

February 2011

A Training Workshop Syllabus

for the:

**Nutrition Program Design Assistant:
A Tool for Program Planners (NPDA)**

April 2010



Session #1: Introduction to workshop**Time:** 20 minutes**Materials:**

- Copies of agenda
- Copies of NPDA Reference Guide and NPDA Workbook

Achievement Based Objectives:

By the end of this task, participants will have:

- a. been greeted by the workshop facilitators.
- b. introduced themselves and met fellow workshop participants.
- c. provided information on their experience in nutrition interventions within child survival and/or food security programming.
- d. reviewed the objectives and schedule for the workshop.

Key Communication Points:

1. The end goal of the workshop is to prepare participants to conduct nutrition program planning activities / workshops at the country level, using the NPDA.
2. The workshop will be iterative in nature, going through the steps in the NPDA, discussing each step itself, and considering how to best work through the step during a program planning workshop in the field.
3. We will not be working through an entire simulation of the field-based process, but will be conducting a “survey course” of the steps and discussing their application in the field setting.
4. The NPDA tool and workshop are a work in progress representing the best thinking of the Nutrition Working Group at present. The NPDA will need to continually evolve as knowledge, best practices, approaches etc. for nutrition programming evolves. We are interested in participants’ feedback on the workshop and on use of the NPDA in the field to contribute to the larger learning agenda.

Steps for this session:

- a) Welcome participants and introduce self
- b) Ensure that everyone has a copy of an agenda, the NPDA Workbook and the NPDA Reference Guide
- c) Cover housekeeping details: a) location of bathrooms; b) location of breaks, lunch; c) policy related to cell phones and e-mail; d) any wireless access codes to access e-mail on breaks
- d) Share the workshop objectives
 - a. Review workshop objectives
 - b. Request a show of hands indicating the number of participants who generally have experience programming for use of CSHGP funds, those with experience with Title II Food for Peace, and those familiar with both. Request a show of hands of those who only use other funding sources.

NPDA TRAINING WORKSHOP OBJECTIVES:

By the end of the workshop, participants will

1. Have an ***in-depth understanding of the process*** for using the NPDA tool, key elements of importance within each step, and overall goal/objective of each step within the process.
2. Be able to ***describe and plan for:***
 - a. the ***preparatory activities*** needed to be done prior to using the NPDA tool in a workshop / program design activity
 - b. the ***final stage in program design achieved*** through use of the NPDA tool and ***next steps*** likely for completing program design.
3. Have ***applied the NPDA tool*** using sample quantitative and qualitative data and building upon participants' previous experiences in developing nutrition program proposals.
4. Have ***contributed additional ideas*** for participatory exercises, materials, etc., that can support use of the NPDA tool at the field level, drawing upon participants' skills and previous experiences.

- e) Review the agenda:
 - a. Overall flow and thought process through the two-days
 - b. Introduce facilitation team
 - c. Timing of beginning and end of the day, breaks, and lunch
- f) Ask participants to introduce themselves and their organizational affiliation
- g) Conduct short icebreaker to get people moving around and interacting (One option: When participants introduce themselves, ask them to also tell the group how, as a child, they would have answered the question, "What do you want to be when you grow up?")

Closing Remarks:

Introduce the next session.

Session #2: Overview of the NPDA tool**Time:** 25 minutes**Materials:**

- Essential Nutrition Actions Posters
- NPDA Reference Guide: refer to Figure 1 on page 5, SCN conceptual graph of the Causes of Undernutrition

Achievement Based Objectives:

By the end of the session, participants will have:

- a. discussed the reasons for developing the NPDA
- b. identified the intended and potential uses for the NPDA
- c. reviewed the NPDA Table of contents
- d. listened to a description of the process of using the NPDA

Key Communication Points:

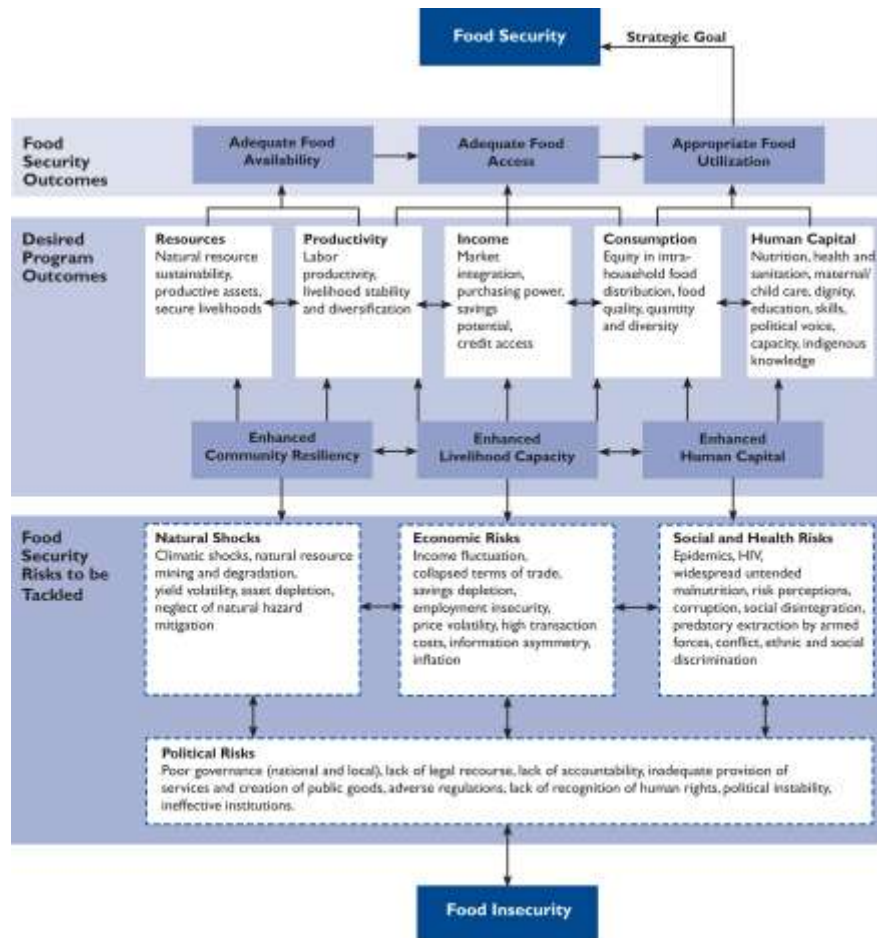
1. The NPDA was developed to fill an information gap: there was limited guidance available on how to select a nutrition program approach taking into account the local context and no resources to compare and contrast different approaches.
 - a. Result – many programs were designed based on perceived donor preferences, availability of clear manuals, good marketing of certain approaches, familiarity or popularity rather than on the context (e.g. PD/Hearth may not be appropriate for some program locations).
 - b. The NPDA is designed to be a resource that helps organizations assess and reflect upon their program context and available approaches and develop an overall *nutrition program* that meets their needs. It's not just about finding one approach – often a combination is needed.
 - c. Development of the NPDA was a collaborative effort – 40 different contributors from 12 organizations
2. The NPDA can be used for developing programs or proposals, as a handy reference guide (based on consensus by experts), or for reviewing programs/strategies.
 - a. Primary focus: preventive programs, development vs. relief contexts, targeted at the “window of opportunity”, essential nutrition actions, community-based
 - b. Looks at the food consumption and care aspect of nutrition – does not focus on agriculture or livelihoods for integrated food security
 - c. Should be used with a team and involve local partner/community participation
 - d. Facilitates dialogue – does not prescribe an answer – provides information and organizational structure so that team can discuss and arrive at a solution that works for their program context
 - e. Should be adapted to suit the needs of those using it

