



# COUNT ME IN!

## Improving the collection and analysis of sex- and age-disaggregated data

JUNE 2017

### Introduction

We often ask ourselves and our teams, “Who are we reaching with this program or activity?” We don’t often ask, “Who are we missing?” Maybe we should. What we do and how we do it will likely reach large segments of communities, but it’s highly unlikely we will reach everyone, let alone the most marginalized, if we aren’t deliberate and intentional. If we ask ourselves who is missing, then we may discover who is unlikely to learn about the program, to access the services, or to be included in community meetings.

Building a resilient community requires understanding all demographic groups, ensuring that we are setting them all up for success, and that we **do not leave out** the most marginalized. We know that the majority of communities in which Mercy Corps works are young—median ages are typically under 25. In fact, many median ages are under 19, and in some communities more than 70% of the population is under 25. With these statistics, it is imperative to intentionally reach young people if we wish to achieve our mission of secure, just and productive communities. But are we reaching all young men and women, girls and boys? Are we missing that large segment of 15-19 year old girls and boys? Unfortunately, we don’t have that information. And that means we don’t know who we are missing.

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With the ultimate goal of implementing impactful programs, research was conducted to explore how well Mercy Corps is currently collecting, analyzing, and reporting data disaggregated by sex and by age.<sup>1</sup> Our overall motivation was to improve the collection and analysis of sex- and age-disaggregated data (SADD) to better capture program impact and to tailor program activities.

An individual's sex and age can dramatically affect their needs, risks, access, and capacities in developing countries. Instead of one singular identity, every person has multiple, intersecting identities. Sex and age are two identities that greatly impact participant inclusion and opportunities for advancement. Mercy Corps has recognized the importance of collecting SADD by making it a minimum standard of [Program Management](#). **Collecting and interpreting SADD can help create more impactful and sustainable programs and can facilitate adaptive management by informing ongoing programmatic changes to increase participation in, and impact of, activities.** SADD is also a key element of mainstreaming protection because it helps us understand who might be exposed to risks based on their identities. While the collection of SADD is mandatory, many Mercy Corps teams face challenges to collecting and analyzing this type of data. Our findings from qualitative research and a quantitative survey reveal the major barriers that teams face. We present several ideas and solutions to improve the collection and analysis of SADD.

## Research Methods

The focus of our work centered on 1) the availability of sex- and age-disaggregated data, 2) systems for data collection and disaggregation, and 3) staff's perceptions regarding challenges and recommendations for more consistent and higher quality SADD. This research did not look deeply at how teams are currently analyzing and using SADD to guide programming. Our approach included first reaching out to 10 programs (from 6 different regions) that directly target adolescents.<sup>2</sup> We requested direct participant data from program start to present, disaggregated by sex and age. We also asked whether the program disaggregated data by any other identity (e.g., ethnicity, religion, caste, location, disability). Next, we conducted a series of key informant interviews (KIIs) with Monitoring, Evaluation and Learning (MEL) staff and program managers from the 10 programs to understand data collection and disaggregation systems. We also spoke with key Strategic Response and Global Emergency (SRGE) staff, who provided critical insights and solutions for the unique challenges they face in collecting SADD.

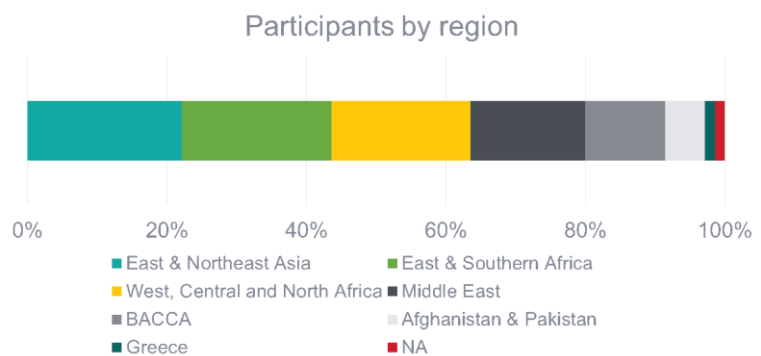


Fig.1 Survey participants by region

<sup>1</sup> This research was led by Mercy Corps' Youth, Gender and Girls Technical Support Unit and Anna James, an international development consultant.

