



# Initial Protection Findings

**Learning from Netherlands 121 Pilot implementation**

22 January 2021

# Introduction

This document lists initial 121 Netherlands pilot findings in relation to the four key areas of protection mainstreaming. It is a final protection contribution to this pilot from Help a Child. All data in this document may be used towards the further evaluation and learning from the Dutch 121 pilot.

## Data used

Existing Monitoring & Evaluation data incorporated in this document:

- ✓ the Helpdesk feedback document (excel) where questions and comments from PAs are tracked between November 2020 and January 2021,
- ✓ the pilot updates (last report 07/01/2021 by Melanie on Teams)

Additionally, Help A Child collected qualitative data from interviews held with five members of the project implementation team in January 2021: Anne van Berkel, Melanie Miltenburg, Orla Canavan, Jonath Lijftogt & David The.

## Pilot groups

Findings thus far are mostly from experiences with the LVV waiting list group in Amsterdam, as they started in November 2020. Groups that started later (not as much data available yet) are the LVV waiting list group Utrecht, where approximately 10-15 PAs receive a voucher since January 2021. Through the RC food programme Amsterdam, Stap Verder joined with a small, diverse group of PAs (currently missing their usual informal support due to covid-19 context e.g. closed mosques) and Filipino LGBT: large group of PAs who were reliant on a physical distribution of a food voucher (gift card). In times of covid-19 this led to additional risks from large groups waiting in one location.

## M&E Framework: Expected results of the pilot

It is important to keep in mind the pilot objectives and expected results in collecting protection findings on M&E. Findings so far, mostly contribute to lessons learned on the expected key results. With regards to the objectives, more data and the general project evaluation is needed.

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### Three expected key results

- 1.1 The PA is able to buy goods to cover his/her main basic needs with the supermarket **voucher** provided.  
*Condition: The PA was able (aided/unaided) to register for this form of CBA on the 121 platform.*
  - 1.2 The PA uses the info on the **Helpfulinformation-website** to meet his/her basic needs.
  - 1.3 The PA succesfully contacts the whatsapp **helpdesk** when in need for support.
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# Safety & Dignity

## Risks observed

- ✓ Preference for support modality with this amount of spending freedom is so strong, that post-participation a freedom is removed. Alternative aid has this benefit less.
- ✓ Avoiding additional vulnerability/dependency by providing vouchers (not digital CBA specific): dependent on target group more or less a risk. COVID-impact temporary 'bounce back' more likely.
- ✓ Voluntary digital sharing of personal data (such as V-number or medical issues) on WhatsApp platform, think about data responsibility and risks using this platform.
- ✓ No structured approach yet to deciding which individual services to include on the **webapp** and which not, beyond co-design (asking PA's what categories of service are important to them). In decision making on which service providers to include, it should be considered not only if the PA deems the type of service as a need, but also if the organisation is deemed reliable, has enough capacity, if their operating procedures are in line with e.g. the RCRC humanitarian Code of Conduct and integrity minimum standards.
  - A decision tree would help a lot.
  - Consider data responsibility. We cannot carry liability for services listed, but the RC must consider implication of being in the trusted position where PAs use our recommended/listed services.

## Protection Benefits/Successes

- ✓ Dignity: "Through the **voucher**, I can contribute something to the household where I am allowed to have shelter."
- ✓ Dignity: Having the voucher does not lead to stigma or being identified as 'beneficiary' could have been purchased online.
- ✓ Dignity: Freedom of choice in spending in voucher is enjoyed.
- ✓ Very little personal information required in order to run the project: name and phone number sufficient for verification usually. Only minimal purposeful data collection built in.
- ✓ Physical vouchers attracted safety risks for two locations where vouchers were distributed. In one of these situations (Filipino LGBT Europe), replacing this with digital provision through 121 now prevents this.
  - Police had to jump in at a crowded gift card voucher distribution for group before Christmas, **121 digital CBA vouchers** is now safer for PAs and the organisation, in terms of preventing police contact (risk, stress and fear trigger for PAs, as well as possibility of fine for crowding) and in terms of covid-19 prevention.



