Summary

The 5th TAG meeting had several objectives. It first aimed to provide participants with an overview of the accomplishments of CE-DAT over the last 18 months as well as to present the new data visualization tools. A day was also devoted to the presentation of the results of the last Expert Group Meetings (EGM), during which a Completeness and Quality Assessment for survey reporting was discussed.

Given a very fruitful feedback from the participants, we have identified future steps along distinct lines.

Build bridges The CE-DAT team intends to finalize the two Memoranda of Understanding (MoU’s) that are still under negotiation before the end of the year. Furthermore, it will pursue the formalization of collaborations with other field agencies. The CE-DAT database will also be linked to another database by the end of 2009.

Improve CE-DAT usefulness and usability In order to address users’ requirements, the CE-DAT team will 1) refine access to CE-DAT database (e.g. institutional login), 2) diversify data queries, search engines and data overviews, 3) Improve the features of the Analysis Center and finalize the Conflict Context Briefs and 4) Identify additional data to be included in the database.

Improve survey reporting The CE-DAT Completeness Checklist will be made available to field agencies in order to improve the completeness of survey reports. Moreover, the checklist will be applied to a larger number of surveys to identify the most common shortcomings. This will also lead to the development of a quality checklist to ensure methodologically-sound surveys and precise and valid health indicators.

The proceedings are structured as follows: the first part presents the discussions of the first day, namely the accomplishments of CE-DAT, its progress and the way forward in improving CE-DAT usefulness and usability. A second part evolves along the development of the CE-DAT Survey Completeness Checklist, providing the presentation of the checklist, its application to the Darfur surveys and the conclusions of the third EGM.
Day 1

Current Status of CE-DAT

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1.1 Welcoming Remarks and Introduction

Dr. Olivier Degomme, Coordinator of the Complex Emergency Database (CE-DAT), welcomed the participants to the 5th Technical Advisory Group (TAG) meeting and gave an overview of the meeting’s agenda and planned discussions.

Each participant then quickly introduced himself, the organization he represents, and his line of work.

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1 An introduction to the CE-DAT initiative, as well as the TAG meeting agenda, can be found in Appendix A and B, respectively.

2 The list of participants is available in Appendix C.
1.2 Current status of CE-DAT

Olivier Degomme first presented the newcomers to the CE-DAT team, namely Olivia D’Aoust and Nita Maria Paliakara as researchers and Manuel Albela Miranda as IT specialist. He then gave an overview of the project’s background and its achievements since the TAG meeting of January 2008.

1.2.1 Accomplishments and challenges of CE-DAT

CE-DAT’s goals are 4-fold and consist of Analyses, Building bridges, Capacity building and Database management.

A. Analyses and dissemination of knowledge

Firstly, the project aims to disseminate knowledge and understanding about health in complex emergencies. The project’s work is disseminated through briefs, publications, conferences, meetings, newsletters and the CE-DAT website.

The briefs are short overviews of a topic, such as nutrition and mortality in complex emergency situations, or of the health status of a specific population. Publications are usually articles published in international peer-reviewed journals. These articles are in-depth analyses of field data on health, nutrition and mortality situation in conflict-affected countries and populations. Finally, a newsletters entitled “CE-DAT Scene” is published on a quarterly basis.

Conferences and meetings are organized to exchange CRED’s technical knowledge and expertise, but also to get inputs from academic and research institutes, NGOs, and international and donor organizations. In November 2008, CRED and the Harvard Humanitarian Initiative jointly organized a conference in Brussels entitled “Documenting Mortality in Conflicts”. The objective was to build bridges between various disciplines such as epidemiology, forensic anthropology and demography and develop complementary approaches towards more reliable estimations of mortality in armed conflicts. CE-DAT also organizes Expert and Technical Advisory Group meetings on a yearly basis to strengthen and improve the quality and reliability of health survey data and its usability for the humanitarian community.

The CE-DAT website provides access to CE-DAT publications, briefs, newsletters, guidelines and other outputs. Access to CE-DAT data is made available on the website through various query and visualization tools.

B. Building bridges with partners and other initiatives

Secondly, CE-DAT has developed collaborations with several organizations and plans to continue to link up with other relevant partners and initiatives.

Memoranda of Understanding (MoU’s) are signed with organizations to formalize collaborations and facilitate the exchange of survey reports and technical support. Nine are presently signed with IRC, IMC, Tearfund, Concern, Goal, Merlin, ACF-F, AAH-USA, ACH-ESP. Two MoU’s are currently under negotiation, and more will be signed over the coming year.

A link has been established between the CE-DAT database and the EM-DAT International Disaster Database. There are ongoing discussions on linking CE-DAT with, among others, the Armed Conflict Location and Event Data (ACLED) and the Gapminder data visualization portal.
C. Capacity building and support

CE-DAT also aims to provide training and support on how to reliably assess health in emergency situations.

Training A summer course entitled “Assessing Public Health in Emergency Situations” (APHES) is organized yearly. This two-week course aims to familiarize professionals with epidemiological techniques to determine impacts of disasters and conflicts. The course introduces participants to the methods and tools of epidemiology in the context of humanitarian emergencies and also covers the different uses of quantitative and qualitative tools for the assessment of health needs in populations affected by catastrophic events.