3. There are 2 documents that work together:
 - a. The NPDA Reference Guide provides guidance on analyzing the nutrition situation, establishing objectives and selecting approaches and gives information on key nutrition concepts
 - b. The NPDA Workbook: a place to record data, decisions, rationale
 - c. It has six defined steps: 1) gathering and synthesizing information, 2) determining goal and objectives, 3) reviewing health and nutrition services, 4) preliminary program design: prevention, 5) preliminary program design: recuperation, 6) putting it all together.
4. This helps a team to select the broad program design and approach(es). The details of, for example, your behavior change strategy would come later. The CORE Nutrition Working Group and the Food Security and Nutrition Network Taskforce on Nutrition & Food Technology encourages programmers to consider -- rather than selecting single, stand-alone approaches -- a range of approaches that:
 - a. Integrate into existing health and nutrition services;
 - b. Link to other relevant services in other sectors when possible;
 - c. Are community-centered and include a strong emphasis on Social & Behavior Change

Steps for this session:

- a) Review Achievement Based Objectives for this session.
- b) Anchor Activity Discussion (5 min):
 - How do participants design their nutrition (or other) programs?
 - What resources do they use?
 - Where do they get information?
 - How do they decide on an approach?
 - What has been challenging?
 - What do you feel is done well during the design process?
 - Any reviewers in the room? Examples of what you see when reading proposals?
- c) Review key concepts and frameworks: Stop for discussions of the following to make sure there is shared understanding:
 - The definition of “preventive” (as in the focus of NPDA on preventive approaches in any context, with or without recuperative approaches)
 - The concept of the “Window of Opportunity”: (Refer to text on Page 6 in the NPDA Reference Guide)
 - *SCN News 2008*, (revised) conceptual graph of the Causes of Undernutrition: (Refer to Figure 1 on page 5 of the NPDA Reference Guide)


- Food for Peace framework:



Source: Webb and Rogers, Addressing the "In" in Food Insecurity, 2003.

- Review the Essential Nutrition Actions: (Refer to Pages 7 through 9 in the NPDA Reference Guide)
- d) Note that the NPDA process :
- Is data driven: Gather quantitative and qualitative before using with team (see tables for STEP 1 and STEP 3 in the NPDA workbook)
 - Assumes that there is:
 - Previous experience in geographic targeting
 - Information or mapping on other relevant projects available
 - Information on national policies and existing health and nutrition services is available
- e) Note that additional follow on steps will need to be taken before finalizing program detailed design.

- f) Review the use of symbols in the NPDA Reference Guide and Workbook, along with the use of icons (below, and on page 10 of the NPDA Reference Guide):

Icon	Indicates
	Information is given about where to find this section in the Workbook.
	Write your inputs.
	An example is given.
	Go to the next section.

- g) Go over each STEP and the RESULTS (output) from each STEP: (Refer to Pages 11 to 13 in the NPDA Reference Guide)

Closing Remarks:

Ask for questions, while noting that much will be made clear as the day goes on and participants go through the following sessions. Reiterate that the present session is just an introduction to the NPDA tool.

Session #3: Review of WHEN to use and how to PREPARE to use.

Time: 30 minutes

Materials:

- Blank flipchart paper and markers
- 3 flipcharts labeled: Preparation Before Using NPDA, Qualitative Info Needed, Follow On Action Steps
- NPDA Workbook

Achievement Based Objectives:

By the end of the session, participants will:

- a. identify at least 3 programming scenarios in which the NPDA tool can be used.
- b. reflect upon how use of the tool can fit with their organization's programming cycle and donor funding cycles.
- c. identify data sources and/or activities to link to for information gathering in preparation for using the NPDA tool.
- d. brainstorm possible additional information gathering activities that might be done prior to use of the NPDA tool (iterative activity throughout training workshop).

Key Communication Points:

1. The use of the NPDA tool will be new for both organizations and for donors – it is expected that the tool will assist organizations to:
 - a. Select appropriate interventions and approaches
 - b. Demonstrate (through the results of each step in the NPDA workbook) that the appropriate interventions and approaches have been selected.
 - c. Potentially justify any modifications in program activities (for example, if use during Detailed Implementation Planning shows a need for slight modifications from the original project design).
2. The NPDA is a TOOL for organizations to use:
 - a. The workbook has been designed to include key elements that are useful to keep in mind when making decisions.
 - b. It can be modified to suit the organization's needs.
3. In order to use the NPDA tool, an organization should NOT have to significantly add to the workload of the programming cycle:
 - a. Data from other existing sources can be used.
 - b. Any additional activities (such as gathering information on national nutrition and health policies) should contribute to an organization's overall programming and long-term strategic planning.
4. There is a minimum amount of information needed to go through STEP 1 of the NPDA decision-making process (i.e. only one column of information is minimally necessary). However, the NPDA Workbook data tables for STEP 1 include additional columns for other uses:
 - a. Additional columns on varying geographic levels for long-range strategic planning;

- b. Additional columns to note information on EQUITY (wealth, sex, “other pertinent disaggregation” such as marginalized populations) that can be gathered and analyzed to contribute to program design; and
 - c. Additional columns to note the numerator and denominator of baseline information gathered by the program itself, for validation of indicator calculations (especially useful if data gathered is being reviewed from a distance prior to an activity using the NPDA decision-making process).
5. Use of the NPDA tool helps to promote the identification, implementation and dissemination of “best practices”.

Steps for this session:

- a) Share session Achievement Based Objectives a. and b. with participants
- b) Review 3 programming scenarios (see chart below) and discuss how this fits with:
 - a. USAID Child Survival and Health Grants Program cycle
 - b. Food For Peace program cycle
 - c. Other internal organizational programming / strategic planning cycles

<u>Possibilities of WHEN to use the NPDA tool</u>		
LONG RANGE STRATEGIC PLANNING	PROJECT PROPOSAL DESIGN	PROJECT DETAILED IMPLEMENTATION PLANNING (OR REVIEW)
Prioritize needs and compare within potential geographic target areas	Prioritize within a range of maternal and child nutrition (and adjunct health) needs in a previously identified geographic target area.	
Identify gaps in existing nutrition services and interventions		
Identify strengths among potential partners		
Reflect upon internal capacity, SBC materials, equipment needs and associated costs,		
Synthesize to select a geographic target area, priority intervention areas and key approaches	Define intervention areas and select key approaches	

- c) Highlight Key Communication Point #1 and discuss.
- d) Share the Achievement Based Objectives c. and d. with participants.

- e) Review possible types and sources of QUANTITATIVE DATA within program cycle.

