IOM's Displacement Tracking Matrix (DTM) for the GBV AoR
A Guidance

Safe from the Start Initiative

December 2018

Contents

Introduction

The Gender-Based Violence Area of Responsibility (GBV AoR), the Child Protection Area of Responsibility (CP AoR) and the IOM's Displacement Tracking Matrix (DTM) have been working closely together to mainstream GBV in the collection, analysis and sharing of DTM data. The objective of this collaboration is to improve the effectiveness and speed of GBV risk mitigation and response in emergencies, by ensuring that decision makers have access to useful data in a timely manner. This initiative is aligned with the BPRM's Safe from the Start initiative[1] and the multi-stakeholder Call to Action initiative launched by the UK Government[2], which aim to improve the effectiveness and timeliness of GBV risk mitigation and response from the onset of emergencies.

The audience for this document is GBV AoR cluster coordinators, information managers, and partners who are seeking information on DTM data collection methodologies, recommendations on how to effectively work with DTM within the Protection Information Management (PIM) process, and guidance on how DTM data can be used for cluster processes and other coordination responsibilities. The document also incorporates lessons that were learned through testing GBV indicators in DTM systems in multiple countries, raised during a GBV/DTM workshop in August 2017 and from ongoing piloting of GBV and CP indicators throughout 2017/2018.

1 What is the Displacement Tracking Matrix (DTM)?

The Displacement Tracking Matrix (DTM) is a system developed by IOM that tracks and monitors the population mobility and displacement of migrants, IDPs and mixed-migrant groups. It is designed to regularly and systematically capture, process and disseminate information to provide a better understanding of the movements and evolving needs of migrant and displaced populations, whether on site or en-route.

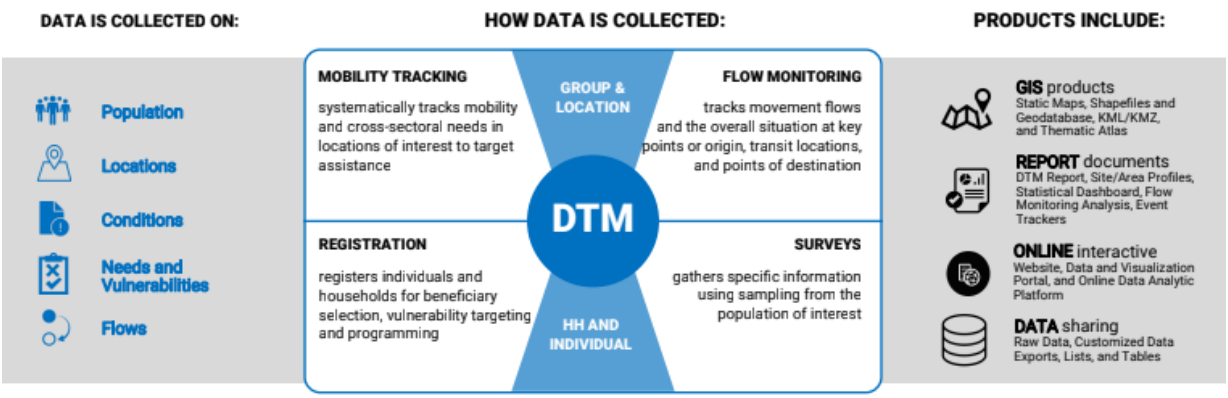
2 Why should GBV coordinators and information managers collaborate with DTM?

DTM employed almost 4,500 enumerators to collect data in 59 countries in 2018, presenting the GBV AoR and partners with a significant opportunity to obtain data needed to improve situational analysis, develop strategic plans, and increase the efficiency and effectiveness of the GBV sectoral response. Using DTM data is particularly advantageous because DTM often collects data from a vast geographic area within their countries of operation, facilitating the comparison of the humanitarian situation between locations. Additionally, they often implement regular rounds of data collection, enabling the analysis of how the situation is evolving over time.

[1] U.S. Department of State, Safe from the Start, accessed on 27 July 2018, available at: https://www.state.gov/j/prm/policyissues/issues/c62378.htm

[2] European Union, Global Call To Action on Protection from Gender Based Violence in Emergencies, accessed on 27 July 2018, available at: https://www.calltoactiongbv.com/

3 What types of data does DTM collect and how?



As illustrated above, the 4 main components of DTM data collection include mobility tracking, flow monitoring, surveys and registration. The components that are implemented in each country are subject to the context, humanitarian data needs, Government permissions and funding, therefore not all components are always collected in each country. Although DTM data collection methodologies are standard per component, there are variances between countries on the role of key informants, the administrative level of data collection (eg. site/village vs district level), and the age and sex of the majority of respondents in flow monitoring surveys. It is important to speak with the DTM coordinator in your country regarding the data collection methodology to better understand how the data can be used. For more information on key considerations regarding data collection methodology, see Annex A, Step 2.3.

The components implemented by DTM provide a high-level snapshot of the humanitarian situation, and is not intended to replace sectoral assessments. A summary of each of these components may be found below. Understanding how DTM collects data is an important step to knowing how you can use the data. A table mapping helpful DTM products with cluster processes/systems may be found in Question 6.

A. MOBILITY TRACKING:

- Focus: displacement locations, host communities, areas of return.
- Data collection methodology: Through key informants. Observation is also used at location-level.
- Timeline: Cyclical. Cycles of data collection are context specific.
- Products:
    - Master lists: Provides a list of # IDPs or migrants per location, and may categorize displacement sites as formal or informal.
    - Location Assessments: Demographic breakdown of displaced/migrant populations, estimated numbers of vulnerable groups, humanitarian needs, humanitarian service provision needs and gaps. (Note: A Location assessment may be done at a site level, neighborhood/village level, or higher administrative area. It is important to understand at what level the data is being collected in order to know to what degree a Key Informant will or will not be able to answer a question.).
    - Event tracking: Timely information on new displacements due to sudden events. It can provide timely updates on new displacement events occurring between regular DTM assessment rounds on population group description and numbers, location the group is displaced from and displaced to. It can also include an initial sense of the settlement arrangements and some of the urgent sectoral needs.

B. FLOW MONITORING

1. Focus: Migrants, IDPs or mixed-flows that are in transit.
2. Data collection methodology: Either counting people in transit, or obtaining numbers through key informants at selected points of origin, transit points (like border crossings, bus stations, harbors), and destination points (like markets, public squares, areas where migrants look for work).
3. Timeline: Ongoing for a specific duration. Reporting timeline defined locally.
4. Products:
    - Flow monitoring registry, which is a list of transit points that are monitored, and the daily log of migrants/IDPs that were counted transiting through these points.
    - Reports that includes maps showing transit routes from origin to destination, and numbers of persons in transit

C. SURVEYS

- Focus: Migrants, IDPs, mixed-flows or returnees.
- Data collection methodology: Individual or HH level. Usually adult males. The system is designed such that children are rarely interviewed.
- Timeline: Ad hoc, as needed.
- Products: (Depending on needs).
    - Flow Monitoring Surveys:
        - With individuals in transit. Minors above 14 years may be interviewed (rarely, and only if unaccompanied unless in the Europe context). Sampling can either be random at transit points, or may be "snowball sampling", in which the interviewee introduces the enumerator to another person to interview. This may or may not have an impact on the diversity of the migrant groups interviewed and the information collected.
        - Not a representative sample of the population in transit, so the information cannot be generalized to represent the entire population (ie. Do not quote as x % of migrants reported an issue. You CAN quote that x% of respondents reported an issue).
        - Includes information on routes taken, push and pull factors of migration, return intentions, and may include a module on counter trafficking.
    - Return Intention Surveys & Perception Surveys are also conducted on an ad-hoc basis, however were not considered for the project, as global indicators cannot be applied to surveys that are very context specific.

D. REGISTRATION

- Focus: IDPs at individual & HH level.
- Data collection methodology: Individual & HH interviews.
- Timeline: Duration for as long as required, and upon request from the humanitarian community and approval from the Government.
- Products:
    - Personal data: Beneficiary Lists, households with special needs or requiring protection referral**
    - Non-personal data: demographic breakdown, % vulnerable population, aggregates or % of needs of displaced community, area of origin etc.

**** Obtaining personal data is not relevant to the GBV AoR,** however if a partner requires personal data for beneficiary lists or for case management purposes, the requesting agency must sign IOM's "Agreement for Transfer of Personal Data".

For more information on the DTM components (mobility tracking, flow monitoring, surveys and registration), see the Methodological Framework for DTM Operations document in the DTM & Partner Toolkit.

4 Are all DTM components rolled out in every country?

No. DTM components are rolled out based on the data-needs of the humanitarian community in-country, context, available funding, and implementation & access agreements with host-Governments. You may find out which components are implemented in your country on the DTM Global Overview webpage. Contact your local DTM coordinator for more information on which components are being implemented in your country (you may email: DTMSupport@iom.int for his/her contact details).

5 What questions should I add into DTM location assessment questionnaires?

Coordinators and IMOs should keep in mind that DTM does not implement all components in every country, and that they need to understand who is being interviewed, how, and where in order to develop questions that may be reliably answered by key informants (see Annex A. Section 2.3 for more information on key consideration related to data collection methodology, and on designing questions DTM).

When identifying problems/needs, sectors such as FSL, WASH, education, and shelter are evidence based (i.e. they must provide proof that there is a problem/need to justify humanitarian response). The GBV sector however, is **RISK** based, which means that as a sector, we do not search for evidence of GBV incidents because it is unethical, can cause additional harm, and because these incidents are under-reported. As stated in the IASC Guidelines on Integrating Gender-based Violence Interventions in Humanitarian Action (2015), because GBV is under-reported worldwide, even in non-emergency settings, "**all humanitarian personnel have the responsibility to assume that GBV is taking place …**"[3].