<sup>2</sup> Programs included in research: Convivimos (Guatemala), PEVCYC (Colombia), SYLI (Somalia), STEM (Nepal), Advancing Adolescents (Iraq), Nubader (Jordan), Bussma I (Lebanon), INTAJ (Lebanon), South and Central Syria, and Northeast Syria

Our qualitative research informed the development of the subsequent quantitative survey. The goal of the quantitative survey was to gather broader program feedback on current efforts to collect and analyze SADD, as well as challenges and proposed solutions. We distributed the survey in April 2017 to Mercy Corps MEL staff (program-level and national-level). Because comprehensive lists of MEL staff are not readily available, nor are consistent titles used, we asked Program Directors or Country Directors to distribute the survey to the appropriate staff. The survey provided insights into Mercy Corps' internal perceptions and beliefs regarding SADD. Participants answered 22 questions (20 multiple-choice and 2 open-ended). Overall, 140 people completed the survey. Of those participants, 40% were female and 60% were male. This gender breakdown aligned with Mercy Corps' 2016 gender audit in which 36% of Mercy Corps staff were female and 64% male. Most regions were well-represented; Southeast Asia had the highest number of participants (Fig. 1).<sup>3</sup> Participants were program-level MEL staff (51%), national-level MEL managers (17%), or other staff (32%) including program managers, Program Directors and Country Directors. Over 50% of survey respondents were relatively new to Mercy Corps (tenure < 2 years). Approximately 31% of respondents had a tenure of 3–5 years, 11% had a tenure of 6–10 years, and 12% had a tenure of 11+ years.

## Findings

Our survey results showed that Mercy Corps staff generally recognize the importance of collecting sex- and age-disaggregated data, but that they face many challenges to its collection and analysis. Approximately 96% of survey participants believed that collecting sex-disaggregated data is “important” or “very important”, while 86% of participants believed that collecting age disaggregated data is “important” or “very important”. When asked the primary reason to collect SADD, 34% of survey participants said it was to guide program design and implementation. Other responses included: to ensure inclusion (21%), to adhere to Mercy Corps' policies (19%), and to meet donor requirements (18%). Several people (8%) selected “other” and for the majority of those responses, people wrote in “all of the above.” While all of these responses represent important reasons to collect SADD, it is promising to see that “guiding program design and implementation” rose to the top. These positive responses indicate an important awareness of SADD among staff. This awareness is the first step in collecting and analyzing SADD. Following this, we need to continue to examine the actual prevalence of data disaggregation.



*Survey results indicate that there is an important awareness of SADD among Mercy Corps staff. 96% of survey participants believed that collecting sex-disaggregated data is “important” or “very important”, while 86% of participants believed that collecting age disaggregated data is “important” or “very important”.*

Photo: Laura Hajar for Mercy Corps

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<sup>3</sup> Survey participants represented 34 different countries where Mercy Corps operates.



## Diversity of data collection types suggests a need to align

Mercy Corps has many different types of data sources including monitoring data (ongoing), beneficiary reports (using Mercy Corps age brackets), and final impact data. Currently we do not have a consistent approach for collecting SADD. The method of collecting and reporting beneficiary numbers varies greatly between programs and countries. Some programs use direct beneficiary data, others use population estimates, and some use a combination of both. In reviewing the calendar year 2016 beneficiary data, we saw that 22 out of 38 countries used actual beneficiary data (58%), 9 countries used population estimates (24%), and 7 countries (18%) used some other method to calculate beneficiary numbers (often including census data).<sup>4</sup> Given the diverse methods of collecting and reporting beneficiary data as an agency, we do not have a consistent way of reporting SADD across our beneficiary numbers.

## Staff perceptions of SADD collection are positive

When asked what percent of programs in their country collect SADD, 71% of survey participants expressed the belief that more than 75% of their programs collect sex-disaggregated data. By contrast, only about half or 51% of participants expressed the belief that more than 75% of programs collect age-disaggregated data (Table 2). Teams found it much easier to collect sex-disaggregated data than age-disaggregated data: about 9% of respondents believed that it is “difficult” or “very difficult” to collect sex-disaggregated data, compared to 31% of respondents who believed the same for age-disaggregated data. Several reasons explained below highlight the causes of this difference. While these numbers appear quite positive, we do not know whether staff perceptions accurately reflect the reality of how many programs actually collect SADD. Further investigation (random sampling to request SADD from individual programs) would allow us to estimate the true prevalence of SADD collection among programs. Such an objective approach would provide a baseline of SADD collection, help set targets, and inform next steps on how best to enhance SADD collection.