Short training packages are also organized by CRED through requests from partners. A recent example of this was a training given by members of the CE-DAT team to UNAIDS staff in South Africa.

Support The provision of technical support to field organizations is a big part of the CE-DAT team’s work. Answers to questions on survey methodologies, recommendations on data collection techniques and feedback on shared surveys is provided to various field operators. Many of the discussions at this TAG meeting will be on this very aspect of CE-DAT’s work.

In reference to the support provided to field agencies by the CE-DAT team, Olivier Degomme briefly introduced the CE-DAT Survey Completeness and Quality Checklist elaborated by the CE-DAT Expert Group over the last years.

D. Database

Finally, the project compiles and maintains a database of health data from complex emergency settings.

Currently, the CE-DAT database covers some 49 countries and contains 2,290 surveys. From these surveys there are a total of 19,954 health indicators, including:

- 1,416 Crude Mortality Rates (CMR)
- 1,579 Under-5 Mortality rates (U5MR)
- 4,334 Global Acute Malnutrition values (GAM Z-score or median)
- 4,130 SAM Severe Acute Malnutrition values (SAM Z-score or median)

All surveys are geo-referenced up to the third administrative level and the migration from Microsoft Access to PostgreSQL will allow for easier data management and better cartographic representation of the health indicators.

1.2.2 Online CE-DAT Query and Visualization tools

Following the presentation by Olivier Degomme, Manuel Albela Miranda, the CE-DAT IT specialist, introduced the participants to the various tools to visualize and query data on the CE-DAT website.
i. Map and timeline tool

This tool (Figure 1.1) provides a quick overview of the location of surveys and the threshold-related values of the indicators selected. There are three components to this visualization tool, namely the cartographic interface, the timeline and the complex emergency monitor.

Figure 1.1: Map and timeline tool

The cartographic component provides an overview of where surveys have been carried out in a selected country. Furthermore, location icons are color-coded according to values of the indicators. In the example above, green icons represent Global Acute Malnutrition rates that are under the 10% accepted emergency threshold, yellow icons those that are above emergency yet below critical thresholds, and red icons for values exceeding the 15% threshold value.

The timeline component provides an overview of the temporal aspects of when surveys have been carried out, with labels providing information on the first administrative level of relevance.

Finally, the Complex Emergency Monitor provides an indication of the direct versus indirect mortality in the country, with an analysis of U5MR values relative to CMR values.

ii. Tabular query tool

This tool (Figure 1.2) provides users the ability to create a query by selecting the country, first administrative entities, years, and indicator of interest. The resulting table provides information on the indicator selected, including its value, the status of the population surveyed (IDP, resident, refugee or mixed) and information on when and where each survey was carried out.

For those persons who are members of the CE-DAT Network and have logged in to the website, clicking on the survey ID in the right column opens a new window that provides a list of all the indicators from that particular survey, as well as the name of the agency who carried it out.
iii. CE-DAT Analysis Center

The third tool available on the CE-DAT website is the new Analysis Center (Figure 1.3)

The CE-DAT Analysis Center was created, amongst other reasons, to address issues of multiple surveys carried out in the same locations. The map tool mentioned earlier in the text displays icons only for the latest survey. As many users are interested in following specific populations over time, this new mapping tool allows them to identify an area and retrieve all values of a specific indicator linked to that location.

Furthermore, for ease of visualization at low resolutions, the map interface clusters surveys together. As the resolution is increased through the zoom tool, the clusters separate into individual points. Each point on the map is also presented by a point in the right-hand chart. Clicking on a point on the map will highlight the surveys in question on the chart and vice versa. The chart provides a quick overview of when surveys were carried out and of the value of compiled health indicators relative to established thresholds (Figure 1.3(a)).

Clicking on a point on the map will open up a window providing a table with all of the indicator values for that one cluster. Clicking on the blue arrow on this pop-up window allows the user to browse through each individual indicator value and related information (Figure 1.3(b)).
Current status of CE-DAT

(a) Analysis Center

Survey ID: 81
Indicator name: Global Acute Malnutrition
Indicator location: --
Indicator scale: %
Indicator data: 2003-12
Indicator value: 6.1

<table>
<thead>
<tr>
<th>Date</th>
<th>Value</th>
<th>Admin</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003-12</td>
<td>6.1</td>
<td>NNNP</td>
<td>--</td>
</tr>
<tr>
<td>2007-03</td>
<td>8.9</td>
<td>NNNP</td>
<td>--</td>
</tr>
<tr>
<td>2007-06</td>
<td>2.7</td>
<td>NNNP</td>
<td>--</td>
</tr>
<tr>
<td>2003-12</td>
<td>9.7</td>
<td>NNNP</td>
<td>--</td>
</tr>
</tbody>
</table>

(b) Individual Indicator

Figure 1.3: Analysis Center
iv. Conflict Context Brief

From the CE-DAT Analysis Center, a user may access the Conflict Context Brief (Figure 1.4). This brief was presented at the meeting as ongoing work with the objective of receiving as much feedback as possible from the participants on the type of auxiliary data that should be made available.

The objective of the Conflict Context Brief is to provide a 1-page overview of a specific country or population by presenting CE-DAT health indicators, as well as various contextual information. The Context Brief is planned to be made available as a downloadable PDF in such a way as to not require a fast Internet connection.