LONG RANGE STRATEGIC PLANNING	PROJECT PROPOSAL DESIGN	PROJECT DETAILED IMPLEMENTATION PLANNING (OR REVIEW)
DHS, MICS, national poverty mapping, vulnerability assessments	DHS, MICS, national poverty mapping, vulnerability assessments	
National food consumption and/or micronutrient surveys	KPC surveys from projects in similar or adjacent geographic areas	Project KPC baseline (or <i>midterm</i>) survey (including food consumption survey)
National health services assessment	Local surveys done by other organizations (UN, NGOs, research, etc.)	Project baseline assessment of local health and nutrition services
	HMIS	HMIS

- f) Review quantitative data worksheets (Pages 3 to 11 of NPDA Workbook)
- g) Highlight Key Communication Points #2, #3 and #4 and note the following (encouraging comments):
- a. Highlight that ALL information is not necessary to use the NPDA and make informed decisions. Remark upon the list of indicators and minimum key indicators needed for using the NPDA tool. Remark upon “alternative indicators”.
 - b. Highlight some of the advantages of having the information contained in each column:
 - i. Strategic planning with geographic comparisons
 - ii. Consider trends
 - iii. Data at fingertips for proposal / DIP / Annual Plan writing.
 - iv. Support a focus in program design on issues of equity (poverty, sex) and/or identify vulnerable groups that may need special attention / efforts
 - v. Look at useful disaggregated data
 - vi. Check data quality (numerator and denominator)

- h) Review potential types of QUALITATIVE information to inform decision-making and potential SOURCES of information. Note that there are specific activities using the NPDA which help to gather the types of qualitative information that is gathered as part of STEP 1 or STEP 3. In the NPDA Reference Guide, there are suggestions and some guidance for gathering information for those shown in **BOLD**.

TYPES OF INFORMATION

- FOOD CONSUMPTION PRACTICES (in STEP 1)
- NATIONAL POLICIES & PROTOCOLS (in STEP 3)
- HEALTH SERVICES (in STEP 3)
- **DESCRIPTION OF COMMUNITIES**
- **CULTURAL BELIEFS & PRACTICES**
- **LIVELIHOOD SOURCES & PATTERNS**
- **VULNERABLE GROUPS**
- **EXTERNAL CONTEXT**

- i) Review FOOD CONSUMPTION SUMMARY TABLES (Pages 13 and 14 in NPDA Workbook) and discuss relation with KPC SURVEY, MARKET SURVEY, DOER / NON-DOER ANALYSIS and other relevant tools developed with funding from USAID.
- j) Brainstorm with participants any potential QUALITATIVE information desirable to have prior to decision-making through use of the NPDA tool.

Closing Remarks:

- Ask participants to describe how they can see using the NPDA tool within their programming cycles.
- Remind participants of the “iterative” nature of this 2-day workshop and note we will return to the topics of WHEN TO USE, HOW TO PREP, INFO NEEDED and probable FOLLOW ON ACTION STEPS throughout this workshop.
- Introduce the next session.

Session #4: Working through STEP 1

Time: 3 hours and 45 minutes in two sessions, before and after lunch

Materials:

- 2 sets (representing East Africa and West Africa) of STEP 1 Tables with data filled in and with enough copies for all members of 4 small groups (Note: 2 small groups will each work with one set of data and later compare results and discuss decisions with the other 2 small groups while presenting in plenary as a Gallery Walk – see Session #12)
- Copies for all participants of NPDA Workbook blank pages for STEP 1 Synthesis (pgs.16-33) AND Page 35 (summary of initial decisions)
- Prepared flipchart with example of how to present during the Gallery Walk on Day 3: See Steps for this session #b)5 below.

Achievement Based Objectives:

By the end of the session, participants will

- a. have become familiar with the data tables and the process of synthesizing the information to prioritize areas of need.
- b. have been introduced to the concept of how qualitative information can inform the decision-making process.
- c. have begun to consider what qualitative information is needed to be gathered prior to going through the NPDA process and what can be gathered after to contribute to more detailed program implementation planning.

Key Communication Points:

1. Some of the decision-making stages within STEP 1 have defined objective criteria (by expert consensus) for categorizing the priority of nutrition need. These include anthropometric data, most maternal nutrition data and most child micronutrient status data.
2. Some of the decision-making stages within STEP 1 do NOT have defined criteria and NPDA users will need to make their own decisions about the priority of need within the context of their programs. For those data (which includes Infant and Young Child Feeding data, a few maternal nutrition and child micronutrient status indicators, and all underlying disease burden data) it is useful to *list all the indicators and review in relation to one another* before setting priority cut-off points and categorizing the indicators.
3. Remember that there will be FOLLOW ON ACTION STEPS for program planners to complete, after using the NPDA tool (i.e. the whole nutrition program is not to be designed in detail during this process).
4. The NPDA tool was NOT meant for analysis of overall health needs, but rather analysis of nutrition needs with analysis of underlying disease in relation to nutrition needs.

Steps for this session:

- a) Review Achievement Based Objectives for this session.
- b) Orient participants to small group task:

1. Form small groups; ensure that each small group has at least one formally trained nutritionist in the group; NOTE that the nutritionist should not lead the small group process but rather be a resource for any technical questions.
2. Call attention to the Gallery Walk activity on Day 3 and note that the small groups
3. Each group receives multiple copies of 1 dataset (East Africa or West Africa), copies of synthesis pages from NPDA Workbook (pages 16-33) and page 35 for summarizing the list of PRIORITY INTERVENTION AREAS.
4. Each group can note any comments that would be *Key Program Design Considerations* on the back of the synthesis pages as they go through STEP 1 -- this information should be taken into consideration when selecting approaches in STEP 4. (These comments may also be prepared as notes or included in the flipcharts being prepared for the Day 3 Gallery Walk activity.)
5. Small groups should elect a facilitation leader of the process, someone to take notes and someone to prepare flipcharts with key decisions, to be presented to the plenary during a Gallery Walk on Day 3. At the end of the small groups' work with each of the NPDA STEPS, key decisions / comments / program design ideas, etc. should begin to be recorded. An example of a possible way to present (see below) can be sketched out on a flipchart for all to see.

Example of how to begin to prepare Flipcharts for Gallery Walk Day 3

	IYCF	Maternal Nutrition	Micronutrients	Underlying Disease
Summary of key results/outputs from STEPS 1-3				
What approaches have past reviews / experience identified as being successful in this area or for your organization?				
Notes on approaches to consider in programming				

- c) Review the 5 Sections: Anthropometric data, IYCF, maternal nutrition, micronutrients, underlying disease burden.
- d) Review Key Communication Points #1, #2 and #3.
- e) Discuss time period allotted for activity (before and after lunch). Note small group work for each step will cumulatively contribute to a Gallery Walk for plenary presentation on Day 3.

Closing Remarks:

- Discuss how STEP 2 information will add to STEP 1 and introduce the next session.
- Again note the workshop “case study” training approach which will build on the experience in using each step of the NPDA and which will culminate in a Gallery Walk on Day 3.

