



**Complex Emergency Database (CE-DAT)**

**Expert Group Meeting**

**Proceedings**

**Brussels, Belgium, May 2-3, 2007**

Held at:

Fondation Universitaire  
Rue d'Egmont 11  
1050 Brussels

Hosted by:

The Centre for Research on the Epidemiology of Disasters  
(CRED)

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## **MEETING PROCEEDINGS**

### **1. WELCOMING REMARKS AND INTRODUCTIONS**

Debarati Guha-Sapir, Director of the Centre for Research on the Epidemiology of Disasters (CRED) and Chair for the meeting, opened the meeting with some welcome remarks and explained the role of the CE-DAT expert group. The Expert group is foreseen as an informal but committed involvement of the experts who will advise the CE-DAT team in regard to technical issues encountered in its daily activity. The agenda of each meeting will be set by the CE-DAT team. This commitment will not bind the participants to a continuous dialogue with the CE-DAT team and does not involve any legal agreement. The members of the group have been selected based on their expertise on epidemiology, statistics and demography as applied to refugee and conflict setting. The issue of institution affiliation versus personal expertise has been raised since it represented a problem during the invitation process. It was indeed impossible to obtain two experts from the same institution, although with different expertise. In order to overcome this problem, Paul Spiegel proposed to organize the future meetings over week-end days, so that the participation will not interfere with the work of the members; Richard Garfield also suggested alternating a “physical” with a virtual meeting, by organizing video conference.

The group is asked to commit for a three year support, during which a maximum of 2 meetings per year will be organized.

Chiara Altare (CRED) began the day’s discussions with an overview of the agenda and by presenting the aims of the meeting.

The meeting intends to:

- develop an operational definition of complex emergency to establish the scope of CE-DAT
- establish general quality criteria for survey inclusion in CE-DAT.

The meeting was divided into 5 main discussion sessions:

- Session 1 deals with the definition of the scope of CE-DAT by characterizing a complex emergency.

- Session 2 focuses on the key elements which have to be included in each survey
- Session 3 and 4 focus on survey completeness and quality
- Session 5 looks for consensus on the most important survey elements and discusses the possibility of a grading and ranking system for surveys.

A session was dedicated to an “empirical exercise” aimed at bringing together theory on survey key elements and field practice.

Olivier Degomme (CRED) then gave a quick overview of the present status of CE-DAT, focusing on the evolution of data collection and data entry over the three years of activity.

Due to the small size of the group, there was no fix break down of presentation and discussion and answers and questions were embedded in the presentation.

The number of survey reports received by the CE-DAT team has increased significantly from the first to the second years, mainly through direct collaborations with NGOs (ACF, MSF, IMC, Concern, GOAL) and UN agencies (UNHCR). It is still increasing but at lower pace. On the contrary, CE-DAT is experiencing a strong increase in the number of data points entered, mainly due to a larger number of indicators registered in the surveys.

As regards the data entry, the entry sheet changed at the end of year 1 from one record corresponding to a data point, to one record corresponding to one survey: this made the use of the data handier.

At present the following information is entered in CE-DAT: source, location, dates, survey methodology, indicators (for each indicator: category and name, unit, age and status of the target group, value and confidence interval, sample size and unit).

CE-DAT database is online, publicly accessible 24 hours/7 days a week and raw data can be downloaded through search engine.

Data entered in the database is now defined as “Validated”, “Pending” and “Confidential” after a scrutiny of the CE-DAT team. One of the goals of this meeting is to define a completeness checklist on which the validation of the survey can be made and standardized. Paul Spiegel suggested creating two subcategories for the status of confidential (validated and pending).

Furthermore, Richard Garfield and Paul Spiegel supported the idea of including the design effect of the survey; Jon Pedersen warned that knowing the design effect without precise information on how it was calculated does not help; the inclusion of the standard error

would give an idea of the precision of results. Michel van Herp and Paul Spiegel observed that the design effect can give an idea of the homogeneity or heterogeneity of the context. Paul Spiegel pointed out the absence of gender break down: in the surveys received up to now, only malnutrition is divided by gender, while mortality estimates are not. This brings the issue of representative of the sample: gender division requires the increase in sample size. The inclusion of gender should be recommended because of its policy relevance. Future steps for the three main areas of activity (collection, entry and distribution of data) are required and refer to the inclusion of contextual information in the survey; the identification of which information has to be entered in the database and the way in which the data is made public. These issues represent the main discussion topics of the meeting. Debarati Guha-Sapir noticed that the inclusion of morbidity related data has to be discussed by the end of CE-DAT IV: data on diseases is not standardized and there is the need to clarify how this type of data should be entered on CE-DAT.

