Assessing Anemia Causes & Interventions at the District Level

Dr. Robin Houston
JSI/SPRING

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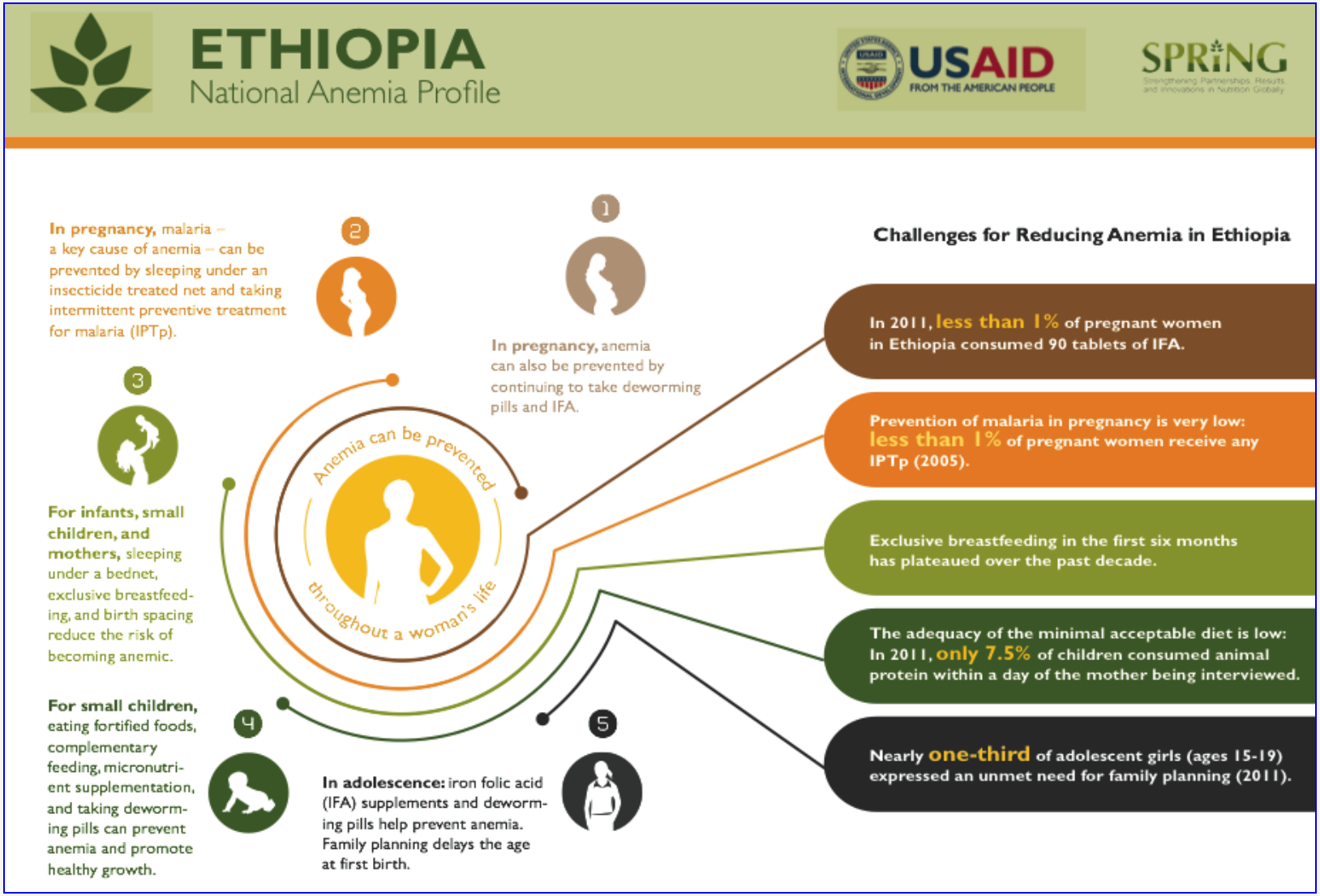
Overview

- National anemia dashboard
- Understanding the regional and district situation
- District Guide andTool

National Anemia Dashboard



National Anemia Dashboard

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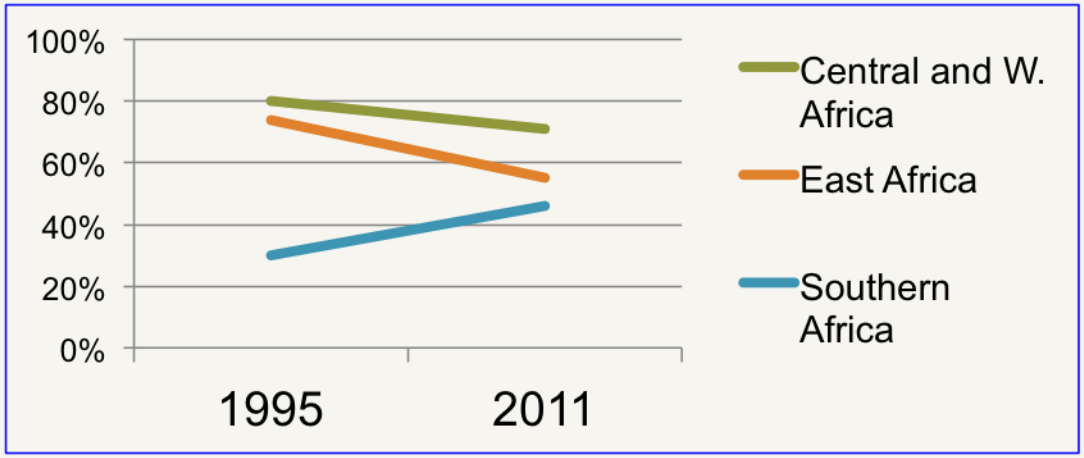
How can this help accelerate reduction in anemia?