**Table 2. What percent of programs in your country collect SADD?**

	1-25%	26-50%	51-75%	>75%	Don't know
<b>Sex-disaggregated data</b>	2%	5%	11%	71%	11%
<b>Age-disaggregated data</b>	4%	11%	21%	51%	14%

<sup>4</sup> Calendar year 2016 beneficiary data provided by the Strategy and Learning team.

## Challenges for collecting age-disaggregated data

We asked teams to characterize major challenges to collecting age-disaggregated data. Notably, 59% of participants selected “beneficiaries don’t know or remember their age” as one of their top-three challenges.

*“Beneficiaries typically don’t know their ages. Also, in terms of population statistics, there is no age-disaggregated data available. We have sometimes ages under 1 year, under 5 years, and ‘adult.’ Most of the time we project population stats from the 2008 census (the last reliable source of data), WFP/IOM data, but these are typically limited in location. We estimate 21% of the population to be under 5 years, and project a 3% growth of the population every year. This does not account for IDPs, returnees, or host communities, which change frequently, depending on the location. Age-disaggregated data is nearly impossible to get in this country.”*

— Mercy Corps staff member in South Sudan

Another challenge (shared by 35% of respondents) was that beneficiaries do not want to report their age. For example, it was reported that youth in Guatemala often hesitate to provide personal information because they fear for their personal security. According to one Mercy Corps staff member, “They don’t trust the government. They don’t trust Mercy Corps to keep this information.” These youth are especially concerned about retribution from criminal gangs if they were known to participate in Mercy Corps’ violence prevention programs. In Somalia, Mercy Corps staff conducting open registrations with internally displaced persons (IDPs) said that adolescent girls are very hesitant to provide their age. This underlines how sex and age (along with other identities) can influence the willingness of individuals to share their age. In such circumstances when it is not feasible to collect specific ages, age ranges may be preferable but creates a number of analysis and reporting challenges.

Limited time (23% of respondents) also makes it difficult to collect and analyze SADD. Many staff working in emergency settings explained how it is simply not feasible to collect SADD when working in rapid onset emergencies. Other challenges included limited staffing (19%), lack of appropriate survey instruments (18%), lack of appropriate enumerator guidance (14%), and Other (11%). There was not a lot of variation among regions in the challenges faced (Table 3). Overwhelmingly, the major challenge across regions was that beneficiaries do not know or remember their age. An exception was in BACCA, Pakistan and Afghanistan, where a major challenge is participants not wanting to report their age.



*Staff in Guatemala reported that youth are often hesitant to provide personal information because of security concerns.*

Photo: Miguel Samper for Mercy Corps

**Table 3. Challenges by region and group<sup>5</sup>**

	Regions						Groups			All
	Afghanistan & Pakistan	BACCA	Asia - South East	Africa - East and Southern	Middle East	Africa - West, Central and North	1	2	3	All
<b>Participants</b>	8	13	31	27	21	28	46	64	28	138
<b>Beneficiaries don't know or remember their age</b>	63	46	55	70	57	79	61	61	50	59
<b>Beneficiaries don't want to report their age</b>	63	62	32	37	29	32	30	33	46	35
<b>Limited time</b>	0	31	39	11	38	14	22	20	29	23
<b>Limited staffing</b>	13	8	29	19	38	7	4	30	18	19

Numbers are percentage of respondents per region or grouping. Totals are greater than 100% due to survey participants' option to select up to 3 responses.



*Many participants (59%) selected “beneficiaries don’t know or remember their age” as one of their top-three challenges. Another challenge (shared by 35% of respondents) was that beneficiaries do not want to report their age.*

Photo: Sumaya Agha for Mercy Corps

<sup>5</sup> Group 1: Countries currently experiencing complex crises. Group 2: Countries with high potential for or recent complex crises (in the last 5 years). Group 3 Post-crisis or stable countries.

