Complex Emergencies Database (CE-DAT)
Technical Advisory Group
Meeting Proceedings

Washington, DC, May 2-3, 2006

held at:
U.S. Department of State
Bureau of Population, Refugees, and Migration (PRM)
2401 E Street, NW
Washington, DC 20522-0105

Co-hosted by
the U.S. Department of State, Bureau of Population,
Refugees, and Migration (PRM)
and
the Centre for Research on the Epidemiology of Disasters
(CRED).

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EXECUTIVE SUMMARY

1. Background

The Complex Emergencies Database (CE-DAT) was created within the context of the SMART initiative in 2003 with funding from the U.S. Department of State, Bureau of Population, Refugees, and Migration (PRM). The aim of the database is to provide data through a searchable, publicly accessible database of nutrition, health, and mortality indicators to aid humanitarian decision-making.

2. Objective of the Technical Advisory Group (TAG) Meeting

The purpose of the TAG meeting was to solicit expert advice from key players in the humanitarian aid field (donors, UN agencies, NGOs, academics) as a way to improve the CE-DAT product. Participants addressed technical and methodological issues relating to reliability, validity, and timeliness of data, and suggested ways to promote data sharing in the field and to expand utilization of CE-DAT.

3. Points Discussed

a) CE-DAT and the Use of Indicator Data by Policy Makers and Field Agencies

**Policy makers** are using crude mortality and malnutrition rates as collective measures of impact. Policy makers want data that is reliable, valid, comparable, and timely in order to monitor trends. Donors want a consolidated effort of integration by operational agencies to prevent duplication of efforts.

Their suggestions for CE-DAT included the establishment of a standardized format for collecting and reporting information and development of a transparent process for assessing the quality of data.

**Field agencies** have similar needs as policy makers in terms of timely and reliable data that has undergone a process of validation. However, program planners require more detailed programmatic indicators and quantitative data, both of which serve to provide insight into the impact of interventions. Field agencies would like to see the collection of more indicators such as women’s health morbidity, mental health or disability, but recognize that limited funding may prevent CRED from collecting all indicators desired by individual organizations.

Program planners would also like to see a standardized format for collecting and reporting data and would like the process of reporting to be made easier. It was also suggested that the creation of simple training guidelines for interpretation of data would be useful to field staff. Finally, they recognized the usefulness of CE-DAT for data sharing among field organizations and the importance of raising awareness of CE-DAT products among their staff.

b) Problems and Challenges for CE-DAT

CRED prepared a list of technical and methodological issues that have emerged in practice over the first phases of the project. This list was used to lead informal discussions among the participants in order to obtain advice from them on how to address these issues.
**Data sharing:** Sought through establishing mutually beneficial relationships with field organizations. Providing organizations with feedback, facilitating a data review process or technical assistance is seen as very useful and a good way to encourage collaboration.

**Methodological aspects:** Donors expressed the need to have a process of data validation included in CE-DAT. It was suggested that CE-DAT could include a simple reporting index (checklist) to help users assess the methodology of surveys.

**Delays between data collection and data use:** Field organizations should publish their results as soon as possible. CRED should be more proactive in contacting agencies on a regular basis for new data, as well as requesting new surveys planned in the near future.

**Morbidity and other indicators:** Data on women’s health, mental health, physical impairment or disability are relatively easy to collect and may be helpful for assessing the impact of conflict. However, it was suggested that CE-DAT continue to focus on key basic indicators before widening the scope to more specific ones. There was a general consensus among the participants that CE-DAT should move from simple representation of quantitative indicators to provide more contextual information.

**Geographical boundaries reporting:** Suggestions were made to use Global Positioning System (GPS) as a gold standard. However, this could pose some problems in certain regions.

**Promote data use and the use of CE-DAT:** The following were recommended: placing analysis tools on the CE-DAT website, soliciting advice from potential users, and the establishment of Memoranda of Understanding with humanitarian organizations.

c) **Building Partnerships and Linking CE-DAT with Existing Initiatives**

The following four initiatives will continue to explore ways of collaborating with CE-DAT: the Standardized Monitoring and Assessment of Relief and Transitions (SMART) initiative, the UNHCR Standards and Indicators initiative, the Humanitarian Tracking Service led by WHO and the Sphere Project.

Participants offered assistance in helping CRED to create a simple reporting index to assess survey validity (IMC, CDC and Columbia University). Field organizations expressed willingness to share their data with CE-DAT on a more systematic basis (UNHCR, IMC, Save the Children-USA, IRC, Interaction, American Red Cross, Action Contre la Faim, The Small Arms Survey). Donors (CIDA, DFID, USAID /OFDA and PRM) will continue to support the initiatives linked to the improvement of the data available in complex emergency settings.

CRED will continue to provide analyses and quick overviews to partners and users of the database. CRED will work to create a simple method of reporting survey data to the website to encourage data sharing and to draw up broad Memoranda of Understanding with interested institutions on collaborating with CE-DAT. Finally, CRED will work to establish a board of reviewers to evaluate the validity of questionable data and have suggested that within the next 6-9 months, the larger group of technical advisors need to meet to look at existing data systems and to determine a more global set of indicators.
Tuesday, May 2, 2006

0. Welcoming Remarks and Introductions

Hoa Tran (State/PRM) opened the meeting, followed by round table introductions (see in Annex list of participants and Agenda).

Richard Greene, PRM Principal Deputy Assistant Secretary (U.S. Department of State) made introductory comments to kick off the meeting:

- Recognized the importance of successfully launching the IASC cluster approach and proper preparation and supporting data are integral to that success.
- Secretary of State Condoleezza Rice has launched a major reorganization of foreign assistance programs to address four identified problems:
  1. Allocation of resources is inconsistent with priorities;
  2. Allocation is inconsistent with needs;
  3. Allocation is inconsistent with performance; and
  4. Lack of strategic impact; poor accountability.
- Emphasized importance of basing humanitarian assistance allocations on performance indicators and data;
- Part of the solution is strengthening accountability and making sure resources are used efficiently and allocated appropriately.
- Donors can offer NGOs support to improve information sharing, program monitoring, and use of performance-based indicators.

Q&A Session with PDAS Greene:

- Other donors added that there needs to be a unified voice for those in the field to coordinate efforts, encourage information sharing, and prevent unnecessary data duplication.
- Institutional discipline would give policy makers more confidence in allocating resources, especially for monitoring and evaluation (M&E) activities.
- NGOs responded that evidence-based programming is the ideal. However, with limited resources can you buy good measurement as you sustain interventions?
- Donors want outcome indicators, but in complicated environments, that is difficult and requires expertise and partnership.
- Only a handful of NGOs have teams to provide technical support to their programs. There needs to be an investment made to develop these support structures.

