A NUTRITION LINELIST

AGGREGATED DATA LIMITS
PROGRAM MONITORING, EVALUATION AND CAPACITY TO MAKE DECISIONS

- No quality control => low data quality: reconciliation and completeness problems
- No overview of each patient
- Data entry is fast but compiling tables for reports is time consuming
- Missing information to guide OP decisions:
  - geographic origin of patients
  - severity
  - length of stay...
- No timely monitoring: often reported monthly
- Limited program evaluation: some performance indicators need individual data

LINELIST & ASSOCIATED WORKFLOW

LOW TECH BUT FLEXIBLE
- No need for internet connection
- Type of intervention: regular / emergency, children / adults, etc.
- Type of facility: IPF / OTP / SFP
- English / French (new language can be added)
- Show / hide optional variables
- Individual follow-up: visits and transfers between facilities

INCREASES DATA QUALITY AND COMPLETENESS
- Data validation rules
- Calculated indicators: WHZ z-score, length of stay, time since last seen, weight gain, MUAC gain, etc.
- Flags for missing and aberrant values
- Graphs for data monitoring

EASY PROGRAM MONITORING AND REPORTING
- General epi analyses (person, time, place)
- Weekly and monthly epicurves
- Standard performance indicators by age, facility type, sex
- Tables ready for reporting to partners (UNICEF, MoH...)
- Possibility to export graphs and tables

IMPORT & EXPORT
- Import geobase to monitor patient origin
- Export anonymous data (to further analyse, or share)
- Migrate data from one linelist to another (easy to upgrade / merge linelists)
- Export tables or graphs

DEPLOYED IN
- Madagascar: linelist (2021, 13,097 admissions)
- Katsina: linelist & dashboard (2021-2024, 199,700 admissions)

TO CONSIDER
- Size of cohort: requires ~ one data encoder per 2500 patients
- Length of project: can be split into active/non-active cohort

Contact: emmanuel.grellety@epicentre.msf.org or mathilde.mousset@epicentre.msf.org