## Challenges in emergency settings

The ability of teams to collect and analyze SADD is highly dependent on the context. Conversations with field teams and SRGE staff revealed why it is so difficult to collect and analyze SADD in emergency settings. First, participants can be profoundly stressed, making it difficult for them to share personal information. As a staff member in Syria shared, *“In many situations, beneficiaries are overburdened with worry and are too mentally fatigued to share detailed information.”*

Second, they may be hesitant to share information because of security concerns. A Mercy Corps staff member explained, *“People [in Syria] are not usually willing to share any... personal information because they feel it might threaten their security. It might be because of armed groups, because of local government, because of the government of Syria, or whatever it is, there are security concerns which cause them to become hesitant.”*

Third, in rapid onset emergencies, staff focused on potentially life-saving interventions have extremely limited time to collect registration and distribution records. While SRGE teams may not be held to the gold standard of SADD collection (collecting sex- and age-data for all women, men, girls, and boys reached) within the first days of a response, opportunities to collect SADD tend to increase as emergency situations stabilize. The SRGE and Program Performance and Quality (PaQ) teams are piloting tools that incorporate SADD parameters in them to collect information in these difficult environments. As these are further developed, the PaQ team will share them and provide more guidance.

A fourth challenge is related to remote management of implementing partners, as for example, in Syria. Often the implementing partners have limited willingness or capacity to collect SADD, or are under-informed about Mercy Corps policies. One staff member explained that guidance on how to sensitize partners on the importance of SADD collection and analysis would greatly improve partners' support for SADD collection. Lastly, another staff member in Syria told us that parents in NE Syria often do not know the exact ages of their children. Some parents never received birth certificates, and others lost them during the war. Across countries, field staff explained that it is difficult to collect and report SADD when donors have different age requirements than Mercy Corps. As we will discuss in the solutions, collecting specific ages of program participants can help alleviate this burden.

## How willing are beneficiaries to share their age?

Staff reported that participants were often noncommittal about sharing their age. This is consistent with the observation that unwillingness to share age is one of staff's top challenges, as explained above. However, while there are some circumstances when people are not willing to share their age, staff's perception of this “unwillingness” may be inflated because the majority or survey respondents said that beneficiaries are “willing” or “very willing” to share their age. Further exploration could help us understand why participants may not be willing to share their age, and whether that is affected by their identity or by the type of program. While knowing the ages of participants is extremely useful for program design and implementation, we must also respect the right to individual privacy. With that mindset, Mercy Corps should continue to foster trusting relationships with communities and program

**12%** Very willing  
**45%** Willing  
**41%** Sometimes willing  
**1%** Rarely willing  
**0%** Not willing



participants where sharing is comfortable. There are also cultural reasons why staff may not be able to collect SADD. For example, in the Democratic Republic of Congo, one challenge is that, *“it is impolite to ask someone you respect for their age.”* Overcoming this requires a balance of cultural sensitivity and a transparent, open dialogue with participants regarding the purpose of collecting age data.

## Suggestions for agency support for SADD collection and analysis

Respondents commonly said that training on how to analyze SADD was a major way in which the agency could support field teams. Many team members felt confident in their capacity to collect and report SADD, but they did not necessarily know how to analyze it or apply it toward program improvements. As a staff member in Indonesia shared, *“I’m actually disappointed that we never actually go beyond collecting SADD data for reporting. I think it is potentially useful, but it’s hard to find someone who’s able to guide me analyze the results.”* Similarly, a staff member in Myanmar explained that SADD collection *“does not represent such an important challenge in itself, [but] the ensuing analysis based on SADD can be complex and time-consuming.”* However, SADD analysis does not have to be complicated and time-consuming. For example, it can be as simple as tailoring messages to specific groups. The information remains the same, but the delivery (manner, approach, word choice) might change depending on audience (e.g., younger male mechanics vs. women vendors). SADD analysis can help us understand how groups within a community are differentially affected by the same events. It can also help us understand the preferences of and challenges faced by different groups. For example, women, men, boys and girls might require different sets of items in a non-food package, Shelter Kit, or a WASH dignity kit.

