



### USE CASE 3

## Individual referral

Sharing data on a person with a partner, donor or government for follow-up services

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*Cover photo: Abdelkader, 33, a Syrian refugee from Halab, who lives in Mount Lebanon, receive a food voucher and an MPC card from WFP. (Photo Credit : NRC)*

# PROBLEM SUMMARY

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There are around 5,000 different organizations known to be engaged in the humanitarian response globally<sup>1</sup>. However, approximately 69 per cent of the estimated 40.1 billion US dollars<sup>2</sup> spent on assistance was from only 18 organizations<sup>3</sup> (not including the potential for sub-granting).

This proportion is even greater for cash and voucher assistance (CVA). In 2021 5.4 billion US dollars in CVA transfers reached 1.3 billion people<sup>4</sup>. Of this approximately 82 per cent was implemented by the UN and National Red Cross and Red Crescent Societies. If we include the members of the Collaborative Cash Delivery Network (CCD), this will represent the bulk of CVA programming.

In many cases these organizations collect and hold sensitive personal data on the people they are supporting. This may include names, addresses, phone numbers, biometric data, bank account information and an assessment of their needs and vulnerability. Separate to the challenges of an organization managing this data responsibly, there are also circumstances where it may be necessary to share this data with other organizations.

This use case does not consider sharing data on a person for the purposes of deduplication or with service providers to facilitate payment or messaging services. These are both covered in separate use cases. Instead it considers cases where data may need to be shared to enable continuity of services, enable integrated programming, provide protection referrals, manage complaints, respond to donor audit requirements or in response to requests (or demands) from governments (or other authorities).

This may require sharing data in bulk (i.e. targeting lists) or individually (i.e. for protection referrals). This use case is particularly sensitive, as it typically requires sharing of more personal data than other use cases. With the deduplication, payments and messaging use cases the data shared can potentially be minimized and could exclude the vulnerability profile of the household or individual.

## How does this use case relate to the CVA business process?

This use case mostly takes place during the 'Distribution Cycle' stage of the CVA business process. The exception is the complaints variation which takes place throughout the entire business process.

## What are the variations of this use case?

We identified the following variations to this use case.

**Continuity of services:** People needing assistance may move across international borders and/or require a series of services over an extended period of time. If they are still eligible for support they must either be re-enrolled in the new country or with a new partner, or data on their eligibility profile must be transferred from the previous country to the new one, possibly to a new organization.

One report assessing the use of CVA in the context of human mobility in the Americas<sup>5</sup> suggests that practitioners should shift "from 'the country' to 'the route' as a design unit for CVA". In cases

1 Humanitarian Outcomes. Global Database of Humanitarian Organisations. GDHO. [www.humanitarianoutcomes.org/projects/gdho](http://www.humanitarianoutcomes.org/projects/gdho)

2 Ibid.

3 UN: Food and Agriculture Organization, International Organization for Migration, Habitat, Office for the Coordination of Humanitarian Affairs, UN Development Programme, UN Population Fund, UNICEF, UN High Commissioner for Refugees, UN Relief and Works Agency for Palestine Refugees in the Near East, World Food Programme, WHO; NGOs: Médecins Sans Frontières, International Rescue Committee, Norwegian Refugee Council, Service Civil International, World Vision International and ICRC and IFRC.

4 Development Initiatives. 2022. Global Humanitarian Assistance Report 2022. <https://devinit.org/resources/global-humanitarian-assistance-report-2022>

5 CALP Network and USAID. 2022. People are on the move: Can the world of CVA keep up? Analysis of the use of CVA in the context of human mobility in the Americas. [www.calpnetwork.org/publication/people-are-on-the-move-can-the-world-of-cva-keep-up-analysis-of-the-use-of-cva-in-the-context-of-human-mobility-in-the-americas](http://www.calpnetwork.org/publication/people-are-on-the-move-can-the-world-of-cva-keep-up-analysis-of-the-use-of-cva-in-the-context-of-human-mobility-in-the-americas)

where there is large-scale migration (such as with Venezuela or Ukraine) this approach would see the humanitarian sector coordinating along the migratory route.

