HO D1.1 Sex- and age-disaggregated data (SADD)

What is sex- and age-disaggregated data?

* Data that is broken down according to a person’s sex and age group.
* It can be collected using both quantitative and qualitative methods.
* Once SADD is collected an age and gender analysis should be done. This can help reveal who is affected, why and how. It can also reveal power dynamics, how roles and responsibilities are shared, and who controls access to resources.

Why is SADD important?

* Natural disasters and conflict do not affect people equally. They have very different impacts on men, boys, women, girls, older people and people living with disabilities etc. Pre-existing structures and social conditions may determine who will be most affected in the community.
* We need detailed information to tell us how different groups are affected and the different capacities they have for coping. This can make programming more effective by enabling better targeting.

Case study[[1]](#footnote-1)

After the tsunami on Sunday 26 December 2004, a survey of households in Aceh province, Indonesia found that two thirds of those who died were female. A higher proportion of children aged nine and younger, and over 60, were also killed. Further analysis of displaced families found a significantly higher proportion of female-headed households opting not to go into camps, as many were widowed and feared for their safety. The SADD highlighted:

* The disproportionate death of older people and women left many widowers unable to care for themselves and their children.
* Many children were left without their mothers or older care givers (grandparents often helped care for grandchildren).
* Services could not solely concentrate on displacement camps.
* Outreach was needed to identify displaced families.

Challenges

* Circumstances in which it might be hard to collect disaggregated data include: the initial stages of a primary emergency, insecure environments, and in settings with limited humanitarian space.
* Collecting SADD does not necessarily indicate age- or gender-sensitive programming. Data need to translate into analysis and action.
* There is little data on older persons.
* Little understanding of what data can be collected at different stages of an emergency.

Troubleshooting

* Estimations of the proportions of men, women, girls and boys may be possible using census data.[[2]](#footnote-2)
* Census data can inform programme design in the very initial stages of a response, before the collection of primary data.
* Census data also offers a useful comparison as primary data is collected. For example, if national census data shows 15% of the population is over 60, but only 5% of those beneficiating from the programme are over 60, this might signal that assistance is not reaching older people and that barriers need to be identified and addressed.

Sources of information

* The UN Department of Economic and Social Affairs provides updated information on population estimations: <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>

DFID categories

DFID’s current advice is to collect SADD. However, they also include disability disaggregated data in their guidelines. They currently ask for:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| M | 0-5 years | 6-18 years | 19-50 years | 50+ years |
| F | 0-5 years | 6-18 years | 19-50 years | 50+ years |

ECHO categories[[3]](#footnote-3)

ECHO’s Single Form uses the age brackets in the table below. They build on age groups suggested by Sphere but use broader age groups to make reporting easier. In cases where organisations use different age brackets they should try to enter the data as suggested by the Single Form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| M | 0-59 months | 5-17 years | 18-49 years | 50+ years |
| F | 0-59 months | 5-17 years | 18-49 years | 50+ years |

Health provider categories[[4]](#footnote-4)

Health providers use age groupings that prioritise physiology rather than sociocultural status and rights.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| M | 0-11 months | 1-4 years | 5-14 years | 15-49 years | 50-59 years | 60-69 years | 70-79 years | 80+ years |
| F | 0-11 months | 1-4 years | 5-14 years | 15-49 years | 50-59 years | 60-69 years | 70-79 years | 80+ years |

Sphere[[5]](#footnote-5)

Sphere recommends disaggregating data at the earliest possible stage using the following groupings.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| M | 0-5 years | 6-12 years | 13-17 years | 18-29 years | 30-39 years | 40-49 years | 50-59 years | 60-69 years | 70-79 years | 80+ years |
| F | 0-5 years | 6-12 years | 13-17 years | 18-29 years | 30-39 years | 40-49 years | 50-59 years | 60-69 years | 70-79 years | 80+ years |

USAID/OFDA

* USAID currently asks for sex-disaggregated data in proposals; age-disaggregated data are only required for certain types of projects, for example in nutrition and health. For these they request the same age groups as health providers, but only up to the age of 60+.
1. D. Mazurana et al. (2011). *Sex & Age Matter*. Feinstein Center, Tufts University. p25 [↑](#footnote-ref-1)
2. For guidance on this, see B.A. González. (2013). *Ensuring inclusion of older persons in initial emergency needs assessments.* HelpAge International. pp15–6. [↑](#footnote-ref-2)
3. J. Steets, A. Binder and S. Foran. (2013). *Gender-Age Marker toolkit*. DG ECHO. <https://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf> p74 [↑](#footnote-ref-3)
4. SPHERE, Appendix 2, p.341 [↑](#footnote-ref-4)
5. SPHERE, Core Standard 3: Assessment. [http://www.spherehandbook.org/en/core-standard-3-assessment](http://www.spherehandbook.org/en/core-standard-3-assessment/) [↑](#footnote-ref-5)