



Protection review

Protection recommendations for the 121 application,
referral app and helpdesk

November 2020

Table of Contents

1.	Introduction	3
1.1.	Research objective	3
1.2.	Research questions	3
1.3.	Scope	4
2.	Methodology	5
2.1.	The methodology explained	5
2.2.	Main sources used for the methodology	7
3.	Research results	8
3.1.	Risks and recommendations for the entirety of the project	8
3.2.	The 121 Cash Based Assistance Application	11
3.2.1.	Benefits	12
3.2.2.	Risks and recommendations	14
3.3.	The Referral Application	18
3.3.1.	Benefits	18
3.3.2.	Risks and recommendations	19
3.4.	The Helpdesk	26
3.4.1.	Benefits	26
3.4.2.	Key questions	27
3.4.3.	Risks and recommendations	29
3.5.	Best practices	30
4.	Summary of the recommendations	33
5.	Annexes	35
5.1.	Overview primary data	35
5.2.	Accessibility and inclusion	36
5.3.	Monitoring tools and questions	39
5.4.	List of Resources	44
5.5.	Protection Mainstreaming Key Areas	45

1. Introduction

1.1 Research objective

The goal of this review is to identify and analyze potential protection risks and opportunities prior to the launch of the Netherlands pilot, in order to further improve 1) the referral application, 2) 121 application, and the 3) helpdesk.

A protection review is needed with regards to the linking of the service referral information website for PAs and the innovative 121 application. De referral application provides information to undocumented migrants in the Netherlands and is created by the Netherlands Red Cross. Through this new developed web app, people can easily find out where to go to when they have a specific support question for which they want to make an appointment with a service provider. Ultimately, the concept of such a web app can be used in different countries to support vulnerable people in humanitarian aid contexts. Ultimately it is the idea that the concept of the referral application is linked to the mobile Cash Based Assistance (CBA) innovation called 121. The 121 platform aims to make Cash Based Aid safe, fast & fair, to help people affected by disasters meet their own needs.

The third element this protection review focuses on is the so-called 'helpdesk'. This is a support-service to undocumented migrants where they can go for questions. It is a complaints- and feedback mechanism as well.



Figure 1: The three focus elements

1.2 Research questions

The research questions are the following:

1. Which protection opportunities and risks regarding 121 with the referral application and helpdesk do we find?
2. What are recommendations regarding incorporating those opportunities and risks in further development of 121 with a referral application and helpdesk?

1.3 Scope

The scope for this review is to focus on protection risks and benefits of using the 121 innovation and the referral application, including a helpdesk. Main data-analysis is done in the pre-phase of the pilot in Amsterdam where a weekly supermarket voucher is provided to a selected group of People Affected (PAs).

Earlier protection reviews have been done for 121 CBA. These reviews were made before the implementation of scope change (December 2019) and the implementation of a contingency plan (August 2020).

2. Methodology





2.1 The methodology explained

This review keeps a strong focus on collecting qualitative primary data, see annex 1 for an overview of informants. The number of 7 PAs consulted (4 in-depth interviews and 3 in stakeholder workshop) is not sufficient to be representative, but in the short time span available it contributes towards better inclusion and participation of PAs in the risk review. The questions for the interview and partner organization consultation were designed by using the protection guidelines for CBA, the protection mainstreaming toolkit (see tool #B1 baseline beneficiary assessment). They were adapted and complemented with further questions in order to cover the two main protection review questions above.

Although a blend of recommendations for the innovation and for the pilot of the innovation in Amsterdam, this document is not a complete contextual risk assessment for the Amsterdam pilot. The local context is used to identify key issues and benefits for PAs and the innovation in this pilot, as well as risks that are applicable more widely for the innovation. In a contextual assessment more thorough consultation with the affected population should be done. A possible guide to use for this is the Protection Risk & Mitigation Measures Tool.





Protection Review	Methods data collection
1. Which protection opportunities and risks regarding 121 with the referral application and helpdesk do we find?	Stakeholder consultation by: <ul style="list-style-type: none"> - Key informant interviews with 5 Aid Workers (AW's) with expertise in referring PAs facing protection risks, CBA and protection. - NLRK/Help a Child AW Consultation workshop on Protection with 15 local Awws (including 3 former PAs) - NLRK phone consultation with local participating aid organizations - More in-depth PA/Beneficiary Consultation via interviews with 4 (former) PAs - User-testing outcomes
2. What are recommendations regarding incorporating those opportunities and risks in further development of 121 with a referral application and helpdesk?	<ul style="list-style-type: none"> - Desk review best practices and priorities - Existing data if available/achievable: Considering what risks are already mitigated or require action.

First general risk results are shared and then sections are divided *per area of the innovation* to facilitate easy usability for colleagues working on the development of these separate areas. Priorities are mostly identified through the emphasis and frequency of mention by respondents or in some cases by considering compliance with Minimum Standards and evidence-based guidelines. It is also indicated with an icon what protection mainstreaming area the risk corresponds with most strongly:

- | | | | |
|---|---|---|---|
|  |  |  |  |
| 1. Safety & Dignity | 2. Meaningful
Access | 3. Accountability | 4. Participation &
Empowerment |

The areas are explained in more detail in the table below (summarized) and in annex 5.

Key areas Protection Mainstreaming:

	
<p style="text-align: center;">1. Prioritize safety and dignity and avoid causing harm</p> <p>Prevent and minimize, as much as possible, any unintended negative effects of the intervention which can increase people's vulnerability to both physical and psychosocial risks.</p>	<p style="text-align: center;">2. Meaningful Access</p> <p>Arrange for people's access to assistance and services - in proportion to need and without any barriers. Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services.</p> <p>Meaningful Assistance can be further broken down into assistance and services being:</p> <ul style="list-style-type: none"> → Available in sufficient quantity and quality ; → Provided on the basis of needs and without discrimination; → Within safe and easy reach; → Known by people potentially accessing services; → Physically and financially accessible; → Culturally relevant and socially acceptable.
<p style="text-align: center;">3. Accountability</p> <p>Set-up appropriate mechanisms through which affected populations can measure the adequacy of interventions, and address concerns and complaints.</p>	<p style="text-align: center;">3. Participation and Empowerment</p> <p>Support the development of self-protection capacities and assist people to claim their rights, including the rights to shelter, food, water and sanitation, health, and education.</p>
	

¹ Image adapted from: ECHO (2019:12) Disability Inclusion Guidance Note.

2.2 Main sources used for the methodology

These main sources were used for the methodology:

1. The Global Protection Cluster Guide for Protection in Cash-based Interventions (CBIs) (2015)

This guide advises to “ensure that crisis-affected populations identify their own protection risks and benefits and self-protection mechanisms”, which is why in-depth interviews with a small number of PAs was conducted. The protection risks mentioned in the result outcomes of this review are identified from the interviews and co-design sessions with (former and current) persons affected, consulted aid workers and data derived from the user testing of 121.

2. The IFRC Minimum Standards for Protection, Gender and Inclusion (PGI) (2018)

The methods for risk mitigation show recommendations from suggestions brought up in these conversations as well as using the 2018 IFRC Minimum Standards for Protection, and the Guide for Protection in CBI's.

Where possible, an age, gender, and diversity lens was used.

3. Research results

3.1 Risks and recommendations for the entirety of the project



The risks mentioned below are expected to be valid for the entirety of the project that offers the innovation of the 121 digital platform, the referral application and the helpdesk

One of the clearest outcomes of both the stakeholder consultation, the user tests, co-design sessions and the 1-to-1 protection interviews with PAs and AW's, is that in the context of piloting the innovation with undocumented migrants fears of deportation/removal from the country are very high for the PAs. The 4 interviews with PAs showed that once fully rejected for asylum, all think/thought they no longer have any rights nor services they are eligible for. This, combined with their worry to be traced and arrested, exacerbates the risk of PAs not feeling safe enough to make use of the innovation, leading to a risk we fail to achieve meaningful access to services and CBA.



"If I was being offered any services by the government who does not want me in their country, I would naturally be suspicious." – Former PA (female, 28)

"You can't understate how important it is to really explain what the level of confidentiality is. People often do not know what it means if you say 'it is an aid worker you speak to, so it's safe,' you have to spell out what that means."