The implication of this is that we should **NOT** include questions about the number of reported GBV incidents, descriptions of individual GBV incidents, or perceived risk of specific types of GBV in DTM forms. Instead, we should incorporate questions on access and availability of GBV services, and on proxy-indicators* for GBV mainstreaming (such as "is there sufficient lighting in the camp", "are there locks on latrine doors"). For the complete list of questions approved by the Global GBV AoR for integration into DTM, see the GBV & protection tab in the Field Companion (formatted as a data analysis plan) file in the DTM & Partners Toolkit here.

Data from other sectors can also be interpreted to identify the locations where the living conditions or other situational factors present more "red flags" for GBV-related risk. Examples on how to use DTM data to identify geographic areas and population groups at higher risk of GBV, as well as priority issues may be found in Question 6.2.

* A proxy indicator is an indirect measure of an outcome, that is (perceived to be) strongly correlated to the outcome. If GBV is taken as an outcome, proxy indicators of increased risk of GBV incidents can include GBV mainstreaming proxy indicators (such as whether latrines are adequately lit, whether water sources are at far distances, whether shelters have locks, etc.) and integrated analysis proxy indicators (such as indicators of food insecurity having a perceived correlation with the prevalence of sexual exploitation and child marriage). These indicators are from different sectors, but are perceived to be correlated to an indication of increase risk of GBV.

[3] IASC, Guidelines on Integrating Gender-based Violence Interventions in Humanitarian Action (2015), viewed on Oct 1 2018, https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

6 How can DTM data be used by the GBV AoR?

6.1 Mapping of the uses of DTM in PIM & GBV cluster processes and tools

Protection Information Management (PIM) is the collaborative process that should be followed to ensure that data collection, analyses, storage, sharing, and use of data/information is principled and systematized. In the table below, the standard PIM protection information categories are mapped to the relevant cluster processes/tools/systems, and the DTM products that may provide relevant data or information. For more information on how to collaborate with DTM within the PIM process, see Annex A.

PIM Protection Information Category*	GBV Cluster Processes/ Tools/ Systems	How DTM data can contribute to you PIM and Cluster Processes
Population Data	*All*	Can be obtained from location master-lists, flow monitoring registry, event tracking, registration data. Population data from DTM can be used to determine the scale of a humanitarian emergency for situational analysis, to obtain estimated sex and age disaggregated data (SADD) and vulnerable groups* for strategic planning, to prioritize GBV assessments and protection monitoring in locations with high numbers of IDPs/migrants, and to trigger response or surge capacity in areas with sudden increases in the number displaced/transiting people. The following DTM data can be quoted numerically in reports and should reference DTM as the data-source: • # of people in transit (keep in mind that this is an estimate) • # of migrants/IDPs • # of informal and formal sites • SADD *DTM population data from mobility tracking, flow monitoring registry and event tracking are normally obtained from key informants. Data from key informants on the number of people within vulnerable groups (such as unaccompanied children) are estimates and should be triangulated with other data sources before being quoted numerically or used for strategic and programmatic planning.
Protection Needs Assessments	*MIRA* *Cluster-led GBV assessments*	**DTM data cannot replace GBV assessments.** Questions on humanitarian service provision in location assessments can be used as a high-level snapshot of the evolving humanitarian context/situation, to help identify services gaps and unmet humanitarian needs for strategic planning and response coordination. Using DTM GBV proxy indicators and integrated analysis can help to select priority locations for GBV assessments or protection monitoring, and can serve as an early warning trigger for a situational change significant enough to merit a GBV assessment. DTM data cannot be used as a standalone tool for understanding the underlying causes and types of GBV.

Protection Monitoring	*Protection Monitoring*	• **DTM does not collect GBV incident data**. It is possible however, that a GBV incident may be disclosed to DTM field staff. It is therefore important to ensure that DTM is informed of established referral pathways, of available response services in areas without a referral pathway, and that DTM enumerators receive training on what to do if an incident is disclosed to them. The GBV Pocket Guide may provide you and DTM with more information on how DTM field staff should respond to disclosed incidents in areas where there are no established referral mechanisms. • DTM master-lists, coupled with service mapping (DTM location assessments or 4w) assist in identifying locations for prioritization of where protection monitoring should be implemented. • DTM flow monitoring reports may trigger specialist monitoring mechanisms when transit routes traverse areas controlled by known perpetrators of violations. DTM does collect data on select child protection and protection risks through regular rounds of location assessments and flow monitoring surveys. Although this data collection is not protection monitoring, the information and trends that it captures can be used to indicate changes in the context affecting protection for situational analysis, and as a red-flag for specialist protection monitoring.
Case Management	*GBV Case Management*	• DTM is not a technical partner for case management, however may refer survivors/victims who choose to disclose their experience, as outlined above. • DTM master-lists, coupled with service mapping (DTM location assessments and 4w) assist in identifying locations that should be prioritized for setting up referral mechanisms and case management services, and provide alerts to large influxes of populations requiring the scale-up of case management intake capacity.
Protection Response Monitoring & Evaluation	*4W/HRPs*	• DTM does not collect data to monitor non-IOM programmatic response, and therefore cannot contribute to HRPs. At the beginning of an emergency response when the 4W has not yet been established however, if DTM is operational, they may collect information on service-provision at location-level (through Location Assessments) to assist the humanitarian community to map service gaps. This data maybe triangulated with 4W data to determine if key informants are aware of available services, and to compliment the 4W with available services provided through the private sector or the Government.
Security & Situational Awareness	*Situation Analysis* *Humanitarian bulletins* *HNOs*	• **DTM data cannot replace GBV assessments.** It can however be used as a high-level snapshot for ongoing context/situational analysis, service provision gaps and needs identification for strategic planning. It can also help to select priority sites for GBV assessments based on proxy indicators for GBV risks, and serve as an early warning trigger for a change significant enough to merit an updated assessment. DTM can provide: - DTM population data can be quoted **numerically** to ***report on the scale*** of a crisis: displacement + # in host community can roughly provide the # of persons in need, demographic breakdown, and displacement trends. Note: whether to quote numbers of vulnerable groups must be determined on a case-by-case basis, based on perceived reliability of the information vis-à-vis potential programmatic and reputational impact of quoting incorrect numbers. - Other DTM data can be used for interpretive analysis to ***describe the impact*** of the crisis in narrative form: description of evolving situation, needs and heightened protection risks faced by an affected population and vulnerable groups.

Sectoral Systems / Other	*Protection Mainstreaming*	DTM data may help GBV specialists ensure that the following GBV mainstreaming elements are taken into consideration in humanitarian activities: • **Prioritize safety & dignity, and avoid causing harm:** Location assessments may include multi-sectoral data on proxy-indicators for GBV risk (such as whether there are locks on toilets, lights in camps, high-risk shelter types, issues with distance or process to access goods/services, etc). • **Meaningful Access:** Location assessments and flow monitoring surveys may include data on barriers to accessing goods/services. When working with DTM to incorporate questions into a location assessment to ensure that GBV has been mainstreamed in DTM questions for other sectors, make sure to reflect on how you will use the data, and whether humanitarian actors in other sectors are already collecting this data through other mechanisms.
Communicating with Communities	*Accountability to Affected Populations*	• DTM location assessment may provide data on reported priority community information needs, as well as available technology/preferred communication tools for community outreach. • DTM location assessments collect information on available services, which can be triangulated with the 4W to see if key informants are aware of GBV response services that are available in their sites/locations. • DTM flow monitoring surveys may provide information on the ethnic and linguistic profile of the target population to enable planning of appropriate programmes and communication materials. The above is not always collected in location assessments. There are however, useful questions in the Field Companion of the DTM & Partners Toolkit, which may be used for location assessments. Speak with the DTM coordinator if the above is an information priority for the GBV AoR and partners.

6.2 How do I Use DTM data for the HNO and strategic planning?

Because the humanitarian community does not have the resources or capacity to respond in all geographic areas of a country facing medium to high risks of GBV, for all of the affected population groups, and with all intervention-types, the strategic planning process is required to focus the humanitarian response in priority locations, with priority population groups, and with priority interventions.

Within the cluster system, strategic planning is a two-step process requiring sectors to first identify the main humanitarian issues/needs (as documented in the Humanitarian Needs Overview (HNO)). The second step is a decision-making process to define the Humanitarian Response Plan (HRP). The HRP builds upon the issues/needs identified in the HNO, and selects priority response locations, populations and interventions by considering additional information that includes (but is not limited to) humanitarian access, humanitarian response priorities, service provision mapping, estimated available funding, and organizational specialties and capacity.

The following sections within 6.2 provide examples of how the GBV AoR may use DTM data to identify the 3 situational analysis components required to develop a problem statement/needs overview. This section may be helpful for the cluster Humanitarian Needs Overview (HNO) process and for partners' programmatic strategic development alike.

Problem statement/needs overview components:

1. Geographic areas at higher risk of GBV
2. Population groups at higher risk of GBV
3. Priority issues

When selecting indicators from DTM data for this purpose, it is important to choose strategic indicators, rather than operational indicators:

Strategic Indicators: Provide data that give a high-level snapshot of the humanitarian situation, as it pertains to GBV, so that we can determine the geographic areas and population groups at higher risk of GBV, and priority issues. The data from strategic indicators goes through descriptive analysis (See Annex C Analysis 101) to compare the humanitarian situation between geographic areas to determine where there is a higher GBV severity (GBV severity = GBV service gaps + living conditions leading to higher GBV risk). The data on living conditions is then interpreted by GBV experts to determine the types of GBV risks that the population is more exposed to, and which population groups those GBV risks typically affect. Strategic indicators usually remain the same throughout the year to measure any changes in the situation.

