SEX, AGE AND DISABILITY DATA DISAGGREGATION FRAMEWORK

VERSION 1, APRIL 2023
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GLOSSARY

This is what these terms mean in the present document. Other publications may use them differently.

CHILD
Every human being below the age of 18 years (Convention on the Rights of the Child).

COMMUNITY
A group of people from one or several populations who share common characteristics, needs and/or a sense of identity, formal or informal.

DIFFERENCING ATTACK
An attack using a combination of statistics to reveal an exact sensitive attribute of a known target individual on which an adversary has background knowledge.

HOUSEHOLD RECIPIENT
A household that benefits from International Committee of the Red Cross (ICRC) field activities or those of an ICRC partner acting on behalf of the ICRC.

INDIVIDUAL RECIPIENT
A registered person who benefits from ICRC field activities or those of an ICRC partner acting on behalf of the ICRC.

RECIPIENT
An entity that benefits from ICRC field activities or receives output from the ICRC or from an ICRC partner acting on behalf of the ICRC.

RECIPIENT GROUP
All or part of a community or population that benefits from ICRC field activities or those of an ICRC partner acting on behalf of the ICRC.
ABBREVIATIONS

AAP  Accountability to Affected People (ICRC unit)
DPO  Data Protection Office
EcoSec  Economic Security (ICRC unit)
EPFL  École polytechnique fédérale de Lausanne
ICRC  International Committee of the Red Cross
IFRC  International Federation of Red Cross and Red Crescent Societies
MfR  monitoring for results
OBA  outcome-based approach
OCHA  United Nations Office for the Coordination of Humanitarian Affairs
PAM  project and activity management
PfR  planning for results
PMfR  planning and monitoring for results
PMT  Planning and Monitoring Tool
PRF  programme reference framework
PROT  Protection (ICRC unit)
RBM  results-based management
REM  Resource Mobilization (unit)
SADD  sex, age and disability data
SADDD  sex, age and disability disaggregated data
SPA  social power analysis
WatHab  Water and Habitat (ICRC unit)
WeC  Weapon Contamination (ICRC unit)
WG  Washington Group on Disability Statistics
WHO  World Health Organization
EXECUTIVE SUMMARY

This framework provides guidelines regarding sex, age and disability disaggregated data (SADDD) to ensure unified data collection and use.

RATIONALE
Collecting, analysing and using SADDD will:
• inform programme policies and development
• improve the ICRC’s response, thanks to better prioritization
• enable inclusive programming
• enhance accountability to affected people
• demonstrate to donors that we have suitable mechanisms for disaggregating data
• help us respond to donors’ requests regarding priority groups.

MINIMUM REQUIREMENTS
Disaggregation by sex, age and disability yields valuable information regarding population diversity and enables us to identify groups (older people, boys, girls, etc.) and decide whether they have specific needs that we should consider.

Disaggregated data are data that have been broken down by detailed subcategories. For this framework, those subcategories are sex, age and disability.

The ICRC has decided to establish minimum requirements for the types of data listed below, and to harmonize the way it handles such data to enable:
• enhanced analysis for programmes
• cross-department/unit analysis at national, regional and global levels.

The ICRC has also specified additional granularity to apply when a programme requires it and/or when the level at which we are collecting data (community, household or individual) makes this appropriate.

Minimum disaggregation requirements

<table>
<thead>
<tr>
<th>DATA TYPE</th>
<th>MINIMUM DISAGGREGATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Male, Female, Other.</td>
</tr>
<tr>
<td>Age</td>
<td>0–4 (59 months), 5–17, 18–49, 50+ Additional harmonized categories for certain ICRC programmes.</td>
</tr>
<tr>
<td>Disability</td>
<td>The prevalence of people with and without a disability in a community. This information may come from primary or secondary sources. The questions in the Washington Group Short Set on Functioning(^2) provide the minimum level when more granularity is needed.</td>
</tr>
</tbody>
</table>

**HOW AND WHEN TO DISAGGREGATE DATA BY SEX, AGE AND DISABILITY**

Disaggregating data by sex, age and disability can show how the way a situation is affecting people differs depending on those characteristics. The present framework makes recommendations on the use of sex, age and disability data (SADD) throughout the results-based management (RBM) cycle.

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PURPOSE AND OBJECTIVES OF THIS DOCUMENT

The framework:
• sets out the minimum requirements for SADD
• provides guidance on how to collect, analyse and use such data in accordance with the ICRC RBM cycle
• explains the benefits of this approach.

BACKGROUND
The ICRC strategy\(^3\) requires that the organization integrate the concerns of affected populations and partners into its operational response and digital transformation efforts, through enhanced technical and data capabilities and processes.

To achieve this, the ICRC needs to disaggregate data when measuring and reporting on affected populations. A better understanding of the composition of those populations will provide a sounder basis for programming and will enhance our operations.

As a minimum, we should be disaggregating population data by sex, age group and disability.

CURRENT SITUATION
• While we do usually collect sex and age data, we have no standardized definitions or attributes for such data, and this limits interoperability.
• Collection and analysis are not consistent, because of limited resources, capacity and availability.
• When we do perform detailed collection and analysis, it is not always possible to follow up and report on any action we take based on the evidence obtained.
• We collect only limited disability data.

For all these reasons, the ICRC needs to harmonize and streamline the collection, analysis and use of data regarding population diversity.

AUDIENCE
This framework will support specialists in Health, Protection, Economic Security (EcoSec), Weapon Contamination (WeC) and Water and Habitat (WatHab) units, plus units such as Accountability to Affected People (AAP) and Resource Mobilization (REM), in disaggregating by sex, age and disability when collecting, analysing and using data regarding affected populations.

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\(^3\) ICRC, Strategy Implementation Roadmap, 2022–2024: https://collab.ext.icrc.org/sites/PS_OBAP/OBAPDeliveryFmwk/Working%20Documents/OBA%201-2_WS_Pre-read/Pre-read_All/Strategy%20implementation%20roadmap%202022-2024%20FULL.pdf. This and all other URLs beginning “https://collab.ext.icrc.org” are accessible to ICRC personnel only.
IMPLEMENTATION

Where applicable, units should integrate this framework into their existing frameworks, such as general activity and strategy frameworks, programme reference frameworks and data frameworks.

In 2022, units began developing their own roadmaps for implementing data disaggregation. These roadmaps outline the action needed to implement this framework within their systems, applications, processes, own frameworks and guidance documents, setting out a timescale for doing so and explaining how they will manage this change.

Those roadmaps will be annexed to this framework as they become available.

This framework:

• will inform other projects/initiatives that involve minimum requirements concerning sex, age and disability – such as project and activity management (PAM) or the outcome-based approach (OBA).
• will be considered for inclusion in Master Data Management, transversal analysis and evidence, etc.
• sets out the minimum requirements that must be met for the ICRC to progress towards the harmonization and collection of SADD.