– Aid Worker, specialized in international safe programs

	Risks	Recommendations for mitigation
 	<p>Priority to PAs + AW's</p> <p>AW's stress that they believe PA distrust is the biggest risk for the success of the whole innovation: fear to be traced by the government once sharing personal data.</p> <p>One PA in the user test asked <i>"Will they know where we are now?"</i></p>	<p>At all stages of using the innovation, from registration to using the services in the referral application or helpdesk: Fear of sharing personal details and security of data protection. This was confirmed by PAs in the user test, co-design sessions as well as in PA interviews and mentioned as expected biggest risk by 3/5 AW's.</p> <ul style="list-style-type: none"> To introduce the innovation, the awareness and trust <i>programme</i> of the 121 team is much needed, with community engagement through trusted local network of organisations, PAs advice this should include posters at central

	<p>Target group specific: heightened fear.</p>	<p>places and in-person support. The user test showed that from the stage of PAs not daring to use their own phone (worry about safety of clicking the link <i>"Is this a bribe or will it damage my phone?"</i>, to not understanding the program and fear to put their personal information in).</p> <p>According to the AW's and PAs the app and platforms should:</p> <ul style="list-style-type: none"> • clearly explain the service and offer support in person • be communicated through trusted channels (for the pilot this is planned to include a message from LOA before the link is sent to PAs in the pilot) • have a pre-amble to using the app, the helpdesk, or a service where confidentiality is explained • ensure informed consent about use of personal data • give clear brief information about PA rights • have an anonymous chat communication option • include former PAs at the Helpdesk to increase trust • comply with legislation on data protection & personal privacy • minimise amount of personal data required to share <p>What more can be done could be the subject of a FGD</p>
	<p>Priority AW's + PAs</p> <p>Use of jargon instead of easy language could mean PA does not know how to use the interfaces or what is meant with information.</p>	<p>Both PAs and AW' s stressed the need to use language that the user is most likely to understand.</p> <ul style="list-style-type: none"> • Avoiding aid worker jargon in the referral app information. Having the helpdesk and in-person support option. • "They were asking me questions, if I was trafficked. I had no idea what this word meant, they had to explain it. Only then I realized that yes, I was a victim of human trafficking"

		<ul style="list-style-type: none"> • Avoiding overly complicated information in the 121 digital platform; e.g. choose where it is necessary to use terms like 121, digital identity (as per user test results). AW's suggested using easy simple language throughout, for e.g. the data policy in order to achieve actual informed consent and access for people with limited literacy or understanding of the language.
 	<p>Priority PAs + AW's</p> <p>Risk of exclusion of vulnerable groups: lack of understanding at any point of the user journey: access to 121, the referral application or helpdesk, receiving and using the CBA voucher.</p>	<p>PA and AW interviewees bring this up as a risk for people with:</p> <ul style="list-style-type: none"> • digital illiteracy or lack of technical skills, especially for older PAs but also for others (mentioned by 7/9 AW's and PAs interviewed, in user test and co-design sessions) • not sufficient English skills (mentioned by 3 AW's, 1 PAs and in the group AW consultation; observed in user test) • (partial) illiteracy (mentioned by 3 AW's and 1 PA) • disabilities that form a barrier: psychological needs or intellectual disability impacting ability to understand complex information (mostly mentioned by AW's) • people in ongoing situations of abuse and exploitation <ul style="list-style-type: none"> • Guide for Protection in CBI's: "Consider alternative delivery mechanisms for certain individuals or groups as necessary." • IFRC Minimum Standards for PGI: "In consultation with the affected community groups, the constraints or barriers faced by persons of all gender identities, ages, disabilities and backgrounds in accessing the delivery mechanisms are identified, and targeted strategies to increase access to these transfer mechanisms are provided. • Helpdesk supports & offers alternative mode to information like brochures, workshops at

		<p>AZC/ shelters with the information and printed CBA vouchers. (Risk: keeping printed info up to date).</p> <ul style="list-style-type: none"> • Consider training in use: e.g. 121 user test showed need for training on how to use buttons to optimise the autonomy of the user. Equally, user test the Red Cross referral application. • General advice to talk with (FGD) or do user tests with representatives of these groups to find out more about needs. • Already: cues and good icons, simple language. <p>Suggested:</p> <ul style="list-style-type: none"> • Offering more languages or a google translate 'layer' • Ensure intuitive and easy use, easy language • Have alternative contact means to paid phone numbers in case PA has no credit, or ability to 'flash' a service for call-back. • Refer to services that can support in person (such as for those with psychological needs LOA advises collaboration with GGD). • Decide what is "acceptable" exclusion based on reasonable adjustment as per Convention of Rights of Persons with Disabilities (CPRD), availability of alternative services and methods of information provision, and potential unavoidable risk of inability to reach certain people (e.g. group 5).
--	--	--

IFRC Minimum Standards for Protection, Gender and Inclusion (PGI):

"Migrants receive services based on need alone, regardless of their legal status, and are not put at an increased risk through involvement of law enforcement authorities." (p.81)

"People say about some shelters that IND [DT&V] will come get you from the shelter to send you back. How can I be sure the shelter is safe, when it is part of the country that wants to send me back home?"

- Former PA (female, 28)

3.2 The 121 Cash Based Assistance Application

Providing cash or voucher assistance based on self-registration of the PA -on the 121 digital platform (and validation of their needs by an aid organisation) is an innovative approach.

The two younger PAs interviews (under 30) both say they would register digitally. One older PA indicated he prefers to register in person, although he was very positive about the electronic follow up of CBA:

"Personally I prefer to register in person in that way it ensures that I will receive help. But there may be times when someone may not be able to register in person and may have to depend on the app for help. Probably because of lack of travel money etc. The supermarket voucher sounds great and electronic is useful instead of having to go pick it up every week."

- PA (male, 48)

3.2.1 Benefits

Benefits for integrating Protection in cash Based Programming

All interviewed People Affected agreed that including protection and safety services in the app is crucial. Interviews with Aid Workers confirmed this view without exception. The Guide for Protection in CBI's and IFRC Minimum Standards for PGI confirm inclusion of the information on the referral application as a crucial responsibility to do no harm and integrate protection.

There are useful suggestions on protection referral in the earlier 121 Protection Reviews. One important point made in the January 121 Protection Review is that offering information on protection services does not mean that people are helped by it.

Risks to access to referral services are that there might be:

1. No services available (not applicable in Amsterdam)
2. People might not have money to travel to these services (monitor risk significant enough to have to mitigate it e.g. supporting with travel ticket)
3. Stigma might still stand in the way (hard to monitor, care avoiding PA)

Benefits around the digital nature of the response

- DIGITAL IDENTITY: A real benefit of self-registering and the Digital ID compared to regular CBA distribution could be avoiding targeting issues, because there is no reliance on government or community leaders for selection. Unless community leader are involved in the verification/validation process.
- DIGITAL REGISTRATION & DISTRIBUTION: Several AW's mention not having to travel to be considered as beneficiary and to receive the CBA, means it is more accessible and easier to keep to yourself that you receive aid (positive impact on safety & dignity). PAs like the idea of not having to travel to sign up. A sidenote to this is that travel might still be needed until there the application works also in off-line settings.

Benefits around the use of an algorithm in signing up for suitable CBA

- ALGORITHM & OPPORTUNITY TO PROVIDE CBA ACCORDING TO NEED.
 - Algorithm to establish inclusion for CBA:
Three aid workers mention in the interviews that this is an exciting innovation and that it would be good, if well verified, that the algorithm allows a quick way to establish which PAs are most in need. One AW mentioned that it is valuable that the referral application adds value for PAs even when excluded from CBA.
 - Use of the algorithm is an opportunity for tailored CBA amounts according to need; attributing to a more fair cash-distributing system. The Guide for Protection in CBI (p.13) recommends on amounts:
 - “Design and adjust the frequency and amount of transfers to address the economic drivers of vulnerability, and according to beneficiary preferences.”
 - “Allow for ad hoc adaptation of amount, frequency and duration as protection risks change or arise” including seasonal risks.
- Three of four PAs indicate that they find it fair when CBA amounts are based on need and vulnerability, two mention a ‘condition’ to experience it as fair: differences not being too big and the needs should be verified as true.

