District Assessment Tool for Anemia (DATA): Ghana’s Experience

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Symposium: Approaches to Prevent and Control Anemia: Examples of Global, National, District, and Community Effort
Micronutrient Forum Global Conference 2016
What is DATA?

A Microsoft Excel-based district-level tool that—

- Acknowledges importance of contextual factors in effective anemia control
- Identifies gaps, enablers, and barriers to addressing risk factors that lead to anemia
- Assists with prioritization of district-level anemia interventions
What can DATA do for your districts?

• Increase **understanding** about anemia and its multiple causes
• Use existing data to improve **implementation** of anemia-related activities
• Highlight availability and quality of existing data, and encourage **future data** collection
Audience

District level stakeholders across sectors

AGRICULTURE

NUTRITION

DISEASE CONTROL

WASH

EDUCATION

REPRODUCTIVE HEALTH
Approach

Two-day facilitated workshop involving district-level stakeholders from:

- Health
- Water/sanitation
- Agriculture
- Education
- Local NGOs
- Other implementing partners – international NGOs
### 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 under 5 years with anemia (hemoglobin < 11 g/dL) in your district.

2a. How would you describe the prevalence of anemia among children under 5 years in your district?

#### Section 2. Nutrition

3. Do you measure any micronutrient biomarkers (like ferritin and retinol) in your district?

Iron Folic Acid (IFA)

4. Is there a program in your district for IFA supplementation to pregnant women?

5. Number of pregnant women in the district attending ANC.

6. Number of pregnant women going to ANC receiving iron folic acid (IFA) supplementation.
Testing in Ghana: Successes

Participant Voices

“The workshop was multi-sectoral, which has given me the opportunity to learn from other sectors.”

“When data is inputted, it easily generates where you are! So that interventions can be implemented to address the problem.”

“DATA helps point out gaps and challenges in implementation and even in data availability and quality.”
“There are so many questions and a lot to be talked about.”

Testing in Ghana: Improvements

Questions reduced from 89 to 48.

District Anemia Questionnaire

Section 1. General Anemia Questions

1. Percentage of women 15-49 years with anemia (hemoglobin <12 g/dL) in your district?

2. Percentage of children 5-59 months with anemia (hemoglobin <11 g/dL) in your district.

3. How would you describe the prevalence of anemia among women of reproductive age (15-49 years) in your district?

4. How would you describe the prevalence of anemia among children 5-59 months in your district?
“Qualitative analysis is good...”
Testing in Ghana: Improvements

• Prioritization exercise required more structure

• Additional input on commodity availability, funding, provider skills/training, client demand needed

• Required balance between customization to the local context and applicability across settings
New and Improved Dashboard - Overview
New and Improved Dashboard - Findings

District Assessment Tool for Anemia

**Nutrition**
- Breastfeeding & complementary feeding
- Micronutrient supplementation

**Disease Control**
- Malaria prevention & treatment
- Deworming for pregnant women & children

**Reproductive Health**
- Family planning
- Delayed cord clamping

**Water & Sanitation**
- Improved latrines
- Hygiene and handwashing
- Access to clean water

**Agriculture**
- Increased household income
- Production of iron-rich crops
- Home food production

**Education**
- Deworming in schools
- Hygiene education

**Suggested Anemia Interventions**

<table>
<thead>
<tr>
<th>Strategy/Policy</th>
<th>Program</th>
<th>Coverage</th>
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<tbody>
<tr>
<td>Nutrition</td>
<td>IFA for pregnant women at ANC</td>
<td>Fair</td>
</tr>
<tr>
<td></td>
<td>IFA for women of reproductive age</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Provision of micronutrient powders to children</td>
<td>55%</td>
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<tr>
<td></td>
<td>Vitamin A supplementation to children</td>
<td>25%</td>
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<td></td>
<td>Exclusive breastfeeding in infants 0-5 months</td>
<td>56%</td>
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<td></td>
<td>Continued breastfeeding in children 6-23 months</td>
<td>45%</td>
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<tr>
<td>Disease Control</td>
<td>IPTp of malaria for pregnant women</td>
<td>65%</td>
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<tr>
<td></td>
<td>Distribution of insecticide treated nets</td>
<td>Fair</td>
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<td></td>
<td>Active case management in all age groups</td>
<td>Poor</td>
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<tr>
<td></td>
<td>Deworming children</td>
<td>Fair</td>
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<tr>
<td></td>
<td>Deworming pregnant women</td>
<td>Fair</td>
</tr>
<tr>
<td>WASH</td>
<td>Usage of an improved water source</td>
<td>66%</td>
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<tr>
<td></td>
<td>Household treatment of water used for consumption</td>
<td>Poor</td>
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<td></td>
<td>Handwashing facility with soap and water</td>
<td>42%</td>
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<tr>
<td></td>
<td>Access to improved sanitation</td>
<td>Poor</td>
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<tr>
<td>RM</td>
<td>Usage of modern methods of family planning</td>
<td>65%</td>
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<tr>
<td></td>
<td>Delayed cord clamping</td>
<td>N/A</td>
</tr>
<tr>
<td>Age</td>
<td>Promotion of iron-rich foods</td>
<td>Good</td>
</tr>
<tr>
<td></td>
<td>Promotion of home food production</td>
<td>Good</td>
</tr>
<tr>
<td>Ed</td>
<td>Deworming of children in schools</td>
<td>Good</td>
</tr>
<tr>
<td></td>
<td>Hygiene education in schools</td>
<td>Good</td>
</tr>
</tbody>
</table>

**Barriers**

- Commodity availability
- Funding
- Provider skills/training
- Client demand
Additional Testing and Rollout

Nepal: Revised DATA package piloted in one district

Uganda: Revised DATA package piloted in two districts and planned for one more district

Ghana: Plans to rollout DATA to 15 districts in the Northern and Upper East regions
The District Assessment Tool for Anemia (DATA) is a generic toolkit that helps districts assess their current anemia situation. SPRING developed DATA to assist countries in strengthening anemia programming at the district level.

Anemia is an urgent public health problem that affects children and women throughout the life-course and results in a high burden of morbidity and mortality. Anemia is caused by multiple factors, most notably iron and other nutrient deficiencies, malaria, infections, non-specific inflammation, and genetic blood disorders. Preventing and controlling anemia require an understanding of the leading causes of anemia in a given setting and developing integrated programs to address these underlying causes. As governments decentralize, it becomes even more important to work at the district level to promote integrated programs that address the leading causes of anemia.
Thank you!

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