1.0 CE-DAT and the Use of Indicator Data

1.1. Introduction to the Meeting

Debarati Guha-Sapir (CRED) introduced the aims of the meeting and the topics to be discussed. CRED has been successful in organizing technical advisory meetings for the international database on natural disasters run by CRED (EM-DAT) since 1988. For CE-DAT, the first TAG meeting was held in Geneva in 2003 at the start of the project funded by PRM.
1.2. CE-DAT Update

Vicente Teran (CRED) provided an overview of the CE-DAT searchable database on the human impact of complex emergencies including armed conflict, post-conflict and transition, and emergency situations. CE-DAT has three objectives:

1. Collect key nutritional, health, and mortality indicators;
2. Provide evidence-based trend analyses and impact briefings; and
3. Provide a publicly accessible database.

Currently, CE-DAT collects three types of indicators: mortality, nutrition, and vaccination coverage. Supplementary information for each indicator is added such as target population (age and/or height), legal status - IDP, refugee, resident, etc- geographical information up to the smallest administrative division, methodology and sources of the study.

Data comes mainly from field surveys. CRED uses primary sources (original survey reports provided by field agencies), as well as secondary online sources (such as Nutrition Information in Crisis Situations (NICS) or Food Security Analysis Unit-Somalia (FSAU). CRED undertakes an internal quality control process of the study. A survey is entered in the database when certain methodological requirements are fulfilled.

CE-DAT now includes 1155 surveys (6504 records) from 36 countries. In the last year, CRED has improved the user-friendliness of the online search engine (including ability to export data to Excel), included a cartographical database to link indicators to maps, enlarged the CE-DAT network to obtain data directly from the original source, as well as undertook analytical reports on refugee settings (e.g. mortality in Darfur or the impact of conflict in Angola).

Participants raised the following issues during the course of the presentation:

- Interest of decision-makers to count on a degree of certainty about the information on which they base decisions. However, so far the database does not provide information about the quality of data implying that all the information presented is true.
- It was recommended that there be a clear process to validate and assess quality of surveys.
- Suggestions included a filter to select only peer-reviewed reports, or to make PDF files of each of the surveys available online (although issues of ownership were raised).

1.3. Policy Makers Panel

Participants: Julian Lambert (DFID), Mark Phelan (State/INR), Caroline Abla (USAID), Vishal Kapur (CIDA).

1.3.1 How can we improve the way indicator data informs policy decisions?

- Policy-makers use crude mortality and malnutrition data as measures of impact of crises.
- Tracking outcomes is needed for funding proposals.
- Concern was expressed that in the field, there does not seem to be an understanding that M&E is a priority and that funding can and should come out of a common fund.
- It was suggested that, in the context of the IASC humanitarian reforms, donors need to work with OCHA to make sure that funding is allocated towards M&E and are asking whether OCHA could coordinate data collection on behalf of the whole community.
- Donors would like to have sets of data to corroborate and ensure reliability and validity of data available.
- Data available needs to be up-to-date, accessible and rapidly distributed.
- NGOs were concerned about how donors prioritize their funding. Political agendas mean that decisions are not based on need alone.
1.3.2. How can CE-DAT fulfill policy makers’ demands for indicator data?

- CE-DAT can help users identify trends to improve predictions, conduct historical analyses, and maintain institutional memory.
- In order to use indicator data effectively in decision-making, CE-DAT needs to be reliable, comparable, verifiable, and timely.
- Donors want a user-based website that does not require further analysis but rather presents comparable data in standardized form, culminating in a composite objective measure that can trigger action.
- Strengthening graphical representation of data, even with imperfect data, helps provide a good picture of the situation.
- Integration of CE-DAT with other mainstream databases and links to them (e.g., ReliefWeb) would be useful.
- The data needs to be more comprehensive. CRED may need to expand the remit and obtain funding to allow for coordination with NGOs in the field to collect data on factors such as food availability, population movement, rainfall, etc.
- Disaggregating data by gender would be useful.
- More publicity about the products of CE-DAT available to NGOs might encourage NGOs to use the database and share data, and their feedback can help CRED improve data collection. CRED needs to know how to better engage NGOs to encourage cooperation and to determine what CE-DAT can offer to NGOs.
- We need to distinguish between the sensitivity of publication and the use of data. We can inform and raise awareness without publishing data.

1.4. Field Agencies Panel
Participants: Caroline Wilkinson (ACF-France), Linda Poteat (Interaction), Rick Brennan (International Rescue Committee), Patricia David (American Red Cross), Eriko Hibi (UNFPA), Edward Hoekstra (UNICEF).

1.4.1 What are the data needs for program planning at the field level?

- The shift towards better M&E requires strengthening institutional capacity, as well as cooperation and information sharing with other NGOs.
- Tracking trends over time requires collection of other contextual information and programmatic indicators (e.g. uptake of services, coverage, equitability).
- Data systems require constant vigilance and supervision.
- Quantitative data is being used as a proxy measure of the human situation but there is the risk of misinterpretation. Qualitative information should also be used.

1.4.2. Can CE-DAT help address the data needs for program planning?

- CE-DAT may be used to give a broad overview of what is happening in country and provide context for more specific situations.
- So far, CE-DAT is not very useful for real time monitoring of situations on the ground. However, it may become a valuable source of information in the absence of recent baseline data and provide perspective on ongoing complex emergencies.
- Smaller organizations can draw on CE-DAT data to give legitimacy to their appeals when applying for funding for “forgotten” emergencies.
- Questions were raised as to whether there is a place for surveillance data.
- More publicity about the products of CE-DAT available to NGOs might encourage data sharing and further utilization of the database from field operators.
1.4.3. Fostering data use among field operators

- It is necessary to develop a culture that values data, and where staff understands how to interpret data and use it to feed back into programs.
- Suggestions were made for simple training guidelines for country teams on data collection methodology, interpretation, and integration into decision-making.

2.0 Problems and Challenges for CE-DAT

2.1. Primary Obstacles to Greater Function and Use of CE-DAT

Olivier Degomme (CRED) presented the main obstacles found by the CRED team during the first years of the project to be further discussed by participants:

- Information is not provided to CE-DAT systematically or routinely. What are the barriers to data sharing? Legal? Confidentiality?
- How can the process of information sharing be made easier for NGOs? What efforts are NGOs willing to make?
- What services can CRED/CE-DAT provide to NGOs? (e.g., quickly check the quality of reports, identify possible problems, and compare/contextualize data from other NGOs).
- How can CE-DAT promote data use? What are data users’ needs? With whom should CE-DAT collaborate?
- How do we overcome the time lag between field study and report publication?
- Methodological issues: Is the information provided useful/relevant? How do we distinguish mistakes from exceptional situations? What is the appropriate procedure for CE-DAT once mistakes in the data are identified?
- Are there standards or criteria that CE-DAT could apply to the data to ensure quality? Should we include data that might still be reliable but may not be as scientific, such as situation reports or rapid assessments?
- Should we enter morbidity data rather than only vaccination coverage?
- What diseases should we include and how should we report them?
- What is the gold standard for geographical precision?