“I think it would be good if people can get according to their needs that they put in the algorithm, If I get 40 euro alone and someone with children also only 40 euro that would not be fair. They would have to prove that their needs are true, for it to feel fair to me.” – Former PA (female, 28)



Benefits around the use of an electronic voucher as CBA




- SAFER DISTRIBUTION WITH DIGITAL PROVISION OF CBA: A major protection benefit recognised by the Guide for Protection in CBI's and aid workers interviewed with CBA experience is that:
 - No staff is doing a physical cash distribution, as carrying large amounts of cash or vouchers around has proven to be a major safety risk.
 - In good programme design the risk is alleviated that recipients are being targeted for theft because distribution is now taking place 'in private'.
- SAFER OWNERSHIP OF E-VOUCHER, LESS VISIBLE CBA: An electronic voucher could be easier to keep to themselves for a Person Affected compared to holding physical cash or a voucher. AW's expressed they believe this could help to minimise:
 - community tensions or disharmony around inclusion or exclusion
 - theft or claiming of the money by people exploiting PAs in situations of forced labour/abuse.
- MEANINGFUL ACCESS TO ELECTRONIC VOUCHER: People with difficulty traveling because of costs, health or disabilities, receive the financial aid on their telephone, removing several barriers to accessing this aid.
- MEANINGFUL ACCESS TO MARKET PLACE
The Albert Heijn voucher meets the recommendation that local marketplaces are within five kilometres of a recipient's home and accessible to people with disabilities for Amsterdam-based PAs (IFRC p.82)
- DIGNITY: Mentioned in the Guide for Protection in CBI's as protection benefit as it increases participation and accountability to beneficiaries.
 - In the context of the pilot, the supermarket voucher allows for spending according to personal preference as much as is feasible in the NL pilot to purchase exactly what is needed.
 - The supermarket voucher does not cover the biggest need of most PAs in Amsterdam: shelter.

3.2.2 Risks and recommendations

The table below presents the key risks identified in the consultation of persons affected and aid workers. The mitigation recommendations serve as a starting point with ideas to minimise risks, not a complete list. They are current suggestions from the people consulted as well as relevant good practice from guidelines and minimum standards. It would be advised to brainstorm with key team members what risk mitigation actions they deem most suitable to address priority risks.

Risks	Recommendations mitigation
 <p>Priority to PAs + AW's</p> <p>A digital identity is too technical and complex to be able to register for and understand what it means. Co-design sessions and user test showed limited understanding of apps for some PAs.</p>	<p>The IFRC Minimum Standards for PGI, specify “distribution should be accessible, especially to persons with physical, sensory and intellectual disabilities, the pre-literate and older people” and “cash transfer delivery mechanisms are culturally appropriate to the context, the technology employed is accessible for persons with disabilities to use independently.”</p> <p>According to AW's and PAs, some PAs will not have the technical skills, no mobile smartphone or other required competencies or skills to complete and understand the process. This includes people with disabilities or psychological needs.</p> <ul style="list-style-type: none"> • Consider what information is easy to understand, sufficient and suitable for effective and understood informed consent. For accountability: in the user test most PAs accepted data policy without reading terms & conditions. • The user test showed “digital ID” and “121” don't mean much to PAs. “Register (to apply) for help from the Red Cross” would be easier to trust and understand. • Support those who need training and provide in-person support for sign up and use digital CBA. • As per AW's and PAs consulted and Guide for Protection in CBI's: Flexibility of design to accommodate people with specific needs requiring alternative modality or delivery mechanisms or refer to other assistance is CBA is not suitable. Map local partners and collaborate with non-traditional networks or partners to deliver assistance. • Identify list of people requiring alternative modality or delivery mechanism to have access. See list of groups who may experience barriers to access under 'general risks'.

	<p>Fear to give details such as v-number and name for registration for I21: Data protection distrust and fear of being tracked by the government</p>	<p>Consultation with AW's as well as the user test and the PA interviews (all four) specifically show that they would worry about giving this personal information to register and who has access to the details as they do not want to be tracked by the government. One PA in the interview: <i>"Whatever happens, if this is the requirement, I would give my name and details to get help. We are desperate."</i>; another in the user test asked if this would mean they could be traced now. The team also found some PAs were afraid of using their own phone.</p> <ul style="list-style-type: none"> • See mitigation recommendations for general innovation distrust (previous page of this document). • Informed Consent about who has access to the data, and what PAs register for must be explained in simple language. • See also recommendations in Guide for Protection in CBI (p.14): <ul style="list-style-type: none"> - <i>Establish data protection measures & data sharing protocols.</i> - <i>Include data protection and confidentiality clauses in service agreements and SOPs.</i> - <i>Include opt-out clauses in case of protection concerns, and include language on participation and accountability in service agreements and SOPs.</i> - <i>Determine whether partners or third parties will manage any complaint or feedback mechanisms.</i>
	<p>Algorithm & Risk of PA or AW manipulating inclusion for CBA.</p> <p>Risk of vulnerability to abuse by aid workers who validate needs seems equal to regular CBA risk of AW in charge of selection.</p>	<p>Two AW's with CBA experience mention that PAs understanding of selection criteria and ability to fill in their own needs, may increase (compared to regular CBA) the occurrence of trying to manipulate inclusion by giving false information. Two PAs also bring this up as a risk of misuse by other PAs.</p> <ul style="list-style-type: none"> • Validation of needs by recognized Aid Organization required (already included in project design)

		<ul style="list-style-type: none"> • Monitor risk when PAs self-register their needs • Verification could be done more than once, and also for monitoring during longer term project. • Training aid workers adequately on integrity and protection (see section protection referrals)
	<p>Risks when a phone is needed to use a voucher.</p>	<p>Various reasons mentioned:</p> <ul style="list-style-type: none"> • User test person 3 (illiterate and did not understand English): Would prefer to use a paper voucher, does not understand how PDF works and how to use it to buy something. • COD NL: PA worries access to aid and voucher is lost when phone and sim card are stolen • St. Martin user test: phone may die, so no digital voucher • Advice AW's: option of getting it printed at a central place • 121 team: Design a backup flow for people who need offline support • Awareness on back-up flow
	<p>Diversion of cash: Risk that the sim card or the vouchers are sold.</p>	<p>Two AW's with CBA and protection experience who raised this point recommended:</p> <ul style="list-style-type: none"> • Verification/identity checks beyond the moment of registration • Close monitoring of concerns raised, and ensuring that all staff, volunteers and contractors are aware of how to report suspected misconduct (including fraud, corruption, bribery, diversion of cash).
	<p>The cash based assistance through the supermarket voucher is restricted to use in Amsterdam. What if PAs find informal shelter elsewhere in the country?</p>	<p>The CBA needs to take into account the everyday context of the person affected who in the Amsterdam pilot usually lacks stable shelter.</p> <ul style="list-style-type: none"> • Not yet tested: Review with AW's and PAs if this is a common risk, if yes, can validity of the voucher be expanded beyond Amsterdam?

3.3 The Referral Application

First responses to the service referral website:

"Having this application at the AZC [asylum seeker centre] would have been great. With posters of flyers with information about what else is there. I needed to know what was out there for me that could help me survive! I did not know anything when I was told to leave."

– Former PA (male, 25)

Responses to the referral application are generally very positive. Significant protection benefits are expected by people consulted, both people affected and aid workers.

"This application creates connection to services and with that, serves as a real solution. Great! We were looking for something that we could offer people after they meet with us. Something with information where they could go for help. Then we heard about this referral application. It seemed ideal to us in order to signpost to options for help and possible referrals"

– Aid worker

3.3.1 Benefits

Benefits around the start of a referral application for undocumented migrants in the Netherlands

- ACCESS: Giving the information about the services means that at least people now know help exists and where to go for help, empowering them to seek help. It also prevents that people wonder around in the city to go from place to place, as you can first do your research online.

"I have seen people leave the [asylum seeker] camp without anything, and because this is by phone you can empower people to have access to their options and the information just by sending a link."

– Former PA (female, 28)

- SAFETY: Including information about crucial safety and protection services, is described in the minimum standards as an opportunity to 'Do Good' and offer

protection benefits within a project. All PAs interviewed voiced they consider this to be important and several people mention it is often not known that there are protection services accessible to them in situations such as emergencies (112), human trafficking, domestic violence, rape or sexual assault, hate crime against LGBT+ individuals, etc.