Another way in which field staff would feel supported to collect and analyze SADD is through improved software, such as a database (49%). Currently, data management systems of various teams are at very different stages of development and usage. A centralized database, itself organized and informed by Mercy Corps policies, might be something to explore in the future. For example, Tola, Mercy Corps’ web-based platform for program management has features that capture SADD (when applicable). However, program staff will need to be responsible to collect and input SADD per program. Guidance for MEL staff on how to set up a good data collection system would be quite useful. Beyond the database requirement, respondents also believed they would benefit from SADD collection training (37%), written guidance and protocols (36%), guidance on remote management of SADD collection (36%), improved hardware (25%), and additional human resources (7%).

- 54%** Training on how to analyze SADD
- 49%** Improved software (e.g. database)
- 37%** Training on how to collect SADD
- 36%** Written guidance and protocols
- 36%** Guidance on remote management of SADD collection
- 25%** Improved hardware (e.g. tablets vs. paper)
- 7%** Additional human resources

## Tools to improve SADD collection

When asked what top-two tools would help staff improve SADD collection, 71% of respondents said that standardized data collection and analysis templates or databases would be most helpful. Other needs included better-designed surveys (54%) and improved technology such as tablets (50%). However, tablets have mixed success in different contexts: for example, staff in Guatemala often cannot use tablets because they would be targets of theft and therefore pose a security risk. Staff in Iraq said that *“beneficiaries were more comfortable with [paper forms]. Sometimes in vulnerable areas with vulnerable families, it’s difficult to introduce technology. Don’t get me wrong, but there are a lot of people who have a theory about INGOs*



collecting information for some other reason. So, when they see tablets and technology, they're often afraid of that. They'd rather fill in the form themselves." By contrast, programs like STEM (Supporting the Education of Marginalized Girls in Kailali) in Nepal recently purchased 25 new tablets to collect data. Staff in Colombia found that tablets allow youth at large events to quickly fill in their information. Respondents, when asked to identify the top-two most important attributes of data collection tools, selected simplicity (75%), speed and ability to quickly capture information (53%), and transferability among programs (49%). This suggests that any data collection tools must be simple, practical to use, and standardized to promote sharing successes among teams and regions.

## Many intersecting identities in addition to sex and age

While this report has focused on SADD, in reality each individual has multiple, intersecting identities, a concept known as intersectionality. These identities (e.g., sex, age, ethnicity, religion, caste, disability) can form the basis for inclusion or exclusion, but often intersectionality results in overlapping disadvantages. When we are working with vulnerable and marginalized groups, we must approach program design and implementation from this perspective, otherwise programs may not be effective nor meet the needs of participants. Our survey results showed that many Mercy Corps staff believe that it is important to disaggregate by additional identities: respondents believed that it is very important (24%), important (40%), neutral (12%), somewhat important (15%), or not at all important (9%). Programs are using many different identities for disaggregation including location (91%), disability (39%), ethnicity (30%), religion (11%), and caste (5%), or some other identity (20%).

- › **91%** Location
- › **39%** Disability
- › **30%** Ethnicity
- › **20%** Other
- › **11%** Religion
- › **5%** Caste



*An individual's identity (e.g., sex, age, ethnicity, religion, caste, disability) can dramatically affect their needs, risks, capacities, and opportunities for advancement. We need a clear picture of these differences in order to effectively design and target our actions to those most in need.*

Photo: Miguel Samper for Mercy Corps

# Solutions through partnership

## Field-level solutions

### Collect specific ages, not age ranges

Accuracy and flexibility increase when teams collect specific ages of program participants, as opposed to age ranges. Specific ages allow teams to aggregate in various ways for reporting and analysis purposes. However, on select occasions, collecting ages by age brackets may be a more viable option. For example, staff members in South Sudan and the Democratic Republic of the Congo explained that women and girls are often very hesitant to share their exact age. *“Sometimes the beneficiaries, especially women and girls, refuse to give their age if the question is posed directly. With my experience when proposing the age brackets, there is no hesitations and they answer quickly.”* In



*In certain contexts, women and girls may be hesitant to share their ages.*

Photo: Sanjay Gurung for Mercy Corps

these situations, following attempts to respectfully ask specific ages, age ranges may be considered as an alternative if justification can be provided for why specific ages cannot be collected. As our global teams continue to engage with SADD, the Program Performance and Quality team will develop further guidance on best practices for age data collection, taking into account contextual and programmatic constraints.