2.1.1. Data sharing

- Relationships need to be developed between CRED and partners to encourage trust.
- Gender-based violence data may not be publicly available because of security concerns, but it might be shared for other kinds of analyses.
- Provide organizations with feedback, have a data review process and provide technical assistance in order to encourage collaboration and information sharing.
- Institutional policies around data sharing need to be clearer. No resolution was reached as to how to go about doing this.
2.1.2. Methodological strengths and weaknesses of CE-DAT; Handling erroneous data; Assessing reliability of data and surveys.

- Reliability and validity are both important. It is not unusual to have reliability and not validity of the results.
- Time trends will often cure threats to validity.
- CE-DAT must be careful in ‘judging’ reviewed material. However, ultimately decisions have to be made. It was suggested that possibly questionable reports might be sent to an advisory panel to be reviewed and then either included or excluded.
- Concerns were expressed about the use of a rating system, especially when we are trying to encourage submission of materials to the database.
- It was suggested that CE-DAT could include a simple, transparent reporting index to assess the methodology used by the survey. This index would be based in a checklist of important methodological aspects reported.
- It was raised that CRED should act as a repository for major data sets. However, the issue of handling data remains open due to questions about feasibility and data ownership.

2.1.3. Delays between data collection and data use.

- Delays from organizations may not be able to be resolved but at least organizations that are committed to reporting can be encouraged to do so in a timely way.
- High staff turnover can cause delays or cause initiatives to get lost in transfers. Capacities need to be developed and awareness of the importance of analysis needs to be highlighted among those collecting information.
- With respect to the issue of data aging, some indicators do not vary much over time unless there is a major intervention in that area.
- CE-DAT needs to be proactive about contacting agencies to determine what surveys they have planned and when they will be done.

2.1.4. Morbidity indicators and coverage.

- Women’s health morbidity, mental health, physical impairment, and disability are often ignored; although, they are relatively easy to collect and important in understanding a population’s ability to recover.
- CRED pointed out the necessity to concentrate efforts in collecting key basic indicators to guarantee the usefulness of the database. After 20 years of experience developing EM-DAT, CRED has learned that the success of a database depends highly on the strict control of the number of indicators included.
- Although the resources are not there to provide real-time surveillance of important events, there was a general consensus in the idea of moving from simple presentation of quantitative information to provide more contextual information. CRED could contextualize indicators gathered with other information such as harvest season, political situation, disease outbreaks, etc.

2.1.5. Geographical boundaries.

- It was suggested that GPS should be used as a gold standard for geographical representation in lieu of current administrative boundaries. If more donors were willing to fund GPS units for NGOs then that could be promoted as standard.
• It was also pointed out that using GPS could pose a security risk to field staff if host country officials perceive this as an intelligence gathering device.
• UNHCR has a mapping unit and geo-coordinates of most of the camps which CE-DAT could utilize in spatial analysis.

2.1.6. Promoting data use.

• The Sphere Project has had a lot of success placing tools on its website for users to download, along with hosting online discussion forums.
• Sphere also found that by soliciting advice from multiple potential users, it was able to create demand for its product as well as develop a group of users with a vested interest in its success.
• MOUs (Memoranda of Understanding) are important tools in promoting collaboration and shifting the balance of information to primary sources.
• Motivating field staff by plotting trend data on “talking walls” and getting staff to promote information at conferences and through working papers helps to showcase success.

Wednesday, May 3, 2006

3.0 Building Partnerships and Linking CE-DAT with Existing Initiatives

The aim of the session was for participants to familiarize themselves with other current initiatives related to indicators and standards, exchange information, and hear about the various ways in which initiatives could collaborate or link with CE-DAT.

3.1. What mechanisms or linkages ensure global coherence and complimentarity between CE-DAT and other current initiatives?

3.1.1 SMART

• USAID’s Policy Bureau has used data from CE-DAT in reporting mortality for its Performance and Accountability Report. CRED has also assisted USAID in providing trend analysis and detailed contextual information.
• Donors should ask their partners to send data to CE-DAT and NICS and institutionalize that process within their systems.
• CE-DAT as a database alone does not work unless it is linked to a comprehensive system for NGO implementing partners to provide technical support.
• Questions need to be resolved about how data is being used and who owns the data. All data is in the public domain and field agencies need to be educated about that.

3.1.2 UNHCR Standards and Indicators Report (S&I)

• The UNHCR S&I initiative seeks to provide a comprehensive view of the global well-being of all refugee populations. The data gathered by this annual exercise provides analysis and interpretation of more than 100 indicators for internal and external partners, identifying gaps in provisions. UNHCR can contribute to CE-DAT in the following ways:
UNHCR has indicators that may be of interest to CE-DAT and the geo-spatial coordinates for all its camps;
UNHCR’s FICSS (Field Information and Coordination Support Service) would like to have a common portal that allows the UN to combine products by placing information in a searchable online database. This needs to be coordinated with WHO.
CE-DAT could work with UNHCR to produce joint publications and to promote a standard methodology for data collection among its partners.
UNHCR can also promote the use of CE-DAT among field offices and implementing partners.

3.1.3 Humanitarian Tracking Service (HTS)

HTS is a proposal from WHO’s Health Action in Crisis (HAC) to create a global health tracking system for humanitarian crisis. It is proposed as a three year program that would enable HAC to commission mortality surveys on a regular basis in trouble spots, along with provisions for training and systematic data collection.
The HTS needs to engage NGOs more and involve them in what currently is a UN driven proposal. Donors need to agree on what it is that they want and how they can support the process as the UN and NGOs in the field do not have a congruent vision.
Within the health system, WHO has the moral authority to lead that process but is not providing the leadership that agencies on the ground need. Work needs to be done to identify players who can collaborate on the process of data collection and analysis. Information should not belong to just one group and should be transparent, utilizable, and open to everyone.
The attendees hope that HTS does not get lost and that CE-DAT can be integrated into the process.

3.1.4 The Sphere Project

CE-DAT needs to better engage NGOs to encourage cooperation and to determine what CE-DAT can offer to NGOs.
Sphere and CE-DAT share mutual interest and several key indicators. Therefore, collaboration between Sphere and CE-DAT could be mutually beneficial.
CE-DAT could link to the Sphere discussion forums and potentially answer and post questions. Many key stakeholders are using Sphere, so the links between Sphere, HTS, and CE-DAT need to be made clearer.

