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# *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, a subcomponent of mobility tracking.

## *The Multi Sectoral Location Assessment (MSLA)*

The multisectoral location assessment (MSLA) is one of the various DTM tools and includes a closed questionnaire that aims to capture the numbers and needs of the affected population. 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. The DTM MSLA usually covers all or close to all locations impacted by the crisis, thus allowing for comparison between location and at different points in time. DTM MSLA results come out quickly and are available online[[1]](#footnote-1). 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.**

## *How is the questionnaire designed?*

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 the form of information they need in order to make their response decisions** (and not as already/made questions). This is aimed at obtaining useful and usable information from the DTM MSLA. See the [Pocket Guide to the Shared Approach](https://displacement.iom.int/dtm-partners-toolkit/predictable-approach) or the [DTM&Partners Cooperation in Comics](https://displacement.iom.int/dtm-partners-toolkit/predictable-approach) to find out how to input into DTM MSLA questionnaire.

# *What can I use DTM MSLA for?*

*Data from the DTM MSLA should be used as an* ***indication on gaps in services, and areas of increased 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., through Focus Group Discussions, Service Mapping, Safety Audits, etc.)**need to be looked at to complement this information.*

Information from DTM MSLA can give insight into several areas:

1. **The DTM can help GBV actors identify locations and issues of high priority for intervention or where follow-up specialized assessments are needed.** Once GBV experts identify the factors that increase or decrease the risks of GBV in the context (e.g., lights in latrines, whether women must walk far to collect firewood or water), DTM MSLA can provide information on where these factors are present. Combined together, this information can help GBV colleagues understand in which geographical areas the risks to GBV are highest. Based on this, actors can prioritize locations for response or decide where to do follow up assessments.
2. In some context, carefully selected DTM indicators of the above categories are used to inform severity ranking for response prioritization during JIAF HPC process. Field teams are encouraged to check with GBV AoR for global HPC guidance.
3. Information on factors increasing the risk can also be used by GBV colleagues to lobby other sectors to reduce these risk factors through sectoral programmes (e.g., WASH, Shelter, CCCM, Education, Health…)
4. DTM information can also be used to create an overview of each site/location (site profiles), that can be  
   used to tailor responses to each site/location.

# *How can GBV sub-cluster effectively work with DTM?*

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

* 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.
* The **GBV sub-cluster IMO:** Identifies what information on GBV already exists, what is missing, and what can be collected through DTM MSLA.
* The **DTM coordinator**: He/she will discuss with partners (e.g., clusters and WGs) the information they need, and contribute his/her team’s knowledge on how questions are best asked to provide this information.
* **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 rephrasing the question, to take it out, or to propose an alternative question that may better capture this information.*

# *What are the implications of the methodology behind DTM MSLA?*

Like the questionnaire, the methodology may also differ. However, in most contexts, the questionnaire is administered through **non-specialized** **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.

**Non-specialized key informants** 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. However, key informants interviewed will mostly not be GBV experts, therefore, many in-depth questions related to GBV that require expert knowledge will not be included in the DTM field companion. It is also important to remember that in many cases, the key informant may be *male.* The number of interviewees per area *differs per context*.

**Enumerators** who are locally hired and trained in aspects of consent, data collection, the DTM questionnaire, etc. are carrying out these interviews.

As neither Key Informants nor enumerators are GBV experts, **the type of questions asked on GBV should be carefully considered.**

## ***Safely Responding to Incident Disclosures***

*Enumerators must be 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 referral pathways for the area to DTM, so that such persons can be adequately and safely referred. GBV colleagues can train enumerators on safe referrals in case of incident disclosure. Standard Training on safely responding to incident disclosures is available on DTM&Partners Toolkit (https://displacement.iom.int/dtm-partners-toolkit/trainings). YouTube video is also availablehttps://youtu.be/n\_YhXzMv1E4*

## 

## *What to keep in mind when designing Key Informant Interviews for GBV?*

Key informant interviews are a perfectly valid data collection technique. As any other method of data collection, this type of interviews has strengths and limitations. It is important to keep in mind that:

* Questions should be designed to obtain needed information from individuals **who are not GBV experts** and are **part of the local culture**.
* Before designing the questions, always consider whether or not a non-GBV expert could give us good quality and reliable information, taking into account his/her likely background, exposure, knowledge, interest, taboos and fears.
* Results are not collected through a randomized sample and cannot be generalized for the entire affected population. They are valid for the communities that were assessed.
* The answers from key informants are valid at community level. The information provided about the community, service availability, infrastructure and movements of population can be very reliable, while other methods and sources should be used to assess the perspective, vulnerabilities and needs of specific groups.
* Always conduct a do no harm analysis using the [DTM Do No Harm Checklist](https://displacement.iom.int/sites/default/files/public/tools/Do_No_Harm_ChecklistandGuidingQuestionsforDTMandPartners.docx) for each of the questions included in the DTM MSLA, considering that harm can be done while collecting, storing, sharing, and analysing data to respondents, enumerators, communities and the organization itself.

# *What is the DTM Field Companion for GBV?*

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 types of information that the field operations can use in their DTM MSLA. These questions are included in the DTM Field Companion[[2]](#footnote-2).