Operational Indicators: Provide information on specificities of each site/location to help implementing partners design their response, and may be changed as the response evolves. Operational indicators are used for site management, GBV mainstreaming*, and identification of service gaps at location/site level**. The data from operational indicators is not mass-analysed to compare between locations, it is used to better manage the humanitarian response at each location/site. Examples of operational indicators include: # of women on the site management committee (SMC), whether the SMC signed the Code of Conduct, whether there is a security service provider at the site, availability of separate latrines for girls and boys in the school, proportion of female to male teachers, main source of cooking fuel, whether dignity kits have been distributed, how long IDPs cue for water, whether latrines have locks on the doors, issues with distribution processes, whether communication materials on available GBV services have been circulated, barriers to accessing documentation or services in a location (such as language, racism, bribery, disabilities, gender etc), barriers for boys vs girls in attending the local school etc. These indicators are too specific to provide general information on overall GBV risk, and should not be used for severity scales nor OCHAS's Needs Comparison Tool.

Note *: One GBV mainstreaming indicator alone will not give an overview of the level of GBV risk in a site (which makes it an operational indicator). If you combine several GBV mainstreaming indicators together however, you could use this as a strategic indicator of the general risk in a site. See the CCCM paragraph under Section 6.2.1, Integrated Analysis.

Note **: Indicators on GBV response services availability can be used as both strategic indicators (to identify geographic area with service gaps) and as operational indicators (to identify sites that require follow-up assessment to plan for specific interventions).

6.2.1 Severity scale indicators to determine geographic areas at highest risk of GBV

This approach is carried out by identifying strategic indicators that can be compared across many administrative areas or sites to determine the geographic locations at higher risk of GBV. This section will provide examples of indicators that may be useful to either create your own severity scale, or to add indicators to the protection sector severity scale for OCHAs' Needs Comparison Tool (NCT).

When selecting indicators for the NCT or for your own severity scale (see Annex B for example severity scales), choose strategic indicators that provide an overview of available GBV response services in a geographic area, and GBV proxy-indicators of over-all humanitarian conditions that have an impact on GBV (eg. burden on host community, availability of basic needs like food/safe shelter/education/water, coping mechanisms, and external risks like armed clashes. Please see the section below on integrated analysis for more information on how these indicators correlate with GBV risk).

When selecting strategic indicators for severity scales or the NCT, choose indicators for which you have data **from all administrative areas or sites that you want to assess**. The DTM is one of several possible data sources that can be used to evaluate GBV risk severity in geographic locations. A benefit of using DTM data is that it often has very good geographic coverage, and the data collection often goes down to site/community unit of analysis. If a GBV household assessment or protection monitoring household profiling exercise has been implemented in all affected areas, data from the assessment/profiling may also be used as strategic indicators.

Keep in mind that if an indicator is missing data from some of the geographic areas that are being compared, the severity-results of those areas will be skewed to appear less severe than areas with data, and should therefore not be used for the severity scale or NCT exercise. No severity model is perfect, and it is critical to list your assumptions when selecting strategic indicators.

For the purpose of this guideline, we will focus on DTM data that can be useful for the GBV AoR to develop a severity scale or as input into the NCT.

- **Burden on host community**

The two assumptions for this indicator are the following:

1. The capacity of a host population to meet the basic needs of the IDPs and migrants in their community is finite. Therefore, as the proportion of IDPs/migrants to host community population increases, the ability of the host population to cover the basic needs for the IDPs/migrants decreases, leading to assumption 2.

2. Lack of easily accessible goods and services to meet basic needs results in living conditions and the use of negative coping mechanisms that increase GBV risk.

The reason that we do not simply assess where the largest number of IDPs and migrants have settled, is because it does not provide an indication on the extent that their needs may or may not be met by the host

population. For example, 1,000 IDPs arriving in a large city will easily be integrated by a host community, whereas 1,000 IDPs arriving in a village of 200 people will not have all basic needs provided by the host population, leading to living conditions and coping mechanisms that increase GBV risk. It is therefore important to use an indicator that looks at the influx relative to the population size.

Calculate % IDPs/migrants/returnees to host: *100 x ((# IDPs + # migrants + # returnees)/ # host population)**

** If there are more IDPs/migrants/returnees than host population, the result will be over 100%*

**If the affected population is not in a location/site near a host population, then we can assume that they are in high need of external assistance. In this case, the result of this indicator should be 100%.*

Sources: DTM master lists, census data

➢ **Integrated analysis: Living conditions that are perceived to contribute to heightened GBV risks**

The lack of access and availability of basic needs and services increases GBV risk, as it forces individuals to employ dangerous coping mechanisms (such as walking long distances and through remote areas to search for water or firewood) and increases the risk of sexual exploitation and abuse. As such, integrating the severity rankings of the FSL, WASH, shelter, education and CCCM clusters into your severity score can be helpful for identification of geographic areas at higher risk of GBV due to poor living conditions.

If the clusters do not have severity ranking results, look for proxy-indicators of GBV risk in the DTM location assessment.

- **Food insecurity/food shortage**: Food insecurity is correlated to perceived increased risk of sexual exploitation, domestic violence, and child marriage. The calculation will depend on the indicator, and should be presented as a % of the affected population facing food shortages or food insecurity. An example useful indicator from the Field Companion is:
    - Question: "In the past week what proportion of the households ate fewer than 3 meals per day because there was not enough food to eat?".
    - Answer options: **1=** Nobody, **2=** around 25%, **3=** around 50%, **4=**around 75%, **5=** around 100%, Do not Know/no answer.
    - Because there are severity thresholds incorporated into the answer options, you obtain the geographic severity by taking the median score of all of the locations in the geographic area that you are assessing. For example, if you are grouping 3 locations into a geographic area, where location A=3 (50%), Location B=1 (0%), Location C=5 (100%). The result will be Median [3,1,5]= 3. So this geographic area will have severity score = 3 for food consumption.

- **Children out of school:** When children are not in school, they can be more exposed to GBV risks. The calculation to determine geographic areas with higher GBV risk due to children out of school will depend on the indicator, a few examples:
    - If the location assessment contains a question with a severity threshold in the answer options, such as the following:
        - Question: How many displaced children [age-bracket] attend school?
        - Answer options: **1=** Nobody, **2=** around 25%, **3=** around 50%, **4=**around 75%, **5=** around 100%, Do not Know/no answer.
        - Calculate the severity by taking the median severity score of all of the locations in the geographic areas that you are assessing.
    - If the location assessment does not contain questions with a severity threshold in the answer options, you could use indicators such as:

- % of non-functioning schools in an area
- Estimated % of IDP children (or IDP + migrant + host) not attending school. Some examples of how to calculate:
    - If the DTM question is: "what % of children [for each age bracket] attend school", and the answer option is to input a number. First, determine how many children are attending school in each age-bracket: (% attending school in age-bracket x total # children in age-bracket)
    - Then:

$$\text{Total \% school-age children not in school} = 100 - \left[\frac{\text{(sum of \# children attending school for all age-brackets)}}{\text{(sum of \# of all school-age children)}}\right]$$

    - If the DTM question is: "Is education available for IDP children [for each age bracket]?", the data will contain a yes/no response. You can calculate the severity thresholds as follows:

	No need of external assistance		**Need of humanitarian assistance**		**Acute and immediate need of humanitarian assistance**		
	0	**1**	**2**	**3**	**4**	**5**	**6**
	No problem	**Minor Problem**	**Moderate problem**	**Major Problem**	**Severe Problem**	**Critical Problem**	**Catastrophic Problem**
If the data shows that education is available for some age-groups and not others, you can calculate the % of IDP children without education by looking at the SADD. *Calculate: # of IDP children in age group without education / total number of school-age IDP children in that area*	0% do not have access	1-10% do not have access	11-25%	26-50%	51-75%	75-99%	100% do not have access
Use something like this if the answers are the same for each age bracket (education is or is not available for all ages)	Yes. Available for all IDP children	No (for small informal camps)	No (for IDP population ≤ 1,000)	No (for IDP population ≤ 5,000)	No (for IDP population ≤ 7,000)	No (for IDP population ≤ 10,000)	No (for IDP population > 10,000)

- **Access to water:** Women and children are usually the water collectors in the family, and face risks of GBV when required to walk longer distances (usually through unpopulated areas) to access water points. Some example indicators that could be used as a proxy-indicator for GBV risk:
    - Issues with accessing water: "Please indicate the 3 main problems in the community with accessing water". Locations that select at least one of the following answers receives a YES rank: "a. waterpoints are too far"; "b. fetching water is a dangerous activity", or "c. some groups do not have access to the water points". Locations with a "yes" rank are then weighted based on the number of IDPs in the location (see the table below for an example).

    - Distance to water sources/access to water/availability: The calculation will depend on the indicator selected, however some examples:

- If the geographic unit of analysis is the site-level, you can assess the severity based on distance to water source (units may be distance or walking-time).
- If the unit of analysis is a geographic administrative area, you could assess the severity based on the % of households accessing water sources at x distance.