4 For more information about the development of the framework, please see Annex 6 (only accessible internally to ICRC staff).
1 THE NEED FOR SEX, AGE AND DISABILITY DISAGGREGATED DATA

Using SADDD in ICRC operations will bring the following benefits:

1. Enhanced operational response.
2. Greater accountability to affected people, as required by the Inclusive Programming Policy and the Institutional AAP Framework.
3. Better compliance with donors’ requirements regarding sex, age and disability data.

1.1 ENHANCED OPERATIONAL RESPONSE

This framework will allow for better and more careful monitoring of the ICRC’s effectiveness and impact, increase efficiency and enable us to make best use of limited resources.

We need better, updated population baselines, based on informed estimates regarding country population distributions.

These will give us the information we need to:
- better plan our operations
- respond to the specific needs of individual populations
- track progress
- analyse our response.

1.2 GREATER ACCOUNTABILITY

Disaggregated data provides evidence as to how a situation is affecting people differently depending on their sex, age and disability status. They help us understand the extent to which different populations are at risk of exclusion and show us what we need to adapt or improve. This in turn contributes to more inclusive programming and more effective access to aid.

- Strategic Objective 5.2 of the ICRC Strategy5 commits the ICRC to using SADDD to improve our response and make it more relevant.
- The Inclusive Programming Policy,6 which forms part of the AAP Institutional Framework,7 outlines ICRC operational commitments, plus roles and responsibilities. These include Commitment 4 – Ensuring that data are disaggregated, at least by sex, age and disability, as well as other contextually relevant and appropriate factors of diversity. This [sic] data must be analysed and used to inform programmes.
- The ICRC’S Vision 2030 on Disability8 aims to transform the way we include people with disabilities in humanitarian operations, through collective action.

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1.3 COMPLIANCE WITH DONOR REQUIREMENTS

SADDD can reassure donors that the ICRC is managing and monitoring its performance according to their expectations, through good data management. This in turn helps reassure them that funds are being used efficiently and effectively. It also makes it easier for the ICRC to respond to their questions about priority groups.

DISAGGREGATING DATA BY SEX, AGE AND DISABILITY. WHAT DOES THE END STATE LOOK LIKE?

- Programming and monitoring use data disaggregated by sex, age and disability, enhancing the ICRC’s response by ensuring that programmes and priorities are more appropriate to population groups.
- ICRC units/programmes develop their own roadmaps for implementation. These roadmaps ensure that units meet the minimum requirements of this framework and prompt a careful review of data collected to see where greater disaggregation by sex, age and disability would confer operational benefit.
- Operational indicators and visualization tools disaggregate data by sex, age and disability, enhancing operational decision-making.
- The ICRC collects sex, age and disability data in a more harmonized fashion and these data are of higher quality, making it easier for the organization to provide accurate statistics on request.
2 SEX, AGE AND DISABILITY DATA – MINIMUM REQUIREMENTS

2.1 SCOPE OF THIS FRAMEWORK

Population diversity involves a wide range of factors:

This first version of the framework only covers sex, age and disability, but future versions could include other dimensions of diversity.

2.2 PRINCIPLES OF DATA COLLECTION

- Collect data only if they are needed.
- If you collect data, they must be analysed and used.
- Collect data only for programming purposes – to assist and protect.
- Prioritize the safety and dignity of affected people and the principle of “do no harm”.
- Follow ICRC data protection rules.
- When data are to be used by a unit other than that which collected them, agree how they will use them beforehand. This agreement should cover such topics as statistical analysis and reporting.

2.3 DEFINITIONS OF SEX, AGE AND DISABILITY DATA

Disaggregating data can identify parts of a population that are less visible, are more at risk or have specific needs. These include discrete groups such as children, older people or people with a specific disability, but they also include groups with more than one of those characteristics, such as older people with disabilities.

More granular data on sex, age and disability help us to:

- better understand needs when planning and designing programmes
- enhance the way we target individuals or groups for ICRC support
- improve monitoring of our activities
- find out whether all target groups are equally satisfied with our support.

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9 See the ICRC Inclusive Programming Policy, op. cit.
10 SOGIESC = Sexual orientation, gender identity and expression and sex characteristics.
2.3.1 Sex data

The ICRC has decided to collect “sex” data and to make “sex” a mandatory field. How to disaggregate sex data will depend on whether they refer to a community, group of recipients, household or individual.

The terms “sex” and “gender” are often used interchangeably, but the ICRC draws a distinction between the two concepts:

- **Sex**: The biological and physiological characteristics of male, female or intersex individuals.
- **Gender**: An aspect of a person’s socially determined identity that relates to masculinity and femininity. This is not binary. Social and structural expectations of gender influence the roles, power and resources available to women, men and people of other gender identities in any culture. Gender roles are learned and can change over time as a result of economic, political, cultural, religious and other factors. There are diverse legal definitions and understandings of gender, depending on context.

Sex is more commonly understood than gender, and the associated data are easier to collect.

Gender-disaggregated data are more complex to collect and obtaining them would involve collecting data about individuals’ gender identities. Collecting and managing such data would require more granularity and specificity, on a topic that is constantly evolving and for which the terms used, degree of politicization and acceptance level vary greatly from one country to another. Issues that arise include attitudes towards the concepts of people being transgender, cisgender or non-binary, gender expression, etc. That level of granularity and specificity is more sensitive and may not be necessary or appropriate for all types of ICRC activity. It was therefore decided that the minimum requirement is to collect sex-disaggregated data. We then use this when analysing relative levels of participation in/access to ICRC programmes by men, women, boys and girls.

However, gender analysis is a critical part of understanding diverse needs and capacities, and designing a truly impartial, people-centred humanitarian response.

Data can be further disaggregated by gender identity, gender expression or sexual orientation if this is useful, if a programme truly requires this information and if acquiring it is feasible. The collection of such data must be in line with the principles of data protection and disaggregated data collection, as these are sensitive data and such information will put people at risk in some countries or operations.

If appropriate, the term “sex” can be replaced by another word or translation.