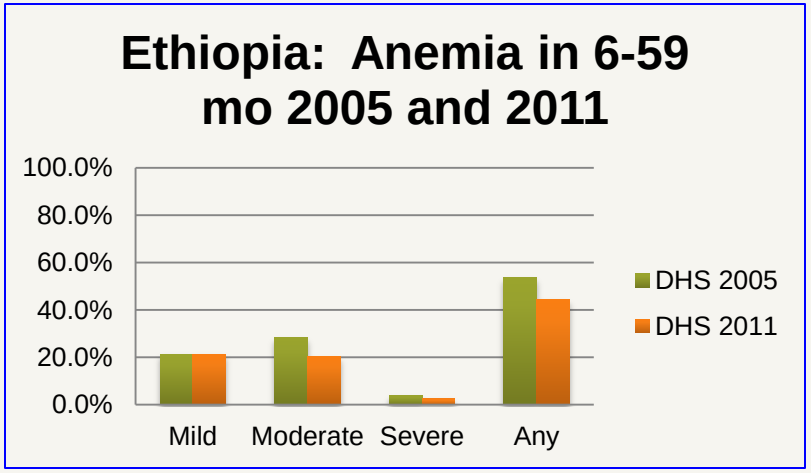
- Progress has been slow in spite of sound national policies
- Growing evidence that contextual factors may be more important than previously thought
- Regional and district context and program program progress vary considerably
- Many countries are rapidly decentralizing