Practitioners must therefore balance the benefits of continuity of service with the challenges and risks of sharing people's personal data to enable this.

**Integrated programming:** Our interviews identified a growing push towards more integrated programming. This may take the form of one organization enrolling recipients and/or providing targeting lists to another. Or it may take the form of a group of organizations coordinating to provide a complementary package of different services and support. This could go beyond cash and include other forms of complementary support. It could require the organization to share personal information with one or more organizations to provide complementary support. This could also include data shared back on the type of assistance provided as well as changes to the profile of the household.

**Protection referrals:** If an organization delivering CVA encounters a household that they consider has a protection need (e.g. child protection or gender-based violence) they have a responsibility to provide assistance. This may take the form of an internal referral (to their own protection team) or it could require support from another organization. Depending on how this is managed, the type of data shared differs.

In some cases the organization may not necessarily refer the case directly. Instead, they may provide information on who the caregiver or head of household could turn to for support. However, to fulfil their responsibility to provide a duty of care they need to confirm if assistance has been provided. How this is confirmed may vary. Guidance from the Global Protection Cluster is for the organization providing the referral to confirm that the service was provided. In other cases it may be more appropriate to contact the person referred (if possible). In some cases it may not be feasible or be too risky to follow up.

Hence, the requirement for sharing data may vary. In cases where a direct referral is made, this requires sharing data from the organization making the referral to the organization providing the protection support. This would typically also require a mechanism by which the organization referring can confirm if assistance was provided or not.

In other cases (where essentially an organization provides information on service providers to a person), no personal information is shared.

**Complaints:** It is often not clear to a person receiving humanitarian assistance which organization is supporting them. Hence, there are many cases where people wishing to make a complaint do so to a different organization. When this happens the organization receiving the complaint has a responsibility to relay the complaint to the correct organization. This requires them to share personal information relating to the complainant. Depending on how the process is managed, the second organization may need to share back an update on the complaint resolution with the first organization.

**Audit:** Donors funding humanitarian assistance may request data on people supported via their funds for audit purposes. This relates to confirming if the funds provided were used for the purpose agreed. Typically the request may originate from a third party commissioned to undertake an audit or evaluation.

**Government:** Governments or groups in a position of authority may request or demand access to data on people identified for support. This may be to review and approve targeting lists or to improve linkages with and referrals to social protection programmes or to ensure that government can play a coordination function. In the latter case this may also mean governments sharing data with CVA practitioners, as has happened in the Ukraine response.

## To what extent does this use case vary depending on the implementation context?

The contextual relevance depends on the use case variant. Protection referrals and complaints are broadly relevant in all contexts. Integrated programming was reported by several respondents as a priority.

### ***Integrated programming***

CVA is increasingly used to complement existing forms of sectoral support. Where previously households might have received different forms of sectoral support (e.g. food, health and shelter), these might now be provided in the form of cash assistance.

Efforts to coordinate across sectors to provide integrated programming require coordination around the targeting approach used. This raises several challenges related to interoperability and data sharing. First, if different CVA practitioners are using different targeting approaches, how do we know what type of combined assistance a household is eligible to receive? Second, how do we know which practitioners are targeting what kind of support for which area? Third, how can practitioners share data on what kind of support they have provided to which households?

### ***Cross-border implementation contexts***

The Ukraine and Venezuelan responses both illustrate the cross-border implementation context. The Venezuelan response particularly so as many people leaving Venezuela are moving along a route through a series of countries attempting to reach the USA.

One report<sup>6</sup> makes the point that CVA needs to happen faster in such contexts. This will require improved data sharing and interoperability to enable this. The report states that “optimizing efficiency from the point of view of people on the move, [requires] shifting from generalized design (multi-purpose transfers) for one category of people (migrants) to specific design responding to each person’s motility and vulnerability profile”.

The report recommends “shifting the paradigm [to] put the individual at the center of CVA design, prioritizing the perspective of the person on the move rather than convenience for the implementing agency or practicality for the donor”.