## **2. SCOPE OF CEDAT**

The discussion on the scope of CE-DAT reached a consensus on the following definition of complex emergency for the use of CE-DAT:

*CE-DAT includes all crises characterized by extreme vulnerability which display the following features:*

- *The government is unwilling or incapable to effectively respond, resulting in a need for external assistance;*
- *political oppression or armed conflict;*
- *displacement;*
- *increased mortality.*

## **3. COMPLETENESS CHECK-LIST**

The increased number of organizations collaborating with CE-DAT has broadened the typologies of reports received by the CE-DAT team and has made clear the need for a list of elements which have to be included in a survey for this to be defined as complete.

The experts have been asked to identify in a first stage all elements which should be in the survey report; this completeness list will be proposed to the NGOs as a tool for improving the elaboration of their reports.

From this very comprehensive completeness list, the experts will advise the CE-DAT team in the choice of maximum 10 key elements which have to be included in each survey for this to be entered in the database.

This is the completeness list:

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## **1. BACKGROUND and OBJECTIVES**

### **1.1 BACKGROUND**

- Political and socioeconomic conditions
- Season of survey
- Previous surveys and results if any
- Activity of the NGO in the field of analysis
- Reason for the survey, E.g.
  - o Assessment of state of things (baseline analysis), needs assessment
  - o Follow up survey
  - o Special event (locust, food ration cut down)

### **1.2 CONTEXT**

- Location of the survey site with maps
- Demographic data (urban/rural/refugee/resident, ethnicity)
- Recent food distribution (occurrence, composition, targeted population)
- Market condition
- Security context
- General malnutrition context
- Available nutritional services
- Livestock, agriculture (harvest time and condition)
- Water and Sanitation context
- Available health infrastructure
- Vaccination coverage
- Outbreak info

### **1.3 OBJECTIVES**

- Where
- When
- Who

E.g. Main Objective – Evaluate nutrition/mortality, situation of population for programmatic allocation

Specific objectives:

- Malnutrition in 65 – 110 cm or 6 – 59 months
- Measles coverage in 70 – 110 cm or 9 – 59 months
- Specific objectives for children/ for all ages
- To make recommendations.

#### 1.4 ETHICAL CONSIDERATION

- Ethical review board exists? (Especially for invasive techniques)
- Consultation for consent from community leaders, study subjects, or others? Done in what way?

## 2. METHODOLOGY

#### 2.1 Questionnaire design

- Sources of questions used and/or locally developed (DHS, MICS, SMART, my organization's)
- Translation to local language?
  - What languages used for administration? Language groups covered
- If translated, back translation carried out?

#### 2.2 Sample design

- Description of sampling frame
- Population reference source (Census, food distribution information, other)
- Overall design (two stage PPS, systematic, convenience)
- Final stage sampling methods (households – nearest neighbour, spin pen, mapping and listing, other). Selection within the household
- Allocation of sample (proportional to domains/strata? Other strategy?)
- Objective of size of total sample
- Determination of sample size per domain or strata
- Over sampling included?
- Substitution addressed?
- At what sampling stages (clusters, households, individual children)
- Non-response
- Refusals
- Not present

#### 2.3 Team composition

- Nr. of teams
- Nr. of enumerators per team
- Gender breakdown
- Nr. of supervisors

#### 2.4 Training

- Nr. of days of training
- Only theory or also field testing (Questionnaire field tested? If so, how?)
- Who delivered the training

#### 2.5 Data analysis / quality control

- Type of statistical programme used
- Procedures for quality control of data entry listed including double entry, check, etc...

### 3. RESULTS

- Exact dates of the survey
- Number of clusters, persons/households that were sampled- Problems with sampling frame (selected camp emptied out)
- Demographic characteristics with appropriate descriptive statistics (e.g. median age, mean household size, etc)
- Non-response rates (% refusal, % absences)
  - o Description of refusals, absence (characteristics)
- Point estimates with appropriate type of indicator (e.g. z score), units (e.g. deaths per 10,000 per day, etc) and possibly description of numerator and denominator (e.g. mid-point population taking into account births, deaths, migration)
  - o Number of respondents for indicators, missing values
  - o CI adjusted for design effect if cluster survey methodology used
  - o Disaggregated by age and sex when appropriate –link to objectives and small sample size calculation
  - o Design effect listed for each indicator if cluster survey methodology used
- Appropriate benchmarks-interpretation listed as well as reference standards (e.g. WHO child growth standards)-for methodology
- Appropriate format for data presentation (e.g. % should be accompanied by the realized sample size, appropriate number of decimal points, tables, simple graphs, age pyramid, statistical result and significance if statistical test performed.

