sensitive interventions, were also considered. However, if the group feels that this is an important program and wants to track it, it can be included in the discussions on prioritization. Ask about the income-generation program, what it does, and how it affects anemia. During the discussion, encourage the participants to follow the same steps as with other programs—policy, then coverage, then barriers. Once all those inputs are ascertained, it is considered with other Agriculture programs in the list of prioritization.
4. At the end of the facilitation, ask the group for brief reactions.

**Practice via Role Play:** 50 minutes

1. Ask participants to line up in three columns. Indicate that the participants of each row across the three columns will form a team, and each member of a team will be asked to play one of three roles: facilitator, note-taker, and DATA workshop participant.
2. Ask the facilitators and note-takers to step outside.
3. Read one of the scenarios below to those playing the role of DATA workshop participants only.
4. Ask the facilitators and note-takers to return to their teams.

5. In each team, the DATA participant is asked to present their scenario. The note-taker records how the facilitator handles the concerns raised by the DATA participant.
6. After five minutes, the role play stops, and the note-takers from each group present their observations in brief, commenting on the facilitation skills needed.
7. The participants switch roles within their groups and repeat the above steps using scenarios 2 and 3.
8. At the conclusion of each scenario, the note-takers present their observations.
9. Discuss and summarize for the whole group.

**Scenario #1—We only want to track the #1 priority**

DATA participant: I am the reproductive health officer for my district. In my action plan, I only want to track delayed cord clamping. Can I include only one intervention in my action plan?

**Scenario #2—Equal priority**

DATA participant: I want to give equal priority to both deworming in pregnant women and intermittent preventive treatment of malaria in pregnancy. What do I do?

**Scenario #3—How do I keep track of my plan of action on anemia?**

DATA participant: I have a plan of action. What should I do to keep track of this plan of action?



**KEY CONTENT**

The key content and how to facilitate the presentation of this session are outlined in sessions in the *Facilitator's Guide* titled Formulate a Plan of Action

Prioritize Actions for Interventions; and Inputs to the District-level Action Plan. Please refer to these sections in the guide so that participants can review and internalize the information related to this session.

# Session 15. Prioritization: Troubleshooting and Q&A

**Time:** 45 minutes

## LEARNING OBJECTIVES

After completing this session, participants will be able to:

1. Understand how to troubleshoot issues during the prioritization sessions

## PREPARATION

- Flip chart

**Learning Objective 1: To understand how to troubleshoot issues during the prioritization sessions**

**Methodology:** Discussion

**Suggested Time:** 45 minutes

## Instructions for Activity

1. Participants are free to bring up questions and issues as they go through the prioritization process.
2. Respond to questions, and ask participants to discuss these questions as a group.
3. Summarize major issues on the flip chart.

# Session 16. Final Session (Review of Training; Training Evaluation and Post-Assessment; Closing)

**Time:** 1 hour, 15 minutes

## LEARNING OBJECTIVES

After completing this session, participants will be able to:

1. Identify strengths and weaknesses in their knowledge as a trainer for the DATA workshop
2. Conduct an evaluation of the training.

## PREPARATION

- **Handout 16.1** in **Annex 8**: Post-assessment Questionnaire
- **Handout 16.2** in **Annex 9**: End-of-Training Evaluation

## Learning Objective 1: Identify strengths and weaknesses in their knowledge as a facilitator for the DATA workshop

**Methodology:** Review of training and written post-assessment

**Suggested Time:** 45 minutes

### Instructions for Activity

1. Review all the elements of the TOT and take any final questions.
2. Pass out copies of the Post-assessment (**Handout 16.1**) to participants and ask them to complete it individually.

3. Ask participants to write their birth date on the post-assessment (to match both pre- and post-assessments).
4. Correct all the tests, identifying topics that still cause confusion and need to be addressed.
5. Create a simple graph of the pre- and post-assessment results: questions are indicated on the x-axis and correct answers on the y-axis, using different colors for pre- and post-assessment results.
6. Share results of pre- and post-assessments with participants and compare/review the answers.

## Learning Objective 2: Conduct evaluation of training

**Methodology:** Written evaluation

**Suggested Time:** 15 minutes

### Instructions for Activity

1. Explain that their suggestions will be used to improve future trainings.
2. Distribute the End-of-Training Evaluation forms (**Handout 16.2**) to participants and ask them to write their comments.
3. Have participants fill out the form without writing their name on it.
4. Check the corresponding box: unsatisfactory, good, very good.