This highlights important interoperability-related problems to solve. First, how can a person who has already been enrolled in one country find out what type of support is available to them in another? Ideally this information should be available in advance. Second, how can the person arriving in a new country access that service without needing to re-enrol? This might require either sharing of their data across international borders or a data portability approach where they grant consent to access their data, perhaps from an intermediary that holds it on their behalf. Both options require careful attention to the governance and legal dimensions of data sharing.

### ***Authoritarian regimes***

Several respondents raised the scenario of CVA in contexts where there is an authoritarian government or other local authority (e.g. a local war lord or resistance group that holds power in an area). They provided examples where a condition of the authority allowing CVA to be distributed was that targeting lists would first be shared with them for approval. There is a complex and nuanced debate on if and how humanitarian actors should engage in such contexts<sup>7</sup>.

It presents particular challenges from a data-sharing perspective. Legal frameworks to govern data sharing will likely be absent and mechanisms for people to request removal of their data missing. CVA practitioners must consider the safeguarding risks of sharing data with the consequence of not providing assistance. This may require a data protection impact assessment.

6 Ibid.

7 Walton, Oliver. 2015. Humanitarian NGOs: Dealing with authoritarian regimes. Working Paper. Bath Papers in International Development and Wellbeing 42. Centre for Development Studies. <https://researchportal.bath.ac.uk/en/publications/humanitarian-ngosdealing-with-authoritarian-regimes>

## **Social protection system**

In a number of countries both CVA and social protection support are taking place. This usually necessitates the existence of a strong and operational civil registration and vital statistics system that provides the basis for foundational identity (ID) for citizens and refugees. This is well established in Nigeria, Rwanda, Uganda and Zimbabwe for example.

A smaller number of countries have implemented integrated beneficiary registries (Bangladesh, Iraq, Kenya, Lebanon, Mexico, South Africa and Turkey, for example). An integrated beneficiary registry tracks what form of assistance an individual or household has received across different social protection programmes. This parallels the CVA sector's efforts to deduplicate the package of assistance that a household receives.

## **To what extent is this use case relevant to the practitioners consulted?**

This use case was broadly relevant to the practitioners consulted and all variations were reported as relevant.

As previously discussed, the continuity of services variation is very relevant in specific contexts. It features strongly in the literature<sup>8</sup>. Practitioners raised the need to avoid assessment fatigue among people receiving support and the potential to save resources.

The protection referrals variation was a consistent priority among respondents. According to the Global Protection Cluster there were 84 million people in need of protection assistance in 2019<sup>9</sup>. This demonstrates the scale of the problem. This is a highly sensitive area with significant safeguarding risks if not managed well. Solutions to this variation appear to be underdeveloped, and it was cited as a 'neglected area' by some respondents.

The government data-sharing variation was also repeatedly cited. It was reported in different ways. First, in terms of government providing potential targeting lists to humanitarian agencies (Ukraine response). Second, in terms of demands for authoritarian regimes to vet targeting lists (e.g. rebel groups in northern Syria). Third, in terms of sharing data with government social protection programmes. This was the most common reason for government-related data sharing reported.

## **What is the likely significance of this use case to people receiving dignified humanitarian assistance?**

We found very limited research exploring the perspectives of recipients of humanitarian assistance. Research with women receiving cash assistance in Somalia<sup>10</sup> identified several areas that relate to integrated programming. These include lack of information on what kind of support is available and what the eligibility criteria are.

While we lack research to validate this, we make the following assumptions in terms of how this use case affects people receiving humanitarian assistance.

The most obvious significance is the risk of sharing people's personal information. While relevant to all variations of this use case, it is particularly relevant with protection referrals. These relate to the most vulnerable people and account for some of the most sensitive data shared.

Improving the security of how people's personal information is shared would help reduce this risk.