### 4. DISCUSSION

1. All objectives are discussed
2. Comparison
  - o External
    - Baseline (which one?)
    - Previous surveys
    - Other locations
    - Other population groups
  - o Internal
    - Age
    - Gender
    - Population groups
3. Cause specific analysis (findings from surveys or contextual)
4. Limitations
  - o Inaccessible area due to insecurity
  - o Inaccessible areas due to natural constraints
  - o Limitations of rapid assessment
  - o Sampling period / seasonality
  - o Is the sample very different from the population?
  - o Gender bias?
  - o Discussion of outliers
  - o If replacement or non-response, could this be a possible bias?
  - o Implication of long or short recall period – recall bias
  - o Possible linguistic problems/ questionnaire issues

- Survival biases
  - Misclassification
5. Each recommendation is based on an issue raised in the discussion and is in accordance with it
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From the above list, the experts identified the following ten key elements:

- 1) Location
- 2) Period and recall period
- 3) Sample size
- 4) Sample design
- 5) Final stage sampling design
- 6) Appropriate indicators
- 7) Enumerator and denominator
- 8) Selection within the household
- 9) Non response
- 10) Comparison

These elements represent the minimum quality requirement for a survey to be entered in the database. If a survey report does not include the above-mentioned elements, it is not entered in the database and the source is contacted for obtaining more detailed information.

The CEDAT team plans to circulate the completeness checklist among its partners for discussing the need of guidelines for standardized reports. This collaboration intends to increase the quality of the survey reports and to propose a standard survey report format for the organisations working in the humanitarian world.

#### **4. GRADING POLICY AND PUBLIC AVAILABILITY OF CEDAT**

At present, CE-DAT is available on line 24 hours/7 days per week. Through a search engine, users can obtain the following information for each survey: location, dates, indicator, confidence interval, targeted population and source.

The availability of raw data without a description of the context or their interpretation may mislead users without a specific knowledge of the topic. The experts were asked to discuss the following points:

1. Should the access to CE-DAT be restricted?

2. Should each survey be given a sort of grade corresponding to the degree of reliability of the data?
3. How has this grading procedure to be carried out without misunderstanding? The final goal is improving the quality of the survey report and not grading the activity of collaborating NGOs.

All participants agreed on maintaining CE-DAT as a publicly accessible database, without any restriction. The organisations providing data should be given the option of not making their name public, in case they have some reservations on the precision of the data.

Surveys will be defined as “passed/failed” based on the key element list approved by the expert group: the reports containing all key elements will be made public in the CE-DAT database; the reports missing one or more of the key elements will be classified as failing and a discussion with the provider organisation will start for improving and completing the report. Once the revision completed, the survey will be made public.

## **5. CONCLUSION AND NEXT STEPS**

- Finalisation of key-elements as inclusion criteria for a survey in CE-DAT
- Circulation of the criteria among the partner NGOs
- Elaboration of guidelines
- Application of the criteria by one year
- Morbidity: how to include disease data in CE-DAT



# CE-DAT Survey Completeness Checklist



CE-DAT SURVEY ID: \_\_\_\_\_ Carried out by : \_\_\_\_\_

1. **Location:** Country: \_\_\_\_\_  
District: \_\_\_\_\_  
City: \_\_\_\_\_  
Camp: \_\_\_\_\_
2. **Period:** from \_\_\_\_\_ To \_\_\_\_\_  
Recall Period: \_\_\_\_\_ months
3. **Sample size:** \_\_\_\_\_ Children  
\_\_\_\_\_ Households
4. **Sample design:** PPS, two-stage cluster sample  clusters: \_\_\_x\_\_\_  
Systematic random sampling   
Simple random sampling   
Convenience   
Other \_\_\_\_\_  
Design Effect
5. **Final stage sampling design:** nearest neighbour   
Spin pen   
Mapping and listing   
Other \_\_\_\_\_
6. **Indicators:**  
Nutrition  z-score  % Median  MUAC  
Mortality  10000/day  1000/year  1000/month  
Confidence Intervals: Nutrition  Mortality   
Vaccination Coverage
7. **Demographic data:**  
 births  in-migration  end-point population  
 deaths  out-migration
8. **Selection within household:**  
all children   
Other  \_\_\_\_\_
9. **Non response:**  
% refusal \_\_\_\_\_  
% absences \_\_\_\_\_
10. **Comparison:**  
past surveys  geographical   
Status groups  gender   
6-29 vs. 30-59