**The questions on GBV that have been included as options in the field companion have been carefully considered – these questions:**

1. **Are safe and ethical to ask**
2. **Give information that can be used for strategic or operational decision making**
3. **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 1) identify the needed information and 2) adapt the relevant 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 for GBV?*

The Field Companion includes information needs and questions can largely be grouped into four different categories:

* **Safety perceptions:** Indications on safety, security, and protection concerns, what areas people tend to avoid, who provides safety and security on site, etc.

*Why include these?*The information can paint the picture of the general protection environment and help shape a more qualitative narrative needed to create a complete picture. It can also contribute to identifying the level of GBV risks and priority locations for interventions.

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

*Why include these?*The information helps you map out what services are available and triangulate data with 3Ws to map out gaps and even explore inconsistencies between reported services (e.g., 3Ws) and the perception of key informants.

* **System & services (by sector):** availability and physical accessibility[[3]](#footnote-3) to basic goods and services (e.g., distance to healthcare centres, schools, food or NFI distributions, healthcare and education services only accessible with a fee…) Oftentimes, the crisis impact on the systems and services for women, girls and other at-risk groups directly lead to increased GBV risks.

*Why include these?*The information helps you

1. Identify availability of services for basic needs
2. Understand some of the barriers to accessing services
3. Identify deprivation of basic goods and services, a factor that increases risk of GBV

* **Vulnerable conditions:** Questions that are looking at vulnerable conditions of the affected populations as related to risks of GBV*.* In other words, the indicators may point at what geographic areas have high risks of GBV based on conditions resulted from the shock events that increased affected population’s vulnerabilities. These include the level of exposure to environmental threats, economic impact, displacement-induced protection issues (e.g., loss of documents for identity, housing land properties), restriction of movement. No *explicit reference* is made to GBV in these questions.

*Why use these?*Indicators on vulnerable conditions can support both “*strategic”* and “*operational”* decision-making. Many of them can be *quantified* and can therefore be used to build prioritization models and decide where to focus response efforts. These indicators can also inform programming decisions (on what to focus response efforts).

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 questions that aim at collecting data on incidence of GBV, GBV prevalence, or types of GBV occurring. The DTM MSLA 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”[[4]](#footnote-4).

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 NEVER be included in the DTM questionnaires in the field.*** Results are unreliable, misleading and not usable nor useful to GBV response. In addition, asking these questions can be unsafe and put enumerators, respondents, the affected population and the organization 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).

# *Summary*

The Multi Sectoral Location Assessment (MSLA) consists of non-specialized key informant interviews and is done using closed questionnaires adapted to the context. It is implemented on a regular basis and provides timely information on close-to-all impacted locations. The results can be used as **indication on possible gaps in GBV services, and areas at higher GBV risks.**

Both DTM personnel as well as GBV sub-cluster Coordinators and IMOs play a role in creating the questionnaire, with the support of context experts, that ensure the questions and answers make sense in the specific context. GBV colleagues in the field will first identify the information they need to make specific response decisions, and then consult the **DTM Field Companion for GBV** to select and adjust the questions. They will consider the likely limitations and strengths of the non-specialist Key Informants and develop questions appropriate to the context and able to provide reliable and useful information.

Four categories of questions have been included in the field companion, in line with the GBV Analytical Framework: **1. Safety perceptions 2. Availability of GBV services, 3. System & services (by sector): availability, physical accessibility 4. Vulnerable conditions**.

GBV colleagues must analyse data from DTM regularly, to inform potential gaps in services, risks to GBV and priority areas for response and where actors can do follow up assessments.

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

1. Except for data deemed sensitive, that are available through data sharing agreements with DTM in the country. All public data and reports are available on the website ( <https://displacement.iom.int/> - click on datasets or on reports at the bottom left of the page) and/or through email from the DTM team (GBV colleagues are encouraged to get in touch with DTM coordinator in the country where they work, understand what type of data collection is ongoing and ensure they are on the mailing list). [↑](#footnote-ref-1)
2. DTM field companion is available in [Excel](https://displacement.iom.int/dtm-partners-toolkit/field-companion-excel) and [PDF](https://displacement.iom.int/dtm-partners-toolkit/field-companion-pdf) on the DTM & Partners Toolkit. [An introduction to the Field Companion](https://displacement.iom.int/dtm-partners-toolkit/sectoral-questions-location-assessment) is also available. Specific GBV guidance can also be found on the [DTM & Partners Toolkit](https://displacement.iom.int/dtm-partners-toolkit/gbv). [↑](#footnote-ref-2)
3. For other aspects of accessibility, as well as for quality, use and awareness of services other methods and sources of data collection must be used: Focus Group Discussions with homogeneous groups, Interviews with Service Providers. Household interviews can be useful to identify specific barriers, and for use and awareness of basic goods and services: remember not to ask about GBV services in Household interviews, as it does not provide reliable information and can even do harm to the vulnerable members of the household (think of who is answering the questions and who is listening to the interviews). [↑](#footnote-ref-3)
4. “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](https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf). [↑](#footnote-ref-4)