	No need of external assistance		**Need of humanitarian assistance**		**Acute and immediate need of humanitarian assistance**		
	0	**1**	**2**	**3**	**4**	**5**	**6**
	No problem	**Minor Problem**	**Moderate problem**	**Major Problem**	**Severe Problem**	**Critical Problem**	**Catastrophic Problem**
Barriers to accessing water Locations that reported issues of distance or safety or barriers for vulnerable groups = YES.	No barriers	Yes there are reported barriers (for IDP camp population ≤ 200)	Yes there are reported barriers (for IDP camp population is ≤ 1,000)	Yes there are reported barriers (for IDP camp population is ≤ 5,000)	Yes there are reported barriers (for IDP camp population is ≤ 7,000)	Yes there are reported barriers (for IDP camp population is ≤ 10,000)	Yes there are reported barriers (for The IDP camp population is >10,000)
If the unit of analysis is the site-level. Thresholds to be adjusted depending on the context. The question may specify walking time instead of distance: *Distance to nearest water point from the site.*	Within 500m	500m – 1km	1km-2km	3-4 km	About 5km	Over 5km	Over 5km
If the unit of analysis is a higher geographic administrative area, calculate which area has the highest % of IDPs without access to water within x distance/walking time. Calculation: # of IDPs in a geographic area without access to water within x distance / # total IDPs in the country without access to water within x distance.	0% do not have access with x distance	1-10% do not have access within x distance	11-25% do not have access within x distance	26-50% do not have access within x distance	51-75% do not have access within x distance	75-99% do not have access within x distance	100% do not have access within x distance

- **Shelter type:** women and children living in the open air, in tents, under tarps, in public spaces, or in crowded shared-shelters, face greater risks of GBV. Use the question "How many HH's sleep in [shelter type]".

  Calculate % of HH's in high-risk shelters = (% HH's in the open + % HH under tarps + % HHs in shared tents etc).

- **CCCM:** If the unit of analysis is the site-level, you can combine GBV mainstreaming indicators to provide an idea of living conditions that increase GBV risk per site. The following provides an example of how to combine indicators in a severity scale. In this example, you have access to DTM data for 5 GBV proxy indicators: separate toilets for men and women, separate bathing facilities, adequate lighting in the camp, locks on toilets, provided cooking fuel.

	No need of external assistance	**Need of humanitarian assistance**	**Acute and immediate need of humanitarian assistance**

	0	1	2	3	4	5	6
	No problem	**Minor Problem**	**Moderate problem**	**Major Problem**	**Severe Problem**	**Critical Problem**	**Catastrophic Problem**
GBV Mainstreaming # of safety measures that are in place	5 measures in place	5 measures in place	4 measures in place	3 measures in place	2 measures in place	1 measure in place	0 measures in place

- **Availability of GBV-response services including health:**

Availability and access to health services is a key factor in assessing locations with high GBV severity, as it indicates whether services are available and accessible for survivors of GBV that require medical assistance following an incident. If the health cluster has completed a severity scoring exercise, their results should always be considered within the GBV severity ranking to determine the geographic areas with higher GBV severity.

If the health cluster has not completed a geographic severity scoring exercise, DTM data may be used by the GBV AoR in the following way:

Although access to health services is as important as available health services, many of DTM's key informants may not be aware of barriers to accessing health services for specific groups. Therefore, when choosing DTM data to identify geographic areas with higher GBV severity, it is recommended to focus on service availability indicators. Because the purpose of the exercise is to determine the most severe locations for GBV, which is augmented by lack of available response services, the analysis must go beyond the response services being provided directly by partners implementing GBV-specific programming, and include services run by the government, the private sector etc. This data may be cross-referenced with the 4W and other sources (such as from the WHO, or lists of clinics/hospitals from the Ministry of Health).

If the unit of analysis is the site-level, the severity thresholds may be calculated based on the # of services available per site.

If the unit of analysis is a larger geographic administrative area, you may wish to use DTM data to estimate the population size that a service provider is expected to provide a specific service to (for example: if a municipality has 10,000 people living in it, the population size that receive medical services from a municipal hospital would 10,000 people). The severity threshold can reflect whether a service provider is expected to provide services to a reasonable vs unreasonable population size (eg. 1 hospital per 5,000 people vs 1 hospital per 50,000 people). This calculation is not exact, as it does not account for the capacity of the service provider nor barriers to access, however it can be indicative of service availability issues in an administrative area.

To calculate: Total population # (including host, IDPs, migrants)/ Total number of service providers in the administrative area (for a specific service).

- **Coping Mechanisms and External Factors:**

These are indicators that typically do not come from DTM.

Food Security and Livelihood (FSL) household assessments often include a coping strategy index (CSI) or reduced coping strategy index (RCSI), which is a standard measurement of household vulnerability, and assesses the degree to which a household is resorting to negative coping mechanisms to meet basic needs (for example: eating less food, skipping meals, going into debt). The scores that households are given based on their responses can be used as proxy-indicators for GBV risk, as households with high scores could be more vulnerable to increased risks of resorting to transactional sex, sexual exploitation, child marriage etc. The scores

may be used in a severity scoring table as the % of households with "critical" coping strategy scores per geographic area. Some household assessments will not use the standard CSI or RCSI, however will ask about specific GBV-related coping mechanisms such as whether a household has resorted to arranged the marriage of a child because they cannot meet basic needs (in which case, you may use the % of households that indicated the use of a GBV-specific coping mechanism). Note: the results from a household assessment should only be used if it had adequate geographic coverage. If the household assessment only covered a few geographic areas, the severity score will be higher in the areas where we have data (rather than are the highest risk).

External factors typically do not come from DTM data. They include factors that affect safety and humanitarian access (such as # armed clashes). OCHA, UNDSS, UNMAS, and other demining actors may have such information.

- **Reported GBV Incidents:**

This indicator should NOT be used in your severity scale, because GBV is under-reported, which will affect your results:

- If DTM has collected this information from key informants, the recommendation from the Global GBV AoR is for these questions **to be removed** from their questionnaire. The data is not reliable and cannot be used as evidence of the problem.

- GBVIMS case numbers cannot be used to calculate severity because they reflect the number of beneficiaries of the service only. In other words, GBVIMS data captures reported incidents; it is not GBV prevalence data. It is also important to remember that GBVIMS data is limited to locations where GBV response services are available (and where service providers have been trained on the GBVIMS system, have negotiated/signed an information sharing protocol, etc.); it does not capture cases that never reach service providers. If GBVIMS numbers were to be included in the severity scale, this would likely result in a higher severity ranking for locations with services already in place and a lower ranking for locations with no services (since no available services = zero cases in the GBVIMS). However – as discussed in the bullet point on health services – in general, it is a *lack* of GBV response services that increases GBV-related severity. GBVIMS data can therefore not be used as evidence of humanitarian need, however it can be used for programme monitoring.

6.2.2 Population Groups at Higher Risk of GBV

The DTM mobility tracking provides estimates of Sex and Age Disaggregated Data (SADD) that is useful for humanitarian estimate population figures, and is critical for calculating the People in Need (PIN) numbers.

Although we know which population groups are the most affected (IDPs, migrants, returnees, vulnerable host, etc), DTM data can be interpreted to further identify sub-groups that are more vulnerable to GBV risks within this affected population.

DTM data on living conditions, vulnerabilities, and access to basic needs/services can be interpreted by GBV specialists to identify the likely population groups that are vulnerable to higher GBV risk. Interpretive analysis involves analyzing DTM data, comparing it with other data sources, and applying your knowledge as a GBV specialist to determine which groups of people within the affected population are likely to be the most at risk. For more information on interpretive analysis, see Annex C: Analysis 101.

DTM data that can be interpreted includes estimates of: high numbers of unaccompanied children, high number of child headed households, high number of female headed households, barriers to accessing services by certain groups, and exposure of women, girls and boys of specific age-groups to the types of GBV risks that

increase due to a lack of basic needs/services or proximity of armed clashes. (source: DTM Location assessment). *Note: DTM data provides a high-level snapshot of a humanitarian situation, and is not intended to provide exact numbers of vulnerable households. Data on vulnerable households may be interpreted to identify vulnerable groups, however should not be reported quantitatively in a report without cross-checking with other sources.*

6.2.3 Priority Issues

Assessing priority issues is a similar process as the interpretive analysis outlined above, which involves assessing DTM data, comparing with other data sources, and applying your knowledge to draw conclusions on the priority issues.

Data from DTM location assessments can be used for this interpretive analysis include:

- Increased risk to different types of GBV due to lack of basic services, absence of GBV mainstreaming measures at site-level, and reported tensions within the displacement site or with host community.
- Increased risk of different types of GBV due to high numbers of vulnerable groups.
- GBV service gaps

6.3 How do I use DTM data for operational planning?

Section 6.2 demonstrates how the GBV AoR and partners can identify locations with high GBV risks to prioritize for programme response. **Programmatic/operational planning requires additional sectoral assessments or household/site profiling in the targeted locations**. DTM population data may be used to calculate programme target beneficiary numbers, the DTM IDP Location or Site Maps may be used to estimate required support costs for budgets (such as assessing whether a sub-office is required, estimating transport and logistics requirements based on the distance to intervention locations), and the CCCM section of the location assessment may provide a red-flag of access issues in that location.

In mixed-flows, DTM location assessments and flow monitoring surveys can provide information on the country of origin of the target beneficiaries, which inform human resource planning to ensure that case management staff are recruited with the required language skills. Likewise, knowing the language spoken by target beneficiaries is crucial when designing communication materials.

6.4 How do I use DTM data for urgent response?

A key benefit of DTM data is that it is collected at regular intervals, and can thus be used for trend analysis and as red-flags that alert of a change in the situation that requires follow-up action.

DTM Data Red Flags	DTM Products	Action
New displacement sites and increased flows toward areas where programmes are running	Master-lists Flow monitoring reports Event tracking	Early warning to trigger response in new sites. Early warning for required surge capacity in existing programmes.
Data on barriers to accessing assistance	Location Assessments Flow monitoring surveys	Assessment to confirm the issues, followed by advocacy efforts.
Identified issues that lead to higher GBV risks (lack of lights in the camp, locks on toilets etc.).	Location Assessments	Coordination with other sectors to mainstream GBV

Key informants' lack of knowledge of available GBV response services	Location Assessments	C4D (Communication for Development)

7 Where can I find DTM data?

DTM reports and non-sensitive raw data may be found on their website at: http://www.globaldtm.info/. Click on the country of interested, and select "downloads".