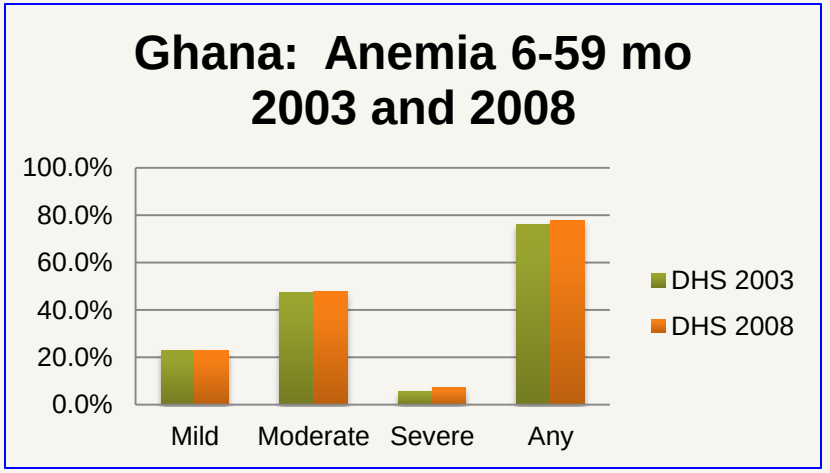
Reduction in anemia rates has been slow

Global anemia prevalence trend in 6-59 mo. children



Lancet Glob Health 2013; 1: e16–25





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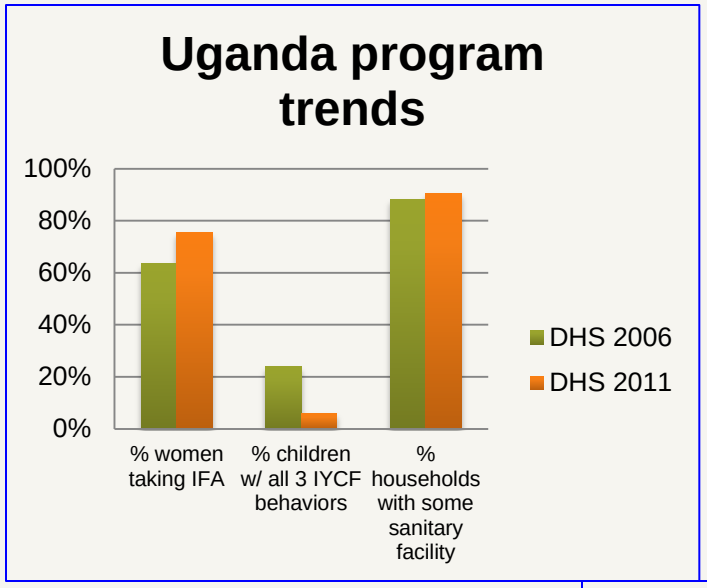
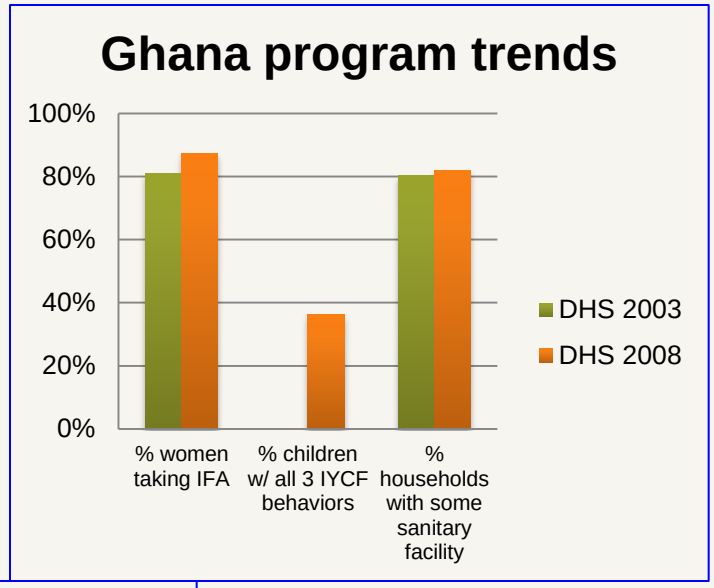
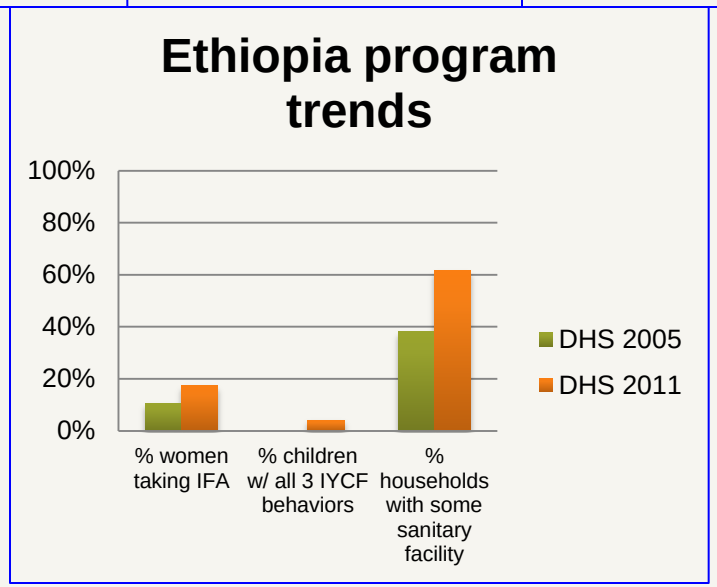
Progress with key interventions mixed







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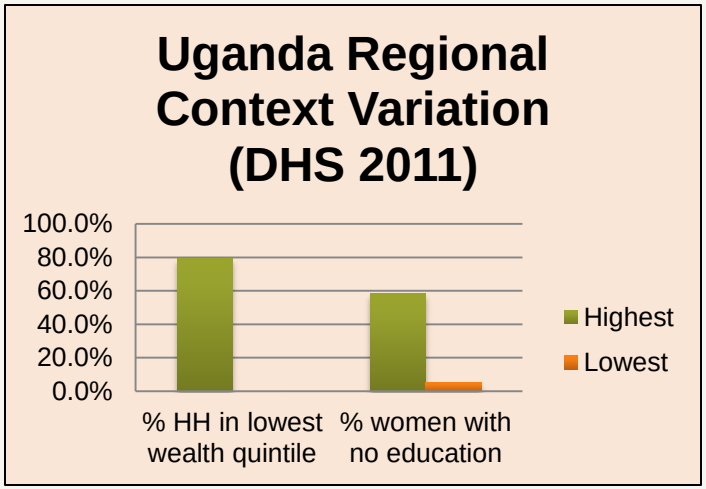
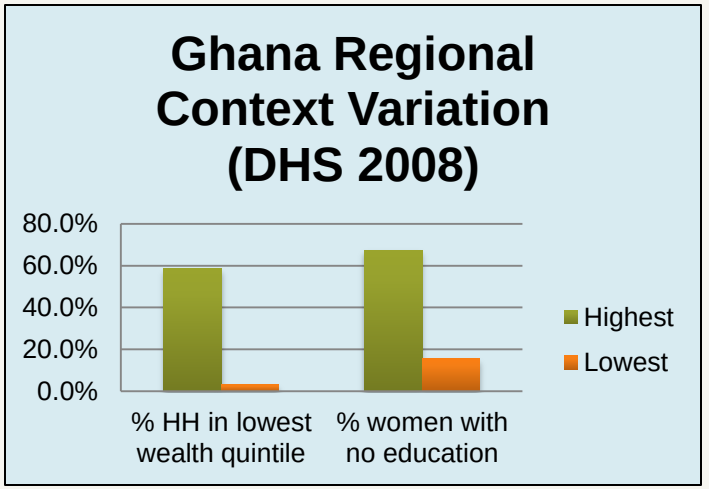
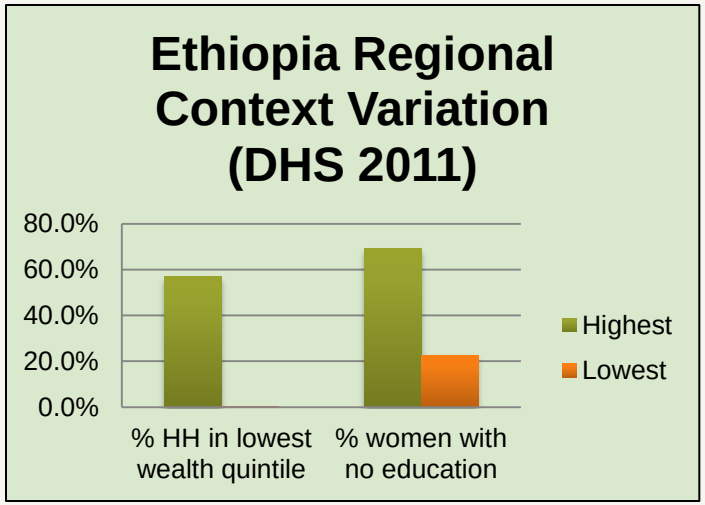
Data limitations