8 UNHRC. 2020. Desplazados y Desconectados. [https://unhcr.org/innovation/wp-content/uploads/2020/04/Desplazados-Desconectados-Web-April\\_2020.pdf](https://unhcr.org/innovation/wp-content/uploads/2020/04/Desplazados-Desconectados-Web-April_2020.pdf)

9 Global Protection Cluster. 2019. Protection in a climate of change. Strategic Framework 2020-2024. [www.globalprotectioncluster.org/publications/911/policy-and-guidance/guidelines/gpc-strategic](http://www.globalprotectioncluster.org/publications/911/policy-and-guidance/guidelines/gpc-strategic)

10 Ground Truth Solutions. 2022. User journeys of women receiving mobile money in Somalia. [www.groundtruthsolutions.org/projects/user-journeys-of-women-receiving-mobile-money-in-somalia](http://www.groundtruthsolutions.org/projects/user-journeys-of-women-receiving-mobile-money-in-somalia)

As noted above, lack of data sharing in cases where people are moving across country borders will likely contribute to assessment fatigue. Lack of data on which support is available in a destination country may also have negative implications for the mental health and psychosocial wellbeing of recipients.

Careful consideration is also needed for sharing of data to support integrated programming or integration with social protection programming. In these cases errors (or data that is outdated) could result in people being incorrectly rejected for assistance or delays in receiving timely assistance.

## How do practitioners currently address this use case?

Our research found that solutions to this use case were largely limited to collaboration between UN agencies, National Red Cross and Red Crescent Societies and cash consortia. Within this scope we found examples of data-sharing agreements to facilitate protection referrals, complaints and integrated programming. With the exception of cash consortia these were largely bilateral agreements.

Broader agreements appear to be in place for some countries (e.g. Jordan, Uganda and Ukraine). We were not able to confirm the specific scope that these covered in terms of partners or type of data sharing.

It was also not possible to gain a comprehensive picture of how data is shared. One respondent mentioned that targeting lists (to support integrated programming) were shared as protected Excel files by email. Data on the type of support provided was shared back in the same way. Others reported use of more secure transfer protocols (such as Azure Blob Storage).

Examples related to protection referrals were varied. The Global Protection Cluster provides the following guidance:

- Identify the problem – what does the client need?
- Identify which organization or agency can best meet this need. Identify and map other service providers who may be able to assist the client and/or the caregiver with her/his needs.
- Information about other services in your geographical areas can be obtained from service guides, 4Ws mapping reports or coordination meetings.
- Contact the service provider to confirm eligibility. Contact the other service providers in advance to find out more about their services and eligibility criteria, unless the specific type of referral is commonly done with the service provider. Requested information should include what their referral protocol entails and whether or not they will be able to assist the client.
- Explain referral to the client. Provide information about available services and explain the referral to the client and/or caregivers (e.g. What services are provided? Where is the service provider located? How can the client get there and receive services? Why do you recommend the referral?). Keep in mind that the client can choose to not be referred.
- Document consent. If the client agrees to the referral, obtain consent before the client's information is shared with others and agree with the client which information can be shared. Parental/care-giver consent should be obtained if the client is a minor.
- Make the referral by filling out the inter-agency referral form<sup>11</sup> and follow up with the client and the receiving agency to ensure the referral was successful and exchange information, where client consent allows for this. Areas for further action might include: did the client receive the planned services? What was the outcome? Was the client and/or the caregiver satisfied with the referral process, and the services received?
- Storage of information and confidentiality. All referrals forms and case files should be stored in secure (locked) cabinets to ensure the implementation of safe and ethical data collection, management and storage of information.

11 Protection Cluster Yemen. 2017. Inter-agency Referral Form. Version August 2017. [www.globalprotectioncluster.org/sites/default/files/2022-09/tool1\\_1.pdf](http://www.globalprotectioncluster.org/sites/default/files/2022-09/tool1_1.pdf)

The referral form (see footnote) mentioned collects the following personal information:

- name (or case code)
- gender
- national ID
- address
- phone
- data of birth
- disability
- UN High Commissioner for Refugees (UNHCR) ID
- household size
- caregiver details (if child)
- reasons for referral
- services requested
- consent to disclose this information to a specific referral partner.

Most respondents did not cite any specific digital system being used to facilitate protection referrals in a structured way. This appears to suggest a paper-based transfer of data, supported by in person, email and phone communication.

Respondents with knowledge of cash consortia (or similar programmes) reported cases where this had been formalized within the consortium. We were not able to confirm details of what data is transferred between organizations and by which protocol.