# Annex 1. Pre-assessment Questionnaire

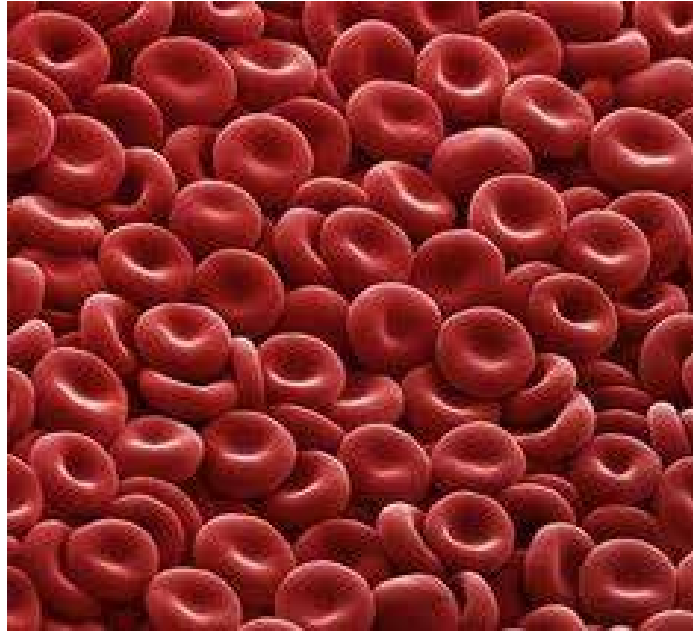
Handout 1.1: Pre-assessment (What do we know?)

Date of birth: \_\_\_\_\_

No.	Statement	True	False
1.	Anemia is measured by hemoglobin.		
2.	Worm infestation causes anemia.		
3.	Anemia causes poor academic performance in schoolchildren.		
4.	Handwashing after using the latrine and before eating and cooking does not affect anemia.		
5.	Deworming medication is only given to children.		
6.	Delayed cord clamping (clamping cord 1–3 minutes after delivery of the baby) helps prevent anemia.		
7.	Individuals suffering from anemia are productive and full of energy.		
8.	Children under five and women of reproductive age, including pregnant women, are most at risk for anemia.		
9.	Using contraceptives to delay pregnancy does not affect anemia rates in mothers and children.		
10.	Anemia during pregnancy does not increase complications during childbirth.		
11.	National anemia policies have no relationship to the work done at the district level.		
12.	Anemia can be addressed by the health and nutrition departments only.		
13.	Anemia should be addressed by multiple sectors.		
14.	All anemia interventions should be accompanied by effective behavior change strategies.		
15.	In the absence of reliable quantitative data, we should not take any action.		