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11 See the ICRC Inclusive Programming Policy, op. cit.
Detailed attributes of sex data

<table>
<thead>
<tr>
<th>VALUE</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Denoting the biological and physiological characteristics of male individuals.</td>
</tr>
<tr>
<td>Female</td>
<td>Denoting the biological and physiological characteristics of female individuals.</td>
</tr>
<tr>
<td>Other</td>
<td>Some countries officially recognize a third gender. Some countries do not recognize a third gender. Denoting the biological and physiological characteristics of an individual who does not identify as “Male” or “Female”, which is more inclusive.</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>Used when collecting data directly from an individual and they do not want to answer.</td>
</tr>
</tbody>
</table>
| Unknown   | This is not meant to be a default category; use it only when it is impossible to obtain sex data. It is also needed to map existing data into master data. This category should be used only in specific circumstances, for instance when we cannot obtain sex data from source systems. This should be clearly indicated, and units should develop guidelines and strategies, and update recording systems, to ensure that sex data are collected. Examples of situations in which one may have to enter “Unknown”:
  - When it is impossible to determine the sex of a person’s remains.
  - When a beneficiary list from a community leader does not indicate sex. However, it may still be possible to acquire this information, by crossing data from other activities. |

2.3.2 Age data

Understanding age groups can help us identify groups that are less visible, with distinct needs or types of vulnerability. However, age categories are culturally dependent. The age at which a person is considered an infant, child, youth, adult or older person will vary according to context. These local understandings may be more important or relevant than “official” age groups.

The ICRC age categories were selected because they meet the needs of our programmes. They were so chosen as to allow for analysis across countries, at regional or global level, ensuring that our data are harmonized across all programmes (Health, WatHab, EcoSec, Weapon Contamination and Protection) and comparable with those of partners (ministries, WHO, etc.), thereby allowing interoperability. The categories selected also ensure that granularity is appropriate to programme.

The chosen categories are in line with Grand Bargain project reporting standards and closely related to the Sphere Standards. The Sphere Standards recommend using the same cohorts as national data-collection systems. They also propose a table of granular age categories to use when such national categories are not available. For health activities, different age tables are available for reporting on children under

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Sources of age data may include national census data, which categorize people by age differently to the ICRC. Where that is the case, we will need to make approximations in order to re-categorize the data according to the four ICRC age groups.

The levels of granularity are as follows:
1. Minimum: four age-group categories (0–4, 5–17, 18–49 and 50+)
2. Additional harmonized age groups
3. Non-harmonized sub-groups within the ten additional harmonized age groups, as required by programmes
4. Date of birth.

ICRC age categories

<table>
<thead>
<tr>
<th>0–4</th>
<th>5–17</th>
<th>18–49</th>
<th>50+</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILD UNDER 5</td>
<td>CHILD</td>
<td>ADULT</td>
<td>ADULT OVER 5</td>
</tr>
<tr>
<td>ALSO SEEN AS</td>
<td>0 TO 59 MONTHS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0–4</td>
<td>5–12</td>
<td>13–17</td>
<td>18–29</td>
</tr>
<tr>
<td>E.g.</td>
<td>E.g.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0–6 months</td>
<td>6–59 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Another example of additional granularity would be protection of the civilian population programmes where it is necessary to disaggregate age data for children from 15 up to (but not including) 18 for everything recruitment related.

Which level of granularity to use will depend on the requirements of the programme, but age data must always be disaggregated in such a way that it is possible to aggregate them to the ICRC’s four basic age categories, ensuring consistency throughout the ICRC.

The ICRC’s EcoSec child nutrition programme will only cover children under five and will seek greater granularity within this age group (e.g. from 0 to 6 months, 6 months to 59 months, etc.). This means that only data for children aged up to five will be collected. However, other EcoSec programmes, such as food distribution and other programmes operating at household level, would want to collect data disaggregated by the four age categories for each household.

Health programmes may be designed for specific groups, such as children and people over 50, who may be at greater risk of developing certain diseases.

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17 This level of granularity is not harmonized. The only requirement is that it must be possible to aggregate all age data into the basic four-category model. For instance, EcoSec and Health use the 0–6 month category in nutrition programmes.
2.3.3 Disability data

The WHO estimates that 16 per cent of the world’s population has some form of disability and in armed conflict and other humanitarian disasters the prevalence of people with disabilities is much higher. Humanitarian crises have a greater impact on people with disability because of factors such as the loss of assistive devices, difficulty fleeing owing to limited mobility, the collapse of family and community support structures, services not being accessible, stigmatization, information such as warnings and information not being available in accessible formats, etc.

The UN Convention on the Rights of People with Disabilities recognizes that disability is “an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.”

Failure to provide an inclusive humanitarian response can make things even worse.

We need to know the prevalence of people with disabilities in an affected population, in order to understand the different types and degrees of disability and to understand the intersection with age and sex, and how this affects risk and vulnerability. That will allow us to mitigate the risks faced by people with disabilities and will boost their participation.

Collecting disability data

For the ICRC, the Washington Group Short Set on Functioning (WG–SS) is the minimum requirement for disaggregation of data by disability.

It is possible to use additional questions from other Washington Group Question Sets, or in exceptional circumstances to derogate from the Short Set, but those options need further investigation and testing. Please see Annex 1: Additional considerations regarding the collection, analysis and use of disability data for additional recommendations regarding disability data.

The WG–SS Set is widely used by governments, UN agencies, organizations of people with disabilities and international organizations, to disaggregate data by disability. When used in thematic surveys or research, it provides information on the degree to which people with disabilities are participating equally. The brevity of the questions ensures that one can readily integrate the Short Set into existing data–collection tools and that it can easily be administered, by the subject or by proxy.

The Short Set ascertains whether a person has difficulties in six functional domains – vision, hearing, mobility, cognition/remembering, self-care and communication. Examining multiple domains reflects the fact that disability is not a yes/no dichotomy but rather a continuum involving various degrees of participation.

Following the same logic, difficulties in functioning are therefore categorized into “No difficulty”, “Some difficulty”, “A lot of difficulty” and “Cannot do at all”.

18 WHO, Disability: https://www.who.int/health-topics/disability.
23 The short set takes around 1.25 minutes for six questions, according to the ICRC Disability Data in Practice Study Report, op. cit.
Washington Group Short Set on Functioning

<table>
<thead>
<tr>
<th>FUNCTIONAL DOMAIN</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>1. No difficulty</td>
</tr>
<tr>
<td>[Do/Does] [you/he/she] have difficulty seeing, even if wearing glasses?</td>
<td>2. Some difficulty</td>
</tr>
<tr>
<td></td>
<td>3. A lot of difficulty</td>
</tr>
<tr>
<td></td>
<td>4. Cannot do at all</td>
</tr>
<tr>
<td></td>
<td>In addition:</td>
</tr>
<tr>
<td></td>
<td>• Prefer not to say</td>
</tr>
<tr>
<td></td>
<td>• Unknown</td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
</tr>
<tr>
<td>[Do/Does] [you/he/she] have difficulty hearing, even if using a hearing aid?</td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
</tr>
<tr>
<td>[Do/Does] [you/he/she] have difficulty walking or climbing steps?</td>
<td></td>
</tr>
<tr>
<td>Cognition (remembering):</td>
<td></td>
</tr>
<tr>
<td>[Do/does] [you/he/she] have difficulty remembering or concentrating?</td>
<td></td>
</tr>
<tr>
<td>Self-care</td>
<td></td>
</tr>
<tr>
<td>[Do/does] [you/he/she] have difficulty with self-care, such as washing all over or dressing?</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td>Using [your/his/her] usual language, [do/does] [you/he/she] have difficulty communicating, for example understanding or being understood?</td>
<td></td>
</tr>
</tbody>
</table>

Anyone answering at least “A lot of difficulty” to one or more questions should be considered a “person with disabilities”.