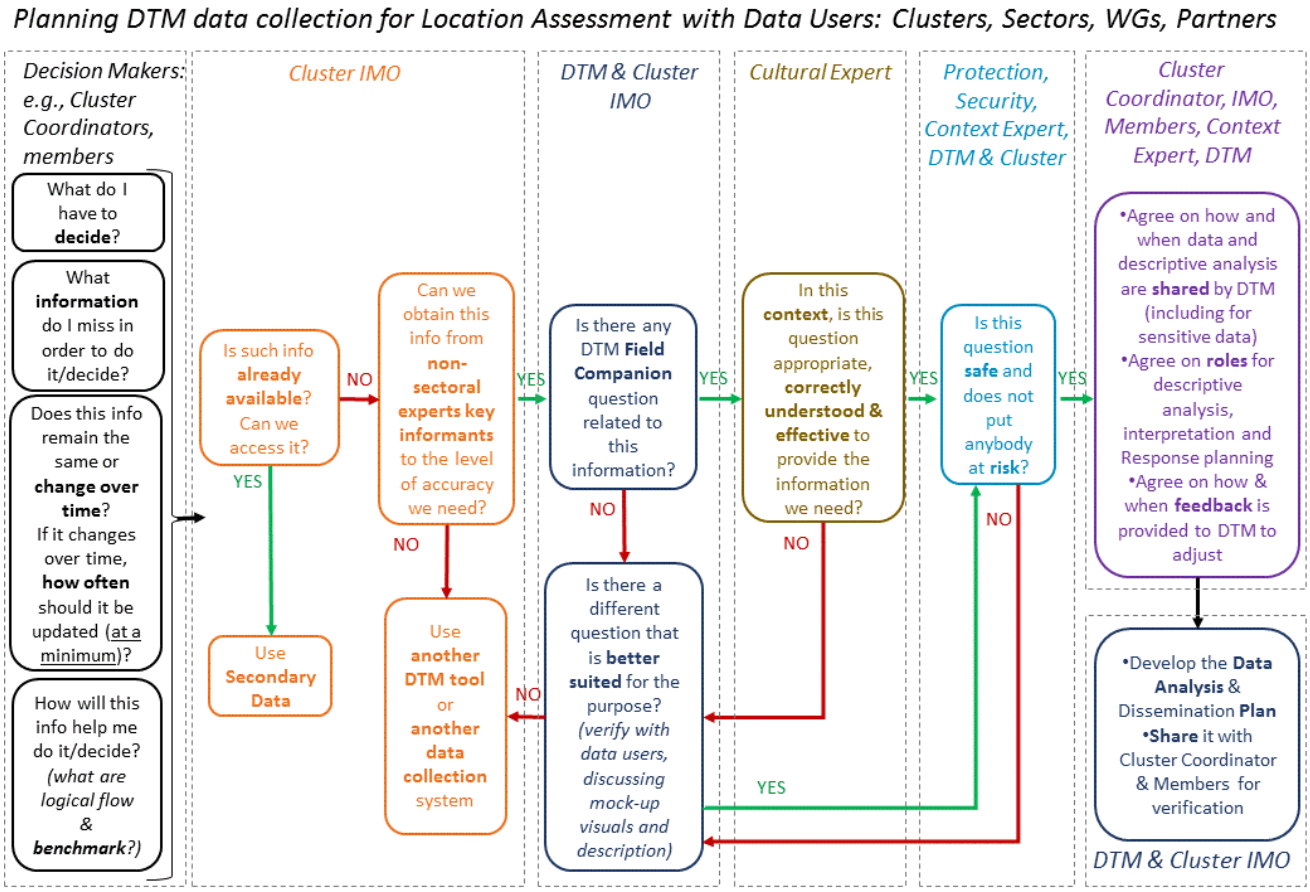
Sensitive data is not published on the internet, and is shared either through email or through a password protected website. To obtain access to sensitive data for the GBV AoR, you must sign IOM's "Data Access Form". Contact your DTM coordinator for more information. The Guidelines for Interagency Sensitive Data Sharing may be found in the DTM & Partner Toolkit . Personal data can only be shared through specific agreement and after discussions with the DTM staff in country.

Annex A: How to Work with DTM to Obtain Needed Data Within the PIM Process

Information management is the cycle of identifying your information needs, obtaining the information from one or more sources, managing the information, and distributing it to one or more audiences. Following this process is very important to ensuring that you have the information that you need to understand the scale and impact of an emergency, to make key decisions at the right time, and to fulfill your roles as GBV AoR coordinators and information managers.

The information management processes followed by humanitarian actors are all quite similar, although some go into more detail than others. For the purpose of this guideline, we review how your coordination with DTM will fit within the Protection Information Management (PIM) process. DTM follows the DTM Common Process, which is a process based on best practices and is consistent with the Protection Information Management (PIM) process.

The following flowchart from the DTM & Partners Toolkit: Cooperation Guide, summarizes the roles and responsibilities as per the key decisions to be made within the information management process:



Main steps of jointly working with DTM to obtain useful and usable data.

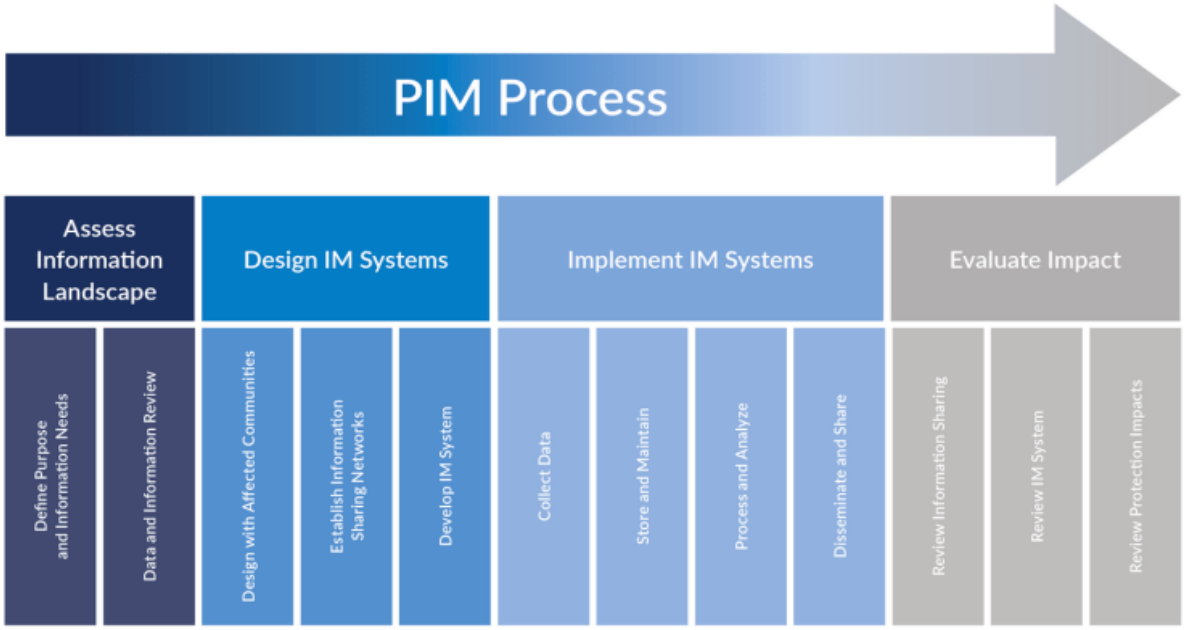
**In this flowchart, when "partners" are mentioned, it should be understood as any organization, group or institution who uses DTM data for humanitarian response. They include Clusters, Sectors, Working Groups, AoRs, National, Regional and Local authorities, individual NGOs, UN agencies and others.*

The following sections in Annex A detail the Protection Information Management (PIM) process, and the key considerations, lessons learned, best practices and recommendations identified for each of the information management steps identified from cluster-DTM collaboration efforts around the world.

PIM, DTM and You!

Protection Information Management (PIM) is the principled, systematized, and collaborative processes to collect, process, analyze, store, share, and use data and information to enable evidence-informed action for quality protection outcomes.

When working with the DTM to obtain data that we need for the GBV AoR, it is important to consider the Protection Information Management (PIM) Process, and how DTM may fit into this process. **Remember that DTM is just one of several data-providers within your PIM process.**



The PIM process lays out the steps for assessing, designing, implementing, and monitoring/evaluating a protection information management system. As mentioned above, the PIM process goes beyond the scope of working with DTM exclusively, because DTM is just one of several potential data providers that may contribute data to your overall PIM system. For the purpose of this annex however, we will focus on how to collaborate with DTM as a component of each step of the PIM process. For more information on the PIM, visit: https://pim.guide/.

PIM Step 1: Assess Information Landscape

This step is to be followed by the GBV AoR **prior** to contacting DTM. The objective of this step is to enable you to identify the information that you need for decision-making, identify existing sources of information, and determine your information gaps. This step is part of the general PIM process and is not specific to DTM, as DTM may or may not be an ideal data-provider to fill your information gaps.

Step 1.1 Define Purpose and Information

In this step, you will "define the purpose of the information system and related information needs (assess and organize information on and understand your environment".