- ✓ Clear criteria and targeted communication to targeted PAs only appears to contribute to safety.
- ✓ InterSolve has data of **use vouchers**: RC consciously chooses for minimal access as PA has not been asked for consent. RC did request access to IF vouchers are being used and WHERE.
- ✓ Dignity as well as safety related, WhatsApp Helpdesk provided a personal tailored response to several incidents:
  - Three urgent needs were addressed thanks to the **whatsapp helpdesk**: an urgent need for medication, an urgent need to be seen by a medical professional at a listed service provider (RC contacted service provider to support PA), and a medical emergency was addressed appropriately thanks to help of the whatsapp **Helpdesk**. Rapid response ability. Both ambulance and emergency shelter for 1 night for the PA. Interesting finding, more urgent needs so far arrived to whatsapp, not to the in person Helpdesk.
  - Incident where **voucher** was used up on next customer after 11 euro spend by PA, InterSolve was able to help. PA contacted RC, RC contacted Intersolve, IS by showing exact location and transaction enabled RC to contact AH corporate relations who reimbursed quickly by providing a new 24 euro voucher to this person.

# Meaningful Access

## Risks observed

- ✓ PAs confirm dependency on wifi and charged smartphone in order to use 121 platform, whatsapp and helpdesk (esp in case of homelessness). Offline use doesn't appear to work.
- ✓ How can we measure **meaningful access to Helpful Info webapp** for PA if:
  - ✓ stats aren't segregated between internal and external use?
  - 2) We have no data on access or impact of the webapp for those PAs not yet in contact with service providers?
- ✓ Pilot specific **challenges targeting & selection** PA 'beneficiaries' voucher/CBA. Are the PAs most in need being targeted?
 

People that do not know about LVV or do not fit our criteria, aren't considered for CBA support during the pilot. Experience of long-term undocumented persons feeling frustrated that they are not eligible to receive CBA, experienced as unfair. "Why not me?"



Necessity of clear criteria as risk mitigation, harder with some pilot groups added.  
Compare with other pilots that include clear targeting criteria via 121 answers or CE.

- ✓ Extra stress and loss of trust due to lack of clarity who is eligible to be considered for CBA, especially in cases where it is not clear. Anger at times encountered.
- ✓ Large group is **not registering for 121**: so far only 59% of 96 LVV Amsterdam group. Of those who did not register, 15 are still on the LVV waiting list (see also Accountability section).
- ✓ **121 registration** often experienced as complex by users. Takes time. Several questions. “Where should I click?”, “Which of my phone numbers should I enter?” (twice) not clearly described on platform, About the programme button often not clicked or read. T&C can be skipped?
- ✓ **Self-registration** caused stress for some, likely link with general mental health difficulties due to tough circumstances of PAs. A group of PAs really needed offline aid to overcome this. Confirms offering in-person support is needed.
- ✓ Within the food programme pilot group, several people registered more than once on the **121 platform**, which presents challenges and risks with regards to ensuring the right PAs are supported (maintaining clear overview of beneficiaries) and ensuring the same person does not receive double the amount of vouchers.
- ✓ One PA from Iran couldn't read this alphabet, reliant on listening in **registration** process. Appeared frustrating for person but he succeeded ultimately.
- ✓ One elder PA **without smartphone** registered through her son, who would receive the vouchers for her.
- ✓ Clarity and inclusiveness needs to still be monitored and evaluated with PAs including through user tests; ongoing improvements made for webapp Helpful information are mostly based on team insights.
- ✓ Most people affected (outside of the pilot groups) do not know the Helpful Information **referral webapp** exists.
  - If a PA is not also enrolled in the 121 CBA pilot, the webapp is likely not known. So reach and/or impact on PAs outside of those already in touch with support services centre is totally unknown. This means we are not yet identifying the potentially significant impact the tool can have on a large number of PAs, who are often completely unaware that they can access help despite their undocumented status. All pilot groups already found their way to aid services, so likely have less of a need for the referral webapp. (Not communicating the referral webapp more widely, was a conscious choice of the team so far, due to its development being ‘unfinished’ and its reach only Amsterdam and Utrecht.)



