

Using DTM Multisectoral Location Assessment to inform GBV response

1. What is the Displacement Tracking Matrix?

The displacement tracking matrix (DTM), is a set of assessment and population movement tracking tools developed by IOM. Some of the tools that can be implemented in a displacement context are mobility tracking, flow monitoring, surveys, and registration. Capturing a population's mobility, flows, and needs, provides useful information that can aid decision-makers. This guidance refers specifically to the DTM Multisectoral Location Assessment.

The multisectoral location assessment

The multisectoral location assessment is one of the various DTM tools and consists of a questionnaire that aims to capture the needs of the affected population. The DTM is a rapid tool, meaning results come out quickly. In addition, it is implemented frequently, sometimes even on a monthly basis. This means you can monitor the data overtime to look for changes, and can rely on regular data collection. However, **the multisectoral location assessment is not sufficient as a standalone assessment and should not be treated as the ONLY tool for GBV data collection.**

What do I use DTM for?

The DTM is a *quick* multisectoral needs assessment that is done on a regular basis. Data from the DTM should be used as an **indication on possible gaps in GBV services, and possible GBV risks.** The DTM should be analyzed to look at trends that emerge from the data, and what protection needs and GBV risks come up. In order to create a complete picture, other GBV information or specialized GBV assessments (e.g. Focus Group Discussions, Safety Audits, etc.) need to be looked at to complement this information. **The DTM can help GBV actors identify locations and issues that need more in-depth assessment, or where follow-up specialized assessments are needed. The DTM on itself is not sufficient to give a complete overview of the GBV situation.**

How is it made?

The questionnaire is designed differently in each context. In other words, there is no standard questionnaire that is provided, as information needs differ per context. Each cluster/WG is asked to provide input to the questionnaire, in order to ensure the most useful indicators are included into the questionnaire.

What are the responsibilities of the GBV sub-cluster with regards to DTM?

There are *four key roles* in making a DTM questionnaire:

1. The DTM coordinator: He/she will discuss with partners (e.g., clusters and WGs) on the information they need, and contribute his/her team's knowledge on how questions are best asked to provide this information.
2. **The GBV sub-cluster coordinator:** Defines the information on GBV needs and risks to be collected, based on what decisions the cluster should make for the response to GBV.
3. **The GBV sub-cluster IMO:** Identifies what information on GBV already exists, what is missing, and what can be collected through DTM.
4. The cultural/contextual expert: Gives information on what is already known, what issues are worth paying specific attention to, in the context, what the cultural sensitivities are, and how to best obtain needed information in the context.

While DTM has the responsibility of collecting, processing and sharing results as soon as possible with partners, it is the responsibility of GBV sub-cluster coordinators and IMOs to interpret relevant results and use information for response. IMOs and Coordinators should also identify the necessary changes to the questions over time. *Example:* The question "are women avoiding certain areas in the camp?" is included into the questionnaire, with the aim to find out whether women avoid certain areas – and to then do a follow up assessment finding out which areas women avoid and whether this is linked to risk of GBV. Month after month, the responses to this question are "no" for around 98% of key informants. This means that either a) there are no areas in the camp that women avoid or b) the question is not phrased in a way that yields a useful response. Therefore the GBV coordinator and IMO can either consider to rephrase the question, to take it out, or to propose an alternative question that may better capture this information.

What is the methodology behind DTM?

Like the questionnaire, the methodology may also differ. However, in most contexts, the questionnaire is largely administered through **key informant interviews**. These key informant interviews are normally done face to face. However, when access is not possible, they may be done by phone.