Session #5: STEP 2. Determine Initial Program Goal and Objectives

Time: 30 minutes

Materials:

- Small group activity materials: a mock 1/2-page RFA
- NPDA Workbook (pages 35-37).
- (NPDA Reference Guide will not be formally used here, but participants can refer to it during the session)

Achievement Based Objectives:

By the end of this session, participants will:

- a. have become familiar with the process involved in Step 2.
- b. considered factors that influence their overall Goal and Objectives.
- c. drafted an initial Goal and Objectives – to be revisited as they consider more factors throughout the workshop case study training process.

Key Communication Points:

1. After STEP 1, you will have an idea of the major nutritional problems facing the program target area. Before moving forward to select interventions, it's important to decide what the program will hope to achieve, i.e. the program goal(s) and objectives.
2. In STEP 2, preliminary decisions are made regarding the program's goal, strategic objectives and intermediate results. These decisions are not final; they should be reviewed and revised at each STEP of the NPDA process as more information is considered and the program design is refined.
3. At the beginning of STEP 2, you now summarize the list of PRIORITY INTERVENTION AREAS from STEP 1. When you fill out pages 35-37 in the NPDA Workbook, STEP 2, this begins the "iterative" NPDA process.
4. Guidance to develop Goals, Strategic Objectives and Intermediate Results is provided in the NPDA Reference Guide pages 29-30 with an example provided on page 30 (this example is relevant for Food for Peace programs, while CSHGP uses a similar but slightly different terminology of Goal, Strategic Objectives and expected results).
5. Put the the draft program Goal, Strategic Objectives and Intermediate Results on flipcharts to facilitate review and revision continually throughout remaining STEPS 3-6 of the NPDA process.

Steps for this Session:

- a) Review Achievement Based Objectives for this session.
- b) Plenary Discussion (5 minutes): What are some factors that influence your end goal? (Write ideas on flip chart and discuss after several factors have been mentioned; repeat)

- c) Small group work (10 minutes): Using the handouts (mock 1/2-page RFA; ½ page organizational capacity statement), participants read over the RFA and organizational capacity statement and as a group fill out pages 35-37 of the NPDA Workbook. (This begins with summarizing the output of STEP 1, selected priority interventions, which was done at the end of STEP 1 small group work). Then, taking into account what might be typical funding priorities (and/or noting any lack of information on this point), participants draft a broad goal to work toward, and potential strategic objectives. Note that this is a preliminary discussion – and the program’s goals and objectives will be revisited in the NPDA training workshop, and should be revisited throughout each STEP of the NPDA process when using in the field.

HANDOUT

Country A Summary RFA: Non-emergency food security program

Basic information:

- 5 year award
- Country A: \$4 million/year – cash (including estimated monetization)
- Country B: \$10 million/year – cash (including estimated monetization)

Summary: USAID/FFP is funding multi-year non-emergency programs to reduce risks and vulnerabilities to food insecurity and increase food availability, access and utilization/consumption in countries A and B. These programs must target the vulnerability of food insecure individuals, households and communities directly. Activities may include sustainable agriculture, non-agricultural income generation, health, nutrition, water and sanitation, education, emergency preparedness and mitigation, vulnerable group feeding, and social safety nets.

Applicants should describe the interventions in sufficient detail and explain how the interventions will address country-specific causes of malnutrition and food insecurity. Applicants proposing MCHN activities are encouraged to design interventions that focus on preventing malnutrition in pregnant and lactating women and children under two years of age.

Country A: Specific Guidance/health and nutrition

It is suggested that programs focus on reducing chronic malnutrition among children under five years of age by incorporating addressing some or all of the following topic areas:

- a. Preventing and reducing malnutrition among children under two years of age;
- b. Improving infant and young child feeding practices;
- c. Preventing and treating childhood illnesses;
- d. Screening and referral for children under five with severe acute malnutrition;
- e. Improving maternal health and nutrition in pregnant and lactating women;
- f. Enhancing access to clean water and sanitation, and improving hygiene practices; and
- g. Improving adoption of improved health practices through effective behavior change communication and interventions

Country B Summary RFA: Non-emergency food security program**Basic information:**

- 5 year award
- Country A: \$4 million/year – cash (including estimated monetization)
- Country B: \$10 million/year – cash (including estimated monetization)

Summary: USAID/FFP is funding multi-year non-emergency programs to reduce risks and vulnerabilities to food insecurity and increase food availability, access and utilization/consumption in countries A and B. These programs must target the vulnerability of food insecure individuals, households and communities directly. Activities may include sustainable agriculture, non-agricultural income generation, health, nutrition, water and sanitation, education, emergency preparedness and mitigation, vulnerable group feeding, and social safety nets.

Applicants should describe the interventions in sufficient detail and explain how the interventions will address country-specific causes of malnutrition and food insecurity. Applicants proposing MCHN activities are encouraged to design interventions that focus on preventing malnutrition in pregnant and lactating women and children under two years of age.

Country B: Specific Guidance/health and nutrition

Programs should focus on improving nutritional status and health of children under five and women of reproductive age by:

- A. Preventing chronic malnutrition;
 - B. Improving infant and young child feeding practices;
 - C. Preventing and treating childhood illnesses;
 - D. Addressing severe acute malnutrition through referral or by providing treatment;
 - E. Improving maternal nutrition and health;
 - F. Improving nutrition status and nutrition awareness among single and newly married adolescent girls and their families;
 - G. Employing effective behavior change communication and interventions; and
 - H. Improving hygiene practices and access to safe drinking water and sanitation facilities.
-

- d) Plenary presentation to share small group activity (5 min): Each small group shares their draft program goal and potential strategic objectives. Each small group is asked to share what they feel uncertain about at STEP 2, in terms of defining the program goal and strategic objectives.

Closing Remarks:

- Ask if any questions or comments; respond.
- Introduce the next session.

Session #6: Key Concepts

Time: 30 minutes

Materials:

- Flipchart
- NPDA Reference Guide to review Key Concepts (pages 4 to 6)
- Support materials for planning with local MOH partners

Achievement Based Objectives:

By the end of the session, participants will:

- a. review the nutrition concepts needed by field-based participants prior to starting the NPDA process.
- b. brainstorm at least three methods for ensuring the needed knowledge level.

Key Communication Points:

1. Now that participants have completed Steps 1 and 2, they are ready to consider the level of nutrition knowledge needed by field staff prior to starting the process and how to provide/ensure that knowledge.
2. Exploring the Key Concepts highlighted in the NPDA will help field-based programming groups understand the underlying messages within the NPDA and facilitate further discussion and consensus around nutrition approaches to be considered.
3. Field-based groups will come from varying levels of nutrition knowledge and having some common ground will facilitate more productive and equitable discussion and debate.

Steps for this session:

- a) Review Achievement Based Objectives for this session.
- b) Ask the group to turn to the Key Concepts on pages 4 to 6 of the NPDA Reference Guide and review the main points.
- c) Ask for volunteers to summarize the main points within each Nutrition Concept.
- d) Brainstorm methods/activities to use in the field to ensure that all staff are ready to use the NPDA process (ex. Pre-test, game show, etc.).
- e) Add suggestions to the PREPARATIONS flipchart.
- f) Disseminate support materials for planning with local MOH partners.

