# Support to Field Companion for DTM – Health Questions

## DTM Field Companion Questions for Health Clusters/Sectors

The DTM Field Companion includes questions that have been developed by the WHO Emergencies Programme colleagues to provide useful and usable data to health colleagues in the field (e.g., Health Cluster or equivalent emergency health coordination mechanism in country).

These questions focus on 5 areas:

* Alerts (e.g. unusual high number of deaths, or of people in distress)
* Access to healthcare services, and obstacles to access
* Access to medicines and obstacles to access
* Sexual and reproductive health (e.g. whether women give birth at home or facility, presence of female healthcare workers)
* Health seeking behaviours

Questions were developed specifically for DTM Location Assessment, which is mostly conducted through structured interviews in the community (not at health facility) with Key Informants who are not health experts, by DTM enumerators, who are not health experts. Location Assessments are normally conducted visiting the same sites/ locations at a regular interval of time, and usually include most locations where displaced persons have moved.

Field Companion Questions are designed to capture information useful for Health experts from non-health actors in the community. Health experts in the field can use the DTM information (in conjunction with other available data) to identify ‘red flags’, alerts, access constraints, and priority sites for in-depth health sectoral assessments.

## Additional questions of interest for Health Clusters/Sectors

DTM Health question results are not the only information that Health experts may use in their analysis. Health actors may also be interested in using:

* Demographics per location (number of people, sex-- and age-disaggregated data, groups with specific needs)
* Geographical locations (areas, locations, sites, neighbourhood, GPS coordinates), movement routes and access modalities
* Places of origin (areas, districts...) and time of departure WASH information (water sources used, access to water, hygiene and sanitation, coping mechanism for lack of wash…)
* Food security and nutrition information (skipped meals, availability of food, children visibly malnourished…)

## Information DTM Location Assessments cannot provide

DTM Location Assessment cannot provide information on symptoms and frequency of an illness as it does not capture information through health facility records or medical personnel or other health workers. It is also not able to provide a reliable picture of vaccination coverage, as the key informants are not vaccination experts and do not keep such records. In general, it cannot provide health information at the individual level because of the source of the information (i.e. key informants rather than individual beneficiaries).

However, some DTM data can help when considered in conjunction with health data from official sources. For example, data on IDPs place of origin can be combined with vaccination coverage estimates for the place of origin, in order to estimate vaccination coverage in the area of displacement.

## How to use secondary data knowledge to choose the appropriate questions

DTM and Health Clusters/Sectors in the countries can use the existing questions in the Field Companion, but may also adapt, remove or add questions to fill Identified information gaps.

Within the framework of the [Public Health Information Services (PHIS) Standards](http://www.who.int/entity/health-cluster/resources/publications/Final-PHIS-Standards.pdf?ua=1)[[1]](#footnote-1), the Health Cluster will normally produce a Public Health Situation Analysis (PHSA) based on available secondary data, which provides a comprehensive overview of the public health situation, including areas of information gaps prioritized for primary data collection; thus, the PHSA can be a valuable reference when deciding which domains of health can benefit from inclusion in DTM.

However, regardless of whether a PHSA is (yet) available at the time of DTM question formulation, it is crucial to develop questions in close cooperation with local Health Cluster/Sector /WG colleagues.

If a Health Cluster has not yet been locally activated, advice on questions can be sought directly from the WHO Health Emergencies Programme at regional or global level.

1. http://www.who.int/health-cluster/resources/publications/Final-PHIS-Standards.pdf [↑](#footnote-ref-1)