“My question is: if a person is undocumented, will the emergency service still respond? We don’t know we have rights after they gave us a negative [asylum decision] and we are out on the streets, in this situation we ask others to call the police to be safe.” – Former PA (male, 34)




- ACCESS: People interviewed confirm that giving the information about the safety services means that at least people now know help exists and where to go for help. This increases the chance that people use the service, when they are facing abuse or a different kind of protection issue.
- EMPOWERMENT: Several persons affected explained they did not know they had the right e.g. to safely call 112 emergency services. Including information about rights like these this in the referral application could help to protect PAs better in emergencies. The Minimum Standards for PGI, advise *“messages on preventing and responding to SGBV, child protection and key protection risks, e.g. trafficking in human beings, are included in community outreach activities. [...] Messages include information about rights and options for reporting risk and accessing care in an ethical, safe and confidential manner.”* (2018:87).









“I think a lot of thinking is required in order to include the safety (protection service referral category) button and what text to include there and how the referral works, but the inclusion of it will be a big advantage and could avoid that people do not know that help exists for their situations”






– Aid worker




3.3.2 Risks and recommendations



Although the benefits in the former paragraph confirm that the content of the app is being developed in the right direction, the focus now lies on developing sufficient quality in the product to be able to achieve its objective. The table below lists the main risks identified and recommendations for addressing these risks in order to create an optimally accessible and safe innovation.

Risks	Recommendations for mitigation
 <p>High priority to PAs People do not know about the existence of the referral app and innovation, or other services for them in general.</p>	<ul style="list-style-type: none"> All 4 PAs interviewed indicate that lack of information is the biggest barrier to access aid as newly undocumented person. This shows the tremendous potential of the referral application, but also the risk that it may also not reach them. Promote referral application effectively: AW's and PAs stress the need for various locations (LOA, asylum seeker centres, key organisations?) and means (brochures, posters, messages?) Include on 121 platform the link to the referral application.
 <p>Priority to PAs + AW's Missing crucial services in the current selection for the referral application. Especially safety and food.</p>	<ul style="list-style-type: none"> First suggestion to include from the Guide on Protection in CBI and 'do no harm' guidelines was a 'safety' button; now integrated in the app. All AW and PA interviewees affirmed they see all buttons, including the additions safety and COVID-19, as crucial. Almost all (4/4 PAs, 4/5 AW's) interviewed, brought up the need for information about where to get food support. Two PAs and two AW's interviewed mentioned that knowing where to find courses, activities and volunteering helps with mental health, hope and dignity. One AW and one PA would like to see information on bathroom & personal care facilities included: A suggestion was to include icons per service with support listed: food, laundry, toilet access, washing facilities & personal care.
 <p>Priority to AW's + PAs PAs and AW's express high likelihood of fear to use services listed and distrust of referral information.</p>	<p>To build trust:</p> <ul style="list-style-type: none"> Ensure plan for communication & PA engagement involves trusted aid organisations and in-person support to use app.

		<ul style="list-style-type: none"> • Include sufficient service information in the app about who runs the service, safety to use it, who the service is accessible to, what a PA needs to use it and where to ask questions. • Ensure PAs can see user reviews from other people in their situation who were helped safely.
  	<p>Priority to AW's + PAs</p> <p>Several PAs and AW's had challenges being able to navigate the referral app and find the right information when they tested it.</p>	<p>In the 8 interviews, both (former) PAs and AW's struggled at certain points to navigate the test version of the referral application user interface and find the right information when they tested it.</p> <p>See the table below with recommended changes.</p>
 	<p>Priority to AW's + PAs</p> <p>Persons affected are not aware of what their rights are: do not think they would qualify for help. (Interviews & Co-design sessions)</p>	<p>Suggestions by both AW's and PAs in interview, are to empower by:</p> <ul style="list-style-type: none"> • Including simple, brief information about rights in the app, Where exactly could be determined in co-design sessions. • Need to also be realistic about rights, offer/refer to support when they cannot claim a right. Link to basic rights page and helpdesk for questions, for those who need more information. <p>Increased clarity (at all points in information chain) on the criteria which allow individuals to qualify for assistance, also for expectations management.</p>
  	<p>Short Term Priority!</p> <p>Information in the app may be incorrect or out of date, or it will lead to PAs distrust and disappointment in the app.</p>	<p>Both PAs and AW's stress the importance for accurate information for trust-building and to do no harm.</p> <ul style="list-style-type: none"> • Agree collaboration method with service providers represented in the app for keeping information up-to-date • Check links work, addresses are correct and allow visits by PAs • Have a feedback mechanism (e.g. through Helpdesk) to pass on if issues are found by users.

		<p>Add information for user about what to do if something goes wrong/access is denied and where to report an issue to us.</p>
 	<p>Priority to AW's</p> <p>Risk that the referral app cannot give tailored enough advice: PA could waste time and money (and risk of getting detained) trying to reach a service not accessible to them.</p>	<p>Several AW's in the AW consultation advise:</p> <ul style="list-style-type: none"> • PAs need to be able to find on the app where to go for a specific problem, ideally allowing a search/filter for this. • Once PAs selected a service, provide practical information on how to get there (map) and what they need there. • Offer the option of tailored support through communication with the Helpdesk or in-person support at a service desk. <p>Idea: Ability to support with travel ticket to the service, especially in case of disability.</p>
 	<p>PA meets a barrier to access trying to use the service referred to, or service does not offer PA what they were looking for, or responds (too) late to PA.</p>	<p>Several AW's pointed out that the service follow up must be successful for the referral app to be a success</p> <p>Ideally, there should be the possibility to have instant or rapid response from service staff, for instance through instant messaging. Several AW's from the service organizations suggested this should be expected as a requirement from participating services..</p>
	<p>Aid organisations may think the referral app replaces offline information provision.</p>	<p>Ensuring good collaboration, communications and clarity about complimentary function of referral website, and the continued need of offline support options.</p>

	<p>Priority to AW's + PAs</p> <p>Often people do not know where they can go for help and do not know they have the right to be helped.</p>	<p>According to the four (former) Persons Affected interviewed, AW's consulted and guidelines informing PAs of services is of much importance. Not including protection and safety service information would contribute to hopelessness and disempowerment of PAs at risk. Appears as if there are no services that could help them out of a situation of abuse.</p> <ul style="list-style-type: none"> • Include safety button with protection services incl support services for victims of human trafficking and domestic violence. <p>Two PAs say to include information on what rights the PA has</p>
	<p>Persons affected face violence but are too afraid of the police specifically to seek help.</p>	<p>Abusers often threaten the undocumented victim that police would arrest them and make them leave the country.</p> <ul style="list-style-type: none"> • Informing PAs about rights and laws (no unwarranted arrests) can be empowering. However, if a right or safety assurance is included by the Red Cross in the referral application, it is important to manage expectations and be certain of the accuracy of it in practice. For example, if a reporting victim of a crime is arrested, this would greatly harm trust in the Red Cross. <p>Give the option of protection referral without police involvement: less fear for contact with a support worker from an aid organisation.</p>
	<p>Priority to PAs + AW's</p> <p>People (especially in situations of abuse) may be too afraid to check or contact protection services listed on the app.</p>	<p>AW mentions abuser often threatens with reporting PA to police for deportation, abusers also threaten their victim with violence to avoid PA reporting crimes. PAs mention fear of police due to LGBT-prosecution in home country by police. Suggestions:</p> <ul style="list-style-type: none"> • In person AW support option available as you click safety. Maybe by a trusted partner organization that supports safety referrals already. • Clear info and expectation management of what a service can or can't do.