- DHS includes many indicators important for anemia interventions
- DHS usually includes stratification to the regional level
- Districts are left with HMIS reported data with which to assess their programs

Context Variability Across Regions







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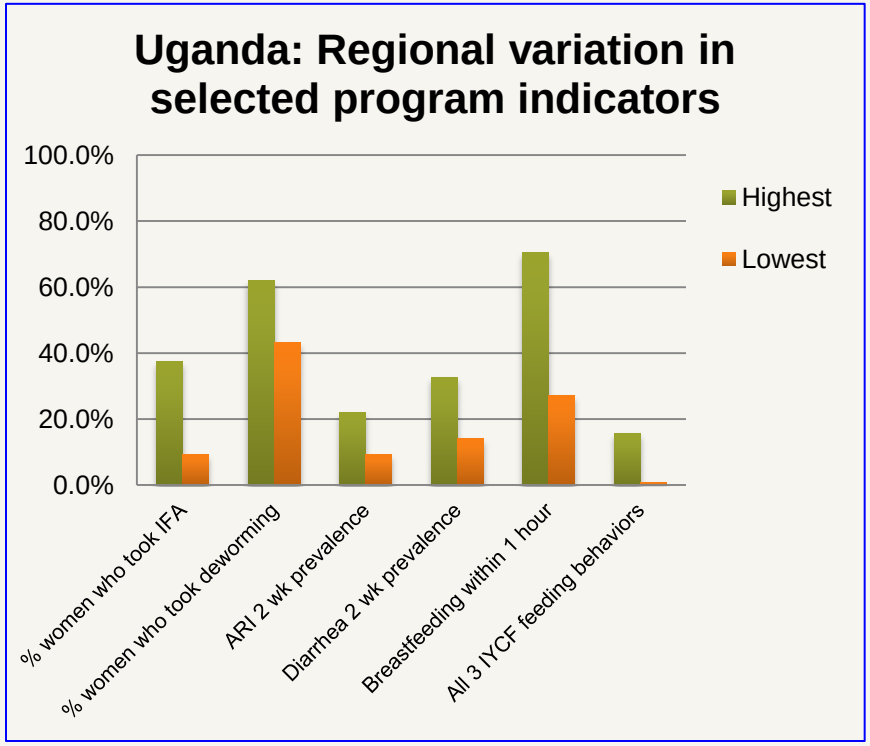
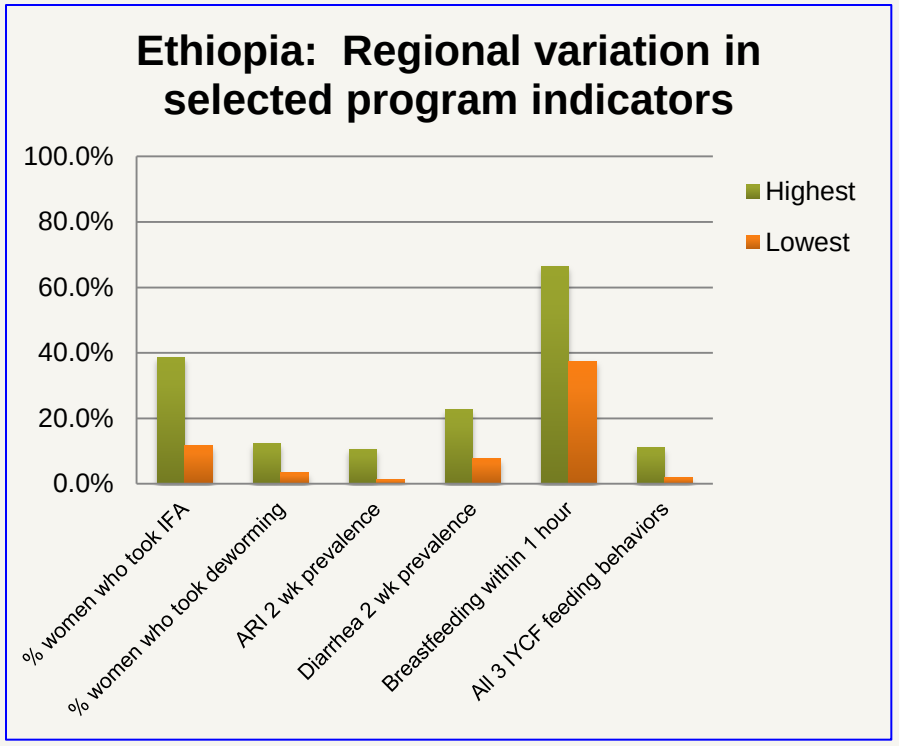
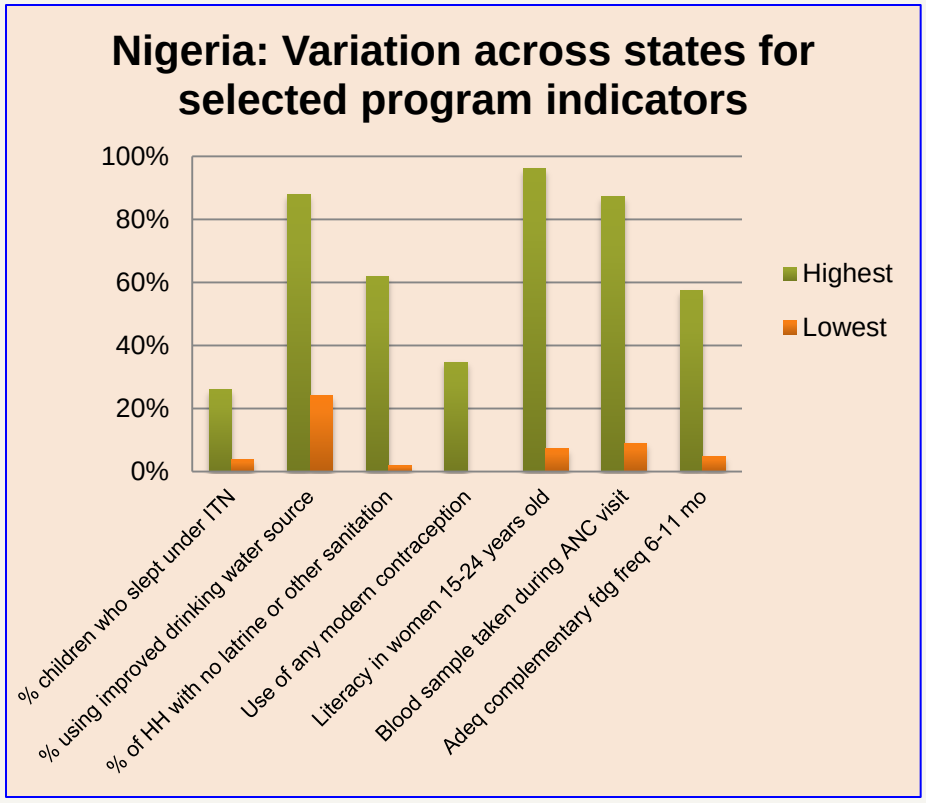
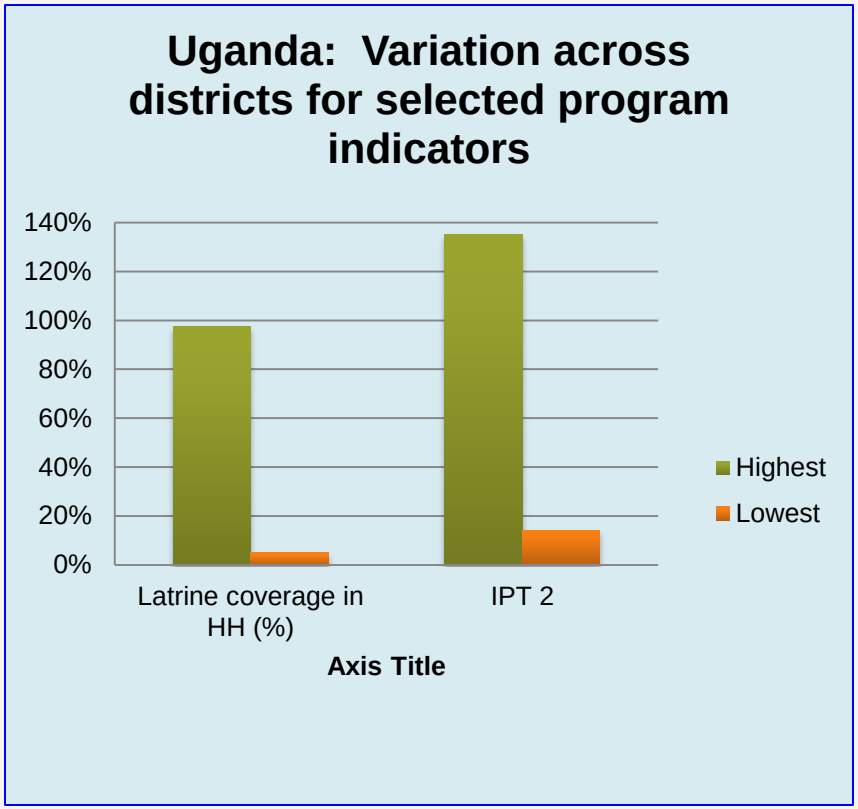
Program Variability Across Regions