There are two possibilities for key informants:

- **Specialized key informant:** Are those who have explicit knowledge of the subject at hand. The entire questionnaire can consist of different parts. It can be decided that some questions are asked to specialized key informants. For example, questions on whether a referral pathway for GBV exists in a certain camp, can be asked to the camp manager at the location. It is assumed that this specialized informant is in a good position to provide an answer. However, DTM can usually not rely on specialized key informants.
- **Non-specialized key informant:** Usually belong to the affected population in the assessed location (e.g., an Internally Displaced Person, a community leader, a member of the IDP committee, etc.). Key informants are selected on the basis of their knowledge of the community and provide answers to the questions to his/her best knowledge. It is important to remember that in most cases, the key informant is *male*. The number of interviews per area *differs per context*. Non-specialized key informants are most often used in DTM.

Enumerators who are locally hired and trained in aspects of consent, data collection, the DTM questionnaire, etc. are carrying out these interviews. These enumerators of course are **not GBV experts**, which means the type of questions asked on GBV should be carefully considered. Enumerators are trained on referring people to GBV services when an issue comes up during an interview – however, questions should not probe for such issues to be discussed. It is important that GBV colleagues provide the referral path to DTM, so that such persons can be adequately and safely referred.

What are some of the limitations of using Key Informant Interviews?

Key informant interviews are perfectly valid data collection techniques. However, due to the difficulty of administering large questionnaires to large numbers of people it should be kept in mind that:

- The non-specialized key informants are often **male**. Particularly for GBV, this means questions should be carefully considered. *Which questions answered by a male key informant will give me quality information on GBV protection needs or on GBV risks?*
- The number of interviews done are usually **not a representative sample**. In other words, the results cannot be generalized for the entire affected population.
- The key informant interviews are usually done through **non-specialized key informants**. Questions should be designed to obtain needed information from individuals who are not GBV experts, and are part of the local culture.

2. What is the DTM Field Companion?

As mentioned above, the DTM questionnaire is designed on the field, by a collaboration between DTM and partners. At global level, however, DTM, Global Clusters and partners, including the global GBV AoR, have identified questions that the field operations can use in their DTM Location Assessments. These questions are included in the DTM Field Companion¹.

The questions on GBV that have been included as options in the field companion have been carefully considered – these questions are thought to be

- a) Safe and ethical to ask**
- b) Give information that can be used for strategic or operational decision making**
- c) May yield useful responses keeping in mind that often male, non-specialized key informants answer the questions.**

The DTM coordinator, the GBV sub-cluster Information Management Officer (IMO), and the GBV sub-cluster coordinator cooperate to pick and adapt the questions from the Field Companion that should be included in the DTM questionnaire in their context.

What types of questions are in the DTM Field Companion?

The Field Companion has questions that can largely be grouped into four different categories:

- **Availability of GBV services:** Looking at whether GBV services such as women friendly spaces, case management services, etc. exist.

Why include these? These questions can be asked to specialized key informants or non-specialized key informants (does the affected population know the services you offer exist). This can be done to

- a) at a beginning of an emergency, map out what services are available
- b) to triangulate data with 3Ws and map out gaps

¹ DTM field companion is available in [Excel](#) and [PDF](#) on the DTM & Partners Toolkit. [An introduction to the Field Companion](#) is also available. Specific GBV guidance can also be found on the [DTM & Partners Toolkit](#).

- c) Understand the perception of the people: if services are available somewhere (according to 3Ws) but the key informants do not know – why not?

- **Accessibility of GBV services:** Looking at whether people are accessing GBV services

Why include these? These questions can be asked to specialized key informants and non-specialized key informants. These are asked to:

- a) Understand if people are accessing services
- b) Map out gaps where people/other actors say they are/are not accessing services
- c) If they are not, it may give an indication on why. Questions can probe into why women/girls may not access services (e.g. is healthcare for them free?).

- **General GBV protection questions:** Questions that are mostly addressed to the affected population and give indications on safety, security, and protection concerns, what areas people tend to avoid, who provides safety and security on site, etc.

Why include these? These questions are asked to specialized and non-specialized key informants. The questions can paint the picture of the general protection environment and help shape a more qualitative narrative needed to create a complete picture.