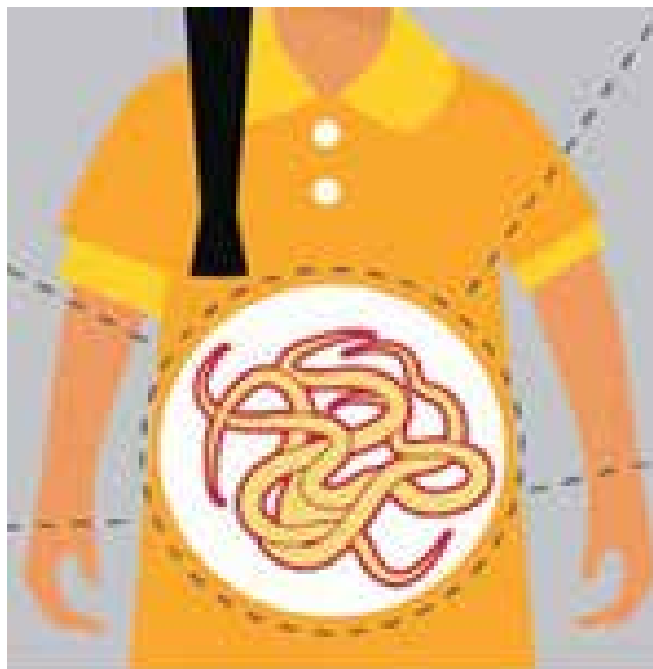
## Annex 2. Matching-Game Anemia Photos

Handout 1.2: Drawings or photos related to anemia









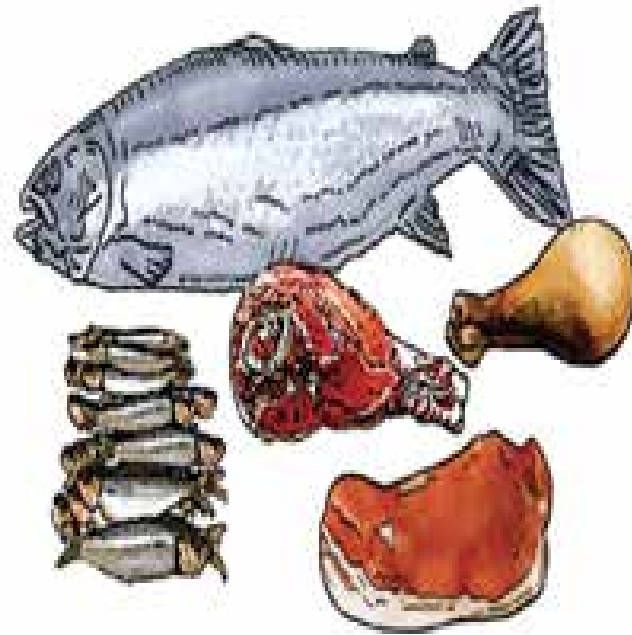










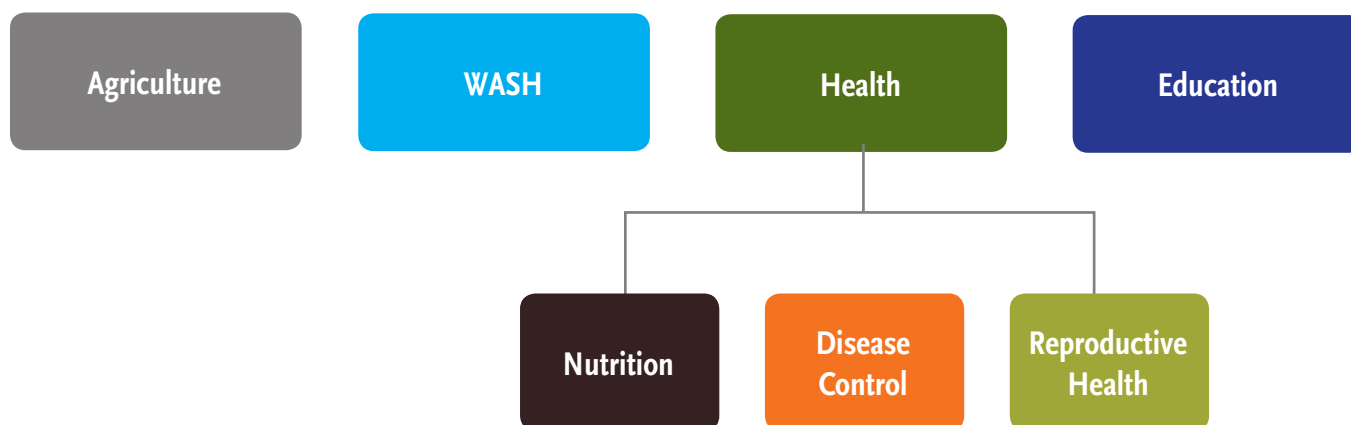


# Annex 3. DATA Overview

## Handout 2.1: Data overview

### 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 anemia-related indicators that 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 and Sanitation, Education, and Health (which include issues related to nutrition, reproductive health, malaria, and helminth infections).

**PURPOSE:**

The purpose of the tool is twofold:

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 available data on anemia-related indicators and local knowledge of factors that contribute to anemia. After the information is gathered using DATA, dashboards are produced that help stakeholders understand how anemia is affected by their sector, and the actions they can take to reduce anemia. 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 existing priorities and policies.

