**REPORTING POPULATION DATA IN EMERGENCIES AND HUMANITARIAN RESPONSES**

**CARE 2020 Program Strategy**: “***by 2020, 20 million people affected by humanitarian crises receive quality, life-saving humanitarian assistance****”.*

**Guidance Note – July 2015 – CEG**

##### **Purpose**

This document aims to provide guidance on how to report population data in the context of a humanitarian response. It provides common definitions and principles for beneficiary[[1]](#footnote-1) reporting across all CARE interventions in humanitarian and emergency responses in line with the expectations of the Humanitarian and Emergency Strategy and the **CARE 2020 Program Strategy. The information and reporting requirements consigned in this document are aligned with PIIRS and are part of the PIIRS data collection mechanism**. Reporting on the scale of our responses using quantitative data requires a coherent and systematic approach across assessments, implementation, monitoring and reporting. Common definitions in reporting beneficiary numbers will allow tracking using similar and standard indicators for different emergencies and thus support a thorough response performance review through different formal reviews (Rapid Accountability Reviews (RAR), After Action Reviews (AAR), external evaluations, management reviews).

**CI Emergency and Humanitarian Strategy**: “*We apply robust and systematic gender analysis to ensure appropriate approaches to meet the needs of the affected population, including women, boys, men and girls***"**

##### **Why Identify, Profile and count Beneficiaries?**

While it is recognised that reporting the number of beneficiaries does not give an indication of the quality of the interventions, it is central to how we represent scale and coverage of CARE’s response. Knowing the number and the demographics of people **affected by** disasters is important in order to:

* determine who is in need and what kind of support and protection is required;
* determine the status according to standard categorizations (e.g. IDPs, refugees, host community members).

At the onset of an emergency**, counting** the number of affected people will firstly be estimates, based on a rapid needs assessment and/or through secondary data and available statistics (e.g. Government, UN and or other data sources). During the response, more precise counting is mandatory, in order to track the specific population groups accessing the different activities/services/goods/resources provided through CARE’s actions. This can be made either by **registration**[[2]](#footnote-2) of beneficiaries or through surveys later during the response. It is important to continue to improve the collection and level of confidence in the data throughout the life cycle of the emergency response.

##### **definitions**

* 1. **Affected People:** The*Good Enough Guide to Needs Assessment[[3]](#footnote-3)*refersto **“**disaster-affected communities” and/or “disaster-affected individuals” to reflect recent policy developments around effective communications and accountability. These terms describe all members of these groups, whether they are affected [[4]](#footnote-4) by natural disaster or complex emergency including the dead and the injured, and regardless of gender, age, disability, religion or other factors.

**3.2**. **Household** (according to UNSTATS)[[5]](#footnote-5) is classified as either:

* **A one-person household**, defined as an arrangement in which one person makes provision for food or other essentials for living without combining with any other person to form part of a multi-person household.
* **A multi-person household,** defined as a group of two or more persons living together who make common provision for food or other essentials for living. Sometimes, there could be two to three families in the same household. The persons in the household may have a common budget to a greater or lesser extent; they may be related or unrelated persons or a combination of persons both related and unrelated. This arrangement exemplifies the housekeeping concept. In an alternative definition used in many countries exemplifying the so-called household-dwelling concept, a household consists of all persons living together in a housing unit.

**Difference between the concept of household and family**

From the definitions of "household" and "family", it is clear that household and family are different concepts that cannot be used interchangeably in the same census. The difference between the household and the family is that:

(a) a household may consist of only one person but a family must contain at least two members and

(b) the members of a multi-person household need not be related to each other, while the members of a family must be related.

**3.3 Family**(according to UNSTATS)[[6]](#footnote-6) is defined as those members of the household who are related, to a specified degree, through blood, adoption or marriage. The degree of relationship used in determining the limits of the family in this sense is dependent upon the uses to which the data are to be put and so cannot be established for worldwide use.

**3.4 Beneficiaries** are therefore defined by CARE as **“disaster-affected individuals”** who obtain a benefit from CARE’s humanitarian assistance. While benefits obtained can be of various and diverse nature, CARE divides beneficiaries into two primary categories.

##### **Category of Beneficiaries**

**Direct beneficiaries** refer to those whom the response is designed to support (i.e. the target population) **and who are the** direct recipients of distributed material aid and services*.* Direct beneficiaries could also be referred to as the **target population** of the humanitarian or emergency response.

As PIIRS definition: *direct participants (or beneficiaries) include all individuals for whom CARE seeks to facilitate change, who are directly affected by the problem (e.g. humanitarian event) and are directly involved in project activities or receiving services/goods/resources from CARE or through a partner. Direct participants include all people whose life is experiencing a difference. These are the people for whom CARE is committed to show improvement and measure changes during the life of the project, and who are actively engaged in project activities. Information on direct participants is often obtained from implementation reports or up-to-date registries*.