		<ul style="list-style-type: none"> • Information to allow informed consent: that it is not traced who looks at the service, no personal details are needed at this stage, etc. • Add information about how the service aims to keep you safe e.g. showing no location online. <i>"I gained trust in the place where they kept me safe, because the staff would always inform me in advance what to expect. I would want to read what I can expect from services in the application too"</i> – former PA, F.
	<p>Informing about right to be safe from abuse can be ineffective, when PA facing abuse does not identify themselves as victim of abuse.</p>	<p>AW explained that some PAs have a lack of awareness in situations of abuse that their survival mechanism would fall under abuse: e.g. how they are treated by their "boyfriends" (where they may have found shelter) is accepted. In the AW experience this is often the case until they are no longer reliant on the 'boyfriend' and reflect back on that time.</p> <p>Another AW suggested raising awareness by including a text on the website that warns against exploitation/people who may want to take advantage.</p>
	<p>Men being abused can be unwilling to ask for help as this is perceived to be weak and they do not know who to trust or will believe them.</p>	<p>One former PA who works as AW explains this is especially the case with regards to sexual violation. <i>"Those complaining of sexual harassment/abuse often do not think that they will be believed or who to trust."</i></p> <ul style="list-style-type: none"> • Ensure safety services and their information in the referral application do not focus on women and children only: inclusive language. <p>Acknowledge "anyone can be exploited or abused", "all have the right to protection".</p>

Risks around accessibility & clarity webapp	Mitigation
<p>In general: persons affected being unable to understand and navigate the webapp.</p>	<p>In general: Continually review and alter to improve accessibility and clear understanding of webapp with persons affected, including user testing and tracking ongoing feedback from PAs.</p>
Examples	
<p>The referral application has no welcome page with basic information. Who is it by and who is it for?</p> <ul style="list-style-type: none"> - It is not clear the Red Cross is behind the app, it is not clear the services are for undocumented people in Amsterdam. 'Community Offers' is also not suitable. - Interviewees mention necessity of more information for trust. Priority 	<ul style="list-style-type: none"> • Have basic information on the main page. • Include information that helps with distrust: explaining the app is to support and that use of the app is not tracked/confidentiality etc. Include the red cross logo.
<p>Use of the buttons in the submenu sometimes makes access to the services harder. Once you clicked a category, e.g. under lawyer and safety you get no information unless you click on a second button with the same text again. Clicking the wrong (top) one takes you back to the main menu, instead of any information.</p>	<ul style="list-style-type: none"> • Prevent repetition in buttons under submenu. • Reconsider if clicking a service button again should take the user back to the main menu? A clear main menu button might be easier? Easily visible home icon or arrow back at the top of the page. Or a search function.
<p>Not being able to find contact information of the services. When you see the logo, it is not clear to several people that it can be clicked for contact details. Priority</p>	<ul style="list-style-type: none"> • Potentially make service logo button yellow instead of white, like the other clickable buttons. If not possible temporary solution is to add text "Click here for contact information"
<p>-"The helpdesk was hiding" Several persons interviewed could not find out how to get help if they have any questions about the app. The question mark was not always understood to be a helpdesk, and frequently got missed in visibility due to its small size and page location. Equally: the arrow to return to the main menu was not clear enough. Short term priority</p>	<ul style="list-style-type: none"> • Can it say "Any questions?" instead of "?" • Can the navigation options be at the top of the page, bigger and in a clear colour like orange to mean that you can click on it to go into it? • Editing text to include Helpdesk is also for feedback.

3.4 The helpdesk

The helpdesk intends to function as:

1. support with questions on finding information
2. platform for feedback/complaints
3. support with very sensitive issues

First responses to the Helpdesk

The idea of the Helpdesk is generally seen as a good and very important tool for users to be able to ask questions and provide feedback. All four PAs interviewed confirm they would make use of the Helpdesk to ask questions and AW's express both in the interviews and the consultation workshop that they find the Helpdesk a good solution to establish a fast method of contact for PAs and "ensure they can speak to a person early on in the process 1-to-1". They do stress the importance of in-person support options for those without access to the online Helpdesk.

3.4.1 Benefits

Benefits of the helpdesk

- ACCESS: Several AW's and PAs indicate the necessity of a support function that provides a quick response to questions, comments or complaints, ideally without requiring phone credit. The What's App helpdesk provides an important method for this that is seen as affordable and accessible. All PAs interviewed said they would use it. They like the use of WhatsApp as it is free when in reach of Wi-Fi.
 - 3 out of 4 PAs bring up the need for this to be complemented with in-person support at a location in case people do not feel comfortable asking sensitive questions via their phone or are not as digitally competent.
 - 3 out of 4 PAs think it may also be useful to have some FAQ/common questions and answers listed in the app or on WhatsApp.

"A What's App helpdesk makes it more accessible. I'm used to it [WhatsApp], so I can see my message has been seen. I think it will be faster than a phone call where you may have to wait long or phone credit finishes" – **Former PA (female, 28)**

- ACCESS: Some PAs interviewed mention this initiative of having a helpdesk manned by former UM's would contribute to feeling understood and to their trust of the services referred to as they may have experience with the same services.

- ACCOUNTABILITY: AW's in the consultation emphasize that PAs are regularly unwilling or unable to complain, often as they do not know how or where. A protection benefit of the helpdesk is to give a simple way to do so.
- SAFETY: Three AW's interviewed believe the Helpdesk is especially important for those requiring a safety/protection referral, as it provides more tailored advice than the general information overview and can help to build trust to decrease the barrier to reach out to a service. They emphasise that it's an important first step to inform about services but has its limitations, there is a need for in-person support for victims of abuse and people at risk (more info in part on scope Protection Referral).

3.4.2 Key questions

Who should man the Helpdesk?

One of the questions to be answered about using a Helpdesk, is if it is seen as desirable to staff the Helpdesk with people with experience of being undocumented. In general, people interviewed responded with enthusiasm thinking this could help to increase trust in the referral and services referred to.

“Beautiful initiative, the Helpdesk by former undocumented migrants. The understanding of people who share the experience helps significantly with trust. At Worldhouse (safe walk-in center in Amsterdam) it is a true strength that undocumented migrants collaborate in providing services.”

– Aid Worker

After the interview, the four PAs were sent a short survey to collect comparable data on these and other points. Their responses vary, 1 PA would prefer Dutch aid workers to trust it (or a combination of both groups), 1 PA prefers to speak to a former UM and the 2 others would trust both and like a combination. Further review should be done on what is best and feasible.








What should a multi-channel complaint mechanism comply with?

The Helpdesk is not enough as feedback mechanism, in order to be accountable and accessible. The Guide for Protection in CBI's (2015:8) and IFRC Minimum Standards for PGI (2018:87) advise that a community-based multi-channel feedback and complaint system is established and is accessible for persons of all gender identities, ages, disabilities and backgrounds. This should be able to serve as internal protection system for Prevention and response to sexual exploitation and abuse (PSEA) as well. Regular good practice in programme design applies in terms of PSEA, Code of Conduct and Child Protection policy,

see pages 87–88 of the IFRC Minimum Standards for PGI for guidance. Extra relevant points for the innovation to try to include:

- Ensure that staff know how to deal with different types of feedback, including referrals for psychological and protection services and support (Guide for Protection in CBI's);
- The system does not rely solely on written complaints in order to accommodate those with higher levels of illiteracy;
- Staff representing diverse gender identities are available to address complaints;
- For in person complaints: the location of the complaints desk/office has been considered from a safety and confidentiality point of view;
- Complaints materials and information on Code of Conduct and denouncing PSEA abuses are provided in a variety of formats, such as written, audio, visual and easy-to-read formats;
- It is ensured that lodging complaints does not further endanger migrants in an irregular situation.

3.4.3 Risks and recommendations

Risks		Recommendations mitigation
	<p>AW's identified the risk that people experience a barrier to use the helpdesk, because they fear sharing personal information to access it, as WhatsApp is not anonymous and information requested reveals their personal situation.</p>	<p>AW's expect some people are not comfortable with this; person, vulnerability and culture dependent. PAs confirm it would depend on the type of enquiry if they would use the Helpdesk or not.</p> <ul style="list-style-type: none"> • Include in-person support option at a physical address. • Ensuring you give enough explanation to have PA understand confidentiality levels and informed consent. "We are [...]. We will never share your information without your consent." • Create anonymous way of contacting helpdesk.
   	<p>One AW mentioned the risk that people do not feel like they can (safely) or have the right to complain.</p>	<ul style="list-style-type: none"> • Communicate available complaint mechanisms: How and where to complain. • Include a face to face option • Include an anonymous way of sharing complaints, for those that fear reprisals.
	<p>Vicarious stress could be triggered for some helpdesk volunteers/staff (especially former PAs) because of difficult situations of PAs they have to support with.</p>	<p>Mentioned by AW in interview:</p> <ul style="list-style-type: none"> • Mitigation by good selection and training, include topic of vicarious stress as part of this. • Ensure care is in place: protocol and counsellor for helpdesk staff.
	<p>Person manning the helpdesk is not trained well enough or not someone the PA is comfortable with.</p>	<p>1 PA mentions preference for Dutch person in order to trust the Helpdesk because he thinks they know the context best.</p>