Overall this appears to be an area that is less visible and less prominent than deduplication. There were few examples of this working well and a general consensus that more work is needed.

The Dignified Identities in Cash Assistance (DIGID) consortium has piloted the use of digital IDs in migration scenarios in Uganda and Kenya<sup>12</sup>. This includes refugees, asylum seekers, internally displaced persons, migrants in transit/crossing borders and returnees. Uganda and Kenya host many refugees, mainly from neighbouring countries. Many of these people have no ID documents, especially asylum seekers. This could offer lessons for other contexts where cross-border assistance is needed.

Some respondents provided examples of requests from donors to share data. This was requested for audit purposes to confirm the chain of funds from the donor to the implementer to the recipient.

This was extremely challenging to prove. In one case lack of clarity on data retention for audit purposes meant that data had been deleted at the end of the project. Audit requirements must be included in data retention policies.

In another example auditors attempted to contact recipients directly. However, the recipients had also not retained proof of a transfer and hence were unable to provide evidence.

Sharing data with government may be a pre-condition to access people in need of assistance. One example is in Tigray, Ethiopia where it is mandatory to work through the Commercial Bank (which is owned by the government). Providing cash assistance therefore requires sharing personal data with a government that has been accused of war crimes in a conflict<sup>13</sup>. This raises a conflict between assisting people versus indirectly collaborating with the government.

12 IFRC. 2023. Dignified credentials to access humanitarian cash assistance in migration: lessons learnt from Uganda. <https://hiplatform.org/digidreports/2023/3/23/dignified-credentials-to-access-humanitarian-cash-assistance-in-migration-lessons-learnt-from-uganda>

13 OHCHR. 2022. International Commission of Human Rights Experts on Ethiopia. UN Human Rights Council – 51st Session. OHCHR. 22 September 2022. [www.ohchr.org/en/hr-bodies/hrc/ichre-ethiopa/index](http://www.ohchr.org/en/hr-bodies/hrc/ichre-ethiopa/index)



A similar example is in Turkey where all data on Syrian refugees must be shared with the Turkish government. This creates mistrust among people in need of humanitarian assistance, who have concerns about sharing data with government.

These challenges are beyond the scope of data sharing and interoperability. Even if secure and widely adopted systems for sharing data were in place, potentially governments may still demand access to data as a condition of access to people in need of humanitarian assistance.

### Sharing data within a consortium

The JERU Consortium<sup>14</sup> includes Welthungerhilfe, CESVI and Concern Worldwide and provides support as part of the Ukraine response. The consortium partners have agreed a joint memorandum of understanding to facilitate data sharing. This is supported by partnership agreements with local partners who process data on JERU's behalf.

The cash assistance infrastructure is hosted by the consortium partners (Europe-based international non-governmental organization (INGOs) that comply with the General Data Protection Regulation of the European Union (GDPR). Local partners have access to the system, but with clear segregation of duties that prevent them from downloading any personal data. The data flow includes partners (data processors) sharing data with INGOs and their infrastructure (data controllers). There is a strong risk perspective which is usually reflected in lengthy agreements. Other data (e.g. from customer relationship management channels) is also hosted by JERU infrastructure with shared access. This includes edit and/or download rights for selected users.

### Challenges of integrated programming

The project 'Kore Lavi' ('supporting life' in Haitian Creole) started in August 2013 and ended in September 2019. It was implemented by CARE, Action Contre La Faim and the UN World Food Programme (WFP) with support from the US Agency for International Development's (USAID). World Vision joined the consortium later.

The overall purpose of Kore Lavi was to support the Haitian Government in creating a social safety net for food and nutrition security that prioritized consumption of locally grown quality products. The overall goal was to contribute to reducing food insecurity and vulnerability in targeted communities by establishing a replicable safety net system and expanding government capacities to prevent child undernutrition.

It had two safety net components: distribution of food vouchers to targeted families, and a mother and child nutrition component. The latter included distributing nutrition supplements to pregnant and lactating women and providing counselling services on health and food safety

The programme developed a system, called SIMAST, to manage data about the structure and distribution of household deprivation or vulnerability. One objective of SIMAST was to provide targeting lists for future safety net interventions. While this goal was met, it proved challenging to reconcile and integrate back into SIMAST data on which households received which kind of support from other programmes.