**Topics covered in DATA**

- Nutrition
- Disease control
- Water and sanitation
- Reproductive health
- Agriculture
- Education

# Annex 4. Expectations of Participants

## Handout 2.2: Expectations of participants

### 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 to 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 following intervention areas:

Nutrition	Disease Control	WASH	Reproductive Health	Agriculture	Education
Iron-folic acid	Malaria	Improved water source	Modern family planning	Micronutrient-rich and bio-fortified foods	Deworming in schools
Micronutrient powders	Helminth Infection	Water treatment	Delayed cord clamping	Home food production	Hygiene education
Vitamin A		Hygiene			
Feeding practices		Improved sanitation			



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

Relevant data include (but are not limited to) information on the following:

- Existence of programs
- Coverage of programs
- Use of commodities (contraceptives, antimalarials, IFA, etc.)
- Barriers to use
- Prevalence of anemia, helminths, and malaria

# Annex 5. National Questionnaire

## Handout 7.1: National Questionnaire

National Anemia Questionnaire		
1	National prevalence of anemia among women of reproductive age (15–49 years).	
2	National prevalence of anemia among children 6–59 months.	
3	Subregional prevalence of anemia among women of reproductive age (15–49 years).	
4	Subregional prevalence of anemia among children 6–59 months.	
5	What is the proportion of children under 5 years with <b>iron deficiency</b> (ferritin < 12 µg/L) ?	
6	How would you describe the prevalence of <b>iron deficiency</b> among children under 5 years?	
7	What is the proportion of women of reproductive age (15–49 years) with <b>iron deficiency</b> (ferritin < 15 µg/L) ?	
8	How would you describe the prevalence of <b>iron deficiency</b> among women of reproductive age (15–49 years)?	
9	What is the proportion of infants and children 6–59 months with <b>vitamin A deficiency</b> (retinol or retinol-binding protein ≤ 0.70 µmol/L)?	
10	How would you describe the prevalence of <b>vitamin A deficiency</b> among infants and children 6–59 months?	
11	Is there a national policy around providing IFA supplements for pregnant women?	
12	Is there a national policy around providing IFA supplementation to women of reproductive age, including adolescent girls?	
13	Is there a national policy around providing micronutrient powders to children?	
14	Is there a national policy around providing high-dose vitamin A supplementation to children?	
15	Is there a national policy around infant and young child feeding practices?	
16	Is there a national policy for the prevention and treatment of malaria?	
17	Is there a national policy around deworming children?	
18	Is there a national policy around deworming pregnant women?	
19	Is there a national reproductive health strategy that includes information on birth spacing and family planning methods?	
20	Is there a national policy on delayed cord clamping?	
21	Is there a national policy for promotion of water and sanitation?	

National Anemia Questionnaire		
22	Is there a national agricultural policy with one or more of these nutrition sensitive components: value chain development for enhanced nutrition, support for dietary diversity, home gardens, and/or livestock breeding and animal husbandry programs?	
23	Is there a national education policy on deworming school-age children in schools?	
24	Is there a national education policy on hygiene education to school-age children in schools?	

# Annex 6. District Questionnaire

## Handout 8.1: District Questionnaire

District Anemia Questionnaire		
Section 1. General Anemia Questions		
1	Percentage of women 15-49 years with anemia (hemoglobin < 12 g/dL) in your district.	
1a	How would you describe the prevalence of anemia among women of reproductive age (15-49 years) in your district?	
2	Percentage of children 6-59 months with anemia (hemoglobin < 11 g/dL) in your district.	
2a	How would you describe the prevalence of anemia among children 6-59 months in your district?	
Section 2. 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 (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?	

Section 3. 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 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 ACT (artemisinin-based combination therapy) drug treatment for malaria.	
22a	How would you describe the program for drug treatment for malaria among children 6-59 months in your district?	
<b>Helminth infection</b>		
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?	

Section 4. Water and Sanitation		
Safe water supply		
Improved water sources include piped drinking water supply/ public taps/standposts/tubewell/bore-hole; 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 hand-washing facilities?	
34	Percentage of households in your district with soap and water at a hand washing 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?	

Section 5. Reproductive Health		
37	Is there a program in your district to promote the use of modern family planning methods among women of reproductive age?	
38	Percentage of women of reproductive age using a modern family planning method in your district.	
38a	How would you describe the usage of modern family planning methods among women of reproductive age in your district?	
<b>Delayed cord clamping-- during labor, waiting 1-3 minutes after the baby is delivered before clamping the umbilical cord.</b>		
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?	

Section 6. Agriculture		
41	Is there a program to promote the consumption of micronutrient-rich foods and bio-fortified foods in your district?	
42	Percentage of households in district reached by programs that promote micronutrient-rich foods and biofortified foods?	
42a	How would you rate the coverage of this program to 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?	