3.1.5 Session Conclusions

Concerns were expressed that SMART, Sphere, UNHCR S&I, and HTS provide different tools for data collection because of their different data needs, but researchers and field staff need concise and standardized tools. Potentially, CE-DAT could provide a collection of tools from which researchers could pick and choose. This would encourage standardization of methodology and ensure that information submitted is consistent.

CE-DAT has suggested that within the next 6-9 months, a larger group of technical advisors should meet to look at existing data systems and to determine a more global set of indicators. This may involve developing a basic indicator list that would include three to four indicators for each health-related sub-heading that every program should be able to collect, whether or not surveys are conducted.
3.2. Expectations for the Future and Next Steps

Although participants could not fully commit on behalf of their institutions at this time, in principle, their expressed willingness would act as an opening for further collaborative discussions between CRED and the different organizations present at the meeting.

- **International Medical Corps (IMC)** is willing to work to develop a gold standard for methodological tools and provide CE-DAT with information.
- **Center for Disease and Control (CDC)** would be interested in helping to develop tools to evaluate the quality of incoming data. Although it can not at this time promise to act as a technical reviewer, it is open to proposals from CRED and would like to see integration of approaches.
- **Save the Children-USA** has taken the donor call for evidence-based research to heart and is currently working on improving M&E. It could be open to providing information to CE-DAT on a consistent basis and to seeing if other NGOs/PVOs can be brought into the process.
- **IRC** favored continuing to promote CE-DAT and attempting to raise its profile. Currently, the other CRED database, EM-DAT, is referenced quite frequently in presentations and classes and possibly CE-DAT could be used in the same way. IRC will continue contributing information to the database and continue discussing how to make CE-DAT more valuable to IRC.
- **Action Contre la Faim-France (ACF)** collects approximately 50-70 nutritional surveys every year. ACF agreed to send validated surveys to CE-DAT and collaborating with other international networks to generate more data sharing, but warned that some surveys could be controversial and need to remain confidential. ACF would welcome technical feedback on submitted reports and analysis of areas in which they are working.
- **American Red Cross** collects indicators that might be useful to CE-DAT and would be interested in seeing the information it collected in disaster response fed back to CRED.
- The **Small Arms Survey** is engaged in injury data surveys and would like to provide that information to CE-DAT for contextual purposes.
- **Richard Garfield from Columbia University** would like to work with CRED to develop criteria for evaluation of survey quality and content. Also interested in assisting in analysis and interpretation, especially as it involves graphical representation.
- **UNHCR** expects to continue collaborating with CE-DAT and expects CRED to be proactive in determining what they need and how those involved can contribute.
- **UNICEF** would like to continue participating in TAG meetings and being part of the process.
- **CIDA** is committed to standardized needs assessment and will contribute to discussions of how to assist CE-DAT.
- **DFID** is committed to strengthening support of data collection for evidence-based decision making.
- **USAID/OFDA** is already using CE-DAT and will continue to discuss CE-DAT internally to promote the database.
- **PRM** will continue to help guide CE-DAT, including through its relationships with other humanitarian agencies and donors.
- **CRED** is committed to developing CE-DAT. CRED will continue to consult with PRM who have acted not just as donors, but as integrated collaborators with CRED.
The following are steps to be undertaken by CRED, which will be part of the plan for the following year:

1. CRED will work to establish a verification group to evaluate the validity of questionable data.

2. CRED will work to create simple guidelines for reporting to the website to encourage standardization of submitted information.

3. CRED will work to draw up broad Memoranda of Understanding that it will discuss bilaterally with interested institutions to facilitate collaboration and encourage a transparent process.

4. CE-DAT will continue to provide quick overviews based on the surveys that are available. Organizations can contact CRED to obtain quick trend analyses, to find out what kinds of surveys exist, and four or five opinion points. CE-DAT can also offer contact information where available to aid organizations in going forward.

**Overall Goal:** To obtain expert advice on ways in which CE-DAT can be made more accessible and useful both to policy-makers and field operators.

**Key Objectives:**
1. To address technical issues related to improving the accuracy, reliability and timeliness of data on health, mortality and nutrition in conflict and post-conflict settings;
2. To examine ways to reinforce use and sharing of data on these indicators generated in the field; and
3. To discuss the global expansion of CE-DAT and its role in the Humanitarian Tracking Service.

**TUESDAY, MAY 2:**

9:00am – 9:30am Welcoming Remarks and Introductions

Richard L. Greene, PRM Principal Deputy Assistant Secretary

9:30am – 12:00pm I. CE-DAT and the Use of Indicator Data
Chair: Hoa Tran and Nicole Green (State/PRM)

- **Introduction to the meeting** - Debarati Guha-Sapir (CRED)
- **CE-DAT update** - Vicente Terán (CRED)
- **How do policy makers use indicator data? How can we improve the way indicator data informs policy decisions? How can CE-DAT fulfill these needs?** Panel and Discussion:
  - Julian Lambert (DFID)
  - Mark Phelan (State/INR)
  - Caroline Abla (USAID)
  - Vishal Kapur (CIDA)

- **What are the data needs for program planning at the field level? Can CE-DAT help?** Panel and Discussion:
  - Caroline Wilkinson (ACF-France)
  - Linda Poteat (Interaction)
  - Rick Brennan (IRC)
  - Patricia David (American Red Cross)
  - Samson Lamlenn (UNFPA) / Eriko Hibi (UNFPA)
  - Edward Hoekstra (UNICEF)

12pm – 1:30pm Lunch and Informal Discussions
1:30pm – 5:00pm  II. Problems and Challenges for CE-DAT  
Chair: Courtland Robinson (Johns Hopkins University)

- **Primary obstacles to greater function and use of CE-DAT** - Olivier Degomme (CRED)
- **Topics of discussion** (participants will be identified to open the discussion for each item):
  - Data sharing among operational agencies - Caroline Wilkinson (ACF-France)
  - Methodological strengths and weaknesses - Mark Phelan (State/INR)
  - Delay between data collection and data use - Khassoum Diallo (UNHCR)
  - Morbidity indicators and coverage - Leisel Talley (CDC)
  - Handling erroneous data - Oleg Bilukha (CDC)
  - Geographical boundaries - Dennis King (State / HIU)
  - Assessing reliability of data and surveys - Richard Garfield (Columbia University)
  - Promoting data use - Alison Joyner (Sphere Project)