Variable district progress





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Evolving district situation

- Greater capacity for program management
- Improved (but incomplete) HMIS
- In some countries improved computerization and analytic capacity
- Movement toward decentralization
- As seen with regions, large variation between districts in context and program progress

District data constraints

- Most districts do not have population-based household data
- HMIS has intrinsic bias (those who attend facilities)
- HMIS is often limited in the number and quality of indicators relevant to anemia programs

Constraints con't

- Districts thus limited to 'estimating' their situation using existing data and 'field wisdom'
- Ideally districts will in the future be empowered to expand their data sources (sentinel sites; early immunization visit questionnaires)

Implications for programming

- One size fits all won't be efficient
- Prioritization at the district level will improve efficiency
- Analysis based on existing data should help districts focus on critical gaps
- Local understanding (wisdom) and HMIS should be adequate, but enhanced district M&E would be optimal

The Guide

Provides background on multiple contributing causes

Provides analytic process for assessing district context

Provides tools for analysis and evidence basis for each intervention

Draft outline for District tool Guideline

Part I: Background

A. Why worry about anemia?
   - Relationship between anemia and maternal and child mortality
   - Morbidity from anemia (work productivity, education)
   - High prevalence globally and nationally

B. Anemia at the national level: Understanding the national dashboard
   - Implications of national prevalence
   - Estimating contributing factors
   - Review of national strategies and interventions
   - DHS and data limitations

Part II: The District Anemia Tool and Guideline

A. What is the problem in this district, and how well do we understand it?
   - Presence or absence of anemia data
   - Assessing the relative contribution of different causes: best guestimates based on limited data
   - Thinking across sectors: What can each sector do to help?

B. General approach to the district anemia context
   - Lack of DHS data and using HMIS indicators to help in estimating program effectiveness
   - Logistics, Demand, Coverage, and Compliance
   - Prioritizing activities to strengthen implementation

C. Assessing interventions to increase iron intake and improve iron stores

D. Assessing interventions to reduce iron losses and infection

Part III: Algorithms and other tools

A. Algorithm for assessing logistics, demand, coverage and compliance

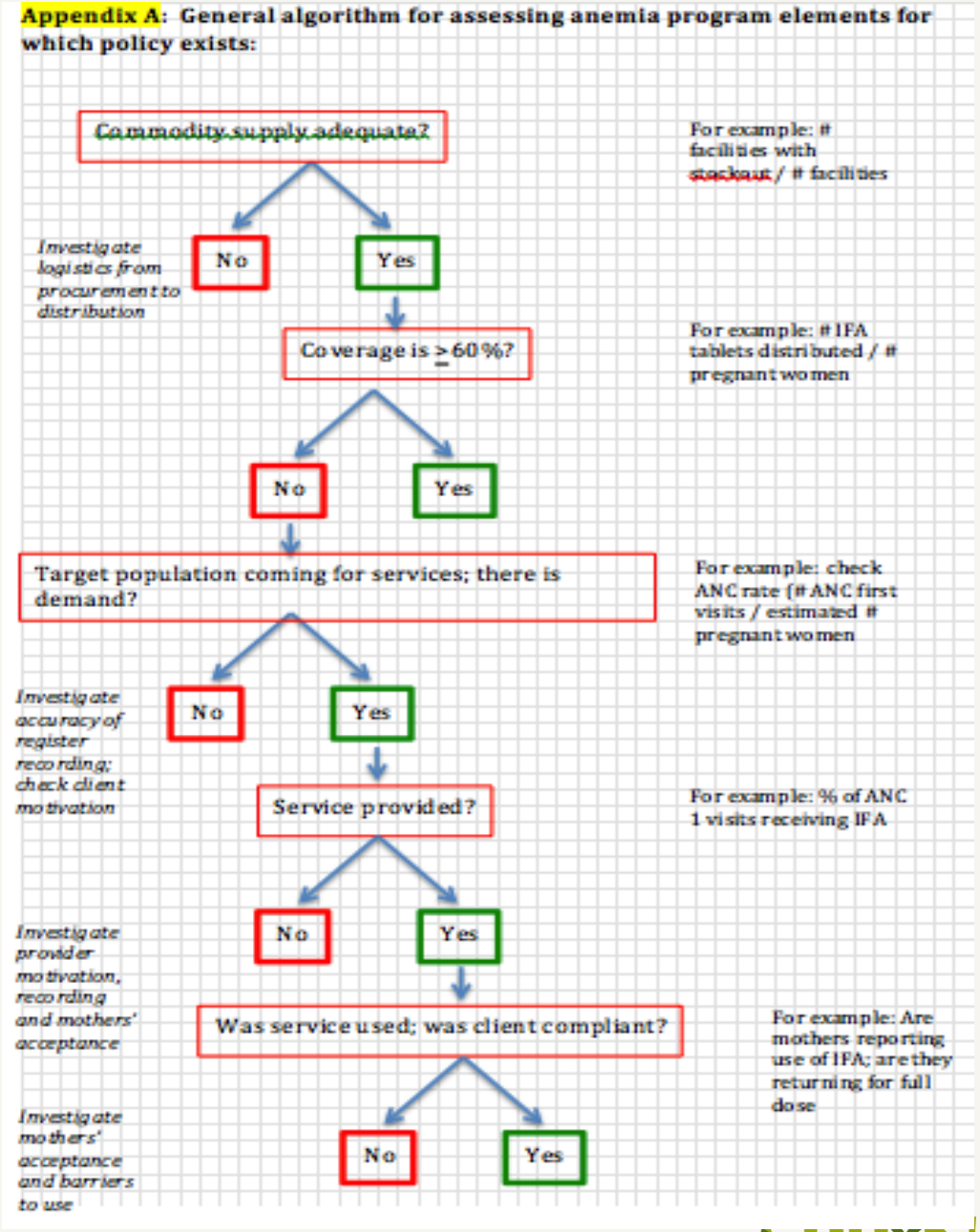
B. Algorithm for assessing iron intake and stores