Key questions to consider:

- What decisions do I need to make, and what information/data do I need to inform that decision making? What information/data do I need for the cluster processes (like the HNO and HRP), sitreps, and response coordination? Consider for each information/data need:
  - What data do I need to be accurate enough to present numerically to demonstrate the scale of the humanitarian impact (as a sum or percentage?).
  - What data do I need that will help me to better understand and describe the impact of the situation? (This could include information from FGDs, and information from key informants that may not be accurate enough to quote numerically however will be indicative of the situation)
  - Am I only collecting what is absolutely necessary? (Proportionality of data collection to meet needs).
  - How often do I need this data (just once, or on a regular basis to track trends?)
  - How will I use this data for decision making, cluster coordination, response and processes? (Be specific! Will it be aggregated in a report? Be used to understand what is happening for situational analysis? Trigger specialist response?)

Thinking through the above will ensure that you identify and find the data that you need. These questions will also be asked by DTM when they develop an analysis plan for the data that you request from them in Step 2.3 "Develop IM System".

Step 1.2 Data and Information Review

In this step, you will "undertake a secondary data review/desk review (a compilation and analysis of existing data which will inform and build up on context, sources, objective, and help you to further articulate your information needs".

Key questions to consider:

- Does this data already exist?

- Based on what I need to know and what I have managed to find through secondary sources, what are my remaining information/data gaps?

PIM Step 2: Design IM Systems

The designing information management systems step relates to working with communities, establishing information sharing networks and developing your overall information management system. We will focus this section on how to work with DTM as one component during the design of your broader information management system.

Step 2.1 Design with Affected Communities

This step relates to "working with communities to identify, gather, and understand their protection priorities," in order to inform your IM system design. Specifically, it means:

- Working with communities to better understand the situation that they are faced with to design your protection monitoring system. This step is separate from DTM, as it does not collect data on protection incidents.

- Design a feed-back mechanism with communities so that they may report issues/provide feedback on humanitarian response. This is separate from DTM, however DTM could include a question regarding barriers to access to services, with "bribes required" as an answer key upon request, which can trigger urgent investigation. Including this question in DTM would not replace a feedback mechanism however.

- Understanding the protection-related information needs that the community is requesting, in order to design the "communicating with communities" component of the response, to mitigate protection risks and inform of available services. DTM Location assessment s may provide data on reported priority community information needs, as well as available technology/preferred communication tools for community outreach.

Step 2.2 Establish Information Sharing Networks with DTM

This step relates to "establishing and maintaining a coordination and information sharing network with stakeholders".

It is recommended to first invite DTM to brief the GBV AoR and partners on which DTM components are being implemented in-country, how the data is collected (and if through key informants, what is the function of the key informants and at which administrative level do they work), the geographic coverage of their data collection, how often it is collected & shared, any challenges they are facing while collecting data (humanitarian access and challenges regarding collecting sensitive data), and to discuss whether they have the capacity to integrate GBV into these components.

Best Practice: DTM and Cluster Collaboration in Iraq

In Iraq, the DTM were invited by sectoral clusters to provide a briefing on how their systems worked, and to work together to identify priority information needs and develop proposed questions to be integrated into the DTM system. This inter-agency collaboration resulted in DTM data being more used because it was more trusted (partners understood the data collection methodologies) and because it was more relevant (partners had defined their information needs, and how they needed the data to be formatted).

Additionally, the DTM was invited to attend ongoing cluster meetings, which enabled DTM to provide regular situation-updates to cluster participants between rounds of DTM data publishing, and to obtain feedback on the ease of analysis and use of the collected data.

In practice, establishing the information sharing systems/network with DTM would typically occur during or after Step 3: Developing IM Systems.

It is important to establish:

- Timeline of DTM data-sharing, and whether some sensitive information requires a quicker sharing timeline (see Interagency Sensitive Data Sharing Guidelines in the DTM & Partner Toolkit).
- How data will be shared (raw-data, semi-analyzed (and if so, which data-sets)).
- Interagency sharing pathways for sensitive data (see Interagency Sensitive Data Sharing Guidelines in the DTM & Partner Toolkit).

- Inter-agency information sharing process for urgent action incident referrals (note: IOM does not collect protection incident data, but this process should be established in case an incident is disclosed to one of their field staff).
- Required GBV Specialist support to DTM to provide guidance on an internal DTM Urgent Action Process for GBV incident disclosure (particularly with regards to deciding whether DTM enumerators should fill an information-provision role or to be trained to refer cases). (See the Urgent Action Process Guideline in the DTM & Partner Toolkit.
- GBV AoR regular provision to DTM of updated referral mechanisms/case management partners and response service providers in location where DTM is working.
- Required GBV Specialist support for facilitating or providing inputs to GBV and urgent action process training modules for DTM enumerators.
- Feedback mechanisms to inform DTM on how you are using the data, challenges with data collection, and review the questions if necessary.

Step 2.3 Develop IM System

This step involves "designing the system, methodology, and tools to collect, analyze, share, store and disseminate protection data and information base on the defined purpose and proportionality". In the following steps, we will look at collaborating with DTM as part of each of the sub-steps for contributing to your overall IM system.

Consider the Data Collection Methodology

DTM data collection methodologies are established at global-level for each component, so you cannot request to change the methodology. You can however, request that DTM use key informants that may provide more accurate data that you need (eg. Local partners familiar with protection issues). It is up to the DTM coordinator in your country to decide whether they can meet this request based on their team's capacity.

Discussing data collection methodology is important to determine with DTM whether they can provide the data that you need using the components that they are implementing in your country (see Question 3 on DTM Components for more information on each component). While data from each of the DTM components may be useful for the GBV AoR (see Question 6 on how to use DTM data), the location assessment component presents the best opportunity to obtain information on humanitarian service gaps, and living conditions that lead to greater GBV risks.

When meeting with DTM to discuss which information gaps can be filled by DTM, it is important to consider the DTM mandate and discuss methodologies for each requested information need:

- Discuss: Whether the information can be collected through the DTM components implemented in-country (location assessments, flow monitoring surveys, registration etc).

- Consider: Is it within DTM's mandate to collect this? DTM is a system designed to provide **regular high-level snapshots** of a humanitarian situation. It is not designed to replace specialist assessments, nor to map locations and functionality of service providers in an administrative area.

- Discuss: The methodology and sample size that DTM is using for data-collection to determine whether the data will be reliable enough for your intended use (ie. whether you need the data to be reliable enough to quote numerically, or if you plan to do interpretive analysis).

- Discuss: Who is interviewed, and are they knowledgeable about the subject-matter to provide reliable information?
    - If key informants are interviewed for location assessments, what is their function (what qualifies them to be a key informant) – would they know enough about the proposed question to provide informed answers? **If not, explore with DTM whether we can we add key informants to the list.**

    - If individuals are being interviewed for DTM flow monitoring surveys, what is the profile of the individuals that are usually interviewed? Are women often interviewed? Are children interviewed? Can the persons normally interviewed answer your question?

Best Practice – Who is being interviewed?

DTM may confirm that they can add a requested question to a location assessment form or flow monitoring survey, however it is up to you to assess whether the respondents targeted by the DTM data collection methodology can answer the question with the required degree of reliability.

CP and GBV specialists in Uganda wanted to know whether South Sudanese girls were traveling to Uganda, seeking marriage as a survival coping mechanism. Although DTM confirmed that they could add the requested question to the flow monitoring survey, upon further discussion, it was determined that unaccompanied girls are rarely interviewed by DTM enumerators, and therefore useful data would not be obtained from adding this question.

Designing questions for DTM data collection tools

When working with DTM to design questions for their questionnaires, consider/discuss the following:

- The security/political context. Whether asking certain questions may do harm to the enumerator, key informant, community, or humanitarian access.
- The complexity or sensitivity of questions versus the ability to do quality control in the field. Enumerators are given a brief introductory training on CP, GBV and Protection, and are not trained to collect sensitive data usually collected in specialist assessments. Often, DTM enumerators work in areas that expatriate DTM managers do not have access to visit, thus limiting their capacity to ensure that the enumerators are asking complex questions as requested.
- The humanitarian imperative. DTM data collection often has a much wider geographic coverage within a country than GBV partners, which means that suggested questions will be asked in locations with GBV response capacity and also in locations without GBV response capacity. It is therefore important to assess the balance between the benefits/risks of asking your question in an area without response capacity vs the need for data from those non-covered areas to advocate for programmatic expansion/funding.
- Do no harm. DTM does not collect protection incident data, however reflect on whether your question could lead to a protection incident disclosure: Is there a referral mechanism in place? Should you ask for this information? Have the enumerators been trained on the Urgent Action Process (see Urgent Action Process Guidelines for DTM in the DTM & Partner Toolkit.
- Identify questions that require additional training for DTM enumerators, particularly with regards to sensitivity, terminology, or when it is important that enumerators know that they should not list the potential answer options.

- It is recommended that proposed questions are reviewed with national staff or local partners to ensure that questions are appropriate and safe to ask according to the culture and context.

Question Wording:

Once your information needs have been identified, and DTM has confirmed that they have the capacity to collect this information for you, it is recommended to verify whether this question exists within the Field Companion in the DTM & Partner Toolkit. The Field Companion was drafted with the Global Clusters (including the GBV AoR), and contains recommended question wording and answer-keys, which will help you to save time and benefit from lessons learned surrounding question wording. It is recommended to adjust the question wording and answer-key from the Field Companion to suit your needs/context.

- Use simple, plain language for ease and accuracy of translation. Don't get stuck on how to word the question in English because it will likely be translated. Make sure the intention of the question is clear.

- Cultural influence: Work with a local partner or staff members to determine how culture may influence the interpretation of a question. Some examples of commonly-used words that may be interpreted differently than intended:
  - Child: Some cultures believe that adulthood is attained at the onset of puberty.
  - Unaccompanied child: Some cultures interpret this as any child who is not accompanied by a man (even if with a female family member).
  - Head of household: Is unclear for many on whether this is the economic-head of the household, or the oldest family member, the care-giver, the decision-maker or a combination of several of the above.