5:30pm  Happy Hour at Sizzling Express, Columbia Plaza

**WEDNESDAY, MAY 3:**

9:00am – 12:00pm III. Building Partnerships and Linking CE-DAT with Existing Initiatives  
Chair: Debarati Guha Sapir (CRED)

- **What are mechanisms or linkages to ensure global coherence and complementarity between CE-DAT and other current initiatives?**
  - Standardized Monitoring and Assessment of Relief and Transition (SMART) - Anne Raite (USAID)
  - Standards and Indicators (S&I) - Khassoum Diallo (UNHCR)
  - Humanitarian Tracking Service - Julian Lambert (DFID)
  - Sphere Project - Alison Joyner (Sphere Project)
- **CE-DAT: Expectations for the future and final recommendations**
TAG MEETING PARTICIPANTS (31)

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Background Note

Meeting of the Complex Emergencies Database (CE-DAT) Technical Advisory Group

Washington, DC, May 2-3, 2006

held at:

US Department of State
Bureau of Population, Refugees, and Migration (PRM)
2401 E Street, NW
Washington, DC 20522-0105

Co-hosted by
the U.S. Department of State, Bureau of Population, Refugees, and Migration (PRM)
and
the Centre for Research on the Epidemiology of Disasters (CRED).

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CE-DAT - Technical Advisory Group Meeting
Background Note

The Complex Emergencies Database (CE-DAT) was created in 2003 in the context of the SMART\(^1\) initiative to provide quick access to accurate and reliable data critical for humanitarian decision-making.

The overall objectives of CE-DAT are:

- to provide data on key nutrition, health, and mortality indicators for humanitarian aid decision-making
- to promote effective prevention and response to complex humanitarian emergencies through evidence-based trend analyses and impact briefings
- to support decision making based on humanitarian needs by constructing an internet-accessible, multi-source database on complex humanitarian emergencies worldwide and their impacts on the health status of affected populations

As a shared, global, searchable database on complex humanitarian emergencies, CE-DAT serves as a critical source of data for trend analyses, monitoring and reporting, impact briefings and policy recommendations.

**Purpose of the Paper**

The purpose of this Background Note is threefold:

- first, to review what the CE-DAT project has achieved so far;
- second, to identify challenges encountered during the past 2 years of the project; and
- third, to initiate a discussion of next steps for improving CE-DAT.

Each of these issues will be applied to three different stages in the CE-DAT project:

- input: data collection
- processing: data validation and entry
- output: products

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\(^1\) Standardized Monitoring and Assessment of Relief and Transitions
1. **CE-DAT: Current Status**

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**Input**

As of April 2006, the database contained information from 1151 surveys in 36 countries\(^2\), mainly on the African continent. These surveys provided a total of 6504 records related to mortality, malnutrition and vaccination.

During the first year of the project, the main focus was on health indicators for 8 pilot countries\(^3\) collected between 2000 and 2005. A total of 630 surveys were entered. Throughout the second year, 28 countries were added and over 500 new surveys were included in the database, an average of 40-45 per month.

Original reports account for approximately 50% of the data. Half of these are from NGOs, the other half from UN bodies (WHO, UNHCR, WFP, etc). The remaining 50% of the database consists of figures reported by secondary sources.

Unfortunately, very little information has been sent directly from surveying organizations. Populating the database mainly consisted of extensive online research. Nonetheless, improvement is expected since several NGOs agreed to provide reports of surveys they conducted. As of today, we are receiving reports from 9 organizations\(^4\).

**Processing**

Survey data obtained from secondary sources (such as NICS\(^5\) and FSAU-Somalia\(^6\)) often does not include methodological information. Usually, only the results of the survey are cited although sometimes the figures are also put in a context. CRED evaluates the numbers for their accuracy and enters them in the database, unless the figures are found to be unrealistic. In this case, possible errors are traced and, if possible, the data is adjusted. In general, for secondary sources, CRED relies on the expertise of the citing source to report information.

On the other hand, full reports are available for many surveys. For these surveys, methodological information is available and is reviewed by CRED. Again, data that is not considered realistic is further analyzed and possible mistakes are corrected and notified.

A typical example of mistakes is the reporting of mortality data. On several occasions, the authors divide the population into under 5 years and above 5 years. The data for the under 5 years should be broken down into under 1 year, 1-4 years, and 5-9 years.

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\(^3\) The 8 pilot countries were Afghanistan, Angola, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Iraq, Nigeria, and Sudan.

\(^4\) ACF-France, ACF-Spain, ACF-US, IRC, MSF-Belgium, MSF-Netherlands, MSF-Spain, SCF-US, UNHCR

\(^5\) Nutrition Information in Crisis Situations

\(^6\) Food Security Analysis Unit
years age group is rightly used to calculate the U5MR\(^7\), but instead of taking the total population to estimate the Crude Mortality Rate (CMR), the investigators only use data for the above 5 years age group. This obviously results in an incorrect CMR.

After validation, all information is entered in an MS Access database-file. Lists of organizations, geographical locations\(^8\) and indicators are included in the file. For each survey, one or more organizations that conducted the survey can be selected and in the same way, one or more geographical locations and studied indicators can be chosen.

**Output**

Two major types of output are produced by the CE-DAT team: an online search engine and analysis documents.

During the first year of the project, an initial search engine was developed. Although the tool worked well, it was not user-friendly enough to be used by a wide public audience. Subsequently, a new search engine has been developed during the second year of CE-DAT. The current tool allows retrieving information in a very easy way. After selecting one or more countries, years and one indicator, a complete list of all available figures is generated. Clicking on one number gives the user further details of the survey. Additionally, it is possible to filter the data. One can select specific surveys based on the status of the population, the age of the sample and the scale of the indicator. Finally, the entire list can be exported to MS Excel. This search engine can be found at [www.cred.be/cedat](http://www.cred.be/cedat).

The second type of outputs produced by CE-DAT is analyses. On several occasions, the CE-DAT team has analyzed sets of surveys from Sudan, DRC and Angola and more recent refugee data. Based on these analyses, trends have been identified which help to understand the evolution of human health in conflict situations. These documents can be found at [http://www.cred.be/cedat/documents.htm](http://www.cred.be/cedat/documents.htm).

During the meeting, end users will be asked about their experiences with CE-DAT products and to identify areas for improvement. (e.g., Are the indicators relevant? Should essential indicators be added?)

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\(^7\) Under Five Mortality Rate  
\(^8\) CRED has tried to identify the smallest administrative level for every survey. This effort makes mapping data significantly easier.
2. Problems Encountered

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**Input**

**Difficulties in Data Collection:** Obtaining data has proven to be extremely difficult. At the start of the project, the compilation of data consisted mainly of online research in order to locate useful surveys. This method was time-consuming and inefficient. Currently, data is essentially gathered from secondary sources or from the organisations providing us with reports. Although a number of NGOs are providing us with reports of their surveys, this is not being done in a systematic manner. How this collaboration could be improved is one of the essential questions to be discussed at the TAG meeting.