Closing Remarks:

- Thank participants for their brainstorming suggestions.
- Explain that there will be a game show competition tomorrow morning to review Nutrition Terminology and refer anyone who would like to review the terminology ahead of time to Annex 1 in the NPDA Reference Guide.
- Solicit any feedback on the whole day and suggestions for facilitators to consider for the following day.

Session #7: Annex 1. Terminology (i.e. nutrition knowledge needed to use the NPDA tool)

Time: 30 minutes

Materials:

- Flip chart to tally points
- NPDA Reference Guide to review Annex 1
- Bag of candy as a prize for the winning team
- Copy of Nutrition Terminology Exercise (see HANDOUT below)

Achievement Based Objectives:

By the end of the session, participants will have:

- a. defined common nutrition terminology.
- b. experienced one participatory methodology for ensuring the needed knowledge level with field staff and partners.

Key Communication Points:

1. Understanding the nutrition terminology will facilitate analysis of the nutrition data sets.
2. Field-based groups will come from varying levels of nutrition knowledge and having some common ground and terminology will facilitate more equal discussions and debate.
3. This type of participatory methodology provides a fun environment to review basic terminology. By having teams compete to answer first, this game doesn't single out individuals who may not know the answers, ensures that the same individuals don't answer all the questions and maintains the interest of even those who have a strong nutrition background.

Steps for this session:

- a) Review Achievement Based Objectives for this session.
- b) Divide the group into two teams by counting off (1, 2, 1, 2, ...); Ask the two teams to move to opposite sides of the room.
- c) Explain that one member from each team will come up to the front. When a question is asked, the first person to "ring in" by slapping the desk will have the opportunity to answer the question. If the question is answered correctly, his/her team will receive one point. If the question is not answered correctly, the person from the other team will get a chance to answer the question and, if correct, will receive a point. A new set of representatives from each team will come forward for an opportunity to answer the next question.
- d) Request a volunteer to tally the points on a flip chart.
- e) Ask the first set of people to come to the front of the room.

- f) Ask questions and record points until everyone has had an opportunity to participate. Provide any clarifications of terminology as needed.
- g) Tally the points and reward the winning team with a bag of candy.
- h) Provide participants with a copy of the Nutrition Terminology Exercise to facilitate review and replication (Questions and Answers follow).

(HANDOUT after activity) "Nutrition Terminology Exercise/Activity: Questions and Answers"

1. What is the measurement of the human body used to assess nutritional status of individuals and population groups?
 - a. Anthropometry
2. What anthropometric measurement indicates stunting?
 - a. Low Height-for-Age (HFA; *note all acronyms when reviewing each answer*)
3. What anthropometric measurement indicates wasting?
 - a. Low Weight-for-Height (WFH)
4. What anthropometric measurement indicates underweight?
 - a. Low Weight-for-Age (WFA)
5. What measurement is most often used to assess adult nutritional status and identifies body thinness?
 - a. Body Mass Index (BMI)
6. What is the normal range for BMI in a non-pregnant woman?
 - a. 18.5 – 25 kg/m²
7. What sign of severe-acute malnutrition (SAM) is identified when thumbs pressed into the tops of both feet for three seconds leaves an indentation?
 - a. Bilateral Pitting Edema
8. What is a statistical measurement used to determine how far, and in what direction, an anthropometric measure deviates from the reference median, measured in standard deviations?
 - a. Z-Scores
9. Moderate undernutrition would be indicated by which Z-scores?
 - a. <-2 to ≥-3 z-scores
10. What measurement is used to identify a child's vulnerability before he or she becomes malnourished?
 - a. Growth faltering
11. SAM + MAM = ?
 - a. GAM
12. What is an indicator referring to overall acute malnutrition in the population?
 - a. Global Acute Malnutrition (GAM)
13. What measurement of < 115 mm indicates severe wasting or SAM?
 - a. Mid-Upper Arm Circumference (MUAC)

14. What condition is attributed to iron deficiency due to low dietary intake, poor absorption of iron, or blood loss?
 - a. Anemia
15. What is the leading cause of preventable blindness worldwide?
 - a. Vitamin A deficiency
16. Which deficiency effects the development and function of the brain and nervous system?
 - a. Iron deficiency
17. Which anthropometric measurement reflects chronic, long-term undernutrition or poor health?
 - a. Height-for-Age (HFA) / Stunting / chronic malnutrition
18. Which indicator can also be measured by mother's report of baby being "very small at birth"?
 - a. Low Birth Weight (LBW)

Closing Remarks:

- Recap Day 1 workshop activities and introduce the next session.

Session #8: STEP 3. Review Health and Nutrition Services

Time: 2 hours and 15 minutes

Materials:

- Instructions for group work on 2 flipcharts
- Flipchart with the words: “Policy”, “Program”, “Protocols”
- Handouts with Revised Charts for Step 3
- Two sets of handouts of STEP 3 case study charts filled in with sample information
- Highlighter pens
- NPDA Workbooks (pages 39-49)

Achievement Based Objectives:

By the end of the session, participants will have:

- a. reviewed two different ways of organizing information on existing health and nutrition services.
- b. distinguished between policy, program, and protocols.
- c. discussed where to obtain information.
- d. identified in the case studies, possible areas for project intervention.

Key Communication Points:

1. The NPDA process encourages program design to build upon an understanding of the strengths of existing systems, for local ownership and sustainable linkages, while also identifying gaps and needs for capacity-building.
2. While the amount of information requested in STEP 3 looks daunting, in the field there will be staff/team members that know the situation and have much of the information at their fingertips.
3. The charts are flexible and there are different ways of organizing the information.
4. It is useful for the NPDA process to know about national level plans and policies and also the reality of the status of services in the program target area.

Steps for this session:

(15 min)

- a) Role play a consultant coming to write a proposal for an organization that has only done agriculture interventions before, has to add MCHN, thinks it's enough to do GM, health sessions, knows there are health facilities, and can obtain the national policy documents.
 - Why do we need to know about the existing health care services and system?
 - Is it enough to know what the national level policies and programs are?
 - Will we be effective if we just implement our package program in the communities?
 - Where do we get information on what is happening at the national level?

- b) Show the flip chart with the words on it and ask participants to define each term.
- c) Ask where we would get information on the local situation?
- d) Have participants open the NPDA Workbook to Page 39.
- e) Handout the blanks and explain that this is an alternative way to organize the information.
- f) Does it look daunting? Note that field staff already know much of this information or where to get it.

(90 min)

- g) Hand out the case study charts (with sample information filled in for East Africa and for West Africa) and explain the instructions.
 - Compare these charts to the structure in the NPDA Workbook and note the slight modifications.
 - Read through the case study charts.
 - Highlight points for intervention.
 - Highlight areas where national policy, program or protocol does not cover potential activities.
 - Group discussion to reach consensus on what policy, programs, delivery channels to build on.
 - Explain that we will de-brief on the process after the break.

Closing Remarks:

- Recap the key points and answer any questions.
- Introduce the next session.