**EXAMPLE FROM PIIRS**: if a hygiene kit or food packs or cash is provided to participants/beneficiaries representing a family or household then the members of this family/HH are direct beneficiaries/participants; if someone receives training, only he or she will be the direct beneficiary. Any activity that can also benefit the family then the family will also be considered as direct beneficiaries; “*people in a displaced persons camp accessing clean water; people receiving cash grants, or communities where boreholes are drilled for”.*

**Important note: MINIMIZE DOUBLE COUNTING!**

You may have one individual receiving services/goods/resources from multiple CARE actions. In this case, the number of may present overlap and lead to double counting. To avoid this, please identify projects that work with the same population and make sure to subtract duplicities so that the total number of direct beneficiaries is as accurate as possible. This will need to be the project manager's best estimate based on the records kept by the project.

**Indirect Beneficiaries** refer to those that the project **did not target** but who can obtain (intentionally or unintentionally) a benefit from a CARE intervention while not having had direct contact with that intervention i.e. individuals who are NOT directly involved in project activities, who DO NOT receive direct services/goods/resources from the project BUT are still impacted in some way by the project[[7]](#footnote-7).

These are *‘*unintended beneficiaries’, those that the project did not target but who benefited as a result of the project area. The indirect beneficiaries are most of the time estimated.

**Example:** If a radio campaign that reaches a large catchment area is used to convey messages (e.g. cholera prevention), the number of people reached through the radio campaigns should be reported as indirect beneficiaries. Indirect beneficiaries refer generally to those reached through mass-media campaign, those who adopt an innovation which they learned about from a direct participant, those who benefit from an infrastructure intervention (e.g. road construction), logistics and administrative support to communities (e.g. Ebola in Liberia) or a policy change promoted through advocacy strategies.

**PIIRS definition: The numbers of indirect beneficiaries are mainly estimates based on the scope of the project strategies and the “multiplier effect” of the project's actions while using the most reliable sources.**

**Important Note: Indirect participants/beneficiaries are not, for all cases, the total population living in the location where a project/action is being implemented**.

##### **How to Report Beneficiaries**

In using the sitrep format the response team is responsible for reporting on the total population affected by the disaster (including deaths and injured) and amongst these on the CARE beneficiaries.

**Example to Minimize Double Counting**

A response targets a community of 2,000 households for 3 blanket food distributions and with shelter NFIs for about 300 families (average family size estimated at 7 people). The team will report a total of 6,000 household rations distributed (and NOT 6,000 HH reached) and 2,100 people benefiting from the shelter NFIs. At the end of the response the total reached should not exceed 14,000 (= estimated total target population).

Both data sets are expected to be reported by (at least) age and sex (see SADD below), and by area and sector of intervention[[8]](#footnote-8). Further breakdown by categories of vulnerability or other criteria are recommended (for example, the elderly, children under 5, people living with disabilities and pregnant & lactating women), especially as it reflects the specific targeting of CARE’s interventions. The total number of indirect beneficiaries maybe reported if applicable and with explanation of who the numbers refers to.

**Key Principles**

* Report Sex and Age Disaggregated Data**[[9]](#footnote-9)** : One of the key elements of gender analysis is the use of sex and age disaggregated data (SADD**)** for the disaster-affected population. The inclusion of “a gender equality lens to our emergency work improves the quality of our designs by ensuring that humanitarian programs meet the needs of women, men, boys and girls equally.” Therefore, CARE requires the provision of SADD through the standard reporting mechanisms in which SADD is clustered in the following categories**:** **males/females aged (0-5), (6-18), >18 Women and Men)**[[10]](#footnote-10).
* Always Report Individual while ascertaining and report average Household Number

Even though we often work at community or household level, the scope/success/limitations of our work can only be evidenced while tracking changes taking place/services being received by individuals. No matter if they are directly or indirectly involved in the different interventions CARE undertakes beneficiaries.

* Minimize Double Counting

For general reporting on the outreach of a response an individual should be counted only once, no matter how many interventions s/he/they benefit/s from. The response team should use deductive methods to **eliminate duplications** in the total number of people reached by all interventions of the response. There may be two or more interventions providing assistance to the same population groups several times over the course of a response. In this case, the number of beneficiaries may overlap and data collection by intervention can lead to double counting when reporting on the whole response.

* Report Beneficiaries of Interventions that Have Taken Place: The planned target beneficiaries or registered people of concern cannot be reported as actual beneficiaries if they did not receive the actual service or assistance they needed.
* Existing, New and Cumulative Beneficiaries of the Reported Emergency: **CARE reports on the cumulative total of beneficiaries throughout a response or at a specific moment in time.** The reporting of existing and new beneficiaries of the reported emergency allows us to track the progress and growth of a response but also to communicate externally: e.g. *At the end of April 2015, CARE reached 300,000 beneficiaries affected by the cyclone X in XX*. In determining the cumulative total, the date of the start of a new response, or the start of the scale-up in a slow onset could be used as a starting point to ensure consistent reporting.