These questions should be inserted into the demographic section of existing data–collection tools. Effective use of the WG–SS requires staff to undertake training on the importance of collecting disability data, disability awareness, inclusive data–collection practices, the proper administration of questions and other standard data protection practices.

When working with children, use the Washington Group/UNICEF Child Functioning Module.24

2.4 MINIMUM DATA–COLLECTION REQUIREMENTS

The ICRC collects data about people it assists and protects either at the level of a shared entity (community, household or individual) or as recipients of an ICRC activity (beneficiary, recipient group, affected person, health service user, enquirer, etc.).

Currently, ICRC units, and their related applications, use different terms and definitions for similar concepts, but there is a will to harmonize these concepts and make sure the data concepts of community, household and individual become referential, with harmonized attributes and disaggregation that will allow analysis at programme level, transversal analysis within a country or even cross–country analysis (i.e., regional or global).25

The data may either be primary (collected by the ICRC) or secondary (obtained from other humanitarian organizations or statistical sources).

25 The Outputs Report of Workshops on Population/Individual Concept: https://collab.ext.icrc.org/sites/PS_ASSIST/IS_/layouts/15/DocidRedir.aspx?id=PSASSISTIS–205856231–5596 summarizes the concepts on which common agreement was reached during workshops and the disagreements/open points on which further work is required – listed as “Open points and follow up” in Annex I of that report.
Minimum data-collection requirements

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>SEX</th>
<th>AGE</th>
<th>DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community/Population</td>
<td>• Male</td>
<td>At least four age groups:</td>
<td>Prevalence of people with a disability within a</td>
</tr>
<tr>
<td></td>
<td>• Female</td>
<td>• 0–4</td>
<td>community:</td>
</tr>
<tr>
<td></td>
<td>• Other</td>
<td>• 5–17</td>
<td>• People with a disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 18–49</td>
<td>• People without a disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 50+</td>
<td><strong>Note:</strong> If data come from a survey/census, the values [Unknown] or [Prefer not to say] may appear and may need to be recorded.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Recipient of an ICRC activity

<table>
<thead>
<tr>
<th>Group (specific community, part of a community, etc.)</th>
<th>SEX</th>
<th>AGE</th>
<th>DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Male</td>
<td>At least four age groups:</td>
<td>Same requirements as for community initially. Can be enriched:</td>
<td></td>
</tr>
<tr>
<td>• Female</td>
<td>• 0–4</td>
<td>• People with a disability</td>
<td></td>
</tr>
<tr>
<td>• Other</td>
<td>• 5–17</td>
<td>• People without a disability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 18–49</td>
<td>• Prefer not to say</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 50+</td>
<td>• Unknown</td>
<td></td>
</tr>
</tbody>
</table>

Household

<table>
<thead>
<tr>
<th>SEX</th>
<th>AGE</th>
<th>DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Male</td>
<td>At least four age groups:</td>
<td>Two options, depending on programme needs:</td>
</tr>
<tr>
<td>• Female</td>
<td>• 0–4</td>
<td>1. Across all functional domains:</td>
</tr>
<tr>
<td>• Other</td>
<td>• 5–17</td>
<td>• People with a disability</td>
</tr>
<tr>
<td></td>
<td>• 18–49</td>
<td>• People without a disability</td>
</tr>
<tr>
<td></td>
<td>• 50+</td>
<td>• Prefer not to say</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Unknown</td>
</tr>
<tr>
<td>Additional greater granularity when needed:</td>
<td>2. For each functional domain (i.e. seeing, hearing, walking, remembering, self-care, communicating):</td>
<td></td>
</tr>
<tr>
<td>• 0–4</td>
<td>5–12</td>
<td>13–17</td>
</tr>
<tr>
<td>• People with a disability</td>
<td>• People without a disability</td>
<td></td>
</tr>
<tr>
<td>• Prefer not to say</td>
<td>• Unknown</td>
<td></td>
</tr>
<tr>
<td>• Unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Choosing the best/most feasible granularity option at household level will require further guidance and tests with units.

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26 Where community data come from a sample of individual surveys, it will be necessary to decide whether to record “Prefer not to say” as such, or simply as “Other”.
<table>
<thead>
<tr>
<th>LEVEL</th>
<th>SEX</th>
<th>AGE</th>
<th>DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>• Male</td>
<td>• Date of birth</td>
<td>Difficulty in each of the functional domains (seeing, hearing, walking, remembering, self-care, communicating)</td>
</tr>
<tr>
<td></td>
<td>• Female</td>
<td>(estimated or exact)</td>
<td>• No difficulty (person without a disability)</td>
</tr>
<tr>
<td></td>
<td>• Other</td>
<td></td>
<td>• Some difficulty (person without a disability)</td>
</tr>
<tr>
<td></td>
<td>• Prefer not to say</td>
<td></td>
<td>• A lot of difficulty (person with a disability)</td>
</tr>
<tr>
<td></td>
<td>• Unknown</td>
<td></td>
<td>• Cannot do at all (person with a disability)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Prefer not to say</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Unknown</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>We will know whether a person has a disability corresponding to a specific functional domain from their answers to the WG-SS. A person will be categorized as a “Person with a disability” if they answer at least “A lot of difficulty” for any domain. If a person has difficulties in more than one domain, they will only be counted once.</td>
</tr>
</tbody>
</table>

Disability data needs were identified in workshops with ICRC specialists from different units. The minimum disability data requirements stem from an internal study on disability data.\(^{27}\)

Please see Annex 2: Collecting community/population data for more details on minimum requirements for collecting community/population data and Annex 3: Collecting recipient data for more details regarding minimum requirements for collecting data from a recipient, recipient group, household recipient or individual recipient.

\(^{27}\) ICRC, Disability Data in Practice Study Report, op. cit.
3 DATA PROTECTION

ICRC RULES ON PERSONAL DATA PROTECTION

SADD are predominantly personal data. Personal data are “any information relating to an identified or identifiable natural person.” In the case of SADD, a person is “identifiable” if the use of additional data-sets could lead to their being identified. The ICRC Rules on Personal Data Protection (ICRC Rules) therefore apply to the collection, analysis and sharing of SADD.

Data protection principles include the following:

• Identifying a legal basis for data collection, processing or transfer.
• Establishing a specific purpose and conducting a proportionality test.
• Ensuring data minimization, data quality, data retention/deletion/archiving and data security.
• Safeguarding data subject rights, notably the right to information, especially when processing is based on consent. For disability and other sensitive data, consent must be free, informed, specific and unambiguous in order to be valid. A risk assessment and management process must be set up if there are specific risks to the rights and freedoms of data subjects.