Section 7. 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 1:** In the absence of quantitative data to answer questions about program coverage, 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.**

**Note 2:** 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 helminth infection. As a group, decide which subjective category best describes the prevalence of malaria and helminths in your district: **none, low, average, or high.**

# Annex 7. Indicators Table

Handout 8.2: Indicators Table

Indicator	Numerator	Denominator	Changed Indicator
<b>Section 1. General Anemia</b>			
Prevalence of anemia among women of reproductive age (15-49 years) in your district?	Number of women of reproductive age (15-49 years) with anemia (hemoglobin < 12 g/dL) in your district	Number of women of reproductive age (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.	
<b>Section 2. Nutrition</b>			
<b>IFA</b>			
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 women of reproductive age (15-49 years) receiving IFA supplementation in your district.	Number of women of reproductive age (15-49 years) receiving IFA supplementation in your district.	Number of women of reproductive age (15-49 years) in your district - number of pregnant women	
<b>Micronutrient Powders</b>			

Indicator	Numerator	Denominator	Changed Indicator
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	
<b>Vitamin A</b>			
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	
<b>Infant and Young Child Feeding</b>			
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 breast milk in your district.	Number of children 6-23 months who are fed breast milk in your district.	Number of children 6-23 months in your district.	
<b>Section 3. Disease Control</b>			
<b>Malaria</b>			
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.	Percentage 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.	

Indicator	Numerator	Denominator	Changed Indicator
% of target households receiving a bednet	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 ACT (artemisin based combination therapy) treatment for malaria.	Number of children age 6-59 months in your district in the past two weeks who received ACT (artemisin-based combination therapy) drug treatment for malaria.	Number of children age 6-59 months in your district with a fever in the past two weeks	
<b>Helminths</b>			
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 12-59 months in your district who received deworming medication	Number of children age 12-59 months in your district	
Percentage of pregnant 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.	
<b>Section 4. Water, Sanitation, and Hygiene</b>			
<b>Safe Water Supply</b>			
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	
<b>Water Safety</b>			

Indicator	Numerator	Denominator	Changed Indicator
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	
<b>Hygiene</b>			
Percentage of households in your district with soap and water at a hand washing facility commonly used by family members	Number of households in your district with soap and water at a hand washing facility commonly used by family members	Number of households in your district	
<b>Improved Sanitation</b>			
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	
<b>Section 5. Reproductive Health</b>			
<b>Family Planning</b>			
Percentage of women of reproductive age using a modern family planning method in your district.	Number of women of reproductive age using a modern family planning method in your district.	Number of women of reproductive age in your district.	
<b>Delayed Cord Clamping</b>			
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	
<b>Section 6. Agriculture</b>			

Indicator	Numerator	Denominator	Changed Indicator
Percentage of people in your district enrolled in program to promote the consumption of iron-rich foods?	Number of people in your district enrolled in program to promote the consumption of iron-rich 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.	
<b>Section 7. Education</b>			
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 8. Post-assessment Questionnaire

Handout 16.1 Post-assessment Questionnaire

Birth date: \_\_\_\_\_

No.	Statement	True	False
1.	Anemia is measured by hemoglobin.		
2.	Worm infestation causes anemia		
3.	Anemia causes poor academic performance in schoolchildren.		
4.	Handwashing after using the latrine and before eating and cooking does not affect anemia.		
5.	Deworming medication is only given to children.		
6.	Delayed cord clamping (clamping cord 1–3 minutes after delivery of the baby) helps prevent anemia.		
7.	Individuals suffering from anemia are productive and full of energy.		
8.	Children under five and women of reproductive age, including pregnant women, are most at risk for anemia.		
9.	Using contraceptives to delay pregnancy does not affect anemia rates in mothers and children.		
10.	Anemia during pregnancy does not increase complications during childbirth.		
11.	National anemia policies have no relationship to the work done at the district level.		
12.	Anemia can be addressed by the health and nutrition departments only.		
13.	Anemia should be addressed by multiple sectors.		
14.	All anemia interventions should be accompanied by effective behavior change strategies.		
15.	In absence of reliable quantitative data, we should not take any action.		







**SPRING**

JSI Research & Training Institute, Inc.  
1616 Fort Myer Drive, 16th Floor  
Arlington, VA 22209 USA

Tel: 703-528-7474

Fax: 703-528-7480

Email: [info@spring-nutrition.org](mailto:info@spring-nutrition.org)

Web: [www.spring-nutrition.org](http://www.spring-nutrition.org)

