

Sex, Age and Disability Disaggregated Data

SADDD Minimum Standards & Guidance



This document sets out HelpAge International organisational standards regarding when, how and some of the reasons why Sex, Age and Disability disaggregated data should be collected. It also provides a step-by-step example of how to code and analyse this data.

Why collect SADDD?

Good quality data on ageing and older men and women is crucial to the equitable delivery of our work. It helps us to ensure we have data to facilitate:

- **Adaptive Programming helping us to strengthen our programmes and reach the right people in a more inclusive manner**
- **More comprehensive data about the situation of/for older men and women in the locations where we work**
- **Increased visibility for older men and women with external audiences and the provision of data for advocacy messaging**

The stipulations set out in this document on data disaggregation speak to both HelpAge International internal policy and respond to the increased emphasis placed on this type of data from external drivers such as the inclusion agenda. This can be applied to the development and humanitarian sectors, especially those such as DFID and ECHO. USAID/OFDA who also set requirements for sex and age analysis but do not specify age cohorts.

Attempts to try to strengthen the collection, analysis and use of age, sex and disability disaggregated data in HelpAge International work continue. We expect that on top of the age and sex data collection for each individual older man or woman over 50 (as per the stipulations in the table above), the Washington Group Short Set be utilised.

HelpAge International has formally adopted the sector standard, Washington Group Short Set (WG-SS) questions. Due to the complexity of disability, the questions are not designed to measure every aspect of difficulty that people experience, but rather those domains of difficulty that are likely to identify a majority of people at risk of participation restrictions. The preferred terminology is 'level of difficulty' as opposed to 'disability' when utilising the WG-SS.

HelpAge International SADDD Minimum Standards

Program Types	<ul style="list-style-type: none"> The collection and analysis of SADDD is most applicable in the case of direct service delivery, training or capacity building with older women and men through our programmes. However, this is not a steadfast rule and appropriateness for data disaggregation should be gauged for each indicator or programmatic reporting or advocacy need.
Proposals	
	<ul style="list-style-type: none"> The most accurate data possible should be used. Proposals not containing this sex, age and disability disaggregated data will not be approved for submission. It is acceptable to extrapolate from secondary national or local data or from previous experience, if exact beneficiary data is not available but the basis of the data should be clearly explained. Where exact primary stakeholder data is not available, collecting this should be part of a baseline exercise. (HelpAge Disability Fact sheet for further information)
Routine Monitoring	
Indicators	<ul style="list-style-type: none"> Each indicator (where in reference to older male and female) should be disaggregated by sex and 10 year age cohorts and Washington Group Short Set questions (WG-SS)
Tools	<ul style="list-style-type: none"> Data collection tools developed to collect data against indicators should ask questions regarding age, sex and level of difficulty as per the WG-SS. Databases should facilitate the storage of such data by sex, 10 year age cohort and level of difficulty.
Assessments and Evaluations	

- Actual data must be collected and analysed from primary stakeholders e.g such as rapid and general needs assessments.
- Data for indirect stakeholders may be extrapolated if accurate numbers not available.
- This should be a clear requirement of the TOR of any evaluation whether conducted internally or externally.

Analysis

- In proposals, ongoing monitoring and evaluation stages: analysis should at a minimum compare the data per age 10-year age cohort, within, and between sex categories and levels of difficulty. It should look for any major differences in the ways that programmatic activities and services are being received or delivered (e.g not purely counting the number of men and women from whom data has been collected).
- The data should be accompanied by analysis of how the needs of different groups differ and how our responses are addressing those needs, (a worked example is given below).
- See [gender analysis guide](#) for some additional helpful analysis tips

Data Collection

The SADD question and response options are set out below. Questions should be asked at the individual level and only take 3-5 minutes to administer.