The Conflict Context Brief provides a chart with values of the three main indicators, CMR, U5MR and GAM, along with a map showing where the latest and highest values for each are found. Some auxiliary data is also available on economic issues, water and sanitation, and health.

v. CE-DAT and EM-DAT interface

One of the CE-DAT objectives mentioned earlier is building of bridges with partners and other initiatives. In this context, the CE-DAT team has been exploring possibilities on how best to link its database to those of other initiatives.

As a first step in this process, CRED’s EM-DAT International Disaster Database was linked to the CE-DAT Database (Figure 1.5). A link on the CE-DAT website brings up the multi-database interface below. This tool allows users to select a specific first administrative unit (e.g. Province) and query both the CE-DAT and EM-DAT databases to visualize the values of survey-based nutrition and mortality indicators and the occurrence and impact of disasters there.
Figure 1.4: Conflict Context Brief

**Basic Information**
- Total Population: 75,866,893
- Population Growth (Annual %): 2.47
- Human Development Index (HDI): 0.399 (Low)
- Life expectancy at birth, total (years): 52.92
- GDP (Current US$): 19,794,277,936
- GDP (Constant US$): 11,110
- Net migration: -1,400,460
- Official development assistance and official aid (current US$): 2,422,489,888
- External debt stocks, total (GDP, current US$): 2,633,052,000

**Number of Refugees (1999-2006)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Refugees</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>1,000,000</td>
</tr>
<tr>
<td>2000</td>
<td>2,000,000</td>
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<tr>
<td>2001</td>
<td>3,000,000</td>
</tr>
<tr>
<td>2002</td>
<td>4,000,000</td>
</tr>
<tr>
<td>2003</td>
<td>5,000,000</td>
</tr>
<tr>
<td>2004</td>
<td>6,000,000</td>
</tr>
<tr>
<td>2005</td>
<td>7,000,000</td>
</tr>
</tbody>
</table>

**Camps included in CE-DAT**

- IDP
- Refugee
- Mixed

**Highest Crude Mortality Rate**

- Value Year Area
- 9.9 2000 Darfur
- 8.9 2000 Darfur
- 6.7 2000 Darfur

**Latest Crude Mortality Rate**

- Value Year Area
- 0.19 2008-09 Kasi
- 0.23 2008-09 Sae
- 0.44 2008-07 Damast Galla

**Ethiopia surveys included in CE-DAT**
- Average: 0.50 (10,000/day)
- Median: 0.40 (10,000/day)

**Highest Under Five Mortality Rate**

- Value Year Area
- 9.2 2000 Darfur
- 7.7 2000 Darfur
- 2.3 2002 Taffa

**Latest Under Five Mortality Rate**

- Value Year Area
- 0.04 2000-07 Kasi
- 0.04 2000-07 Sae
- 0.07 2000-07 Damast Galla

**Ethiopia surveys included in CE-DAT**
- Average: 0.75 (10,000/day)
- Median: 0.93 (10,000/day)

**Highest Global Acute Malnutrition**

- Value Year Area
- 6.5 2005 Darfur
- 5.5 2000 Darfur
- 2.2 2009 Darfur

**Latest Global Acute Malnutrition**

- Value Year Area
- 1.3 2008-09 Kasi
- 1.4 2008-09 Sae
- 0.8 2008-07 Damast Galla

**Ethiopia surveys included in CE-DAT**
- Average: 1.01 %
- Median: 1.20 %

**Water**
- provided sanitation facilities, urban (% of urban population with access): 27 **
- provided water source (% of population with access): 42
- available internal freshwater resources per capita (cubic meters): 976

**Health**
- prevalence of HIV (percentage of population ages 15-49): 2.1
- fertility rate (births per woman): 5.29
- measles immunization (% of children ages 12-23 months): 65
Figure 1.5: CE-DAT and EM-DAT interface
1.3 Discussion and feedback

Following the presentation, the participants were asked to provide their comments on the different query and visualization tools. These were as follows:

General comments

- Provide a quick overview on the web page of the data portal showing the number of surveys or indicators for each country and within it for each population group (e.g. refugees, IDPs).
- Ensure that graph axes and tables are clearly labeled and that an explanation is available on how calculations were performed;
- Provide a low-bandwidth option for field personnel with limited Internet connections. One option would be to provide pre-prepared pdf’s that could be downloaded by field staff;
- Provide users with an institutional login;
- Consider translating the CE-DAT website in several languages (e.g. French, Spanish).

Additional data

- There is a need to differentiate between camps, regions, health zones and livelihood zones, as well as between rural, urban and semi-urban populations.
- The CE-DAT team should consider adding chronic malnutrition and underweight survey data to the various website interface;
- For malnutrition values, ensure that the use of the NCHS or WHO reference population is clear. Also, knowing which countries use which standards would be helpful;
- Add all relevant DHS and MICS surveys to the database, and show their relevant indicator values in conflict context briefs.
- Providing survey-based data on the prevalence of anemia would be useful;
- Having the source of the population data used to build a survey’s sampling frame would be beneficial;

Search strategies

- Ensure when hitting the restart button on the tabular tool or the back button of the browser that the previous query selections which were made remain;
- Create automatic feedback forms after a query (“Is this the information you were looking for?”).
- Provide the ability for CE-DAT partners to specifically search for their organizations’ surveys.
- Provide the possibility of creating queries for several indicators at once (e.g. look at both CMR and U5MR in the resulting table);
- Grant users the possibility to select data by population status of the humanitarian caseload (IDP, refugees, residents, mixed);
- Provide a search option to identify which surveys used the Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology;
• Improve the spatial resolution of the tabular query tool;