- Remove technical concepts/words: DTM enumerators are expected to remember a broad-range of multi-sectoral lingo, and often have had limited prior-exposure to the humanitarian sector. To ensure that the enumerators and key informants understand the question, describe the technical concept in the question. For example, instead of asking if PSS services are available, you could describe it as "What services are available to help individuals or groups relieve anxiety and mentally recover from distress?".

Lessons Learned:

- **Remove acronyms and technical words from questions, and triangulate the data if possible!**

Enumerators often read a question as it is written in the questionnaire, which may include unknown terms to the key informant. Even if a DTM enumerator has participated in an intro to GBV training, they will not be able to adequately explain such a broad, complex, and perhaps culturally awkward term to a key informant in a few minutes. For example, the question "Are there available GBV response services in the location" has on several occasions, resulted in a "yes" answer from almost all key informants, who did not understand what the question meant. This greatly skewed the service availability mapping data that the GBV partners were relying upon to determine service gap locations.

Recommendations:

- Do not include "GBV" or "Gender based violence" in your question text. It will be clearer to narrow the term down to one form of GBV, such as "physical violence against women and girls" (which does not encompass all forms of GBV, however will be better understood by a key informant).

- A question on GBV response services needs to be very clear, as to "what are we responding to" and "what type of services are GBV response services": Example text: "If a woman or girl in the site is injured from physical violence, are there medical facilities in this location that she can access?". Or, you can broaden the scope of the question and remove the concept of GBV to avoid creating confusion: "Which of the following services are available locally and accessible to the IDPs in the site: Police to report a crime, medical facilities, group or individual counselling to relieve anxiety or mentally recover from trauma, social workers, etc".

- Triangulate DTM data on available GBV response services with 4W data and any available data from the WHO or Government Ministries, to determine whether it appears reliable.

Data Type:

When formulating the questions and answer keys, consider how you want the data to be presented to you so that you can analyze it and use it for your intended purpose. In the DTM & Partner Toolkit, the Field Companion provides example questions and examples of how the data can be analyzed per question.

Data types include:

- Choice: Yes/No or multiple choice. If multiple choice, specify if one or more choices may be selected. Do you want the questions to be ranked, or equal weighting?
- Number
- String (text) – usually only used for "if other, please specify" because the answers cannot be aggregated (any change in the spelling will have the answer saved as a separate answer-entry).

Lesson Learned.

- ***When designing the question and answer key, consider whether the data that you are asking for will meet your information need.***

In several countries, the CP AoR have included the question "is there child marriage on the site" into the DTM questionnaire, with a choice answer key of "yes, no, I don't know". When they obtained the data, they realized that knowing how many sites had indicated "yes" did not fulfill their information need of knowing whether there was an increasing rate of child marriage on the site.

- ***When designing the question, think about how you will analyze the data***

In several countries clusters have requested DTM to ask key informants to rank their response according to importance (for example: "Rank the top 3 priority needs"), several teams reported that they had challenges in analyzing the data because it was ranked (rather than selecting the top 3).

Planning how you will analyze and represent the data is crucial to ensure that you are asking the correct question to meet your information need. A data analysis plan will be requested by the DTM coordinator. See the Field Companion in the DTM & Partner Toolkit for examples of cluster-approved questions and recommended analysis.

Designing Data Sharing Agreement/Pathways

DTM reports and non-sensitive raw data may be found on their website at: http://www.globaldtm.info/. Click on the country of interested, and select "downloads".

Sensitive data is not published on the internet, and is shared either through email or through a password protected website. To obtain access to sensitive data for the GBV AoR, you must sign IOM's "Data Access Form". Contact your DTM coordinator for more information.

Agreeing on Data Analysis Responsibilities

This step within the Design IM Process entails working with DTM to establish roles and responsibilities, and agreeing which data will be shared in raw format and which data DTM may be able to provide some descriptive analysis for you. It is important to remember that whether the data is shared in raw format, or is analyzed by DTM, it is up to the GBV specialists to interpret the data themselves.

As part of DTM's Information Management process, the DTM coordinator will work with you to draft a Data Analysis Plan, which will detail your requested indicators, agreed data analysis/tabulations, and agreed mock-ups or visual representations of the data (such as charts etc). The Field Companion in the DTM & Partner Toolkit contains some useful examples.

Planning for Data Storage

DTM data is stored on IOM servers as per the IOM Data Protection Protocol.

When receiving sensitive data from DTM, it is important to consider how YOU are protecting it. Key considerations:

- Not sharing it with 3rd parties. If another agency requests this data, refer them to the DTM coordinator to request on behalf of their agency.
- If stored on your computer:
    - Ensure that your computer is password protected, and that the password is change regularly
    - Ensure that the file is password protected

- If shared via a password-protected internet portal:

- Do not share the password with 3rd parties, refer them to DTM to request the password.
- If you download the data to your computer, refer to the above "stored on your computer"
- Request that DTM change the internet-password on a regular basis.

Designing Protection Data Dissemination Plan

This step refers to how you plan to use/disseminate DTM data within your information management system, and should be linked to your overall system and the questions you asked yourself in step 1.1: Define purpose and information needs.

When reporting using data that was provided by IOM, as per the data sharing agreement, it is important to reference DTM as the data source.

Ensure to consider which data-sets may be quoted numerically, and which can be used as background information that will enable you to describe a situation. See question 6 on using DTM data.

PIM Step 3: Implement IM Systems

This process relates to collecting data, storing and maintaining, analyzing, and disseminating/sharing DTM data as per your planning/designing in Step 2: Designing IM Systems.

Ensure to maintain open communication with DTM in order to receive and provide feedback on data collection challenges, data usefulness, and whether some questions need to be modified or phased out.

PIM Step 4: Evaluate Impact

This step involves reviewing the information sharing pathways/agreements with DTM, reviewing the data collection, analysis and sharing agreements with DTM, and reviewing the protection impacts that have been obtained through the use of DTM data. With this information, you should evaluate and communicate with DTM whether:

- Agreements need to be updated/modified
- Questions need to be updated or phased out
- Whether you are using the data as intended for protection impacts (and if not, why not. Should it be phased out?).

When reviewing the provided DTM data and assessing whether it does meets your information needs, also consider how you may assist DTM in improving data-collection accuracy through providing GBV training to DTM enumerators, or a relevant terminology pocket-companion.

Note: *If you are struggling with the analysis/interpretation of the data that you have received, contact your DMT Coordinator to review the wording of the questions/answers, discuss the data accuracy/usefulness, and decide whether the question needs to be changed or removed. DTM sometimes has data analysis experts in-country that may be able to assist with resolving data analysis challenges upon request.*

Annex B: Examples of Severity Scales

Unit of Analysis: Site/Community Level

		No need of external assistance		Need of humanitarian assistance		Acute and immediate need of humanitarian assistance		
		0	1	2	3	4	5	6
TOPICS		**No problem**	**Minor Problem**	**Moderate problem**	**Major Problem**	**Severe Problem**	**Critical Problem**	**Catastrophic Problem**
Magnitude of problems in terms of population number (NOTE: for integrated analysis, it is better to use cluster severity ranking scores rather than a few indicators. These indicators were selected as an example.)	**IDPs in hosting communities** *(Source: DTM & census)*	No IDPs.	5% of the total population constitute IDPs	10% of the total population constitute IDPs	20% of the total population constitute IDPs	30% of the total population constitute IDPs	40% of the total population constitute IDPs	50% of the total population constitute IDPs
	Integrated Analysis % IDP children out of school *(Source: DTM)*	0%	1-10%	11-25%	26-50%	51-75%	76-99%	100%
	Integrated Analysis % HHs that ate fewer than 3 meals due to lack of food *(Source: DTM)*	0%	1-10%	11-25%	26-50%	51-75%	76-99%	100%
External factors	Intercommunity conflict or armed violence (# incidents in the area in the past 6 months) *(Source: Incident mapping/reports)*	0 incidents	≤ 10 incidents	≤ 50 incidents	≤ 100 incidents	≤ 150 incidents	≤ 200 incidents	> 200 incidents
Coping mechanism % of IDPs resorting to negative coping mechanisms *(Source : WFP VAM or other HH assessments)*		0%	1-10%	11-25%	26-50%	51-75%	76-99%	100%
Access to GBV services Reported barriers to accessing protection services *(Source : DTM)*		No barriers	Yes there are reported barriers (for IDP camp population ≤ 200)	Yes there are reported barriers (for IDP camp population is ≤ 1,000)	Yes there are reported barriers (for IDP camp population is ≤ 5,000)	Yes there are reported barriers (for IDP camp population is ≤ 7,000)	Yes there are reported barriers (for IDP camp population is ≤ 10,000)	Yes there are reported barriers (for The IDP camp population is >10,000)
Availability of GBV and medical services *(Source : DTM & 4W)*		Case management and response services are available		Up to 4 services are provided	Up to 3 services are provided	Up to 2 services are provided	1 service provided	No services provided