Name: Age: Sex: m/f/other		
4.3 Do you have difficulty seeing even if wearing glasses: <input type="checkbox"/> No - no difficulty <input type="checkbox"/> Yes - some difficulty <input type="checkbox"/> Yes- a lot of difficulty <input type="checkbox"/> Cannot do at all	4.4 Do you have difficulty hearing even if using a hearing aid? <input type="checkbox"/> No - no difficulty <input type="checkbox"/> Yes - some difficulty <input type="checkbox"/> Yes- a lot of difficulty <input type="checkbox"/> Cannot do at all	4.5 Do you have difficulty walking or climbing stairs? <input type="checkbox"/> No - no difficulty <input type="checkbox"/> Yes - some difficulty <input type="checkbox"/> Yes- a lot of difficulty <input type="checkbox"/> Cannot do at all
4.6 Using your usual language, do you have difficulty communicating (for example understanding or being understood by others)? <input type="checkbox"/> No - no difficulty <input type="checkbox"/> Yes - some difficulty <input type="checkbox"/> Yes- a lot of difficulty <input type="checkbox"/> Cannot do at all	4.7 Do you have difficulty remembering or concentrating? <input type="checkbox"/> No - no difficulty <input type="checkbox"/> Yes - some difficulty <input type="checkbox"/> Yes- a lot of difficulty <input type="checkbox"/> Cannot do at all	4.8 Do you have difficulty with (self-care such as) washing all over or dressing? <input type="checkbox"/> No - no difficulty <input type="checkbox"/> Yes - some difficulty <input type="checkbox"/> Yes- a lot of difficulty <input type="checkbox"/> Cannot do at all

Following standard best practices, any reporting of data collected using the WG-SS needs to articulate clearly how the questions were used, the age range of participants, and the cut-off point used to determine level of difficulty. There are 4 possibilities for cut off with the WG short set but *the recommended cut- off, is at least one domain*

with reported difficulty of 'a lot' or 'cannot do'. HelpAge International adheres to this cut off and further stipulates that data disaggregation is mandatory, by sex and age.

Data Coding

Coding for the response options above are as follows:

0 = No, no difficulty 2 = Yes - a lot of difficulty 1 = Male
 1 = Yes - some difficulty 3 = Cannot do at all 2 = Female

Below is an example of what your data might look like (see [HelpAge Data Coding Book](#) for standardised organisational coding practices):

	L	W	X	AJ	AK	AL	AM	AN	AO	DU	DV	DW
1	date	age	gender	wg_seeing	wg_hearing	wg_walking	wg_communicating	wg_remembering	wg_selfcare			
1419	Dec 16, 2017	85	2	1	0	2	0	1	1			
1427	Dec 17, 2017	73	2	1	0	2	0	0	1			
1434	Dec 17, 2017	85	2	2	0	2	1	0	0			
1438	Dec 17, 2017	88	2	2	1	2	2	1	2			
1451	Dec 18, 2017	70	2	1	2	2	1	1	0			
1455	Dec 16, 2017	77	2	2	2	2	2	2	2			
1456	Dec 16, 2017	81	2	3	3	3	3	3	3			
1472	Dec 16, 2017	73	2	3	1	3	2	2	1			
1481	Dec 16, 2017	72	2	2	2	2	2	2	2			
1488	Dec 17, 2017	82	2	0	0	2	1	1	1			
1492	Dec 17, 2017	72	2	333	0	2	1	1	1			
1513	Dec 17, 2017	90	2	0	2	2	2	2	2			
1515	Dec 17, 2017	80	2	0	0	2	0	0	2			
1516	Dec 17, 2017	80	2	0	0	2	0	0	2			
1517	Dec 17, 2017	80	2	0	0	2	0	0	2			
1518	Dec 17, 2017	76	2	0	2	2	2	2	2			
1520	Dec 17, 2017	75	2	0	0	2	0	0	2			
1522	Dec 17, 2017	73	2	0	2	2	2	2	2			
1523	Dec 17, 2017	76	2	0	0	2	0	0	2			
1527	Dec 17, 2017	80	2	2	0	2	2	2	2			
1530	Dec 17, 2017	85	2	0	2	2	2	2	2			
1541	Dec 16, 2017	71	2	2	2	2	1	1	2			
1559	Dec 17, 2017	79	2	1	1	2	1	1	2			
1600	Dec 17, 2017	80	2	1	2	2	2	0	0			
1602	Dec 17, 2017	85	2	2	2	2	2	2	2			
1604	Dec 17, 2017	79	2	2	2	2	1	1	2			
1607	Dec 17, 2017	72	2	0	1	2	0	0	0			
1609	Dec 16, 2017	83	2	1	0	2	0	0	0			
1611	Dec 17, 2017	75	2	2	1	2	1	1	0			

Data Analysis

A template findings table is outlined below, including disaggregation by sex and age (10-year cohorts).