• In the resulting tables of the tabular query tool, provide information on the sampling method used, sample size, proportion of IDPs, recall period, and sampling universe;

**Conflict Context Brief**

• Provide similar information for IDPs as there is for refugees. Also, the terms “originating” and “residing” need to be explained, as well as the term “mixed”;

• The contextual information should only apply to the population shown on the conflict context brief (e.g. only show contextual information that is relevant to refugees or other population of interest);

• When multiple camps from the same area are surveyed, and a unique indicator value is calculated, the tables need to clarify this or there is a need to group the camps together;

• Information on the number of economic migrants would also be useful.

• In terms of auxiliary information, provide access to seasonal calendars to put malnutrition values in context of seasonal variations (hunger seasons, as well as economic trends);

• Having a differentiation between rural, urban and semi-urban populations would be useful.
1.4 Summary and plans for action

1.4.1 Summary

- Overview of the accomplishments of CE-DAT
  - Analyses and dissemination of knowledge through briefs, newsletter, publications, conferences, meeting and website
  - Development of collaborations with organizations and other international initiatives and databases
  - Organization of trainings and support of initiatives
  - Management of the CE-DAT database covering some 49 countries and containing at present about 2,290 surveys
- Data visualization tools
  - The map and timeline query provides a quick cartographic overview of CE-DAT surveys and their respective indicators
  - The tabular query gives the ability to construct a table by indicator, country and year and provides complementary information (population, who conducted the survey etc.)
  - The CE-DAT analysis center is another map tool, showing surveys at different level of resolution and for distinct time periods
  - The Conflict Context Brief offers a one page overview of a specific country
  - The CE-DAT and the EM-DAT interface enables to visualize both CE-DAT and EM-DAT data across time and space
- Discussion on CE-DAT users’ needs
  - Access to the website
  - Ways to improve search engines
  - Additional data to be included in the database and its derivative products (tables, Conflict Context Briefs etc.)

1.4.2 Future steps

- Build bridges
  - Finalize the two MoU’s that are still under negotiation before the end of the year
  - Pursue efforts towards the formalization of CE-DAT collaboration with other field agencies
  - Link CE-DAT to another database by the end of 2009
- Improve CE-DAT usefulness and usability
  - Refine access to the CE-DAT database (e.g. institutional login)
  - Diversify data queries, search engines and data overviews
  - Improve the features of the analysis center and finalize the conflict context briefs
  - Look for additional data to be included in the database
Day 2

CE-DAT Survey Completeness Checklist

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2.1 The CE-DAT Survey Completeness Checklist

2.1.1 Presentation of the CE-DAT Survey Completeness Checklist

During the first phase of the CE-DAT initiative, much of its focus was on collecting standardized nutrition, mortality and vaccination indicators from settings experiencing complex emergencies. Having amassed a large number of survey reports, the CE-DAT team was able to analyze these to ensure that the indicators were measured using scientifically-sound and appropriate methodologies and were precise and valid.

There have been net improvements in the completeness and quality of survey reports, in part due to parallel initiatives, such as SMART. However, there still remains many weaknesses in the methods used and in the transparency of reports that put into question the validity of the health indicators measured.
To address this, CE-DAT has begun the second phase of its development that is geared towards a closer interaction with the field agencies that perform surveys. The main objective of this second phase is to assist these field agencies in identifying weaknesses in the capacities of their field personnel in carrying out methodologically-sound surveys and in reporting transparent results to the international humanitarian community.

As a first step in this process, a CE-DAT Expert Group was created in 2007 to address epidemiological and methodological concerns related to surveys. From the 1st Expert Group Meeting (EGM) in May 2007, a Survey Report Information Checklist was created. This checklist identifies points in the main sections of reports (Background and objectives, Methodology, Results, Discussion) that require careful consideration before and during field work and for writing-up the report itself. This checklist has since been widely circulated to field staff, in part through the Inter-Agency Standing Committee (IASC) Nutrition Cluster Coordinator.

In July 2008, the CE-DAT Expert Group met again to continue the process of identifying standards and best practices for carrying out surveys and reporting on these. From this meeting, a Completeness and Quality Checklist was produced. This checklist was then used by the CE-DAT team to evaluate newly received survey reports and provide feedback to the agencies. An analysis of all surveys carried out in the Darfur region of Sudan was also performed.

Just preceding the TAG meeting, the 3rd Expert Group Meeting was organized. During this meeting, the experts present discussed the content of the checklist and fine-tuned some of its components according to the CE-DAT team’s findings in using it and from having by means of it analyzed surveys from Darfur.

The checklist was presented to the participants of the TAG meeting by one of the CE-DAT experts, Dr. Oleg Bilukha. He introduced the goal of the checklist, which is to improve the quality of nutrition and mortality surveys in complex emergencies.

Discussions were held on the difference of analyzing raw data from surveys versus just the report. Some information that is available in the raw data will not be available in the report and vice versa. For example, the number of clusters that were dropped during the survey will only be reported in the report and will not be obtainable from the raw data files.