Unit of Analysis: Administrative Level Higher than Site/Community

		No need of external assistance		Need of humanitarian assistance		Acute and immediate need of humanitarian assistance		
		0	1	2	3	4	5	6
TOPICS		**No problem**	**Minor Problem**	**Moderate problem**	**Major Problem**	**Severe Problem**	**Critical Problem**	**Catastrophic Problem**
Magnitude of problems in terms of population number	**% IDPs + refugees + migrants in hosting communities** *(Source: DTM & census)*	Situation normal No IDPs and living conditions are normal	5% of the total population constitute IDPs	10% of the total population constitute IDPs	20% of the total population constitute IDPs	30% of the total population constitute IDPs	40% of the total population constitute IDPs	50% of the total population constitute IDPs
	Integrated Analysis *(Source: Clusters)* *Note: Can be replaced by a few DTM indicators.* See question 6.2.1	N/A	N/A	At least 3 life-saving humanitarian sectors considers the location as **moderate**.	At least 2 life-saving humanitarian sectors considers the location as **major.**	1 life-saving humanitarian sectors considers the location as **severe.**	1 life-saving humanitarian sectors considers the location as **critical.**	1 life-saving humanitarian sectors considers the location as **catastrophic.**
Coping Mechanism VAM FSL coping mechanism severity *(Source: WFP VAM)*		0	1	2	3	4	5	6
External factors Intercommunity conflict or armed violence (# incidents in the area in the past 6 months) *(Source: Incident mapping/reports)*		0 incidents	≤ 10 incidents	≤ 50 incidents	≤ 100 incidents	≤ 150 incidents	≤ 200 incidents	> 200 incidents
Availability of GBV services # IDPs in the area/ # GBV actors providing case management services for IDPs (if the services are also provided to host, then the calculation should be *(#IDP + #Host) / # GBV actors* *(Source: DMT and 4W)*		1 CP actor per 1,000 people	1 per 5,000 people	>1 per 10,000 people	>1 per 15,000 people	>1 per 20,000 people	>1 per 30,000 people	>1 per 50,000 people

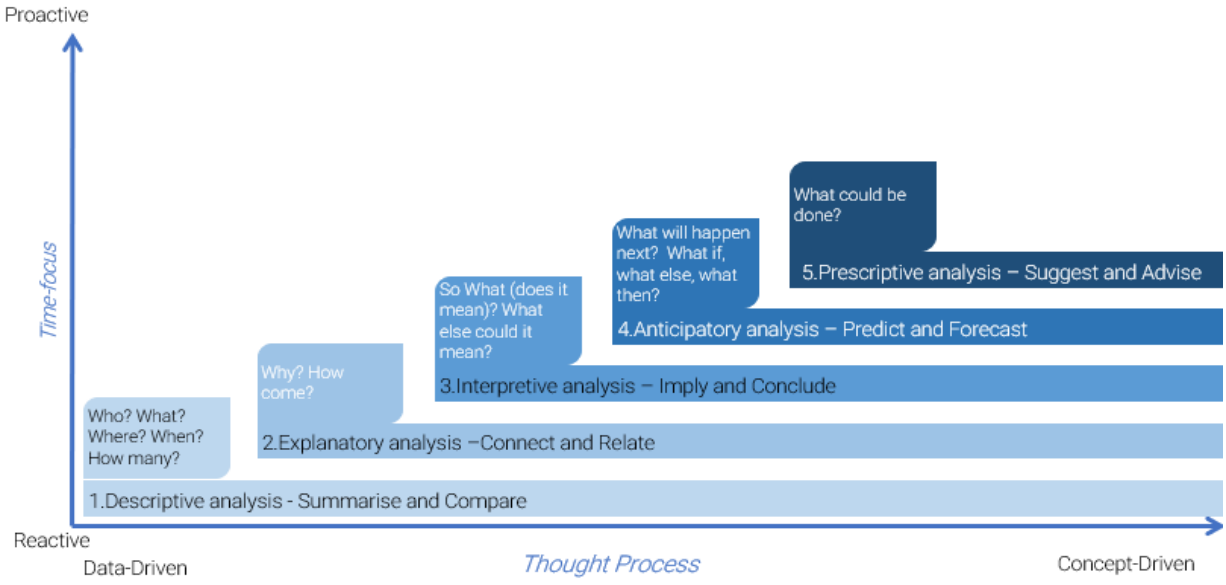
Annex C: Analysis 101

This Annex is copied from Annex Analysis 101 from the guideline: "Sector Severity and Priority IDP Locations with DTM Data; A UNICEF step-by-step guide for Child Protection, WASH and Education Cluster Coordinators and IMOs".

Analysis in humanitarian setting refers to the organized and collaborative process of transforming raw data into actionable insights for better decision-making. It is an iterative sense-making process which continues until it is possible to draw conclusions that answer the original questions, with a reasonable degree of certainty. The goal of DTM sector data analysis is to provide informed opinions about gaps, underlying factors, adaptive strategies and existing or forecasted humanitarian conditions. This includes a systematic set of procedures undertaken for the purposes of setting priorities based on severity of gaps or risks faced by the affected population.

Analysis is more of a process than an action, and there are procedures and steps Cluster/AoRs staff can rely on to take them from uncertainty to understanding, from results to findings. Most forms of analysis can be described as levels, where one builds on another, each increasing the understanding of the findings and revealing progressively what the data means, what may happen next and what could or should be done about it. Five levels are commonly used for analysis of humanitarian needs, represented in the diagram below.

The Analysis Spectrum (adapted from ACAPS 2014 and Pherson 2010)



- **Descriptive analysis**: Describing data means to summarize and reduce large amount of data to a representation where it is easier to compare between them and identify the main points, important stories and relevant messages, e.g. a percentage, average, mean, mode, etc. The Cluster/AoR Information Management Officer (IMO) consolidates key variables from the DTM location assessment dataset and prepares descriptive outputs by comparing results between relevant categories of analysis (province A vs province B, camp vs non-camp settlements, etc. as agreed upon with DTM team). Comparing and contrasting results helps to identify and confirm similarities and differences between or within categories of analysis, and further investigation allow for identifying patterns, trends, outliers or anomalies. The goals of descriptive analysis are:
    - To identify most relevant categories of analysis and most accurate ways of summarizing and describing data
    - To refine ideas about what the data are saying, e.g. type of issues, diversity and location of gaps
    - To examine commonalities and differences, prompt further questioning, see details and variations previously missed and confirm patterns and trends
    - Identify key assumptions, e.g. based on information gaps, small samples, etc.

- **Explanatory analysis** looks for associations, correlations and more generally for connections between observations and measurements. It is an extension of the descriptive phase and allows for formulation of better hypothesis or theories, based on careful investigation of relationships, underlying processes or causal mechanisms. Identifying relationships is an important part of the analytic process because it prepares for moving from a simple description of the population conditions and settings to explanations of why and how things happened as they did, and what could happen in the future if conditions persist or change. This level of analysis implies carefully connecting the dots and assessing whether two or more variables, conditions or observations vary according to a pattern, the strength of the relationship linking them and if one is cause of or contributor to another. In this analytical step, the Cluster/AoR IMO, subject–matter and cultural/context experts (e.g., coordinators, members, local staff and NGOs…) identify and rank main underlying mechanisms/barriers/factors (problems of access, availability, use, quality and awareness of/to basic goods and services) that contribute to the existence of persistence of humanitarian conditions, i.e. problems of physical and mental wellbeing). This analysis is critical as it allows to identify the causes of current conditions, which should be addressed during the response. The goal of explanatory analysis is:
    - To go beyond the nature and frequency of the problems and identify factors or conditions that contribute to the existence, aggravation or continuation of an issue
    - To identify changes and patterns of associations or correlation and explore the strength of the relationships between observations
    - To clarify causal mechanisms, underlying processes and functions at play
    - To provide a foundation and groundwork for forecasting and prescriptive analysis

- **Interpretive analysis** aims at moving beyond findings to identify key messages and drawing well-supported conclusions, through careful argumentation, evaluation of the strength of evidence available and attention to plausibility in context. While the previous analysis steps focused mainly on understanding what happened and what the data say, interpretation is primarily interested in what it means for the decision makers and articulating credible, coherent and meaningful conclusions. Interpretation highlights important messages in relation to the original research question, assessing the degree of certainty attached to the final conclusions and answering the question “so what?”. In this analytical step, Cluster/AoR experts discuss the results produced by the IMO and establish critical gaps and humanitarian conditions and set priority geographical areas for further assessments. They also evaluate the body of evidence to assess the strength of the evidence, express their degree of confidence in the findings and identify information gaps. The goal of interpretive analysis is:
    - Determining what is important (severity of gaps and priorities) and why it is important (size of population exposed to gaps)
    - Building coherent, reasoned and well supported conclusions
    - Evaluating the evidence that supports conclusions and contextualizing the findings to assess their plausibility

- **Anticipatory analysis** identifies the likelihood of future events and outcomes at a specific time, based on current and historical data. It combines predictions (a one-off estimate of a specific event in the future – What will happen?) and forecast (a set of possible futures that include probability estimates of occurring – What else might happen?). Predicting and forecasting are an integral part of scenario building and risk analysis that will also inform preparedness activities. In this analytical step and based on secondary data and risk analysis, Cluster/AoRs IMO and experts discuss relevant scenario, estimate future potential gaps and refine the list of priority geographical areas if necessary, e.g. in case of further influx of IDPs into a particular geographical area. The specific objectives of anticipative analysis are to:
    - Go beyond current conditions and provide forward looking assessment and best estimates on what might happen in the future (in opposition to what will happen in the future).
    - Prolong the shelf-life of the analysis by integrating a forward-looking perspective into the analysis of the current situation.

- **Prescriptive analysis** entails both response analysis and planning. This process is generally conducted in a workshop setting and uses results from both secondary and primary data collection. In this step, cluster/AoRs IMO and experts discuss and agree on a strategy and objectives to change or prevent humanitarian conditions and recommend a set of appropriate and proportionate response options (this process is also called response analysis). They define the activities and resources required to achieve the objectives (response planning) and any risks or assumptions. The goal of prescriptive analysis is to:
    - Define strategic objectives and targets geographical areas/groups, so as to reduce current and forecasted humanitarian consequences or deficiencies
    - Identify, screen and select potential response options or the set of interventions considered to solve a particular gap or deficiency
    - Plan programmes, activities and strategic recommendations for response
    - Recommendations regarding further or more in-depth sectoral assessments