

# A NUTRITION LINELIST



AGGREGATED DATA LIMITS
PROGRAM MONITORING,
EVALUATION AND CAPACITY

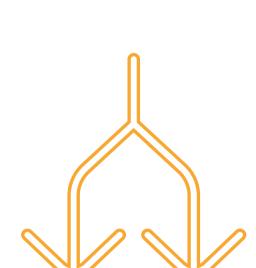
Field level

- 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

HQ level

# LINELIST & ASSOCIATED WORKFLOW

## LOW TECH BUT FLEXIBLE



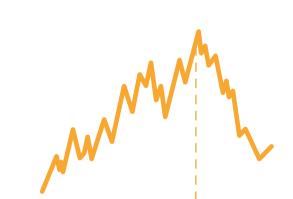
- No need for internet connection
- Type of intervention: regular / emergency, children / adults, etc.
- Type of facility: IPF / OTP / SFP
- English / French (new language can be added)
- Show / hide optional variables
- Individual follow-up: visits and transfers between facilities

## 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

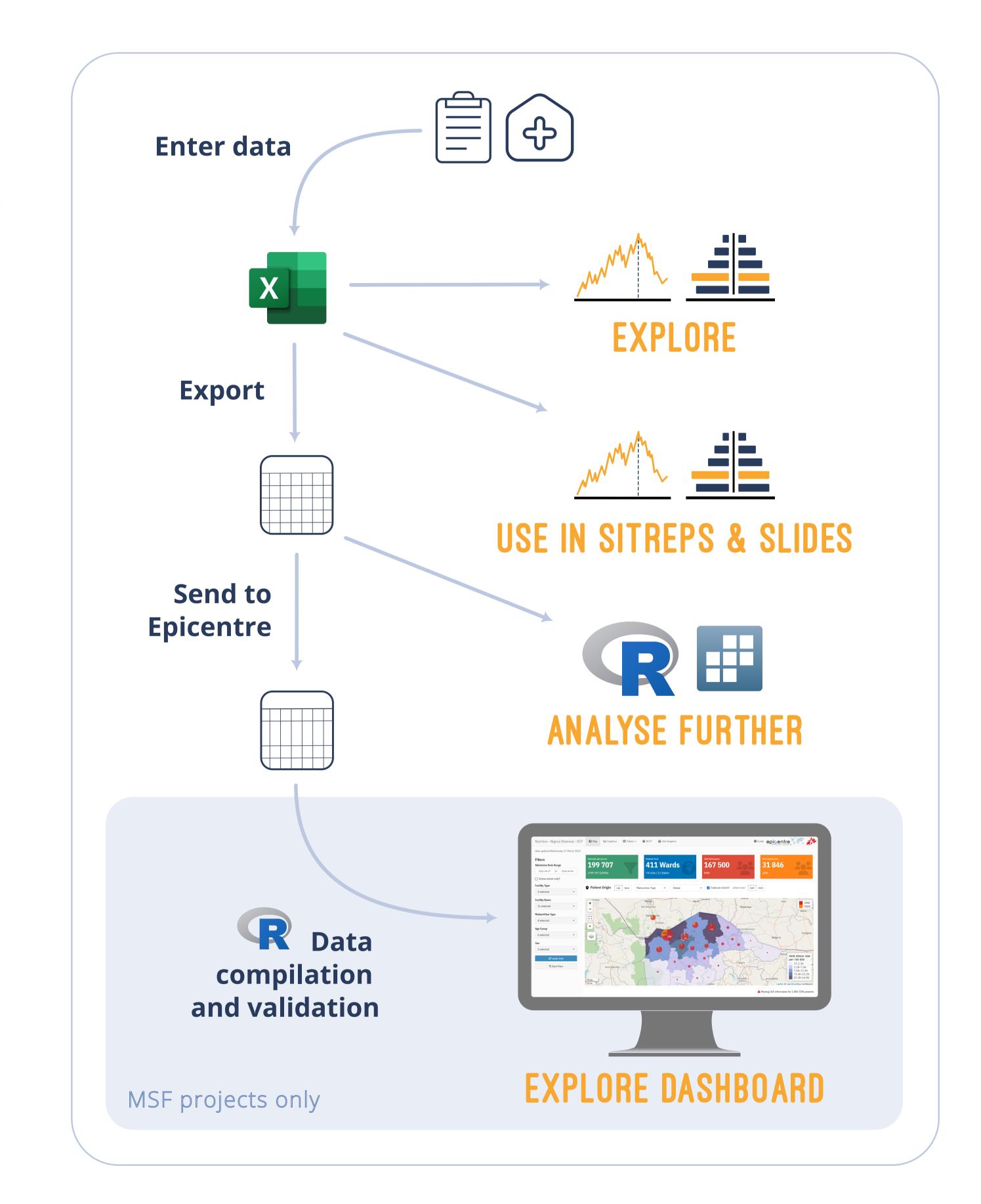


- General epi analyses (person, time, place)
- Weekly and monthly epicurves
- Standard performance indicators by age, facility type, sex
- Tables ready for reporting to partners (UNICEF, MoH...)
- Possibility to export graphs and tables

#### 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