To improve the quality of surveys, there is a need to first evaluate the completeness of survey reports. Once a survey has been deemed complete enough, whether the surveyors followed best practices can then be considered. Only then can the estimate of nutrition and mortality indicators be assessed for validity and precision.

The checklist is separated into four sections that are usually found in survey reports, namely 1) Pre-survey preparation and planning, 2) Methods, 3) Results and 4) Discussion. Within each of the four sections, there is a list of criteria that must be met for the survey report to be deemed complete. The checklist presented at the meeting is shown in Figure 2.1.

The application of the checklist to a selection of surveys identified some issues that needed clarification from the CE-DAT experts, as well as feedback from the field organizations represented at the TAG meeting.
### Pre-survey preparation and planning

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<th>Nutrition</th>
<th>Mortality</th>
<th>Vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of population clearly identified</td>
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<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Total population in universe</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Location</td>
<td>Geographical scope clearly stated</td>
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</tr>
<tr>
<td>Area excluded from sampling frame listed</td>
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<tr>
<td>Time period</td>
<td>Survey dates are clearly stated</td>
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</tr>
<tr>
<td>Both language are the same</td>
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<tr>
<td>Questionnaire/tool</td>
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<tr>
<td>Local event calendar used</td>
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</tr>
<tr>
<td>Training</td>
<td>Training organized (days)</td>
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</table>

### Methods

| Sampling design | Rationale behind sampling design | [ ] | [ ] |
| House list was available | [ ] | [ ] |
| PPS was used | [ ] | [ ] |
| Number of clusters | [ ] | [ ] |
| Final stage sampling (if cluster sampling) | Simple/systematic random sampling | [ ] | [ ] |
| Segmentation | [ ] | [ ] |
| EPI revised version | [ ] | [ ] |
| EPI | [ ] | [ ] |
| Other acceptable methods | [ ] | [ ] |
| Household | Household is defined | [ ] | [ ] |
| All US in the hh were selected | [ ] | [ ] |
| hh selection in a compound is explained | [ ] | [ ] |
| Respondent stated (responsible adult) | [ ] | [ ] |
| Sample size precision | Expected GAM: Stated why? | [ ] | [ ] |
| Expected CMR: Stated why? | [ ] | [ ] |
| Expected Def for GAM: Stated why? | [ ] | [ ] |
| Expected Def for CMR: Stated why? | [ ] | [ ] |
| Desired precision: Stated why? | [ ] | [ ] |

### Results

| Nutritional indicators | Definition: | GAM is expressed in Z-score (or % median) | [ ] | [ ] |
|------------------------|-------------|----------------------------------------| [ ] | [ ] |
| Weight-for-Height | Includes bilateral oedema | [ ] | [ ] |
| Nutritional indicators | 6-59 months or 65-110cm | [ ] | [ ] |
| WHO reference (NCHS) | [ ] | [ ] |

### Mortality indicators

| CMR expressed as death per 10,000/day, 1,000/month or 1,000/year | [ ] | [ ] |
| Design effect | [ ] | [ ] |
| 95% CI | [ ] | [ ] |
| Design effect | [ ] | [ ] |
| Confidence interval | [ ] | [ ] |

### Denominator

| Denominator calculation indicated | [ ] | [ ] |
| Enrollment method is stated? | [ ] | [ ] |

### Demographic indicators

| Births: | [ ] | [ ] |
| Deaths: | [ ] | [ ] |
| Persons joined: | [ ] | [ ] |
| Persons left: | [ ] | [ ] |
| Population at the time of the survey: | [ ] | [ ] |

### Vaccination indicators

| MCV coverage by card and history | [ ] | [ ] |
| Confidence interval | [ ] | [ ] |
| n° of children 9-59 months: | [ ] | [ ] |

### Discussion

| Limitation and bias | % non response: | [ ] | [ ] |
| % inaccessible clusters: | [ ] | [ ] |
| Was there oversampling? | [ ] | [ ] |
| Final number of clusters: | [ ] | [ ] |
| Replacement method stated? | [ ] | [ ] |
| Potential bias described? | [ ] | [ ] |

| Comparison of results | Results are compared to a reference | [ ] | [ ] |

| Interpretation of results | Recommendations are given | [ ] | [ ] |
2.1.2 Presentation of results of Darfur analysis

The checklist was assessed using 115 surveys from the Darfur region of Sudan and the main results were presented (Appendix D). 104 of the surveys that were assessed had a nutrition component and 106 had a mortality component. Most of the surveys analyzed were carried out after 2004, with the largest number being from 2005.

The main findings of the surveys that were assessed could be summarized as follows:

• In general, the completeness of survey reports is improving.

• More information is needed on questionnaire language and translation; pretesting and training of staff.

• There is an increased standardization towards 30x30 cluster sampling methodology.

• The final stage of the sampling was often poorly described.

• The nutrition module is very well reported, whereas essential data is often missing in the mortality module of survey reports.

2.1.3 Presentation of 3rd EGM conclusions

The conclusions of the 3rd EGM were presented by Ms. Colleen Mone-Hardy, member of the CE-DAT expert group.