		<ul style="list-style-type: none"> • Further research on what is desirable: Red Cross aid worker, ex-undocumented person, combination, other influencing factors like language or characteristic? • Recommendation Minimum Standards for PGI: <ol style="list-style-type: none"> 1. “All staff and volunteers involved in CBIs have received at least one training session on each of the following: gender and diversity, disability inclusion, child protection, trafficking in human beings and SGBV.” 2. “All carry an updated list and contact details of agencies and professionals for SGBV, child protection, legal and psychosocial support services to which they can refer survivors of SGBV or children who reveal an incident of violence to them. Efforts should be made to identify agencies or professionals experienced in responding to specific risks in each context, e.g. trafficking in human beings.”
--	--	---

3.5 Best practices

The Guide for Protection in CBI’s provides backing for the practice of combining the referral application and 121 platform. It recommends:

- “Design CBI along with complementary activities and services – particularly if specific protection objectives are part of program design.”(p.7)
- “Eligibility: During the process for setting eligibility criteria for CBI, people with specific needs within the affected communities should be identified and assessed. [...] the assessing agency can make referrals for other assistance as necessary.” (p.8)

Two most innovation relevant specific recommendations from the Guide for Protection in CBI's and IFRC Minimum Standards on Protection, Gender and Inclusion (PGI), give valuable information for the referral application, helpdesk and other complaint mechanisms:

1. **Train staff and partners on the prevention of sexual abuse and exploitation and child safeguarding, including on referral pathways to protection and psychological services.** From the Minimum standards for PGI: "SGBV and child protection specialists are consulted to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors who tell CBI staff that they have experienced violence. Staff have the basic knowledge and skills to handle disclosures, provide information to survivors on where they can obtain support and apply the survivor-centered approach. Where specific risks are detected, e.g. trafficking in human beings, specialists are identified and the cluster system supports CBI teams in mitigating these risks." (see for more information p.85-88).
2. **In Monitoring of the program, include red flag indicators for incidents, such as:**
 - reports of feeling at risk of e.g. harassment, restriction, security, or abuse as a result of the intervention.
 - reports of increased tensions within or between communities as a result of the intervention.
 - These incidents indicate serious protection risks or violations, and their linkage to assistance (CBI or other) should be explored with and by affected communities.

In previous work by the 121 team on the scope of inclusion of protection referrals digitally/online for 121, the below overview was created (see 121 service blueprint on Miro):

GIVE AID: NON-DIGITAL CASES	GIVE AID: DIGITAL (OPTIONAL) CASES
<ul style="list-style-type: none"> - Everything with children/minors - Child labor - Mental problems - Gender based violence (GBV) - Immediate threat/injury 	<ul style="list-style-type: none"> - No shelter - Missing family members - Physical disability - Chronic illness - Breast feeding - Unemployed - Assault (robbery / crime / ex. sexual)

From the guidelines and interviews, it seems that best practice is to include all protection service information, and to provide the PA with choices on how to access a safety referral:

1. They may want to call the safety service themselves (benefit: no sensitive data sharing with referral app needed),

2. They may want to use the Helpdesk for advice (benefit: more tailored advice and support, 3 AW's point out this would be beneficial), or
3. They may want to go to a referring safe center such as World house for (benefit) in person support by and dialogue with a trusted aid worker who can advise them on their options in private and in person.

4. Summary of the recommendations

Throughout the report, many recommendations and suggestions are shared with regards to optimizing protection benefits and mitigating risks which can be browsed per section of the innovative services offered.

The overall concluding page below lists in the form of a table the top recommendations that are deemed to have the highest priority to check if the innovation is designed suitably to achieve successful protection mainstreaming and do no harm.

 <h3>SAFETY & DIGNITY</h3> <ol style="list-style-type: none"> 1. Ensuring suitable PA data protection, also in WhatsApp Helpdesk. 2. Ensure true informed consent: Inform PA who has access to their data. 3. Include information about protection services in the referral application, with option in-person tailored advice. 4. Ensure protection and safety referral pathways are known to well-trained staff who know how to handle issues. 5. Ensure inclusive and non-stigmatizing language is used throughout innovation areas and in service information. 	 <h3>ACCESS</h3> <ol style="list-style-type: none"> 1. Promotion: Ensure PAs know the referral app exists. 2. Comply with accessibility standards across all² areas of the innovation. Requires more adjustment for the identified 'exclusion risk' groups and consideration of alternative delivery mechanisms. Include physical in-person support. See annex 2 for more info. 3. Develop interface of referral app further, so it is user-friendly and easy to navigate independently. 4. Address distrust for 121, referral application and Helpdesk. Using Awareness and Trust program, promotion by local trusted organizations and review of descriptions needed within referral app. 5. Collaborate with local service providers on improving the "next step" for PA of using a service. Barriers to access are experienced, such as PAs failing to reach or hear back from a service. AW's involved in the mapping identified that several service providers have websites only in Dutch and use jargon.=).
 <h3>ACCOUNTABILITY</h3> <ol style="list-style-type: none"> 1. Ensure all crucial services and needs identified are included in the referral application. Safety and COVID-19 were added, food should also be added according to PA and AW consultations. 2. Ensure the information about services is correct and covers what PA needs. 3. Have a multi-channel feedback mechanism that is easily accessible to PAs. AGD-lens: e.g. also face-to-face for illiterate PAs without digital skills and option of anonymous feedback. 4. Integrate monitoring of identified protection risks and benefits in MEAL plan. See annex 3. Review individual risks 5. Further investigation PA opinions on desirability of algorithm for targeting, 	 <h3>PARTICIPATION & EMPOWERMENT</h3> <ol style="list-style-type: none"> 1. Inform PAs about their rights in the Netherlands and access to services in an understandable, simple manner. The right place and phrasing for this (per service area?) should be tested further. 2. PAs expressed a need to know more about service user experiences to trust a digital list of services. A place to see user experiences is recommended. 3. A search filter on the referral application (or auto filter from having entered needs information in the 121 platform) would allow PAs to adapt the listing of referral information to their personal requirements. 4. Guide for Protection in CBI's: "Include affected communities as participants in all phases of the program cycle." (p.7) Find out how PAs want to participate. 5. The idea of participation of former PAs in running the Helpdesk requires further review.

²121 digital platform, referral application, CBA voucher and Helpdesk/feedback mechanism

Annex 1 – Overview primary data

- 1 stakeholder consultation workshop with 15 aid workers including 3 PAs from:
 - Doctors of the World
 - Amsterdam City Rights: 5 aid workers, including 2 male and 1 female former PAs.
 - Netherlands Red Cross
 - LOA
 - Salvation Army
 - ASKV
 - De Waag (expert digital solutions, not AW)

- 4 further 1-to-1 interviews with 5 aid workers (AW's)
 - Salvation Army staff with experience with people who were trafficked
 - Humanitarian aid workers with CBA/protection and security experience
 - Former support worker at day centre for undocumented migrants (Worldhouse)

- 4 in-depth interviews with (former) persons affected (PAs)
 - Ages range from 25-48
 - 3 male, 1 female. From 3 different continents
 - A small but diverse representation that includes people with specific vulnerabilities and experiences of protection risks (survivor of human trafficking, sexual orientation related discrimination, mental health disabilities etc)

Risk PA interviews: Missing representatives like older people, illiterate people, people with mobility, intellectual or sensory disabilities. Two of the former PAs were under 25 when first affected.

Risk mitigation: Recommendations taken from guidelines and best practice on accessibility.

Annex 2 – Accessibility & inclusion

Recommendation 1. The innovation should be an inclusive design for people with disabilities (PwD) and older persons.

*“According to the World Health Organization (WHO), 1 billion people, or **15% of the world’s population**, experience some form of disability and encounter severe disadvantages because of the few or non-existent conditions of physical and digital accessibility.”*

– CBM, 2017:14

Accessibility should therefore be a core component of the innovation. As captured in the Convention on the Rights of Persons with Disabilities (CRPD) which was ratified by the Netherlands in 2016:

“Information and communications technologies and systems, have been defined as an integral part of accessibility rights and fundamental to ensuring that persons with disabilities can exercise their rights”

– CBM article 9 (p.9)

For this innovation, this includes the right to seek information (article 21), access to health (article 25) and other services.

Currently the 121 digital platform is making a lot of progress in accessibility by e.g. the audio voice recordings, which contributes to inclusion of people that are illiterate or have a visual impairment and shows commitment to make it inclusive.

- This should also be achieved for the service referral application as this in the Netherlands will likely have even more pre-literate users.