C. Algorithm for assessing iron losses and infection

D. Annotated Key References

Example:
Analytic process
Appendix A

Analyzes:
- Logistics
- Demand
- Coverage
- Compliance



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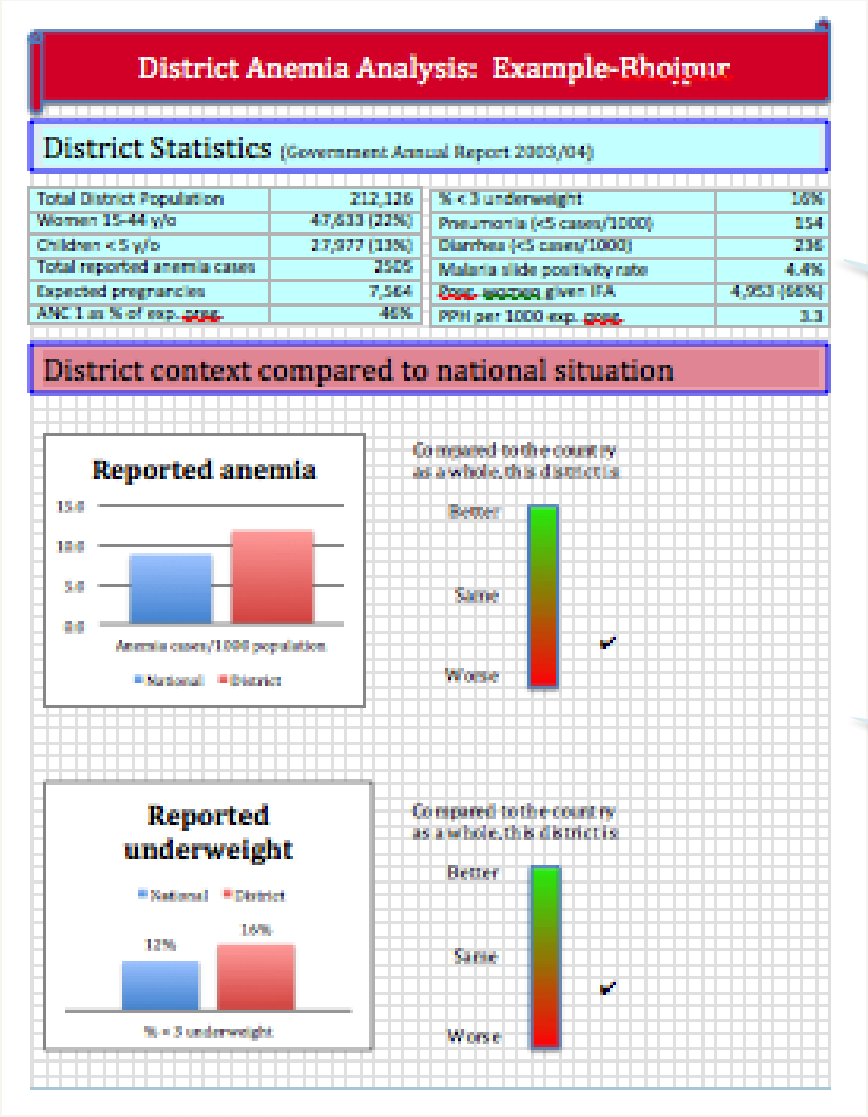
The Tool



District Anemia Analysis: Example-Bhojpur

District Statistics (Government Annual Report 2003/04)