She also reported on the discussions held at the EGM on the different possibilities of assessing survey completeness and quality and identifying an index to reflect the results of this. A first option that was mentioned would consist in assigning the survey a number of stars (⋆) for completeness, along with a number of pluses (+) for quality. This would provide the user of the CE-DAT website with an idea of the completeness and reliability of the nutrition and mortality components of a survey report. It was also agreed that the checklist of any particular survey report would be accessible online, allowing the user to look for survey reports meeting certain criteria.

Another option would be to assign to each survey a Completeness and Quality Index, showing the proportion of criteria met for quality relative to those met for completeness. Again, the checklist would be available for consultation and the sorting of surveys.

The EGM finally agreed that there first was a need to work on a Completeness Checklist and its guidelines. The latter will be drawn up by the CE-DAT team and will explain the use of the checklist, going through each point in details and explaining its rationale. The guidelines will also include a list of documents that should be put in the annex of survey reports. This package will be disseminated while the CE-DAT team will be piloting the checklist on a larger number of surveys, allowing for the development of a quality assessment on the basis of the observed completeness of survey reports.

2.2 Discussion and feedback

2.2.1 Feedback provided by the participants on the Completeness Checklist

Participants suggested that survey reports should also provide the following information:
• Prevalence of morbidity in the two weeks preceding the survey;
• Vitamin A and deworming coverage;
• Questionnaires, especially those for mortality, should be included in the annex;
• Quality of materials used (e.g. scales) and whether these were calibrated daily;
• The final sample sizes that were used in calculations;
• The desired precision for both GAM and CMR;
• If not all children of a household were selected, methods of weighing need to be explained;
• Descriptions of how age was estimated;
• Gender and age-group proportions of the sample;
• The name(s) of the software that was used.

The first draft of the checklist was entitled “CE-DAT Completeness and Quality Checklist”. This, however, will be changed to only include Completeness. Criteria for the evaluation of quality will be developed in the next EGM.

For the completeness checklist, a simple choice of “Yes” and “No” should be included. On the other hand, the quality checklist should include a third field with “Not Available”.

When surveyors change the height criteria for 6 to 59 months old children, for example by only including children 65 to 100 cm because of stunted populations, an explanation should be provided.

2.2.2 Group discussions and feedback

Following the round table discussion on the content of the Completeness and Quality checklist, the participants were separated into four groups, with each one having to address a specific question. The conclusions of the group discussion are presented below each question.

1. As a separate tool, in what format should the checklist be available (paper form, online)?

• Hard copy versions with guidelines that can be downloaded and printed from the CE-DAT website;
• Simple software using check boxes, with guidelines available as pop-up windows;
• Integration into existing software (e.g. SMART ENA software) would be very useful;
• There is a need to separate criteria of completeness and of quality, with a final page summarizing the overall results and shortcomings in table format;
• The checklist should be made available in French and other commonly used languages.

2. To what extent and how should the results of the quality assessment be made available to the public or end-user?

• The assessment should be carried out bilaterally between the CE-DAT team and the field operators;
• Only data that is deemed reliable should be put online for the general public. If a minimum of the criteria is not met, the survey data should not be put on the CE-DAT website;
• For members of the CE-DAT network, there should be a restricted section that provides access to the results of using the checklist, as well as to comments and identified weaknesses;
• For preliminary survey reports, a completeness checklist should be available to ensure that essential minimum information and data is reported;
• Surveys that have not been assessed for completeness by the CE-DAT team should be tagged as such, particularly for older surveys.

3. What other initiatives or projects could benefit from the checklist?

• **Nutrition in Crisis Situations**\(^1\) (NICS) might benefit from the checklist as a guideline for countries or organizations who are sending them survey reports;

• The **SMART initiative**\(^2\) developed a survey manual and an analytical software program that integrates planning, collection and analysis of nutritional status and mortality. The completeness checklist could be included in their survey manual in order to improve the consistency of survey reporting and it could be presented to the trainees during SMART trainings;

• The **SPHERE initiative**\(^3\) could include the completeness checklist in its handbook so that if anthropometric surveys are conducted they could use the checklist to help report their findings. The checklist could also be used as part of its training package;

• The **Health and Nutrition Tracking Service**\(^4\) (HNTS) would benefit from the checklist in order to assess the quality of data for meta-analyses;

• The **IASC - Nutrition Cluster**\(^5\) has developed a nutrition cluster tool kit in which the checklist could be included;

• The **Inter-Agency Group for Child Mortality Estimation (IGME)** manages a publicly accessible database on child mortality. Countries from whom they receive mortality estimates could use the checklist in order to ensure proper reporting of their estimates;

• The **Good Humanitarian Donorship**\(^6\) (GHD) developed a code of conduct for disaster relief as well as the SPHERE project and could therefore gain from the checklist in their promotion of transparent and reliable reporting to the humanitarian community;

• The **Emergency Nutrition Network**\(^7\) (ENN) seeks to disseminate lessons learned in the course of operational practice and through research and evaluation. The checklist

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\(^1\) NICS produces a newsletter that lists recent surveys.

\(^2\) The Standardized Monitoring and Assessment of Relief and Transitions is an inter-agency initiative that aims to improve monitoring and evaluation of humanitarian assistance interventions through the standardization of field methodologies.

\(^3\) The Sphere Project is a collaboration of international NGOs and the Red Cross Movement seeking to improve the quality of disaster response, outline best practices in food aid, nutrition, health, water and sanitation and emergency shelter provision.

