

IAEA-CN-217--63P

Online Database Allows for Quick and Easy Monitoring and Reporting of Supplementary Feeding Program Performance: An Analysis of World Vision CMAM Programs (2006-2013)

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Background: Despite the widespread implementation of interventions to address moderate acute malnutrition (MAM), lack of robust monitoring systems have hindered evaluation of the effectiveness of approaches to prevent and treat MAM.

Since 2006, World Vision (WV) has provided supplementary feeding to 280,518 children 6-59 months of age (U5) and 105,949 pregnant and lactating women (PLW) as part of Community Based Management of Acute Malnutrition (CMAM) programming.

The Excel-based system initially used for monitoring individual site programs faced numerous challenges. It was time consuming, prone to human error, lost data as a result of staff turnover and hence use of data to inform program performance was limited. In 2010, World Vision International (WVI)'s Nutrition Centre of Expertise (NCOE) established an online database to overcome these limitations. The aim of the database was to improve monitoring and reporting of WV's CMAM programs. As of December 2013, the database has been rolled out in 14 countries Burundi, Chad, DRC, Ethiopia, Kenya, Mali, Mauritania, Niger, Sudan, Pakistan, South Sudan, Somalia, Zimbabwe and Zambia.

Methods: The database includes data on admissions (mid-upper arm circumference, weight for height, oedema, referral) and discharge outcomes (recovered, died, defaulted, non-recovered, referral) for Supplementary Feeding Programs (SFPs) for children U5 as well as PLWs. A quantitative analysis of the data sets available was conducted to identify issues with data quality and draw findings from the data itself. Variations in program performance as compared to Sphere standards were determined by country and aggregated over the 14 countries. In addition, time trend analyses were conducted to determine significant different and seasonality effects.

Results: Most data was related to program admissions from 2010 to July 2013, though some retrospective program data was available from 2006 to 2009. The countries with the largest number of admissions were Niger (65,092 children), Ethiopia (57,195 children) and Pakistan (42,299 children). On average, the SFP programs met or exceeded the recommended Sphere Standards for children U5: 92.2% recovered, 0.1% died and 5.6% defaulted. Some individual programs in particular years, did not meet the Sphere standard of < 15% of discharges defaulted. Common reasons for high defaulting were stock pipeline ruptures, and lack of follow-up with absentees. The online database has allowed program managers to compare performance indicators across all sites to identify low performing locations and take the necessary action to improve performance.

Conclusions: This analysis of the WVI CMAM database highlights the value of an online database system with harmonized reporting categories for monitoring supplementary feeding programs across national and regional levels, as well as individual country sites. In addition to its application to SFPs, World Vision intends to apply a similar monitoring system for other interventions used in the management of MAM such as cash transfers to contribute to the global evidence base on interventions to address MAM.