Session #9: Reflection on STEPS 1-3**Time:** 45 minutes**Materials:**

- Flip-chart paper
- Markers

Achievement Based Objectives:

By the end of this session, participants will have

- a. had time to prepare/refine flipcharts for the Day 3 Gallery Walk
- b. reflected on the connections between STEPS 1 and 3.
- c. noted how additional information analyzed in each step contributes to refining decisions on programming.

Key Points to Communicate:

1. Use of the NPDA tool is an iterative process.
2. The information in STEP 3 helps identify existing platforms upon which the nutrition program can build – for efficiency of program effort while contributing to potential sustainability of program activities.

Steps for this session:

- a) Check to see if any of the small groups still need time to complete the previous activity.
- b) Note again the flipchart example of a way to present the results/outputs of the NPDA process for the Day 3 Gallery Walk and allow 15-20 minutes for the small groups to further prepare and refine flipcharts.
- c) Reflection on STEPS 1-3: In plenary, the facilitator stimulates and guides discussion with some of the following questions:
 - In STEP 1, how did the group make decisions about categorizing indicators that did not have international guidelines (such as IYCF practices)?
 - What will be important to keep in mind when guiding this process with staff in the field?
 - With the case study information provided for STEP 3, did participants have enough information to make some preliminary decisions?
 - What additional information might be needed to determine priority intervention areas?
 - Would it be useful and possible in the field to have the information needed for Step 3 collected and organized before starting the NPDA process?
 - How did the group make decisions about where they might link with existing programs or build on policy in Step 3?

Closing Remarks:

- Highlight again the iterative nature of the NPDA process, from STEPS 1-3.
- Suggest participants continue to note the connections between all of the NPDA STEPS as they continue through STEPS 4-6.

Session #10: STEP 4. Preliminary Program Design: Prevention (Note that this is an overview of the sample of approaches described in the NPDA tool)

Time: 1 hour

Materials:

- NPDA Reference Guide (pages 35-63)

Achievement Based Objectives:

By the end of the session, participants will have

- a. reviewed the Preventive Approaches described in the NPDA Reference Guide.

Key Point to Communicate:

There are a variety of approaches to consider in program design and consideration must be given to how well an approach fits the context and addresses the identified problems.

Steps for this session:

- a) At the end of Day 2, divide the group into pairs and assign each pair one of the approaches in the Reference Guide from p. 35-63 – those shown in the gray boxes. (Depending on the number of pairs, more than one approach may be assigned to any pair.) Ask them to read/review the approach and come up with a creative way to present the content – song, game, skit, etc. – to present on Day 3. Note that the time limit for presentations will be approximately 5 minutes.
- b) At the beginning of this session, allow 15 minutes for pairs to finish preparing their presentations.
- c) Have each pair present for 5 minutes. Ask for questions or clarifications after each presentation.

Closing Remarks:

- Introduce the next session, explaining that the small “case study” groups will select approaches based on the case study data and information provided and results/outputs and decisions made in STEPS 1-3.

Session #11: STEP 4. Preliminary Program Design: Prevention

Time: 1 hour and 50 minutes

Materials:

- Outputs from STEP 1-3
- Blank flipchart paper and markers

Achievement Based Objectives:

By the end of the session, participants will have

- a. have selected program Preventive Approach(es) for the case study, based on the priority interventions identified in STEP 1, the program goal and objectives developed in STEP 2, and the existing systems and gaps identified in STEP 3.
- b. have discussed and noted key points as to why these Preventive Approaches were selected in STEP 4.

Key Communication Points:

1. Organizations should not consider their program design to be limited to the approaches described in the NPDA Reference Guide. The approaches included in the NPDA are among those identified as commonly used and have a body of experience attached to them.
2. An assumption of the NPDA process is that approaches will be community-based, linked to health services, and include a Social and Behavioral Change component.
3. Note that STEP 4 draws upon information gathered in STEP 3.
4. In STEP 4, organizations should look for ways to integrate priority nutrition interventions within one or a few approaches and identify ways to reach key targets (such as pregnant women in addition to children under age two) and/or persons of influence for behavior change. (This may be relevant to the cost of the program, which will be looked at more closely in STEP 6.)
5. Note that the workbook provides a list of questions and items to “keep in mind” while selecting an approach or combination of approaches. This list of questions is similar for each Section in STEP 4.

Steps for this session:

- a) Review Achievement Based Objectives for this session.
- b) Provide orientation on the small group work which will be done:
 1. that each group will build upon the results/outputs/decisions made in STEPS 1-3 and select a cross-cutting approach, an IYCF approach and additional approaches for addressing maternal nutrition, micronutrient deficiencies or underlying disease as relevant and feasible.
 2. Note how the approach(es) selected build upon and/or strengthen existing structures.

- c) Review ASSUMPTION and **Key Communication Points #1 to #4**.
- d) Ask participants to turn to page 51 in the NPDA workbook and review the first set of questions listed, then turn to page 52 and review the additional questions for consideration. Mention **Key Communication Point #5**.
- e) Note timeframe for the small group work. The facilitator(s) should periodically check-in with each small group to see if there are any questions.

Closing Remarks:

- Reiterate that NPDA tool provides *guidance* to the selection of approaches, based on quantitative and qualitative data and thoughtful structured reflection and discussion.

Session #12: Gallery Walk**Time:** 1-1/2 hours**Materials:**

- Small groups' flipcharts with key points from STEPS 1 through 4 (Note that the following example of a way to prepare flipcharts for the Gallery Walk will have been shared in Session #4, when participants begin to work through STEP 1 in small groups)

	IYCF	Maternal Nutrition	Micronutrients	Underlying Disease
Summary of key results/outputs from STEPS 1-3				
What approaches have past reviews / experience identified as being successful in this area or for your organization?				
Notes on approaches to consider in programming				

Achievement Based Objectives:

By the end of the session, participants will:

- have had an opportunity to present their small group work and view other small groups' decisions made through the NPDA process for STEPS 1 to 4
- have shared key considerations each group had during the decision-making process and had an opportunity to ask questions of the other groups.
- have reflected upon how each step provides additional information that contributes further to better decisions when designing a program.

Key Communication Point:

The STEPS are designed so that decision-making is:

- Based on data that reflects needs
- Based on information that helps to describe context
- Based on reflection that is guided by the questions in the NPDA.

Steps for this session:

- Review the Achievement Based Objectives for this session.
- Facilitate the Gallery Walk with all participants moving as one group from wall to wall (and or room to room) to view the flipcharts of each group. Each group has about 15 minutes to present with an additional 5 minutes for Q&A.

- c) The facilitator(s) can guide open-ended comment and discussion by participants, noting Key Communication Points above, as appropriate.

Sample questions to guide comment and discussion

- Thank you. Nice job. We are very interested in learning more about the process you shared in your small group. What decisions were “easy” for the group to come to consensus on?
- Which were more difficult- why?
- Where do you feel you had enough information and you are comfortable with your conclusions?
- Where do you feel you need more information? What are the key gaps? WHY? In a real life situation how would you go about getting that information.
- Were there any decisions that you went with because you felt ultimately it would not seriously affect your program design or this could be changed later? Please explain.
- So where do you feel you are in the process at this point?
- What are your suggestions for how you would have included MOH participation and input into this design process?
- What other stakeholders would you also like to have consulted with?
- What additional sources of information would you have sought if you had more time?
- (If relevant) You have a very ambitious program design here and it is likely that your budget resources will not allow this project to sufficiently support all of these actions. If you had to cut 25% of the budget, what changes would you make?
- NOTE: follow with technical questions as appropriate.