The data for this table was generated from a sample of 321 older people who receive the Zanzibar pension, data collection started in December 2017. Men and women are eligible to receive the pension when they reach 70, and therefore age cohorts younger than this are not included in this particular example. HelpAge standards do state that data should be collected and disaggregated in the way shown below, from 50+, whenever possible.

Table 1

Domain	% Functionality (overall) At least one domain with 'a lot' or 'cannot do' (coded as 2 or 3)	% Functionality (by Age)				
		At a minimum – disaggregate the domain (s) which shows the higher % difficulty (e.g highest % reporting 2 or 3 as a response to the WG-SS questions)				
VISON	Total: 10% (33/320)x100 M: F:	50-59:	60-69:	70-79:	80-89:	90-99:
HEARING	Total: 6.9% (22/321)x100 M: F:	50-59:	60-69:	70-79:	80-89:	90-99:
MOBILITY	Total: 21% (67/321)x100 Male: 39% (26/67) x100 Female: 61% (41/67) x100	50-59: N/A	60-69: N/A	70-79: 64% 43/67 x100 M: 39.5% (17/43) x100 F: 60.5% (26/43) x100	80-89: 31% 21/67 x100 M: 33.3% (7/21)x100 F: 66.6% (14/21)x100	90-99: 5% 3/67 x100 M: 66.6% (2/3)x100 F: 33.3% (1/3)x100
COGNITION	Total: 7.1% (23/321)x100 M: F:	50-59:	60-69:	70-79:	80-89:	90-99:
UB (SELF-CARE)	Total: 13% (42/321)x100 Male: 48% (20/42) x100 Female: 52% (22/42)x100	50-59: N/A	60-69: N/A	70-79: 59.5% (25/42)x100 M: 52% (13/25)x100 F: 48% (12/25)x100	80-89: 31% (13/42)x100 M: 31% (4/13)x100 F: 69% (9/13)x100	90-99: 9.5% (4/42)x100 M: 75% (3/4)x100 F: 25% (1/4)x100
COMMS	Total: 6.8% (22/321)x100 M: F:	50-59:	60-69:	70-79:	80-89:	90-99:
Overall:	Total: 10.8% (209/1924)x100 0 Male: 38.8% (81/209) x100 Female: 61.2% (128/209) x100	50-59: N/A	60-69: N/A	70-79: 65.7% 137/209 x100 M: 41% (56/137)x100 F: 59% (81/137)x100	80-89: 30% 62/209x100 M: 32% (20/62)x100 F: 68% (42/62)x100	90-99: 4.3% 9/209x100 M: 55.5% (5/9)x100 F: 44.4% (4/9)x100
VISON	Total: 10% (33/320)x100 M: F:	50-59:	60-69:	70-79:	80-89:	90-99:

Overall Difficulty Levels

Findings from the sample data show that, 10.8% of older people (≥ 70) surveyed reported that they have 'difficulty' across the six domains (e.g. answered with 'a lot' or 'cannot do' on the six domains). Of these 61% are females and 39% are males'.

Differences between age cohorts for older males and females show that:

- Of the 10.8 % in the sample who have difficulties the highest % fall within the 70-79 year age bracket (65.7 %)
- Within the 70-79 age group, females experience a higher level of difficulty (59%) than males (41%).
- Of the overall sample of older people experiencing difficulty (10.8%), 30% of these are in the 80-89 year age bracket and at this age bracket the % of women reporting difficulty increases by a margin of 9% to 68%, in comparison to the 70-79 year age cohort.
- Figures in the 90-99 year age cohort for the overall sample are too small to draw any conclusive findings.