**👍 Rules of Thumb**

* Design appropriate monitoring and reporting formats as early as possible in the response cycle to prevent double counting (see M&E guidance in the CI toolkit [here](http://www.careemergencytoolkit.org/monitoring-and-evaluation/))
* **Check on the format that the Clusters are using for data** collection so that your reporting formats can easily feed into these; also be aware that these can change regularly in an emergency, and for this reason as well as CARE’s own changing data collections needs, initial formats may also require alterations throughout the response.
* Indicate only the highest figure reached by one of the sectors in case of an overlap between two or more sectors covering the same population in the same area. This may result in under-reporting, but will be a good enough figure to use until more reliable figures can be calculated.
* Record figures for each sector separately for monitoring and evaluation purposes*,* **but never add them together unless they are all geographically separate activities.**
* Explain any major changes in data between sitreps on the same response, especially if a change in the way data has been collected or analysed has taken place.
* Report the number of individuals reached, not households. Household reached may be mentioned but the number of individuals reached is to be calculated using the average household size and composition of households which should be indicated in sitreps and other relevant reports.

**Annex 1: Beneficiaries and affected people reporting Matrix (broken down by age and sex)** To be released following testing.

**Sources:**

* **GIE Guidance notes (**[**Minerva**](http://minerva.care.ca/livelink1/livelink.exe?func=ll&objId=3787775&objAction=browse&viewType=1)**)**
* [Good Enough Guide](http://www.ecbproject.org/)  ECB
* Oxfam internal document on beneficiaries
* [The Relief and Rehabilitation Network, ODI](http://www.ennonline.net/fex/3/counting),
* [Reliefweb: Glossary of Humanitarian Terms – 2008](http://reliefweb.int/sites/reliefweb.int/files/resources/4F99A3C28EC37D0EC12574A4002E89B4-reliefweb_aug2008.pdf)
* [WHO: Humanitarian Health Action Glossary](http://www.who.int/hac/about/definitions/en/)
* PIIRS Guidance notes in our data collection tools

1. *See:* [*http://www.acaps.org/img/documents/h-humanitarian-needs-assessment-the-good-enough-guide.pdf*](http://www.acaps.org/img/documents/h-humanitarian-needs-assessment-the-good-enough-guide.pdf) [↑](#footnote-ref-1)
2. *'Registration' describes the activity of expressly collecting and formally recording specific qualitative and/or quantitative information about individuals of concern (ODI).* [↑](#footnote-ref-2)
3. *See:* [*http://www.acaps.org/img/documents/h-humanitarian-needs-assessment-the-good-enough-guide.pdf*](http://www.acaps.org/img/documents/h-humanitarian-needs-assessment-the-good-enough-guide.pdf) [↑](#footnote-ref-3)
4. *People who are adversely affected by a crisis or a disaster and who are in need of urgent humanitarian assistance (WHO)*  [↑](#footnote-ref-4)
5. *See:* [*http://unstats.un.org/unsd/demographic/sconcerns/fam/fammethods.htm#A1*](http://unstats.un.org/unsd/demographic/sconcerns/fam/fammethods.htm#A1) [↑](#footnote-ref-5)
6. *See:* [*http://unstats.un.org/unsd/demographic/sconcerns/fam/fammethods.htm#A1*](http://unstats.un.org/unsd/demographic/sconcerns/fam/fammethods.htm#A1) [↑](#footnote-ref-6)
7. *Definition by CARE-PIIRS FY14* [↑](#footnote-ref-7)
8. *CI core sectors as defined in the* [*CI Humanitarian and Emergency Strategy 2020*](http://minerva.care.ca/livelink1/livelink.exe?func=ll&objaction=overview&objid=5750348) *are WASH, Food Security, Reproductive Health and shelter.*  [↑](#footnote-ref-8)
9. *Extract from the GIE Guidance note on Integrating Gender Equality into Project Design and the Guidance note on the Rapid Gender Analysis).* [*GIE Guidance note on Integrating Gender Equality into Project Design*](http://minerva.care.ca/livelink1/livelink.exe?func=ll&objaction=overview&objid=3788467)*) and* [*the Guidance not on the Rapid Gender Analysis*](http://minerva.care.ca/livelink1/livelink.exe?func=ll&objaction=overview&objid=3798512)*).* [↑](#footnote-ref-9)
10. *This is a minimum requirement with the expectation that response teams should aspire to comply with the more demanding SPHERE standard.* [↑](#footnote-ref-10)