Following ICRC Rules when disaggregating by sex, age and disability can be difficult:

• While the purposes of processing SADD are clearly documented, compliance with data protection rules requires a balanced analysis and mitigation of potential risks for data subjects. It may be possible to infer sensitive information about an individual or a group of individuals from a statistical database, for instance, and data sharing could facilitate the use of these data for non-humanitarian purposes.
• We must pay careful attention to the processing of disability data. These data might cause serious harm to data subjects or other individuals if mishandled or disclosed.
• If data processing is likely to involve specific risks to the rights and freedoms of data subjects (Article 17 of the ICRC Rules), the ICRC employee in charge will be responsible for conducting an assessment of the impact of the intended processing operations on the protection of personal data (in the form of a data protection impact assessment) before processing takes place. During emergencies, this assessment may take place as soon as reasonably possible after processing. The assessment must be carried out with the support of the Data Protection Office (DPO).
• Health data are classified Strictly Confidential by default under the ICRC information classification/handling system because of their sensitivity. The ICRC Cloud Strategy prohibits the processing of Strictly Confidential data via public cloud systems.

The DPO and legal specialists shall supervise units during this process. We must ensure that the collection of personal data is compliant with the data protection principles (such as data minimization).

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SHARING/TRANSFER OF DATA

WITH DONORS
There is a widely held belief that sharing disaggregated data involves no risk. That is untrue.

In response to increasing requests from some donors for disaggregated data – requests to which the ICRC has been reluctant to accede because of the risks involved – an empirical study was carried out on risks associated with humanitarian data sharing with donors.\(^{30}\) That study illustrated the complexity of the “chain of custody”, especially with third-party providers, and the power dynamics. It confirmed that sharing data with donors involves risk.

Working on the basis of that study, the partners of the Humanitarian Data and Trust Initiative drafted the “Framework Principles for Responsible Data Sharing between Humanitarian Organizations and Donors”, which has been distributed to a wide range of entities.

The next steps regarding data sharing and the inclusion of data in donor reporting will probably affect data collection. For instance, the consent requested from individuals when data are exclusively for internal use may not be the same as that requested if these data are liable to be reported – even in aggregated form – in annual reporting, or to donors.

WITH DONORS AND PARTNERS
The ICRC must not engage in any transfer of information that could cause harm to affected populations.

For systematic or large-scale data transfers, or when the data are particularly sensitive, a formal agreement between the recipient and the data controller is required (Article 23 of the ICRC Rules).\(^{31}\)

Data sharing also raises the issue of ICRC data being processed by IT solution providers. We must pay careful attention to the survey and data storing/sharing tools used in the field.

For instance, when we use external IT providers for data disaggregation in the field, we must ensure (e.g. contractually) that ICRC data are processed in accordance with our rules, preferably in countries where the ICRC enjoys privileges and immunities.

In terms of the risk of sharing data with donors, research conducted by the DPO in conjunction with École polytechnique fédérale de Lausanne (EPFL)\(^{32}\) has revealed that sharing statistics more granular than those contained in the ICRC Annual Report involves increased risk, in that it renders ICRC beneficiaries vulnerable to differencing attacks.\(^{33}\) The research has also identified a potentially useful statistical tool for assessing the risk of sharing disaggregated data with partners or donors.

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\(^{31}\) The ICRC has signed transfer agreements been signed with UNHCR and UNICEF and a draft agreement with WFP is under review.


\(^{33}\) Definition of differencing attack: Finding a combination of statistics that can reveal an exact sensitive attribute of a known target individual on which an adversary has background knowledge.
4 SEX, AGE AND DISABILITY DATA DISAGGREGATION – HOW AND WHEN TO USE IT THROUGHOUT THE RBM CYCLE

The first part of this framework looked at what data should be collected and how.

This part looks at the collection, recording, analysis, interpretation, use and reporting of sex, age and disability data, and how disaggregation of data is relevant throughout the RBM cycle.

The 2019 RBM Monitoring Guide points out that disaggregating data by sex, age and disability can show how a person’s age, gender or disability influence the way a situation affects them. Disaggregation also helps us understand how satisfied different populations are with our work, which in turn gives us a clearer idea of where we need to improve.

Not all programmes follow the RBM cycle, but we are using the RBM stages below to specify what must happen if we are to collect, analyse and use SADD.

Each section of this chapter corresponds to one of the four RBM stages:
1. Assess and analyse
2. Formulate and plan
3. Implement and monitor
4. Review, evaluate and learn.

In parallel to the four RBM stages, there are six indicative data lifecycle stages that cover data design, planning, collection, recording, analysis and usage. In the following sections, the relevant data lifecycle stages are given under the RBM stages.

4.1 ASSESS AND ANALYSE

This covers the data design and data planning stages of the data lifecycle.

INTRODUCTION

Collecting disaggregated demographic data is most important at this stage, as these data will serve as a baseline. That baseline will help the delegation or subdelegation to decide who to support, to involve people whom we intend to support in planning and to design inclusive programmes and activities. Collecting disaggregated data will also enable improved monitoring of results, which can then be compared to the baseline.

Baseline data and a sound understanding of communities are useful in an emergency situation, when it is not possible to collect granular data. These may be based on data collected previously or on a review of secondary data. However, one should use such data with caution, as the composition of the community may have changed significantly, e.g. if displacement has taken place.

SUPPORTING METHODOLOGY

An initial social power analysis (SPA) should be carried out, at country/delegation or regional/subdelegation level. This should include acquiring community-level sex, age and disability data, disaggregated in accordance with the minimum requirements. The SPA will reveal how social categorizations and context-specific power dynamics create, maintain or reinforce the marginalization and exclusion of certain groups. It involves reviewing and analysing data from primary data collection, or from external data sources when no primary data are available.

For both the common needs assessment and the SPA, community data must be disaggregated by sex, age and disability at least to the minimum level set out in Annex 2: Collecting community/population data.

RECOMMENDATIONS

Transversal analysis and evidence function, jointly with units:
• Include minimum sex, age and disability data requirements in multidisciplinary assessment templates and processes.
• Include minimum levels of disaggregation by sex, age and disability in the tools, templates and process for the common needs assessment that Operations will be introducing.

For the above two recommendations to work well, clarity is needed on who is responsible for performing needs assessments and common needs assessments.

Please see Assess and analyse in Annex 4: Roles and responsibilities within the four RBM stages for details regarding roles and responsibilities at the Assess and analyse stage.

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36 Annex 4 is only available internally to ICRC staff.
4.2 FORMULATE AND PLAN
This covers the data design and data planning stages of the data lifecycle.