- **Proxy indicators on GBV risks:** Questions that are looking at risks of GBV *indirectly*. In other words, the indicators may point at what geographic areas have high risks of GBV based on the needs pertaining to other sectors (whether people face severe needs in other sectors), and the existing infrastructure, but *no explicit reference* is made to GBV. The questions are asked to both specialized and non-specialized key informants (but since they are all proxy indicators, the questions are most likely *not* asked to GBV actors).

Why use these: Proxy indicators give insight into two main areas of decision making *strategic* and *operational* level decision-making. Because proxy indicators for other sectors can be *quantified*, they can also be used to build prioritization models and decide where/on what to focus response efforts.

These proxy indicators can give insight into several areas:

- a) Proxy indicators as well as the mapping of availability/accessibility of GBV services can be combined together to understand in which geographical areas the risks to GBV are highest. Based on this, actors can decide where to do follow up assessments which can lead to possible response.
- b) The same dataset of proxy indicators can give an indication as to what issue(s) are increasing the risk of GBV. For example, DTM can capture whether there are lights in latrines, whether women have to walk far to collect firewood or water, etc. The DTM can give an overview of what can be the potential risk factors to GBV per geographic area. GBV actors can do follow-up assessments based on this and take action (e.g. advocacy for mainstreaming and risk mitigation, etc.).
- c) Based on the same proxy indicators, DTM can be used to create an overview of each site: **site profiles**. At a very disaggregated level, DTM can produce data that will allow GBV actors to determine whether there are possible increased risks to GBV.

Keep in mind that the DTM serves as an **indication** of where risks to GBV may be high. In order to come to better conclusions, GBV actors will have to conduct follow-up assessments in areas where DTM indicates risks are high.

What should I **NOT** include?

You may potentially want to include questions different to the ones that are proposed in the Field Companion – as some questions you come up with are better suited to your context. In all contexts, keep in mind:

Do not include GBV questions that aim at collecting data on incidence, prevalence, or types of GBV occurring. The DTM does not have the appropriate methodology to collect such information. Inclusion of these questions can harm people.

Remember that there is shared agreement at the highest level that data on incidence, prevalence, or types of occurring GBV (e.g., on number of reported cases) is **not needed before taking action**, and that humanitarian

workers should “Assume GBV is taking place [...] regardless of whether the prevalence or incidence of various forms of GBV is ‘known’ and verified”².

As is common practice within the GBV AoR, the questions in the DTM *do not ask for GBV related incidents*: such questions will not be found in the Field Companion and should not be included in the DTM questionnaires in the field. In addition to being unsafe and possibly putting enumerators and/or the affected population at risk, DTM enumerators are not GBV experts, and cannot provide follow up should incidents of GBV be disclosed (except referrals, where such option exists). Moreover, from a methodological point of view, asking direct questions on GBV incidents to key informants (who, in addition, is in most cases are male) is unlikely to yield results that are reliable or useful.

Summary

The multisectoral needs assessment consists of key informant interviews and is done on a quick and regular basis. The results can be used as **indication on possible gaps in GBV services, and possible GBV risks**. Both DTM personnel as well as GBV sub-cluster Coordinators and IMOs play a role in creating the questionnaire. In the Field Companion, four categories of questions have been included (availability and accessibility of GBV services, general protection questions, and proxy indicators on GBV risks).

The data from DTM has to be analyzed regularly to inform potential gaps in services, risks to GBV and where actors can do follow up assessments to verify the DTM data and inform the GBV response.

Ensure that no matter where DTM is administered, there are **no questions on GBV incidence, prevalence, or types of GBV**.

² “Waiting for or seeking population-based data on the true magnitude of GBV should not be a priority in an emergency due to safety and ethical challenges in collecting such data. With this in mind, all humanitarian personnel ought to assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and **take actions based on sector recommendations in these Guidelines, regardless of the presence or absence of concrete ‘evidence’**.” [IASC Guideline for Integrating Gender-Based Violence Interventions in Humanitarian Action](#).