Of the sample of older men and women who report a high level of difficulty ('a lot' or 'cannot do'), in ascending order the domains most affected are:

Table 2

Domain	% Functionality (overall) - At least one domain with 'a lot' or 'cannot do' (coded as 2 or 3)
COMMS	Total: 6.8%
HEARING	Total: 6.9%
COGNITION	Total: 7.1%
VISON	Total: 10%
UB (SELF-CARE)	Total: 13%
MOBILITY	Total: 21%

Having calculated the % experiencing difficulty for each of the 6 questions (domains), the two domains demonstrating the highest % difficulty level should be selected. In this example, the two domains showing highest levels of difficulty are self-care and mobility. These must then be further disaggregated by 10 year age cohort and by sex (e.g. 50-59 % male, % female, 60-69 % male, % female etc.), as shown in table 3, below:

Table 3

Domain	% Functionality (overall) At least one domain with 'a lot' or 'cannot do' (coded as 2 or 3)	% Functionality (by Age)				
		At a minimum – disaggregate the domain (s) which shows the higher % difficulty (e.g highest % reporting 2 or 3 as a response to the WG-SS questions)				
MOBILITY	Total: 21% (67/321)x100	50-59: N/A	60-69: N/A	70-79: 64% 43/67 x100	80-89: 31% 21/67 x100	90-99: 5% 3/67 x100
	Male: 39% (26/67) x100			M: 39.5% (17/43) x100	M: 33.3% (7/21)x100	M: 66.6% (2/3)x100
	Female: 61% (41/67) x100			F: 60.5% (26/43) x100	F: 66.6% (14/21)x100	F: 33.3% (1/3)x100

UB (SELF-CARE)	Total: 13% (42/321)x100	50-59: N/A	60-69: N/A	70-79: 59.5% (25/42)x100	80-89: 31% (13/42)x100	90-99: 9.5% (4/42)x100
	Male: 48% (20/42) x100			M: 52% (13/25)x100	M: 31% (4/13)x100	M: 75% (3/4)x100
	Female: 52% (22/42)x100			F: 48% (12/25)x100	F: 69% (9/13)x100	F: 25% (1/4)x100

For example, in the data displayed above, mobility had the highest reported difficulty level in the sample. When disaggregated by age data shows that women report the worst difficulty (this sex disparity is reversed in the 90-99 year age bracket but the sample is so small that these findings cannot be taken conclusively). There does not seem to be a stark difference in difficulty levels between the 70-79 and 80-89 year age cohorts for either sex but with a slight increase in reported difficulty as aging progresses.

In the case of self-care the major difference is that men between 70-79 experience more difficulty than women of the same age, this then reverses for the 80-89 year cohort with a far higher % of older women reporting difficulty in self-care (69% of females: 31% males).

The benefit of having this level of data is clear:

- To inform more inclusive and responsive programming: in this example, we would want to adapt our programs to meet the specific mobility and self-care needs of older men and women and in particular thinking about older women and the ways that programming should be adapted to account for the specific levels of difficulty experienced. What does the higher level of difficulty in mobility experienced by older women mean for the way we design health, social protection or humanitarian programs?
- In our advocacy messaging, having data to demonstrate that 10.8% of older people above the age of 70 in Zanzibar experience difficulty across the six domains and that of these, 61% are female may provide good evidence to shape policy ask in order to address this.
- It ensures that HelpAge International’s understanding of the issues faced by older men and women is based on strong demonstrable evidence. This in turn lends credibility to HelpAge with external audiences and improves the quality of the work we carry out.

While this is HelpAge International SADDD minimum standard, it is recognised that it might still be of importance to analyse sex, age and disability disaggregated data in fuller detail where appropriate for particular programmatic or advocacy needs.

Authors: Sandy Picken, MEL Adviser and Diana Hiscock, Disability Adviser:
diana.hiscock@helpage.org

www.helpage.org Registered charity no. 288180

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