INTRODUCTION
Disaggregating data by sex, age and disability at this stage will enable quarterly monitoring of activities and verification that project objectives have been achieved. However, such monitoring will only be possible if we have set up a proper baseline and objectives (indicators, project proposals, etc.) at the Formulate and plan stage.

RECOMMENDATIONS
• Units include specific guidance on SADDD in their programme reference frameworks (PRF) for the planning and monitoring for results (PMfR) process.
  While disaggregating data is not an objective in itself, it can guide delegations in setting up general objectives (GOs) and specific objectives (SOs) that disaggregate quantitative, output and outcome indicators by sex, age and disability, if only at the level of a group of people.
• PRFs specify the analysis to conduct and the conclusions that can be drawn from the above indicators (as detailed in the Economic Security Indicators Cookbook, for example).
  This overview of which indicators to disaggregate by sex, age and disability will:
  – help field personnel to understand why data are collected and how they will be used, which will enhance data quality
  – support the “data protection by design” process by formalizing the ways in which the data will be used, i.e. what analysis will be performed on the basis of what indicators.
• Each unit-specific implementation framework will specify the indicators to disaggregate and will include its own roadmap for implementing disaggregation.
• When delegations draw up their work plans for the year, they include minimum SADDD requirements and insert them in project proposals (indicating who does what/how/when/why, etc.) or Resource and Action Plans. This will make it possible to conduct a valid analysis using SADDD and/or to draw up operational indicators (output indicators) that are disaggregated by sex, age and disability.

Most operational indicators are unit-specific, but some are transversal. Harmonizing SADDD will facilitate analysis of such transversal indicators.

TOOLS THAT ENABLE SEX, AGE AND DISABILITY DATA COLLECTION
• PAM – provides transversal community data that meet minimum SADDD requirements and makes it possible to include such disaggregation in project proposals.
• External tools such as the UN’s Compilation of Tools and Resources for Data Disaggregation.37
  * Planning and Monitoring Tool (PMT) (at a later date: see 5 Next steps).
  * Other tool(s) that allow recording and visualization of indicators.

DATA PROTECTION
This stage demands a more detailed risk analysis and mitigation strategy regarding data collection and sharing. Data protection by design/default can be included in a global data protection impact assessment, together with a risk assessment.

Please see Formulate and plan in Annex 4: Roles and responsibilities within the four RBM stages38 for details regarding roles and responsibilities at the Formulate and plan stage.

38 Annex 4 is only available internally to ICRC staff.
4.3 IMPLEMENT AND MONITOR

This covers the data collection, data recording and data analysis stages of the data lifecycle.

INTRODUCTION

We must analyse and monitor the populations the ICRC assists and protects, in order to:

• manage programme implementation
• enable managers to take corrective action if they realize they are not focusing on the right group
• modify our programmes to include vulnerable populations that were previously excluded
• verify that our programmes are reaching the populations they set out to support.

RECOMMENDATIONS

• Collect sex, age and disability data according to the minimum requirements and whether the target population is an entire community, part of a community (Project Recipient Group), households, individuals, etc.

Each unit will have its own guidelines on the best methodology for collecting data, which will vary between programmes and projects and in accordance with programme SADDD requirements. Data collection will be carried out in accordance with the indicators specified in the PRF, in project proposals or in Resource and Action Plans.

• Include a note in guidelines for data collection by units to the effect that any unit other than that which has collected the data must discuss and agree how the data is to be used, to avoid misinterpretation. For instance, EcoSec sometimes provides grants to people under 18 so they can generate an income. This is not necessarily contrary to the ILO minimum age convention (ILO, 1973). Taken out of context, this might give the impression that the ICRC is not abiding by labour law and practice. It is therefore important to confirm with the unit when using or publishing the data in certain situations.
• Analyse disaggregated data to monitor ICRC activities and to check that they are benefiting people in different sex, age and disability categories.
• Conduct monitoring continuously – either monthly or at least quarterly (as part of the monitoring for results (MFR) process).
• Consider ad hoc surveying/monitoring of programmes regarding sex, age and disability inclusion where inclusion can be assessed by using data samples (which considerably reduces data security and data protection risks).
• Management to hold field coordinators responsible for rendering activities more inclusive, making this of importance equal to or greater than the implementation rate.
• Units to seek DPO support on personal data protection rules during implementation.

OTHER CONSIDERATIONS REGARDING IMPLEMENTATION AND MONITORING

1. Analysis is possible at several levels:
   • Programme level:
     – to inform targeting criteria for projects
     – to manage operations
     – to ensure outcomes are helping people in different sex, age and disability categories
     – to adapt action throughout a project or programme and to inform the design of future programmes.
   • Transversal context analysis across units to ensure the relevance of activities and projects in a given context and to ensure that groups – maybe the most vulnerable – are not left out of ICRC programmes. This could take the form of a perception survey, to check that projects have served the needs of everyone in a community, especially those more vulnerable or more at risk.
   • Regional or global unit analysis.

39 Includes deletion and archiving of data.
2. Supporting change and adapting programmes is not always easy. Questions include:

- How can we make changes within the PfR cycle, as part of the planning for results (PfR) revision process?\(^4\)
- How can other departments provide support (e.g. logistics)?
- To what extent do delegations and heads of delegation have the ability and flexibility to make changes?

**SUPPORTING TOOLS**

- PMT: We need to explore inclusion of data disaggregation in MfR, analysis of disaggregation and programme correction. We should also investigate whether this monitoring is available in other tools that would make it possible to record and visualize indicators.
- Unit application/data-collection tools (Prot6, the Medical Activity Database, PAM, etc.) ensure that beneficiary data are disaggregated by sex, age and disability.

Please see [Implement and monitor in Annex 4: Roles and responsibilities within the four RBM stages](https://collab.ext.icrc.org/sites/TS_DIRGEN/WikiPMfR/Pages/pfr_revision.aspx) for details regarding roles and responsibilities at the Implement and monitor stage.

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\(^{4}\) ICRC, PfR Revision Process: [https://collab.ext.icrc.org/sites/TS_DIRGEN/WikiPMfR/Pages/pfr_revision.aspx](https://collab.ext.icrc.org/sites/TS_DIRGEN/WikiPMfR/Pages/pfr_revision.aspx).

\(^{41}\) Annex 4 is only available internally to ICRC staff.
**4.4 REVIEW, EVALUATE AND LEARN**

This covers the use of data stage of the data lifecycle.

**INTRODUCTION**

For review, evaluation and learning to be possible, we must disaggregate data during all RBM stages.

- Disaggregation provides evidence for decision-making by verifying that programmes achieve their intended results and by demonstrating the impact of ICRC operations. It also allows the ICRC to demonstrate that it continuously adapts and improves its programmes.
- Disaggregation makes it possible to evaluate programmes according to such criteria as relevance, effectiveness, coherence, impact, sustainability and efficiency.
- Harmonized collection of SADD across countries makes it possible to review programmes, analyse trends and inform future programme design at regional/global level.