Total District Population	212,126	% < 3 underweight	16%
Women 15-44 y/o	47,833 (23%)	Pneumonia (<5 cases/1000)	154
Children < 5 y/o	27,977 (13%)	Diarrhea (<5 cases/1000)	238
Total reported anemia cases	2505	Malaria slide positivity rate	4.4%
Expected pregnancies	7,564	[illegible] given IFA	4,953 (66%)
ANC 1 as % of exp. [illegible]	46%	PPH per 1000 exp. [illegible]	3.3

District context compared to national situation

Reported anemia

Anemia cases/1000 population

National District

Compared to the country as a whole, this district is

Better

Same ✔

Worse

Reported underweight

National District

12%

16%

% < 3 underweight

Compared to the country as a whole, this district is

Better

Same ✔

Worse

Facilitates comparison with the national situation

District specific figures to highlight context

Using best available district data, compare to national figures

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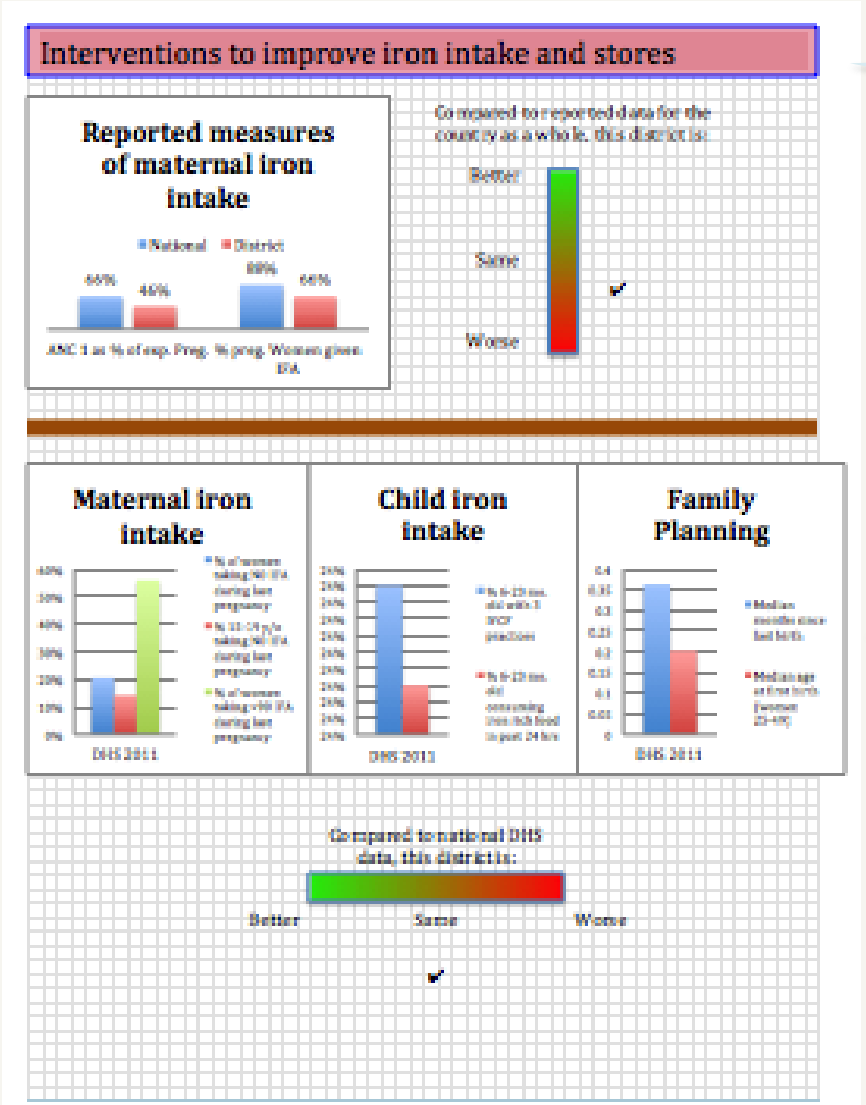
The Tool



Organized by type of intervention

Where data are missing, best estimate of district status, compared to national DHS figures

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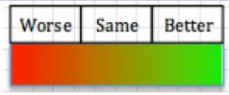
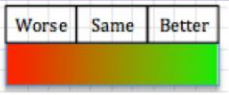
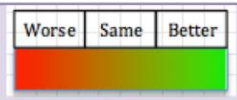
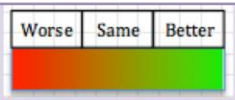
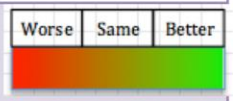
Example: Appendix B

Appendix B: Interventions to improve iron intake and stores

Interventions to improve iron intake and stores	District level data	Logistics	Demand	Coverage	Compliance
1. IFA supplementation during pregnancy					
2. Delayed cord clamping					
3. Appropriate complimentary feeding (including frequency and diversity)					
4. Micronutrient powders (MNPs) for 6-23 mo. old children					
5. IFA for adolescent girls (age 15-19)					
6. Family planning to increase birth spacing					

District Anemia Tool and Guide

- Designed to increase awareness of the multiple causes of anemia and help districts prioritize activities
- Through facilitated analysis, districts can assess whether they are better or worse than the national average for key anemia interventions

Thank you