**Delay:** A second point of discussion should address the lag between survey fieldwork and the publication of the report. On average, this process takes several weeks, often even months. As a result, most of the data is already outdated when entered in CE-DAT, hindering the objective to provide up-to-date information for humanitarian decision-making. TAG meeting participants should discuss ways to minimize this delay and share experiences from different organizations.

**Morbidity Indicators:** Third, morbidity indicators were originally meant to be part of the database. There are many different ways of reporting morbidity data: documenting an outbreak, giving a number of cases and case fatality rates, reporting the number of children experiencing symptoms in the last 2 weeks, using hospital data, etc. Because of these different reporting methods, it was decided not to include morbidity data in the database.

**Processing**

Not all data is of the same quality. During an analysis of a sample we took from all the surveys in the database, we found considerable errors. Most of them are probably due to inattentiveness, but some reflect a lack of skills and/or capacity. Whenever possible, the mistakes have been corrected, but sometimes this is impossible. How should these problems be handled? How can we ascertain that unrealistic figures are correct, representing an abnormal situation that should be acted upon, or wrong and should be neglected?

**Output**

Finally, CE-DAT has experienced problems “selling its products”. Although several CE-DAT documents⁹ have been distributed widely, we feel that target audiences are still not familiar enough with the project. The meeting will help find answers to issues like what channels could be used to access a wider audience and what do end users experience to be weaknesses that should be improved.

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3. **Future Steps in the Development of CE-DAT**

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**Input**

As discussed before, improving the way data is being collected must be a priority in the next stages of the CE-DAT project. A shift from requesting data to receiving data would be an enormous improvement and would certainly make the data gathering process much more efficient. CRED would like to test the feasibility of an online entry form, where collaborating agencies could enter in a very easy way the required information, attach the survey and send it to the CE-DAT team. This of course would have to be rapid in order to stimulate the use of the data.

Additionally, other sources in combination with new tools might be used. Reliefweb, ProMed and IRIN, for instance, provide assessment and situation reports that could be used to populate the database, perhaps with new indicators. Making use of software that scans the documents searching for keywords such as “mortality” or “malnutrition” might be an attractive solution.

Finally, a systematic approach should be elaborated in order to include information on morbidity in the database. Again, new sources should be explored (especially ProMed) and a new entry form should be created, along with new indicators, adapted to the constraints posed by the morbidity data.

**Processing**

An issue that has been on the CE-DAT agenda for quite a while is the design of a quality scale for surveys. This scale would not only be intended to evaluate the quality of the survey, but also of the reporting. This way, a report that only mentions results, without referring to methodology would have a lower rate than a similar survey that does mention this part. This tool would allow assessment of available data and make decisions where different documents report contradictory results. Additionally, this feature could be included in the search engine making it possible to select the top-quality surveys.

**Output**

A new type of product CE-DAT could offer is feedback on surveys. This service would guarantee a systematic, in-depth review of the survey and a comparison of the results to other surveys conducted in the same region. This could be done in a matter of days and all comments would be sent to the surveying organisation.

Finally, after consultation with donors and end users, other outputs could be considered to adapt to their needs.
Complex Emergency Database – Update, Plans

Vicente Terán
Presentation prepared for CE-DAT TAG meeting
Washington DC, the 2nd of May 2006
CE-DAT is a searchable database on the Human Impact of Complex Emergencies (armed conflicts, posconflict & transition, emergency situations).

- Created in 2003 in the context of SMART Initiative
- Maintained and developed by CRED
- Funded by the US Department of State’s Bureau of Population, Refugees and Migration
OBJECTIVES OF CE-DAT

COMPLEX EMERGENCY DATABASE

Key nutritional, health and mortality indicators for rational humanitarian aid decision making

To promote effectiveness through evidence based trend analyses and impact briefings

Publicly accessible online database
### INDICATORS ON THE HUMANITARIAN IMPACT

<table>
<thead>
<tr>
<th>Mortality</th>
<th>Nutrition</th>
<th>Vaccination coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crude Mortality</td>
<td>Global/Severe Acute Malnutrition (Z-score/ Median)</td>
<td>Measles</td>
</tr>
<tr>
<td>Under Five Mortality</td>
<td>Oedema</td>
<td>Polio</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>Global/Severe Chronic Malnutrition</td>
<td>DTP</td>
</tr>
<tr>
<td></td>
<td>Global/Severe Underweight</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td></td>
<td>MUAC</td>
<td>Coverage of Vitamin A</td>
</tr>
</tbody>
</table>
### INFORMATION INCLUDED IN THE DATABASE

#### TARGET POPULATION
- Age (6-59 months, 6-29 months, 9-59, 60 to 115 cm...)
- Status (IDPs, Refugee, Residents)

#### GEOGRAPHICAL INFORMATION
- Standardized information for Country, Administration 1, Administration 2, Administration 3, City and Camp

#### METHODOLOGY
- Sample size
- Sampling Methodology
- Dates and Recall Period
- Population size
- % IDPs
- 95% Confidence interval

#### SOURCE
- Organization(s) in charge of the survey
- Journal
- Author
- Document references
- URL

- For each indicator, additional information is provided in the comments field on aspects considered important (e.g. cause of death, design effect, geographical specifications...)
POPULATING THE DATABASE

Sources

- **Online secondary sources**
  - Peer-reviewed journals
  - UN Publications (NICS / RNIS, IRIN, OCHA, UNHCR, UNICEF, WHO, ...)
  - Press releases (Reuters, AP, AFP, ...)
  - Other academic and research institutions

- **Primary sources (original reports)**
  - Agreements of collaboration with several NGOs and UN Agencies
Internal Quality Control Process

- CE-DAT assesses methodological aspects in relation to data integrity (eg. sampling, recall period, dates, ...)

- Status of the data:
  - 😊 Validated
  - 😞 Pending (some key information is missing)
  - 😞 Confidential
Phase 1: Accomplishments

- Establishment of the Technical Advisory Group
- 8 Pilot Complex Emergencies: Sudan, DRC, Angola, Ethiopia, Sierra Leone, Côte d’Ivoire, Iraq and Afghanistan
- 630 surveys (2000-2005)
- Development of CE-DAT website
- Research and Analysis
Phase 2: Continuation and Expansion

- Expansion to other complex emergencies and emergencies
- 1155 surveys in 36 countries (6504 records)
- Improving the user-friendliness of the online search engine
- Cartographical database to link indicators to maps
- Enlarge the CE-DAT network to get the data straight from the source
1155 surveys in 36 countries, mostly in Africa.