Evaluation should involve examining key indicators disaggregated by sex, age and disability, thereby providing evidence for evidence-based decision-making.

Any of the following could carry out the evaluation:

- the ICRC team from the Centre for Operational Research and Experience (CORE), which might analyse some of the data as part of their research
- the Evaluation Team and independent evaluators
- other programme evidence-based units, such as the PROT evidence base team
- the transversal analysis and evidence function
- an external evaluation body.

Evaluation could also look at the overall impact of data disaggregation and increase the use of disaggregated data.

We must ensure that our activities are appropriate to the context, by which we mean:

- relevant
- effective
- timely
- inclusive
- accessible to all
- free of negative consequences
- supportive of local capacity.

People affected by crisis can tell us first-hand how well our actions are meeting their needs and whether we should be taking additional or different action.

AAP has developed standard indicators as a reference for programme review.

Please see Review, evaluate and learn in Annex 4: Roles and responsibilities within the four RBM stages for details regarding roles and responsibilities at the Review, evaluate and learn stage.

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43 Annex 4 is only available internally to ICRC staff.
4.5 REPORTING

Once this framework is implemented, the ICRC will have more indicators disaggregated by sex, age and disability (in PMT or other tools), and will be confident about the quality of that data.

This will provide useful information on the populations that the ICRC is aiming to support and will help to demonstrate our value.

For an example of the level of disaggregation currently available to resource mobilization reporting regarding output indicators for essential services, please see ESS REM Institutional Reports 2018 and onwards.

The ICRC will need to review the use of SADDD for reporting during implementation of this framework.

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5 NEXT STEPS

THIS FRAMEWORK
This framework serves as a reference for the development of unit implementation roadmaps (by 2022/early 2023). The aim is to start collecting and using disaggregated data by 2024.

Please see the high-level roadmap in Annex 5: High-level roadmap.

The framework will be reviewed in 2023, in the light of lessons learned and further testing conducted during implementation.

DATA COLLECTION
Future versions of this framework will look at the use of Unknown in a sex field and provide further guidelines.

The minimum requirements for disability data collection will need to be tested with units and further validated.

POPULATION/COMMUNITY
The ICRC is currently exploring the feasibility of having a population (which could be linked to a community automatically) within a certain Location (e.g. Country, Admin1, Admin2) as referential data, populated with demographic disaggregation from primary or secondary sources. This would help field personnel establish a baseline or reference for a community using a minimum, trusted form of disaggregation, which could then be further enriched/updated as needed. For WatHab, for instance, this is essential for sex, age and disability data collection, as most of the communities they work with are large populations involving large amounts of data.

PLANNING AND MONITORING TOOL
SADDD is not currently included in PMT, which limits the granularity of our statistics regarding the demographics of affected populations. The question of including data disaggregation for outputs and outcome indicators related to communities/affected populations should be reviewed at a later stage, once the framework is more mature and when PMT updates are planned.

We will need to see whether such needs are covered by the PMT tool only or whether other tools also provide for the recording and visualization of SADDD.

We can look at a current example in PMT for Health: in the 2022 general objective of “Mirwais Regional Hospital” and the further specific objective of “Access to hospital services”, the overall indicator “number of beneficiaries” or the more specific indicator of “number of patients” could be reviewed to indicate further disaggregation.

GENERAL
Processes, roles and responsibilities regarding Protection & Essential Services data governance will be detailed during 2023, to ensure transversal data such as community data are being properly maintained, updated, quality checked, etc.

At some point in the future, it will be necessary to:
- Review how systematic the ICRC is about performing programme reviews on the basis of disaggregated data.
- Develop a systematic management response and follow up to reviews and evaluations.

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45 Annex 5 is only available internally to ICRC staff.
46 The information on Mirwais Regional Hospital is only available internally to ICRC staff.
ANNEX 1

ADDITIONAL CONSIDERATIONS REGARDING THE COLLECTION, ANALYSIS AND USE OF DISABILITY DATA

These additional recommendations are for information only at this stage.

Staff will receive further detailed guidance and/or a toolkit to help with use of the Extended Set or Enhanced Set.

Units will need to test these recommendations and the results of that testing must also inform the above guidance.

AAP will provide additional guidance, and possibly training, on:
• how to administer the Washington Group Short Set of Questions
• data collection
• data analysis.

DATA COLLECTION

ADDITIONAL QUESTIONS

• Washington Group Short Set on Functioning – Enhanced (WG–SS Enhanced).47

The same as the WG–SS, but with two additional domains: upper body activities and affect (depression and anxiety). This set may be necessary to meet the objectives of programmes or to facilitate referrals.

• Washington Group Extended Set on Functioning.48

The same as the WG–SS Enhanced, with the addition of pain and fatigue.

DEPARTURES FROM THE WASHINGTON GROUP SHORT SET

These may be necessary in exceptional circumstances or highly complex environments (e.g. ICRC evacuations):
• UNHCR single-question approach49 – Does anyone in the family/group have a lot of difficulty with walking, seeing, hearing or remembering? [yes/no]. It may be necessary to limit questioning to this single question when time is very short. However, it is advised that the single question be used only if steps are taken to ensure that respondent(s) will be registered only after the WG–SS has been completed, in a safer environment.

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49 The Washington Group Secretariat has not endorsed this question. UNHCR will need to monitor this approach to see whether it is suitable.
• Ask about just four functional domains from the WG-SS, rather than all six, to simplify data collection:
  1. Vision
  2. Hearing
  3. Mobility

**DATA ANALYSIS**

Analysis of disability data should serve to:
• establish the prevalence of people with disabilities (when possible)
• compare access to services for people with and without disabilities
• establish the heterogeneity of disability (the diverse needs of different groups of people with disabilities)
• cross-reference the WG-SS levels of difficulty in functioning with other diversity factors (e.g. sex, age, ethnicity, migrant status and income) plus qualitative data, to understand the experiences of people with disabilities during conflict.

**USE OF DATA**

Use disability disaggregated data to:
• create inclusive programmes that mitigate the risks faced by people with disabilities
• help determine the type(s) of activity required and to plan and mobilize resources accordingly
• monitor the inclusiveness of ICRC services and activities
• adjust programmes in line with any changes affecting people with disabilities
• report evidence of disability inclusion in ICRC programming
• evaluate the effectiveness of services and activities for people with disabilities
• provide an evidence base to strengthen ICRC positioning and inform advocacy-inclusive strategies and policies.
COLLECTING COMMUNITY/POPULATION DATA

All members of a unit within a delegation share community data. They serve to monitor all ICRC activities and projects for a given community across different programmes.