- Beyond pilot, strong communication plan would be required for equal access to PAs with the most need for information (those who haven't reached any services already). Potentially include in this plan sharing of just the WhatsApp Helpdesk phone number as starting point.
- Even in google the webapp is hard to find unless you use the exact right words.

## **Protection Benefits/Successes**

- ✓ WhatsApp Helpline is having a positive impact, much used.
- ✓ Aid workers report using the webapp as tool.
- ✓ Digital registration is not suitable or accessible to all, but allows for extra time to assist the smaller group who requires an alternative, physical support to register for aid.
- ✓ Use of Helpdesk to have easy access to aid worker: PAs leave photos, questions (indicate issues/challenges with use of 121), laagdrempelig.
- ✓ PAs often address Helpdesk staff by name, effort made by Helpdesk staff to make it 'personal' not anonymous, appears to lead to trust and connection despite digital communication. Trust the person.
- ✓ Experience that PAs in the pilot who are at Wereldhuis often do trust the intervention.
- ✓ Experience that stress of individuals seen at Wereldhuis did not prevent their ability to register.
- ✓ Ongoing improvements are being incorporated:
  - Other names of categories.
  - Other languages are sometimes needed according to LOA/partner orgs. This month Tigrinya and Arabic will go live. For the new added pilot group of Filipino LGBT, Tagalog translation was already launched.
- ✓ Paper voucher was required 3 times, printed at LOA. PA had no whatsapp/no smartphone.
- ✓ Relatively few questions about how to use voucher, while they are being used. (mostly: when is distribution etc)
- ✓ Vouchers appear to be received well by PA's successfully registered.
- ✓ Cities where vouchers are used are very diverse, not just Amsterdam. Making the vouchers valid everywhere in the Netherlands was a good choice to support meaningful access. No travel issues/costs or limitation in freedom.
- ✓ From the LVV waiting list pilot implementation, only 3 PAs *not part of the pilot group* so far tried to register on 121, so in this group the invite message to a targeted PA was so far not commonly shared with others outside of the target group.



# Accountability

## Risks observed

- ✓ **121 platform:** Difficulty or apprehension to registering for 121 for up to 41% of PAs at LVV Amsterdam, means project objectives aren't achieved for a considerable proportion of the group.  
*Requires urgent action to identify barriers experienced. Is this an access issue, trust, understanding, suitability?*
- ✓ Difficult to track how PAs use **121 digital platform** when PAs have an active block on their phone (likely VPN?). Of 100 PAs from Filipino LGBT only for 30 it was possible to track if they used the English version of the platform or the Tagalog translation. This complicates being able to evaluate PA preferences/needs.
- ✓ Still the most urgent PA need appears to be for shelter, not a supermarket voucher (known prior to launch).
- ✓ Use of Helpful Information **webapp:** Statistics on clicks may mostly reflect internal use of team who built the webapp. No segregated data on internal, aid worker or PA use available.
- ✓ Related to this, in the 'click count' user statistics from the webapp dashboard, it is not yet clear if the categories lawyer, safety and covid-19 are contributing meaningfully. The categories Shelter and Doctor appear to have accumulated 180-200 clicks, whereas use of the other three appears significantly less frequent. Covid-19 and safety gathered around 75-80 clicks each and lawyer approximately 65 clicks.
- ✓ Issues **webapp** functionality of google sheet leading to mistakes in information: e.g. wrong links or sensitivity to mistakes in google docs creating faults in webapp.
- ✓ Access to **webapp** back end for untrained people leads to issues. Person with final responsibility and data manager(s) should do regular checks and receive good training.
- ✓ To what degree is follow up to Helpdesk issues feasible, desirable and on what scale?
- ✓ Accountability of the organisation to aid in emergencies "What if we call 112?", legal perspective.