In addition, considerations for people with disabilities should comply with:

- Conscious digital accessibility design, for more awareness see this CBM overview toolkit from which the above quotes were taken:
https://www.cbm.org/fileadmin/user_upload/Publications/CBM-Digital-Accessibility-Toolkit.pdf
- Especially take into account for the app:
 - 3.1 Accessible Fonts to 3.6 Creating accessible video (p.24-37)

- Web Accessibility (p.39-43) which is also applicable to applications.
- CBM's IT Helpdesk offers more help: helpdesk@cbm.de
- See Checklist & Guide to Implementing Priority ICT Accessibility Standards: https://smartcities4all.org/SC4A_Toolkit_-_Standards_XT.php
- Web Content Accessibility Guidelines (WCAG 2.0) This is an international standard for website accessibility that specifies testable "success criteria" for three compliance levels (A, AA, or AAA).
 - Ensure inclusion of people with learning/intellectual disabilities. <https://www.changepeople.org/getmedia/923a6399-c13f-418c-bb29-051413f7e3a3/How-to-make-info-accessible-guide-2016-Final>
 - In a future pilot in which smartphones are provided to persons affected, use <https://www.gari.info/index.cfm> in order to ensure procurement of smartphones with sufficient accessibility features to be inclusive for PwD.

Long term ideas for good practice:

1. Amsterdam context and potentially user testing with PwD:

Making use of knowledge and experience of disabled persons organisations (DPOs) or other organisations working on access for persons with disabilities.

2. From the user test, the 121 team decided: Password must be PAs own choice and to be remembered. CEA-part needed with training, testing retention of passwords? Workshops at a later stage, include in best practice for CEA later. Re-logging in is not expected. NL can because they have their own device, but unlikely they will need it. Helpdesk would be contacted with issues, so no priority. Access to the service referral information website and Helpdesk should always be available also before registering, not just when logged in (Jonath) so help available without password.

- **Recommendation 2. Diversity & dignity:** Data input in app should go beyond the gender binary to be inclusive and dignified to LGBTQI+, especially intersex, non-binary and gender queer persons affected. A simple way to do this, could be to ask: What best describes your gender? Checkboxes: Female / Male / Prefer not to say / Prefer to self-describe: (see: https://www.stonewall.org.uk/sites/default/files/do_ask_do_tell_guide_2016.pdf)
- **Recommendation 3. Disaggregate data for protection information on different groups.**
See page 6 of the IRC Safer Cash Toolkit: <https://reliefweb.int/sites/reliefweb.int/files/resources/1568162295.Safer%20Cash%20Toolkit.pdf>

“When collecting individual level data, it is essential to collect demographic information (age, sex, disability, current marital status, etc.) of the respondents so that data collected can be analysed by age, gender, disability and other factors (alone or together). This helps us better understand if cash was safe for different profiles of recipients, or who experienced what risks (e.g. persons with disabilities had incidences of theft, or young men were subject to extortion), as well to hopefully see if there were particular benefits to any profiles of persons. These questions should be marked as required for all assessment forms so that they cannot be skipped during data collection” – IRC Safer Cash Toolkit (p.6)

Inclusion

“Gender and diversity analysis must include the participation of women, girls, men, boys and persons of other gender identities as well as individuals and groups based on: age (children, adolescents and older men and women); disability status (physical, sensory and intellectual); persons with mental health disabilities; and ethnic, religious or cultural minorities.” (IFRC, 2018:80 <https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2018/11/Minimum-standards-for-protection-gender-and-inclusion-in-emergencies-LR.pdf>)

Method for ‘quick scan’ on representation of people with disabilities:

The Washington Group Short Set of Questions

1. Do you have difficulty seeing, even if wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?
5. Do you have difficulty (with self-care such as) washing all over or dressing?
6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

Each question can be answered by one of the following four options:

- a. No- no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

A cut-off point should be determined, the recommendation from the Washington Group is “If any individual answers ‘a lot of difficulty’ or ‘cannot do it at all’ to at least one of the questions, they should be considered a person with a disability for data disaggregation purposes.”

Annex 3 – Monitoring tools and questions

The protection-aspects of CBI's should be monitored. As stated in the Guide for Protection in CBI's: "Embed monitoring of identified protection risks and benefits into program monitoring processes and post-distribution monitoring (PDM) or similar tools" using an Age Gender & Diversity (AGD) lens.

Also for 121 potential PME questions have been listed in case future pilots will be implemented (for testing the service referral information website and/or the 121 application). In this annex, there will be a suggestion for PME tools as well as PME questions.

Protection monitoring plan and tools

Guide for Protection in CBI's: "Embed monitoring of identified protection risks and benefits into program monitoring processes and post-distribution monitoring (PDM) or similar tools" using an Age Gender & Diversity (AGD) lens.

- ✓ Use p.14-15 of Guide for Protection in CBI to inform monitoring plan.
- ✓ Use adaptable tools from the Protection Mainstreaming Toolkit for MEAL of project implementation (2017, p.45-60) such as the:
 - TOOL #B5 – PROTECTION MAINSTREAMING ACTION PLAN (PMAP) to map planned activities to mitigate Protection Risks identified.
 - TOOL #B6 – BENEFICIARY ASSESSMENT (ENDLINE) to assess beneficiary perceptions and experiences in terms of safety, dignity, access and participation at the end of a project.
 - TOOL #B7 – PROTECTION MAINSTREAMING PROCESS SCORE CARD: This template should be used to assess the level to which the organization has followed the steps to effectively mainstream protection.

Some further thoughts on what monitoring methods could include:

- ✓ AGD-aggregated anonymous tracking of common helpdesk questions and concerns,
- ✓ Observations by AWs who support PAs in learning to use the 121 platform
- ✓ A post-distribution monitoring survey (could be a link to a survey sent out to all pilot participants via WhatsApp complemented with the option to respond at a day shelter)
- ✓ Findings by scrum team about user interaction with interfaces and end-evaluation.



PME questions

Research was limited to the pilot-context in the Netherlands. However, both the 121 application and the referral app might be further piloted in a completely different setting. From a protection-perspective the following PME-questions could be relevant to test:

Measure IMPACT of the service referral information website and/or 121

Measuring age/gender groups (to get to know about inclusion/exclusion)

1. Measuring trust-worthiness of the information published
2. Measuring the need for (more) human support throughout the process
3. Measuring effectiveness of the service referral information website:
 - a. Did you find what you were looking for?
 - b. Is something crucial missing?
 - c. Are certain button's not used at all? → Do we have insight in this?
 - d. How long did registration take? Any difference for age/gender groups? → Do we have insight in this?
4. Measuring user-friendliness: was it easy to use, or did you experience problems related to:
 - a. Literacy
 - b. Technical skills
 - c. Language
 - d. The design
 - e. Understanding the icon's
 - f. Your sight
 - g. Your phone
5. Measuring the need for information on PAs right.
 - a. What is current awareness on rights
 - b. Is there need for information on rights (and what rights)
6. Measuring the need of the helpdesk
 - a. Is it being used?
 - b. For what is it being used?
 - c. By who is it being used (age/gender groups?)
 - d. Is it a sustainable approach?
 - e. Any protection-issues that came up?
 - f. Who should be manning the helpdesk (aid worker, ex-undocumented person, or a combination for example).
7. Measuring safety of the system: Was there any incidence of data protection failure?
8. Measuring whether including the algorithm would lead to tension/disharmony → reading back co-design sessions?
9. Measuring effectiveness of the communication: "It was well communicated to me that":

- a. It was not possible to update information after registration (yes/no).
 - b. What the selection criteria were (yes/no).
 - c. Some personal data would be shared (yes/no).
 - d. How many cash distributions there would be (yes/no).
 - e. When the program would end (yes/no).
 - f. How to report problems or ask for help (yes/no).
10. Finding out about unexpected issues by accessing helpdesk conversations, feedback and complaints information, observations during registration, interviews and conversations with (un)documented migrants and aidworkers
11. What other issues PAs deal with? Tick boxes if applicable to you as a PA:
- a. transportation costs to get to registration/validation
 - b. not understanding the process
 - c. not feeling supported enough to help me get through the technicalities and written texts
 - d. having problems lacking ID cards/SIM cards
 - e. having to deal with illness or disability
 - f. problems with QR-codes and/or passwords
 - g. concerns to keeping your cash, ID, QR-code, password, phone or sim-card safe
 - h. difficulties understanding my rights in this process and what I consent