The concept of linking ICRC projects and activities from different programmes on the one hand, to communities on the other, will be tested and fine-tuned as part of the process of deploying and testing the PAM tool.\(^{50}\)

How units will use communities, and how applications will be linked, remains to be decided.

However, a minimum degree of disaggregation is necessary for a “Community”, regardless of what it is called or how a unit currently handles it, both to provide a baseline for selecting all or part of the community for a project and to ensure that the ICRC does not exclude part of the population.

Examples of communities that the ICRC uses include the population of a village, city, district or camp for internally displaced people, the inmates of a place of detention, etc. Refer to PAM Community Examples\(^{51}\) for further and more detailed examples.

Age – Data should be disaggregated into at least four age groups (Infant/Small Child, Child, Adult, Adult over 50), to provide an adequate baseline and allow consolidated reporting. Disaggregating the data in this fashion will also enable us to check that we did not exclude any part of our target population.

Sources of age data may include national census data, which categorizes people by age differently to the ICRC. Where that is the case, we will need to make approximations in order to re-categorize the data according to the four ICRC age groups.

Disability – The guidelines are based on the WG-SS and constitute minimum requirements. Additional WG functional domains or methodologies for collecting the WG data may be added in the future, following piloting and testing.

If no disability data are available at all, even from reliable secondary sources, we should assume that at least 16 per cent of people in the community are living with a disability.\(^{52}\)

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50 PAM is a project and activity management system for field programmes. It will replace WatHab’s WPA and EcoSec’s EPMT, and all other ICRC Operations departments/units will also use it. PAM will be based on RBM and will be integrated with the finance, logistics, PMfR and reporting processes. Its purpose is to strengthen field operations and facilitate day-to-day work. See the PAM Jive Page: https://communities.ext.icrc.org/community/digitop/pam (accessible to ICRC personnel only).


52 WHO, Disability: https://www.who.int/health-topics/disability#tab=tab_1.
HOW ARE SEX, AGE AND DISABILITY DATA COLLECTED FOR A COMMUNITY?

Community data and disaggregation can come from various sources:
• secondary (national census, humanitarian data, etc.)
• an ICRC needs assessment.

The AAP Social Power Analysis Guidance\(^3\) provides guidance on compiling secondary data sources\(^4\) in a coherent and usable format. These usually include data from before and after the conflict/crisis. It is then possible to supplement those data by adding primary data.\(^5\)

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\(^3\) ICRC, AAP SPA Guidance, op. cit.
COLLECTING RECIPIENT DATA

RECIPIENT GROUPS

Data for a recipient group come from community data. It is possible to enrich them with additional details received later or by crossing data with other activities/projects.

If additional details are received and disaggregation can be enriched, it may be possible to update the community, providing the data are sufficiently representative.

For the ICRC, there are some situations where this might apply: WatHab – shelter projects within a community of internally displaced people. Health – fumigating programmes that only involve certain households or training for a community as a public health activity. Protection – activities involving migrants with a specific profile.

HOUSEHOLDS

The units most often collecting household data are EcoSec and WatHab units.

Disability:

- Choosing the best and most feasible granularity at household level will require further guidance and tests with units.
- Additional WG Functional Domains or methodologies for collecting the Washington Group data may be added in the future, following piloting and testing.
- WG-SS is to be integrated in the demographic sections of all tools that collect individual information (e.g. beneficiary registration forms, vulnerability or other assessments, monitoring and evaluation forms, feedback mechanisms) unless there is a specific reason not to do so, in which case this should be discussed and addressed.

How are data collected for a household (or for household registration)?

- When a household is registered, the head of household provides the information for their household, with the detailed disaggregation.
- The ICRC representative enumerator can help the head of household fill in the form, e.g. by explaining how to choose the category they prefer under “Sex” from the options provided.
- A standard EcoSec registration form\(^5\) has been created to guide delegations in creating a registration tool, specifying the type of sex, age and disability data to be collected. This includes sex, and age categories, but only limited information regarding disability. Where activities have further specificities, EcoSec expands the form as required. EcoSec does tend to be a little more flexible on the age categories for programmes such as nutrition. These indicators would need to record women between the ages of 15 and 49, etc.

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INDIVIDUALS

The units most often collecting household data are EcoSec, Protection and Health.

How is data collected for an individual?

• The individual fills in a form provided by an enumerator,\textsuperscript{57} supplying the detailed disaggregation. The enumerator can help the person fill in the form, e.g. by explaining how to choose the category they prefer under “Sex” from the options provided, or by asking the question/showing the answer.
• An enumerator fills in the form during an interview.
• An enumerator fills in the form after an interview (e.g. an interview that takes place during a protection visit, an interview with the family of a missing person, etc.)
• Direct observation:
  – In general, direct observation (e.g. someone looks like a woman so the enumerator records them as female) is not the preferred method, as not all sex, age and disability data may be visible. Direct observation may identify someone without giving them the choice, or result in unconscious bias for parameters such as sex. It is also difficult to assess age or disability by observation alone.
  – However, under certain circumstances direct observation would be better, e.g. if it avoids the risk of harm to the individual or enumerator, or if there are so many people that estimation through observation is necessary. In health, for instance, observation is essential; a number of parameters are collected without asking questions of the patient, as part of the examination process. This particularly applies to disability. These specific conditions should be clear.
• From sources outside the ICRC, for instance:
  – health authorities/ministries send lists of individuals with sex, age and disability data
  – a national information bureau provides lists of prisoners of war
  – prison authorities provide lists of detainees disaggregated by sex, age and disability.

In such cases, units will need to decide whether it is possible to request the minimum information and how it is possible to influence data collection and/or verify the data.

Date of birth

• When known, date of birth is straightforward, and people will provide it to the ICRC.
• When the date of birth is not known, it can be estimated:
  – If the person provides their age, we can deduce their year of birth. E.g. if in 2022 a person says that they are 38, we record their date of birth as 1 January 1983. The date of birth would then be marked as “estimated”, where systems allow.
  – If the person provides the year they were born, we record their date of birth as 1 January of that year.
• If the person knows neither their age nor their year of birth, we estimate whether they are a minor (i.e. under 18) or an adult (i.e. 18 or older).

While some approximation is unavoidable, applications and systems to record age must indicate whether a date of birth or individual age data have been estimated.

\textsuperscript{57} Where informed consent is needed as a legal basis, this should be included in the programming and obtained by the enumerators.
The ICRC helps people around the world affected by armed conflict and other violence, doing everything it can to protect their lives and dignity and to relieve their suffering, often with its Red Cross and Red Crescent partners. The organization also seeks to prevent hardship by promoting and strengthening humanitarian law and championing universal humanitarian principles.

People know they can count on the ICRC to carry out a range of life-saving activities in conflict zones and to work closely with the communities there to understand and meet their needs. The organization's experience and expertise enable it to respond quickly and effectively, without taking sides.