\(^4\) HNTS supports humanitarian decision-making by offering the best possible timely evidence on health, nutrition, and performance of key health services to inform policy formulation and enhance proper funding decisions.

\(^5\) The Inter-Agency Standing Committee (IASC) is a unique inter-agency forum for coordination, policy development and decision-making involving the key UN and non-UN humanitarian partners.

\(^6\) The GHD initiative provides a forum for donors to discuss good practice in Humanitarian Financing and other shared concerns. By defining principles and standards, it provides both a framework to guide official humanitarian aid and a mechanism for encouraging greater donor accountability.

\(^7\) The ENN was set up by an international group of humanitarian agencies to improve effectiveness of emergency food and nutrition interventions.
would be helpful to them as an evaluation tool and as a promoter of good operational work. It could as well be integrated in the training materials produced by ENN.

4. **How should this checklist be integrated in capacity building initiatives?**

- The checklist should be attached to the Terms of Reference when consultants are hired to supervise survey;
- The checklist can be used during survey-related trainings, going through each point and explaining the rationale behind it;
- It should be included in the SMART training manual;
- A toolkit should be provided, including guidelines, that can be used for non-SMART survey trainings;
- Feedback from the CE-DAT team on the completeness of a survey report should be forwarded to the relevant person in the field to help address these weaknesses in future surveys and related trainings.

The question was brought up of whether the checklist should be integrated right away into the SMART software and guidelines. It was suggested that the checklist would first need to be field-tested and peer-reviewed by the SMART expert panel.

The goal is to have an iterative process in the development of the checklist with improvements as international guidelines change, as feedback is provided by field organizations and the CE-DAT Expert Group and as the CE-DAT team applies it when entering new surveys into the database. As such, a version number will be clearly indicated on the checklist.

Comments were made on the usefulness of the checklist for surveys not related to nutrition and mortality, but for water and sanitation, KAPB, etc. Similarly, the approach could be applied to the more qualitative data that is collected in food security, feeding programs, etc.

The use of the checklist should not be limited to the headquarters of field organizations but also at the field level. There needs to be some advocacy at the field level on the importance of transparent and reliable survey methodologies and reports.

On the topic of scoring surveys based on the checklist, it was considered to be too early for this to be carried out. The checklist should first be applied to a larger sample of survey reports to identify the most common shortcomings. Issues such as cut-off scores, fatal criteria and weighing first need to be addressed by CE-DAT, its expert group and the larger CE-DAT Network.

### 2.3 Survey data from refugee settings

Over the last years, there has been a decrease in the number of surveys received by CE-DAT team that were carried out in refugee populations. For this reason; field operators attending the meeting were asked to provide their comments in order to investigate the possible causes of this decrease. The input provided by the participants are summarized below:

- Many camps have closed or are closing and fewer camps are opened;
- The greater use of rapid assessments instead of surveys due to security-related constraints;
• New refugees go into urban settings and more rarely into camps (example of Zimbabwean refugees in South Africa was cited);

• In many protracted settings, refugee conditions are acceptable or better and therefore the need for regular surveys is deemed unnecessary.

With the development of the UNHCR Health Information System, there may be a lesser need to carry out surveys. This interpretation, however, was debated by the participants on grounds that abandoning surveys in favor of the HIS would first require a serious evaluation of the validity of the HIS data. Examples were given on widely disparate mortality figures stemming from surveys and the HIS. Furthermore, the sustainability of the HIS across time and across populations needs to be assessed, especially given the transient nature of many refugee camps.

2.4 Closing Remarks

Olivier Degomme closed the meeting by thanking the participants for their valuable input during the meeting. Work on improving the CE-DAT website’s query and visualization tools will continue with the objective of further increasing the usefulness of the compiled survey data and user-friendliness of the website.

Regarding the completeness and quality checklist, it was good to see that we are moving in the right direction and that there is a community of people who care about reliable survey data. The success of the CE-DAT database is dependent on the quality of the survey data compiled, and as such, the CE-DAT team will continue the collaborative approach in its development by working closely with field organizations to assist them in improving their evidenced-based decision making and performing better vis-à-vis the final crisis-affected beneficiaries.

2.5 Summary and plans for action

2.5.1 Summary

• CE-DAT Survey Completeness checklist
  – Presentation of the checklist and feedback on the components included
  – Results from the completeness assessment of survey reports from Darfur
  – Presentation of the EGM’s conclusions

• Feedback from the participants on the Completeness Checklist
  – Format
  – Quality assessment: purpose, publication and users
  – Identification of different projects that would benefit from the checklist.
  – Integration in capacity-building initiatives

• Discussion on the lack of data from refugee settings
2.5.2 Future steps

- CE-DAT Survey Completeness checklist
  - The final draft of the CE-DAT Completeness Checklist will be made available online to the field agencies
  - The checklist will be applied to a larger number of reports to identify the most common shortcomings

- Development of the CE-DAT quality assessment
Appendix A

The Complex Emergency Database (CE-DAT)

The Complex Emergency Database (CE-DAT) project is an international initiative to monitor and evaluate the health status of populations affected by complex emergencies.

Objectives

- Provide key mortality, nutritional and health indicators for rational humanitarian aid decision-making
- Promote the effectiveness of international policies on conflict prevention and response through evidence-based trend analyses and impact briefings
- Strengthen the capacity of national and international field operators in data collection and analysis.
- Improve standardization and help establish norms to enable the comparability of complex emergency data across time and space.