Measure the need for expanding the service referral information website:

- o A search-button
- o Link addresses of the services to GoogleMaps
- o A rating/review system by PAs to find out about quality/trustworthiness of services
- o Selection-boxes so that you only get to see about services relevant for you (your gender, your age, Dublinclaim or not)
- o If a service works also via what's app, is it possible to link this to the PA (just like the helpline is linked to a PA via what's app)?
- o (More) voice recordings
- o Information on PAs rights
- o A separate button for 'children-related services'
- o Good overview of target criteria and paperwork to take along to an appointment (and possibly a notification if money is involved for a certain service)
- o Direct information on GP's so that you don't need to go via for example 'Wereldhuis'

Measure the need for expanding the 121 system:

- Ongoing program registration and ability to update your personal information
- Discretion around timing of disbursement (for example via What's App)
- Appointment times send by text/What's App to shorten waiting times for registration/validation
- Possibility to share feedback or complaints via the app
- Financial training or some life-skill advice through a button for do's and don'ts.
- Adjust distribution amounts of cash according to the needs of a household and to the amount of people living in the household, and their age.
- Enable people to re-appeal in case their household was assessed as non-eligible in order to check whether there was made a mistake or not.

Questions for AW and/or people working in social services:

1. What service do you provide for undocumented migrants?
2. SOME INFORMATION ON THE SERVICE REFERRAL INFORMATION WEBSITE, including the idea of the HELPDESK, and the selection of SHELTER, DOCTOR, LAWYER.
3. Could we share updated information about your service on the service referral information website?
 - a. If yes, do we have permission to publish your Logo, name of the organization, address, phone nr, email-address and link to the website? What are opening hours, and conditions to get support? Any specific issue related to the support that the PA should be aware of?
 - b. If no, can you explain why not?
4. We want to keep information in the service referral information website as reliable and up-to-date as possible. Can you contact us if anything changes? And is it okay if we contact you every 4 months to check whether it's still the right information?
5. May we ask you some additional questions?
 - a. Could you mention all services that come to mind? Just to get a thorough overview of what is available. It doesn't mean it will be added to the service referral information website, but just to prevent we forget a certain service we're not aware of.
 - b. Do you recognize the added value and need to connect your service with the service referral information website? In what way?
 - c. Do you foresee any risks or safety issues related to the information-provision, the follow-up (access to the service), or the help-desk?
 - d. What is your opinion on the need for more awareness around the rights for undocumented migrants?
6. Last but not least, we are involved in a consortium that is working on an innovative system that aims to improve cash transfer programming. Would you like to be

involved in this by answering some questions about the innovation from a protection point of view?

- a. Explanation about the app, registration, validation, and the algorithm.
- b. Having heard about the innovation. What protection opportunities do you foresee, and what risks?

Questions for AW or ex-undocumented migrants who were involved in the pilot:

- Any safety issues that came up? Which ones?
- Any feedback/complaints regarding protection that came up? Could you share what it was about?
- Do you foresee tension/disharmony within households or within a community once the algorithm would decide on inclusion/exclusion? If yes, any recommendations on how to mitigate this risk?
- Do you think the algorithm will be able to target the most vulnerable?
- Do you have experience in cash distributions? If yes, do you think that this app is an improvement on 'ordinary' cash distributions? Can you explain?
- Do you think people understood the app easily? Or was much support needed?
- Any problems that came up during the pilot regarding:
 - o Literacy
 - o Technical skills
 - o Language
 - o The design
 - o Understanding the icon's
 - o Sight
 - o Understanding the process
 - o Lacking ID cards/SIM cards
 - o QR-codes and/or passwords
 - o Concerns to keeping your cash, ID, QR-code, password, phone or sim-card safe
 - o Difficulties understanding their rights
 - o Data protection
 - o Something else:.....

Other questions:

- How can the applications be adapted in a way that child-headed households and unaccompanied minors can make use of it as well?
- How to mitigate the risk that information is limited to the household-members owning the mobile-phone?
- How can a basic-rights button be included in the referral-app?
- Do people affected find self-registration important?
- What should the URL be of the referral-website?
- Can we link in-person aid worker support to a safety-button in the referral app?
- How can we create an anonymous way of contacting the helpdesk? Or how can we ensure that household-members without a phone can also contact the helpdesk?



Annex 4 – List of resources

- UNHCR/Global Protection Cluster (2015) Guide for Protection in CBIs.
<https://www.calpnetwork.org/wp-content/uploads/2020/01/erc-guide-for-protection-in-cash-based-interventions-web.pdf>
- IFRC (2018) Minimum Standards for Protection Gender and Inclusion: Cash Based Interventions (p. 80-89) Online at <https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2018/11/Minimum-standards-for-protection-gender-and-inclusion-in-emergencies-LR.pdf>
- Global Protection Cluster (2017) Protection Mainstreaming Toolkit.
https://www.globalprotectioncluster.org/_assets/files/aors/protection_mainstreaming/gpc-pm_toolkit-2017.en.pdf
- Gender Tip sheet for Cash Based Interventions
https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/gender_tipsheet_for_cash_based_interventions_0.pdf
- CBM Digital Accessibility Toolkit. Ranging from Accessible Fonts to Web Accessibility (p.24-43) https://www.cbm.org/fileadmin/user_upload/Publications/CBM-Digital-Accessibility-Toolkit.pdf
- ICRC/IFRC (2016) Cash in Emergencies Toolkit
<https://reliefweb.int/report/world/cash-emergencies-toolkit>
- CaLP (2020) Remote Registration and Verification webinar
https://www.calpnetwork.org/wp-content/uploads/2020/07/200714-CaLP-remote-registration-and-verification-webinar_FINAL.pdf
- Checklist & Guide to Implementing Priority ICT Accessibility Standards:
https://smartcities4all.org/SC4A_Toolkit_-_Standards_XT.php
- CHANGE (2016) How to Make Information Accessible. A guide to Producing Easy Read Documents. <https://www.changepeople.org/getmedia/923a6399-c13f-418c-bb29-051413f7e3a3/How-to-make-info-accessible-guide-2016-Final>
- Stonewall (2016) DO ASK, DO TELL. Capturing data on sexual orientation and gender identity.
https://www.stonewall.org.uk/sites/default/files/do_ask_do_tell_guide_2016.pdf
- United Nations (2006). Convention on the Rights of Persons with Disabilities.
- Retrieved from:
<http://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx#2>

Annex 5 – Protection Mainstreaming key areas

1. PRIORITIZE SAFETY AND DIGNITY: DO NO HARM

Avoid causing harm; Prevent and minimize, as much as possible, any unintended negative effects of the intervention which can increase people's vulnerability to both physical and psychosocial risks. Contribute to safety.

Examples:

1. A person leaving children unattended to get registered for aid, may inadvertently expose the children to risks.
2. Leaking of personal details such as sexual orientation could lead to violence or discrimination.
3. Not being able to refer or signpost people who are being abused, may expose them to continued abuse in

3. ACCOUNTABILITY

Set-up appropriate mechanisms through which affected populations can measure the adequacy of interventions, and address concerns and complaints.

Examples:

1. Persons affected know how they are able (and feel safe) to make a complaint or express a concern.
2. Persons affected are told or understand on which criteria some people are included or excluded for aid such as emergency shelter.

2. MEANINGFUL ACCESS

Arrange for people's access to assistance and services – in proportion to need and without any barriers. Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services.

Meaningful access can be further broken down into assistance and services being:

- Available in sufficient quantity and quality;
- Provided on the basis of needs and without discrimination;
- Within safe and easy reach; physically, digitally and financially accessible;
- Known by people potentially accessing services;
- Culturally relevant and socially acceptable.

Examples:

1. A person using a wheelchair needs to be able to access a building
2. A non-binary/transgender person should be able to register for support without being forced to choose between only the genders male and female in the registration form.
3. A person who is illiterate or not able to use internet, should also be able to access aid.

4. PARTICIPATION & EMPOWERMENT

Support the development of self-protection capacities and assist people to claim their rights, including the rights to shelter, health, etc.

Examples:

1. An undocumented person who is very ill, is aware of or will be informed about their right to medically necessary health care. They are referred to a health care provider.
2. The targeted group is involved in developing, implementing and evaluating aid interventions.