10 countries with more surveys account for 81% of all CE-DAT

<table>
<thead>
<tr>
<th>Country</th>
<th>Surveys</th>
<th>%</th>
<th>% acum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudan</td>
<td>288</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>DRC</td>
<td>129</td>
<td>11%</td>
<td>36%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>121</td>
<td>11%</td>
<td>47%</td>
</tr>
<tr>
<td>Angola</td>
<td>88</td>
<td>8%</td>
<td>54%</td>
</tr>
<tr>
<td>Somalia</td>
<td>73</td>
<td>6%</td>
<td>61%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>56</td>
<td>5%</td>
<td>66%</td>
</tr>
<tr>
<td>Iraq</td>
<td>53</td>
<td>5%</td>
<td>70%</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>47</td>
<td>4%</td>
<td>74%</td>
</tr>
<tr>
<td>Uganda</td>
<td>45</td>
<td>4%</td>
<td>78%</td>
</tr>
<tr>
<td>Chad</td>
<td>28</td>
<td>2%</td>
<td>81%</td>
</tr>
</tbody>
</table>
WHAT’S IN CE-DAT? (II)

Surveys by legal status

- Resident: 46%
- Resident-returnee: 3%
- Refugee: 20%
- IDP: 13%
- IDP-resident: 18%
- IDP-returnee: 3%

Surveys by year

- 1999-2000: 15%
- 2001: 11%
- 2002: 16%
- 2003: 18%
- 2004: 22%
- 2005: 17%
- 2006: 1%

Indicators by category

- Mortality: 19%
- Vaccination Coverage: 13%
- Nutrition: 67%
Complex Emergency Database

Country | Admin1 | Value Scale | 95ci | Status | Age | Start | End | Z/M
--- | --- | --- | --- | --- | --- | --- | --- | ---
Congo | | | | | | | | |
Côte d’Ivoire | | | | | | | | |
DR Congo | | | | | | | | |
Djibouti | | | | | | | | |
Eritrea | | | | | | | | |
Ethiopia | | | | | | | | |

Admin1
- All
- Democratic Republic of Congo
- Bandundu
- Bas-Congo
- Equateur
- Kasai Occidental
- Kasai Oriental

Year
- All years
- 2006
- 2005
- 2004

Indicator
- Mortality
- Nutrition
- Vaccination
- Global Acute Malnurt.
- Severe Acute Malnurt.

Search
### Complex Emergency Database

#### Country Table

<table>
<thead>
<tr>
<th>Country</th>
<th>Admin1</th>
<th>Value Scale</th>
<th>95ci</th>
<th>Status</th>
<th>Age</th>
<th>Start</th>
<th>End</th>
<th>Z/M</th>
</tr>
</thead>
<tbody>
<tr>
<td>DR Congo</td>
<td>North</td>
<td>11.1 %</td>
<td>3.1 - 19.1</td>
<td>resident</td>
<td>6-59</td>
<td>2001-12</td>
<td>2001-12</td>
<td>Z</td>
</tr>
<tr>
<td>DR Congo</td>
<td>South</td>
<td>12 %</td>
<td>9.2 - 15.4</td>
<td>resident</td>
<td>6-59</td>
<td>2004-11</td>
<td>2004-11</td>
<td>Z</td>
</tr>
<tr>
<td>DR Congo</td>
<td>Maniema</td>
<td>14.4 %</td>
<td>11.3 - 18.1</td>
<td>resident</td>
<td>6-59</td>
<td>2004-12</td>
<td>2004-12</td>
<td>Z</td>
</tr>
<tr>
<td>DR Congo</td>
<td>Equateur</td>
<td>12.7 %</td>
<td>9.8 - 16.2</td>
<td>resident</td>
<td>6-59</td>
<td>2004-01</td>
<td>2004-01</td>
<td>Z</td>
</tr>
<tr>
<td>DR Congo</td>
<td>Equateur</td>
<td>4.4 %</td>
<td>2.8 - 6.0</td>
<td>resident</td>
<td>6-59</td>
<td>2003-12</td>
<td>2003-12</td>
<td>Z</td>
</tr>
<tr>
<td>DR Congo</td>
<td>South</td>
<td>9 %</td>
<td>6.6 - 12.1</td>
<td>resident</td>
<td>6-59</td>
<td>2004-04</td>
<td>2004-04</td>
<td>Z</td>
</tr>
<tr>
<td>DR Congo</td>
<td>South</td>
<td>3.2 %</td>
<td>1.8 - 5.3</td>
<td>resident</td>
<td>6-59</td>
<td>2005-05</td>
<td>2005-05</td>
<td>Z</td>
</tr>
<tr>
<td>DR Congo</td>
<td>Katanga</td>
<td>5.9 %</td>
<td>3.6 - 9.6</td>
<td>resident</td>
<td>6-59</td>
<td>2004-07</td>
<td>2004-07</td>
<td>Z</td>
</tr>
<tr>
<td>DR Congo</td>
<td>Katanga</td>
<td>7.1 %</td>
<td>5 - 10</td>
<td>resident</td>
<td>6-59</td>
<td>2004-00</td>
<td>2004-00</td>
<td>Z</td>
</tr>
<tr>
<td>DR Congo</td>
<td>South</td>
<td>3.9 %</td>
<td>2.4 - 6.3</td>
<td>resident</td>
<td>6-59</td>
<td>2004-08</td>
<td>2004-02</td>
<td>Z</td>
</tr>
<tr>
<td>DR Congo</td>
<td>Katanga</td>
<td>4.5 %</td>
<td>2.8 - 7.0</td>
<td>resident</td>
<td>6-59</td>
<td>2005-08</td>
<td>2005-08</td>
<td>Z</td>
</tr>
<tr>
<td>DR Congo</td>
<td>Katanga</td>
<td>5.3 %</td>
<td>3.6 - 7.9</td>
<td>resident</td>
<td>6-59</td>
<td>2005-08</td>
<td>2005-08</td>
<td>Z</td>
</tr>
</tbody>
</table>

#### Organisations
- ACF-USA

#### Locations
- Democratic Republic of Congo - Katanga - Haut-iomami - Malemba N'kulu

#### Indicators
- Mortality
  - % of deaths under 5
Content

• Estimation of the number of deaths
• Analysis of the violence related deaths versus non-violence related deaths

Outcome

• Many replies from people from different background (academics, donors, NGOs, UN, etc)
• Lead to collaborations with WHO, GAO, ICC
CE-DAT PRODUCTS