### Engaging participants to collect SADD

Field staff can engage with participants to explain why we collect SADD and how we use the information to design and improve our programs. Staff in Colombia were facing problems with parents and youth not filling out registration forms because they did not believe the information was important or understand why Mercy Corps was collecting this data. In some cases, participants believed that staff could simply guess their sex based on their name, which led to errors. The team was successful at improving their SADD collection by conducting workshops with participants to explain why data collection is important and how each piece of information is critical. After educating participants, their ability to collect SADD greatly improved. It is also important to explain data protection protocols to participants so that they are confident that Mercy Corps will protect their personal information.

### Continue to engage current and new staff about the importance of SADD

**“Collecting SADD is a *minimum standard of Program Management at Mercy Corps.*”**

Mercy Corps’ Program Management Manual

Many survey responses indicated that not all staff are aware that SADD is a minimum standard of program management at Mercy Corps. Mercy Corps’ goal is to collect sex and age data in all programs, yet putting this standard into practice is more challenging. Our survey results showed that Mercy Corps staff believe strongly that collecting SADD is important. Conversations within and among teams about the importance of SADD should continue so that staff members

know why this data collection and analysis is important, and will be motivated to do so. Staff could share success stories via Workplace or webinars with a focus on how they have used SADD to make programmatic improvements.

## Agency-level solutions

### Wherever feasible, require collection of specific ages

Collecting specific ages of participants allows us to better target programs and provides more flexibility in reporting. Field teams should be required to collect specific ages unless otherwise justified and exception provided. Many tools exist for estimating participants' ages when exact ages are unknown.<sup>6</sup>

### Create/improve guidance on how to collect and analyze SADD

Currently, there is limited guidance on how to collect and analyze SADD. Devoting time and resources to developing such guidance would help teams know how to use SADD for programmatic improvements. Guidance would need to be applicable to both emergency and development settings.

### Create standardized templates that require SADD entry

Agency-wide standardized reporting forms and templates would greatly improve field teams' ability to collect SADD. Several team members suggested that MEL staff use standardized reporting forms that require staff to fill sex and age data fields before they submit forms to MEL Managers. For example, a staff member in Nepal said, *"Using tablet and coding so that the age, sex data cannot be skipped solved the problem... Now all the staff know that they need to collect age and sex information for any activities conducted."* Programs could also require that MEL staff periodically check for quality and consistency of sex and age data.

### Develop guidance on remote management of partners

Many staff working in emergency settings are faced with challenges related to the remote management of implementing partners. In many cases, these partners do not have the capacity to collect SADD or a complete understanding of why the data is important. Mercy Corps could develop guidance to assist teams to sensitize their partners on SADD.

## General conclusions

Collecting and interpreting SADD facilitates more sustainable and impactful programs. It offers an opportunity for adaptive management and course correction to help programs meet their targets. Importantly, SADD reveals how different identities can affect inclusion, and how different program participants may benefit from Mercy Corps programs. Currently, staff report high levels of SADD collection, but we lack the verifiable data to demonstrate this. Field teams are also generally positive about the importance and efficacy of SADD, and they have the contextual experience to tailor it to specific applications. Enhancing SADD collection could include a combination of engaging participants, educating staff about Mercy Corps policies, and addressing ways in which data collection technology is implemented. SADD collection and analysis improvements are well justified, are supported by staff, and are achievable

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<sup>6</sup> Demographic Health Survey Program (2017) Interviewers Manual. Rockville, Maryland: ICF. <https://www.dhsprogram.com/pubs/pdf/DHSM1/DHS7-Interviewer's-Manual-EN-01May2017-DHSM1.pdf>

through collaborations between field- and HQ-based teams. The Program Performance and Quality team has included SADD as one of their top priorities for FY18 and is looking forward to working with the Youth, Gender and Girls team to find ways to better collect and manage SADD. More importantly, we hope to find ways to effectively use SADD for more adaptive, responsive programming.

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### About Mercy Corps

Mercy Corps is a leading global organization powered by the belief that a better world is possible. In disaster, in hardship, in more than 40 countries around the world, we partner to put bold solutions into action — helping people triumph over adversity and build stronger communities from within. Now, and for the future.



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