Indicators compiled

- Crude Mortality, Under-5 Mortality, Infant Mortality, Maternal Mortality Rates
- Global, Moderate and Severe Acute Malnutrition
- Global, Moderate and Severe Chronic Malnutrition
- Edema, Underweight, MUAC, BMI
- Vaccination coverage for tuberculosis, measles, diphtheria, tetanus, and polio

Main Data Sources

Non Governmental Organizations: Action Against Hunger, Action Contre la Faim, Save the Children, Médecins Sans Frontières, Goal, International Rescue Committee, Concern, Care, Tearfund, World Vision, International Medical Corps
**International Organizations:** United Nations Children’s Fund, United Nations High Commissioner for Refugees, Food Security Analysis Unit Somalia, The World Food Programme, World Health Organization

**Methods**

**Specifying the populations** the status of the population, whether IDP, resident, refugee or returnee, is included for each indicator

**Identifying the location** The data is broken down to the smallest administrative level boundary and is geo-referenced

**Providing methodologies** Information is provided on how the data was collected, including sampling methods and survey designs. The CE-DAT Survey Completeness Checklist is used to evaluate data-gaps in survey reports

**Stating the sources** All data are referenced as to their original sources.

The Database is publicly-accessible through the CE-DAT website (www.cedat.org)
Appendix B

Agenda

Day 1: Tuesday August 25th, 2009

12:00-13:30  Registration and welcome
13:30-13:50  Introduction
13:50-15:15  Current Status
            - Accomplishments and challenges of CE-DAT
            - Improving CE-DAT usefulness and usability
15:30-17:00  Discussions and feedback
            - Additional outputs
            - Auxiliary data
            - External collaborations

Day 2: Wednesday August 26th, 2009

09:00-11:00  The CE-DAT Survey Quality Checklist
            - Application of the Survey Quality Checklist
            - Presentation of results of Darfur analysis
            - Presentation of 3rd EGM conclusions
11:15-13:00  Group Discussions and feedback
            - Operational Integration of the CE-DAT Survey Quality Checklist
            - Disseminating the checklist
            - Survey-quality assessment
            - Capacity building and survey quality
14:00-15:00  CE-DAT’s future steps
15:00-15:30  Wrap up and closing
Appendix C

List of participants

Manuel Albela Miranda  
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Oleg Bilukha  
Centers for Disease Control and Prevention (CDC)

Adrian Cianco  
UN Office for the Coordination of Humanitarian Affairs (OCHA)

Iza Ciglenecki  
Médecins Sans Frontières - Switzerland (MSF-CH)

Olivia D’Aoust  
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Merlin

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World Vision International

Ana Gerlin  
International Committee of the Red Cross (ICRC)

Jane Greig  
Médecins Sans Frontières - United Kingdom (MSF-UK)
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Asmaa Ibnouzahir
Action Contre la Faim - Canada (ACF-CA)

Zurab Koberidze
International Medical Corps - UK (IMC-UK)

Colleen Mone-Hardy
International Rescue Committee (IRC)

Christin Ormhaug
International Peace Research Institute, Oslo (PRIO)

Nita Paliakara
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Jon Pedersen
Fafo Institute for Applied International Studies

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Nevio Zagaria
World Health Organization (WHO)
Appendix D

Results of the Darfur Analysis

115 surveys from the Darfur region of Sudan were assessed using the checklist. Of these, 104 had a nutrition component and 106 a mortality component. Most of the surveys analysed were carried out after 2004, with the largest number being from 2005.

97.4% of surveys had clear objectives and 93.9% had the dates of fieldwork clearly stated. In 87% of the cases, the exact area covered by the surveys were clearly identified. Though from 2003 to 2005 only 79.4% of the survey clearly identified the area, the number rose to 97.9% over the period 2006-2008 showing a net improvement in the ability of surveyors to report this important information.

The language of the questionnaire was only mentioned in 25.2% of survey reports, back-translation in 11.3% and the use of a pilot study to validate the questionnaire in 15.7%.

Only 41.7% of survey reports mentioned if training had occurred and of these 52.1% mentioned at least 3 days of training and 20.9% field testing by the interviewers.

93% of surveys used a multi-stage cluster sampling, with 85.1% of these using a Probability Proportional to Size (PPS) technique and all having a minimum of 26 clusters. The overall number of multi-stage cluster surveys having 30 clusters was 90.7%, though there was an increase from 85.7% over the period 2003-2005 to 97.7% for 2006-2008.

For the last-stage selection, the EPI or revised EPI method was used in 66.3% of cluster surveys, and systematic or random sampling in 12.1%. Only 27% of survey reported the approach that was taken with multiple households in compounds, though there was an improvement between 2003-2005 and 2006-2008 with 11.8% and 48.9%, respectively.

Of surveys with a mortality component, 64.2% of survey reports mentioned the inclusion of households without children and for those with a nutrition component, 64.4% reported the selection of all children in households.

Only 60.4% of survey reported the exact dates of the recall period and 50.9% on how the mid-point population was calculated. Of the various census methods to measure mortality, 66.2% used that of the current household, 31.1% the past household. 66.1% of surveys report mentioned the use of local event calendars.
Latest publications