## Protection Benefits/Successes

- ✓ **Use of voucher** is happening and appears well understood in practice, contrary to expectation. Very few questions on how to use it, once the PA has received the voucher.
- ✓ The log of the **Helpdesk feedback channels** shows they received and solved 62% of queries through WhatsApp, and 38% of queries or feedback through in-person presence at the Worldhouse in Amsterdam (between 4 November 2020 and 9 January 2021). This shows both the in-person and digital channel have proven useful for many PAs within this pilot context.
- ✓ Once the data from the two feedback channels is segregated, there are clear patterns in preferred channels of feedback (highlighted grey) *per topic*. See the table below. In the feedback excel file all queries logged as 'other' or as 'Wegwijzer' both entailed searching for the right referral information, so these two topics are combined in the column 'Referral support'.

Helpdesk Channel queries (n=84)	Registration (n=31, 37%)	Voucher (n=29, 34,5%)	Referral support (n=24, 28,5%)
In-person Worldhouse (n=32, 38%)	18 / 56% of total	5 / 16% of total	9 / 28% of total
Digital WhatsApp (n=52, 62%)	13* / 25% of total <i>*incl 1 verification query</i> <i>*incl 3 PAs saying they want in-person support</i>	24* / 46% of total <i>*incl 3 PAs positive feedback</i>	15 / 29% of total

- ✓ It would be interesting to observe if less support is required in contexts where the PAs remain a relatively stable group who are registered successfully: as over a third of the support requests are around the topic of registration and another third about receiving the voucher. The vast majority of voucher questions being "when will I receive it?", which is likely also mostly unclear for PAs in the first phase of enrolling.
- ✓ So far, **helpdesk** managed by 510/NL RC staff worked well to get the project started, staff able to respond appropriately and identify common questions, before (planned) training others to know what to expect/how to respond.
- ✓ Several aid workers provide feedback that it is useful to use the **webapp** to refer PAs.
- ✓ Quick renaming/sorting categories in the referral **webapp** helps to modify and make the content more suitable on the go. Google doc is very dynamic, quick to change content.
- ✓ Although there is no shelter provision part with the chosen CBA of a supermarket voucher, use of the **webapp** shows many people click on shelter service information as well as the doctor information.
- ✓ The topics of the Helpdesk questions to get referral information show a.o:
- ✓ A frequent need for additional guidance in finding the right health service or information (13, 54%) and so appears to contribute to access.

- ✓ Three PAs asked for in-person support because they struggled to use or open the referral webapp, potentially more should be done to make the webapp more user friendly for meaningful access.

Overview topics of the Helpdesk questions to get referral information or support (n=24)	Number of queries
Doctor/physical health needs	10
Mental Health/ psychological support needs	3
Shelter needs	3
Difficulty being able to use or open the referral webapp	3
Restoring Family Links	2
Looking for language training (NL, EN)	2
Legal advice	1

# Participation & Empowerment

## Risks observed

- ✓ The fast pace of an emergency response (when 121 is rolled out elsewhere) and work pressure to develop the tailored local content of the helpful information referral webapp and set up 121 in the context, may mean that there is not enough HR and time to appropriately recruit and train peer group volunteers (ex)-PAs to manage the Helpdesk.
- ✓ No user tests so far for helpful information referral application.

## Protection Benefits/Successes

- ✓ Co-designing with community members appears to have successfully led to identifying the most needed categories of aid. User statistics show that the most clicks occurred on shelter (day and night) and doctor (both body and mind).
- ✓ Translation to Tagalog was done by Filipino PAs who volunteered to do so. They mentioned they really enjoyed being able to contribute and were excited about the support offered.
- ✓ Rights information was reported as useful.
- ✓ Trust & willingness to communicate: Those who are invited for 121 get a link to the whatsapp helpdesk, people often introduce themselves here and share. Appears to be quite a lot of trust by those who do interact with the platform: observed through unsolicited sharing of personal information and voluntary introductions.
- ✓ Gratitude for voucher has been communicated by PAs.
- ✓ Potential: It is planned to involve ex-undocumented migrants from January 2021 in the manning of the Helpdesk. Review once implemented.



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