Content

- Data review of field surveys in 2005 from CE-DAT (mortality and nutrition)
- Main highlights on the results of this surveys

<table>
<thead>
<tr>
<th>Severity of the nutrition situation</th>
<th>Prevalence of GAM</th>
<th>Number of surveys</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable</td>
<td>&lt; 5%</td>
<td>13</td>
<td>32%</td>
</tr>
<tr>
<td>Poor</td>
<td>5-9%</td>
<td>8</td>
<td>20%</td>
</tr>
<tr>
<td>Serious</td>
<td>10-14%</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Critical</td>
<td>&gt;= 15%</td>
<td>18</td>
<td>44%</td>
</tr>
</tbody>
</table>
CE-DAT PRODUCTS

• Analysis based on 88 surveys in 15 provinces
• Impact of the conflict
  • Time (conflict, transition and post-conflict)
  • According to legal status
• Excess of mortality due to conflict sites surveyed
75 Under Five Mortality between 1999 and 2005 (3 different periods)

**ANALYSIS: UNDER FIVE MORTALITY IN ANGOLA**

- **Conflict (1999 – 04/2002)**

Graph showing under five mortality rates with different markers for various regions, including Benguela, Bié, Cuando-Cubango, Cuanza Sul, Huambo, Huila, Luanda, Lunda Norte, Lunda Sul, Malange, Moxico, Uige, Zaire, and Highlands (Huambo & others).
Conflict and Transition surveys by districts surveyed

![Map showing conflict and transition surveys]

Legend:
- Less than 2 per 10,000/day
- 2 – 4 per 10,000/day
- More than 4 per 10,000/day
- No data
**Analysis: Crude Mortality in Angola by Legal Status**

<table>
<thead>
<tr>
<th>Legal Status</th>
<th>Average Crude Mortality Rate (per 10,000/day)</th>
<th>% of surveys above threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDPs</td>
<td><img src="chart1.png" alt="Graph" /> 2.47</td>
<td>92%</td>
</tr>
<tr>
<td></td>
<td><img src="chart2.png" alt="Graph" /> 1.05</td>
<td>50%</td>
</tr>
<tr>
<td>IDPs &amp; Residents</td>
<td><img src="chart3.png" alt="Graph" /> 1.36</td>
<td>67%</td>
</tr>
<tr>
<td></td>
<td><img src="chart4.png" alt="Graph" /> 0.93</td>
<td>43%</td>
</tr>
<tr>
<td>Residents</td>
<td><img src="chart5.png" alt="Graph" /> 1.1</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td><img src="chart6.png" alt="Graph" /> 0.621</td>
<td>20%</td>
</tr>
</tbody>
</table>

- **n** = number of surveys
- **Conflict and Transition period**
- **Pos-conflict period**
THANK YOU VERY MUCH FOR YOUR ATTENTION !!!

FOR MORE INFORMATION GO TO:

http://www.cred.be/cedat
Problems and challenges for CE-DAT

Meeting of the Complex Emergencies Database (CE-DAT) Technical Advisory Group

Washington, DC, May 2-3, 2006
Problems and challenges for CE-DAT

Meeting of the Complex Emergencies Database (CE-DAT) Technical Advisory Group

Washington, DC, May 2-3, 2006
Problems and challenges for CE-DAT

- Data sharing among operational agencies
- Promoting data use
- Delay between data collection and data use
  - a. Methodological strengths and weaknesses
  - b. Handling erroneous data
  - c. Assessing reliability of data and surveys
- Morbidity indicators and coverage
- Geographical boundaries
Data sharing among operational agencies

• Some agencies provided data, but it is not done systematically.

  – What are the data sharing policies?
  – What efforts are agencies willing to do?
  – What would be a right medium for data sharing?
Promoting data use

- CE-DAT is not widely known (yet).
  - What kind of channels should we consider?
  - What kind of products would draw people’s attention?
  - Are there key websites, organizations, … we should target?
Delay between data collection and data use

- Considerable time lag between field study and report publication.
  E.g. mortality studies

Data sharing among operational agencies
Promoting data use
Delay between data collection and data use
Methodological strengths and weaknesses
Handling erroneous data
Assessing reliability of data and surveys
Morbidity indicators and coverage
Geographical boundaries

Recall period → writing → Publication
Field work

Data is often outdated when entered in CE-DAT.
Methodological strengths and weaknesses

- Methodological information currently entered:
  - sampling design
  - sample size
  - design effect (when available)
  - definition of the indicator

- Is this information useful and relevant?
- Should other information be added?
Handling erroneous data

• Some reports show obvious mistakes. When possible these errors were corrected and the corrected value was entered.
  – How to distinguish mistakes from exceptional situations?
  – What would be the appropriate procedure?
    • Enter data as reported
    • Enter corrected data
    • Not enter the data
Assessing reliability of data and surveys

- Not all reports have the same quality.
  - What quality standards could we use?
  - Can a scale be worked out?
  - Should we include data from situation reports, quick assessments, etc?
Morbidity indicators and coverage

- Although morbidity data should be entered, only vaccination coverage is included.
  - What diseases should be added?
  - What indicators and sources should be used? [Example]
  - How should it be reported?
**Geographical boundaries**

- Discrepancies between different administrative breakdowns.
  
  E.g. South Sudan (GoS vs SPLM), Afghanistan

  – What is the golden standard?

  – What geographical precision is needed?

  CE=DAT reports currently up to 3rd admin level, city and camp.
Problems and challenges for CE-DAT

- Data sharing among operational agencies
- Promoting data use
- Delay between data collection and data use
  - a. Methodological strengths and weaknesses
  - b. Handling erroneous data
  - c. Assessing reliability of data and surveys
- Morbidity indicators and coverage
- Geographical boundaries
Handling erroneous data

- Example: El Geneina survey (MSF)

**Surveys in West Darfur (Sep 2003 – Jan 2005)**

Probable shigellosis epidemic that was not detected.
**Morbidity indicators and coverage**

**Example: cholera in Angola (ProMED)**

- **Data sharing among operational agencies**
- **Promoting data use**
- **Delay between data collection and data use**
- **Methodological strengths and weaknesses**
- **Handling erroneous data**
- **Assessing reliability of data and surveys**
- **Morbidity indicators and coverage**
- **Geographical boundaries**

---

**Graph:**
- **X-axis:** Jan 06, Feb 06, Mar 06, Apr 06
- **Y-axis:** Cases
- **Legend:**
  - **Reported cases**
  - **CFR**

**Graph Details:**
- **Jan 06:** 900 cases
- **Feb 06:** 700 cases
- **Mar 06:** 500 cases
- **Apr 06:** 25%
  - 15% reported cases
  - 10% CFR
  - 5% CFR