- d) One facilitator should keep track of key comments for summary during Closing Remarks.

Closing Remarks:

- Summarize key comments from the Gallery Walk.
- Ask participants to comment on the experience.
- Introduce next session.

Session #13: Return to STEP 2. Revisit and Refine (draft) Goals and Objectives

Time: 1 hour and 30 minutes

Materials:

- Flip charts and markers
- Colorful sticky notes
- Copies of handout on the construction of a Results Framework
- Copies of samples of Results Frameworks for small group critique

Achievement Based Objectives:

By the end of the session, participants will have:

- a. reviewed the definition of different elements of a Results Framework.
- b. reviewed and critiqued sample Results Frameworks.
- c. prepared Results Frameworks for the “case study” program design and based on STEPS 1 through 4.

Key Communication Points:

1. A Results Framework (RF) is a “road map” of what the program wants to achieve (where it’s going) and how it will achieve it (how to get there).
2. An RF can be done as a table or as a “tree” (note that a tree helps visualize and analyze the whole picture at once).
3. Key definitions:
 - a. Results Framework: logic model (logframe) that demonstrates how the program’s activities will lead to achieving the program’s objectives.
 - b. Goal: Highest level objective that the program contributes to (but does not achieve on its own). Examples: reduced poverty, reduced mortality.
 - c. Strategic Objective (SO): Highest level objective that a program is responsible and accountable for achieving. Example: improved nutritional status.
 - d. Intermediate Result (IR): An outcome that must be achieved so that an SO can be accomplished. Examples: IYCF practices improved; improved access to primary health care.
 - e. Activity: An action that leads to or helps achieve an IR. This is what the program does on a daily basis. Example: training of community health workers.
4. Tips for developing useful RFs:
 - a. Make it feasible – both ambitious and achievable.
 - b. Make it specific to the program itself.
 - c. Make it clear with simple statements and separate results vs. combined.
 - d. Make it logical – the lower level(s) should *cause* the higher level(s) to occur.

Steps for this session:

- a) Review the Achievement Based Objectives for this session.
- b) Facilitate a plenary review of the definition of a Results Framework (35 min)

1. Using wall space, put up a poster of a Results Framework and go through the definition of the different elements of the Results Framework: Goal, Strategic Objective (SO), Intermediate Result (IR), Activity, Assumption
 2. Agree on definitions and the purpose of a Results Framework (road map)
 3. Share handout with key elements of a Results Framework
- c) Provide orientation for a small group activity to critique sample Results Frameworks (15 min)
1. Sample (mock) Results Frameworks are handed out to small groups
 2. Small groups are asked to critique (weaknesses, strengths, and how it could be improved).
 3. In plenary, the facilitator guides small group discussion of their critique: Does it look like a good plan to deal with the problem?
- d) Provide orientation for a small group activity to develop a Results Framework (45 min)
1. Re-form in small groups (as per on-going case study activity) and orient for the preparation of a Results Framework by using sticky notes on the wall, with one results statement or activity per sticky note. The groups can either create a tree or a table, whichever makes most intuitive sense to the group. The end result should be a basic road map of the program's plan and be a method to ensure that the program remains on track to achieve the program goal.
 2. In small groups, review the draft goal and strategic objectives from the Day 1 workshop activity.
 - i. Does this still seem appropriate, given what you learned or decided in steps 3 and 4?
 - ii. What changes would your team like to make?
 - iii. Any additions?
 - iv. What intermediate results need to be achieved to achieve your SO?
 - v. What activities will support those SOs?
 - vi. (Or vice versa – what will the activities you've selected achieve?)
 3. Now that you have your goals and SOs, develop the rest of your RF based on what you've learned or decided in steps 3 and 4
 - i. Review your RF: are the activities and intermediate results you've proposed likely to achieve your SO?
 - ii. Will your SO contribute to the goal?
- e) Facilitate plenary discussion (10 min): Share any changes your team has made, and any interesting discussions that come up as a result or revisiting your goals and objectives.

Closing Remarks:

- Summarize session.
- Introduce next session.

Session #14: Step 5. Preliminary Program Design: Recuperation.

Time: 75 minutes

Materials:

- Blank flipchart paper and markers
- NPDA Workbook

Achievement Based Objectives:

By the end of the session, participants will

- a. Be familiar with the structure of Step 5.
- b. Have reviewed the NPDA information provided on several recuperative approaches.
- c. Have reflected upon the potential positive aspects vs. potential constraints of including a recuperative approach within a set of preventive nutrition interventions.

Key Communication Points:

1. High quality implementation of a recuperative approach often requires strong inputs of technical capacity and/or assistance and programs should plan accordingly.
2. In situations where the data shows borderline need for a recuperative approach, a program should reflect carefully whether or not inclusion of a recuperative approach will lead to the best overall results / outcomes for target beneficiaries.

Steps for this session:

PART I: OVERVIEW OF STEP 5 (30 minutes)

- a) Review Achievement Based Objectives for this session.
- b) Note that STEP 5 begins by looking at the final synthesis from Step 1. Section A. Synthesizing the Data on Nutritional Status: Anthropometry. Look at 3 examples from the datasets used in Step 1 of the NPDA training workshop:
 1. Highlight an example of high SAM that calls for a recuperative approach;
 2. Contrast with an example of borderline HIGH/VERY HIGH underweight and/or MEDIUM MAM and SAM that could possibly be addressed through a very strong preventive nutrition intervention alone.
 3. Reiterate that the WHO categorization of the “public health significance” of under-nutrition indicators has been established by experts through a committee process, but should be seen as another guidance tool to be considered within the overall context of the planned program.
 4. Note that the NPDA Reference Guide (page 66) refers decision-makers back to STEP 3 and any information gathered on *available, appropriate and accessible* recuperative services and suggests consideration of linking to and strengthening these services through partnership.

- c) Briefly review the questions provided in STEP 5 for further reflection (review the questions on Page 63 of the NPDA Workbook).
- d) Present the NAME of three of the key recuperative approaches -- PD/HEARTH, FOOD SUPPLEMENTATION/ASSISTANCE FOR RECUPERATION, and CMAM -- and ask if any participants have experience with any of these approaches. (**NOTE:** Emphasize this is not the space to discuss the relative merits of each approach):
 1. Ask for a volunteer participant to briefly describe any one of the three approaches;
 2. Repeat until the three approaches have been broadly explained.
 3. Refer participants to additional information on the approaches in Annex 2 of the NPDA Workbook, along with reference citations in Annex 2.
 4. Note that the NPDA Reference Guide provides details on the “minimum elements” that should be included when implementing any of the recuperative approaches (pages 64-66).

PART II: PREPARATION FOR DEBATE (20 minutes)

- e) Orient participants to the next activity: debate of the “pros” and/or “constraints” of including a recuperative approach with a preventive nutrition intervention:
 1. Randomly assign participants to either group by distributing pieces of paper that say “pros” or “constraints” and explain that in the field participants should be assigned randomly to reduce bias and permit for a more objective discussion.
 2. Explain that each group will have 20 minutes to prepare on a flipchart a list of key points to remark upon during a debate.
 3. Participants can also use this time to look more closely at information on any recuperative approach they are unfamiliar with.

PART III: DEBATE (15 minutes)

- f) Moderate a debate on the “pros” and “constraints”:
 1. Ask the “pros” to explain ONE point on their flipchart.
 2. Ask the “constraints” to respond to this point with either a point from their flipchart or a verbal response (now added to the flipchart).
 3. Repeat, with “constraints” now explaining ONE point on their flipchart and “pros” responding.
 4. Continue, alternating between “pros” and “constraints” until the points on their flipcharts have been covered.

PART IV: DISCUSSION (10 to 40 minutes)

- g) Facilitate plenary group discussion of the debate experience and the pros and constraints noted.

- h) Ask participants to comment on their experience using any of the recuperative approaches discussed.

Optional Activity (30 minutes):

Depending on the needs of the workshop participants and the time felt sufficient for the above plenary discussion, this session could culminate in participants returning to their small “case study” groups and working through STEP 5 to make decisions regarding the inclusion of any recuperative approach in case study program design.

Closing Remarks:

- Note that all decision-making is complex and that the NPDA tool is designed to promote – within the planning and program design process:
 - use of data for decision-making
 - better understanding of context (policies, services, etc.), along with
 - careful reflection and consideration of needs, capacity, opportunities, etc.

- Mention the **Key Communication Points** Nos.1 and 2 (repeated below):
 1. High quality implementation of a recuperative approach often requires strong inputs of technical capacity and/or assistance and programs should plan accordingly.

 2. In situations where the data shows borderline need for a recuperative approach, a program should reflect carefully whether or not inclusion of a recuperative approach will lead to the best overall results / outcomes for target beneficiaries.

Session #15: STEP 6. Putting It All Together

Time: 30 minutes

Materials:

- Flipchart and markers
- NPDA Reference Guide and Workbook

Achievement Based Objectives:

By the end of this session, participants will:

- a. have experienced one participatory method to review STEP 6, a method that could be used during field use of the NPDA tool.
- b. reviewed the questions included in the NPDA Workbook to guide STEP 6.
- c. have reflected and commented upon the costing considerations noted in the NPDA Reference Guide and summarized in the Workbook for STEP 6.
- d. reflected upon the iterative nature of the NPDA process and how STEP 6 provides a last opportunity for careful reflection, discussion and any final adjustments to decision-making.
- e. be familiar with the additional list of resources in the NPDA Reference Guide Annex 2.

Key Communication Points:

1. Note that although this workshop is not specifically designed as a Training of Trainers workshop, it is anticipated that many of the techniques used in this workshop would also be appropriate when using the NPDA tool in the field.
2. When using NPDA in the field as a participatory process, it will be useful to have accumulated the results/outputs from STEPS 1-5 (and any “key considerations” that occur while working through the STEPS) in a notebook or as flipcharts for review during STEP 6.
3. In STEP 6, an opportunity to reflect upon cost considerations receives greater emphasis in the reflective decision-making process.
4. STEP 6 is a critical time to again review the **List of materials and availability** (Workbook STEP 3 page 49) and consider the cost implications for the selection of approaches for the program; another critical cost implication is any need for technical assistance in order to ensure the quality of any selected approach.
5. STEP 6 is designed to be the final “iterative” step in the NPDA process and permits once again for review of the selection of approach(es) in the NPDA process. (Note that if significant information was lacking when going through STEPS 1 to 5 in the NPDA process, the process should be repeated once the additional information is gathered.)

Steps for this session:

- a) Review Achievement Based Objectives for this session.

- b) Refer to STEP 6 in NPDA Workbook (page 65) and ask any participant to read the key questions provided to guide STEP 6. Stop when reaching the question on costing (which refers readers to page 72 of the NPDA Reference Guide).
- c) Ask participants to turn to Page 72 in the NPDA Reference Guide. Note that having participants take turns reading and commenting on guidelines can be a participatory training method. Note Key Communication Pts. #1, #2 and #3.
- d) Ask for volunteers to take turns reading through several points and then stopping to comment and allow for comment by the group.
- e) Emphasize Key Communication Pts. #4 and #5 throughout the discussion. Emphasize that the NPDA tool is designed to assist organizations to carefully reflect so that programs are not designed to “do too much” or do not take into account internal needs for capacity building for strong implementation.

Closing Remarks:

- Include an opportunity for Q&A on STEP 6.
- Note the ADDITIONAL RESOURCES listed in STEP 3 pages 32 and 33 of NPDA Reference Guide and Annex 2.
- Introduce the next session.

Session #16: Final Review of STEPS 1 through 6**Time:** 30 minutes**Materials:**

- NPDA Reference Guide and Workbook

Achievement Based Objectives:

By the end of the session, participants will:

- a. have had an opportunity to commit to memory the sequence of STEPS involved in the NPDA process
- b. reflect once again on how the STEPS (1 through 6) are linked and how each contributes additional information for consideration in the design of a nutrition program.
- c. have had an opportunity throughout the training workshop to comment on their experience and on the NPDA tool.

Key Communication Point:

The STEPS are designed so that decision-making is:

- Based on data that reflects needs
- Based on information that helps to describe context
- Based on reflection that is guided by the questions in the NPDA.

Steps for this session:

- a) Review the Achievement Based Objectives for this session.
- b) Ask for volunteers to shout out the title or key activity for each STEP, starting with STEP 1 and proceeding through STEP 6 (small prizes can be given). After each STEP is named or described, ask for brief comments on the usefulness of the STEP in informing decision-making.
- c) Once STEPS 1 through 6 have been named/described and discussed, guide open-ended comment and discussion by participants regarding the strengths of and/or gaps in the NPDA tool.
- d) Note the Key Communication Points above, as appropriate.

Closing Remarks:

- Summarize key comments on the NPDA tool on a flipchart.
- Allow time for any final Q&A.
- Introduce the next session.

Session #17: Summary and Evaluation**Time:** 15 minutes**Materials:**

- 30+ copies evaluation form

Steps for this session:

- a) Thank participants and provide orientation on the evaluation form.
- b) Pass out the evaluation form and later collect (anonymously) for review.

Closing Remarks:

- Thank participants for their participation during the workshop.
- Reiterate any next steps and/or follow on from this workshop.

Extra Session (as needed): Icebreaker

Time: 20 minutes

Materials: none

Steps for this session:

- a) Ask participants to form groups of three, finding two people with whom they have not yet gotten to know through small group work.
- b) Instruct the groups to find three things that they all have in common.
- c) Provide the caveat that things like body parts (ex. “we all have a nose”) or clothing (ex. “we all wear pants”) are not acceptable – they need to dig a little deeper to find similarities.
- d) After providing enough time for each group to identify their commonalities, ask each group to provide examples of their common points to the rest of the group.

Closing Remarks:

- Introduce the next session

THE END