There were several challenges that are instructive when working towards integrated programming. First, household composition in Haiti may change frequently. This meant that a programme receiving targeting data on a household might find that the composition of the household was now different. What was one household might now be two separate households. This complicated the process of sharing data back on what support was provided to which households. Second, working in collaboration with other partners increased the complexity of managing data quality. Without full control over the processing of data it is very hard to maintain data quality. Third, partners receiving targeting data had limited incentives to share data back.

14 Welthungerhilfe. JERU Q&A Multipurpose-cash Assistance. [www.welthungerhilfe.org/our-work/countries/ukraine/multipurpose-cash-assistance](http://www.welthungerhilfe.org/our-work/countries/ukraine/multipurpose-cash-assistance)

## A roadmap for integrated programming in Uganda

The Uganda Cash Working Group<sup>15</sup> has explored what a common cash system might look like.

It explored “opportunities to further leverage the Government of Uganda and UNHCR’s platform of tools and applications for refugee registration and ID management, and specifically the proGres version 4 registration and case management system, supported by the Biometric Identity Management System (BIMS) and the Global Distribution Tool (GDT).”

An approach paper for the project reported that, in April 2020, proGres contained records of 406,189 individuals with valid phone numbers, consisting of 153,992 households in settlements and an additional 40,980 urban population contacts. Data sharing with the Uganda Communications Commission enabled registration of around 330,000 additional people using the latest subscriber data.

The paper outlines the following roadmap for further exploration:

- Data-sharing agreements would provide implementing partners with access to proGres v4, to access individual proGres records including selected assistance modality and mechanism, and information on either mobile number or bank account number.
- All partners in the refugee response would then use these official accounts for cash transfers.
- Partners implementing activities (including cash transfers via any modality or mechanism) would report back to UNHCR with the accounts that they have used.

UNHCR could then confirm which of the following scenarios apply:

- Reported account/number is already in the database. If so, the account is validated and can continue to be used for transfers.
- Reported account/number is different to what is in the database. proGres team then determines which account will be used as official for all future transfers.
- Reported account/number is completely new and that person of concern did not have any information previously. proGres team updates the database with the new information and continues to use it as official for all future transfers.

We were unable to confirm which components of this roadmap have been advanced. We did receive confirmation from respondents that UNHCR is sharing targeting lists with implementing partners

## Current blockages and challenges

### Governance challenges

We found evidence of data-sharing agreements that cover feedback and complaints among UN agencies, National Red Cross and Red Crescent Societies, and cash consortia. We found limited evidence of data-sharing agreements outside this group. However, agreeing and operationalizing data-sharing agreements is very time consuming. Respondents reported a period of five to six months being common.

The feedback and complaints variations of this use case appear to be less developed than other data-sharing scenarios. One challenge identified by respondents is the potential reputational risks of sharing feedback and complaints data.

15 Uganda Cash Working Group. 2020. Towards More Common Cash? An approach paper for the Uganda Cash Working Group and CashCap. <https://data.unhcr.org/en/documents/download/91799>

## **Operational challenges**

We found few examples of protection referrals and complaints related to data sharing being operationalized. While many respondents mentioned donor pressure to operationalize data sharing for deduplication, there was little mention of similar pressure to share data to enable better protection referrals or complaints. As such, there appear to be less internal incentives to prioritize investment. Trust is also a barrier, with examples of data sharing for these examples largely occurring among trusted contacts.

Several respondents raised the (potentially) highly sensitive nature of complaints. This could include allegations of sexual abuse or fraud. Sharing may require a different operational logic than other types of (less sensitive) complaints, possibly requiring a case management approach.

Coordination is also a challenge. In Ukraine, there are numerous helpline numbers. There is no centralized system in place or guidance available. This can be contrasted with Iraq where the Iraq Information Centre<sup>16</sup> acts as an inter-agency coordination system.

Finally, protection referral providers may be over subscribed. Even if better systems were in place there may be in-sufficient capacity to act on the referrals.

## **Technical challenges**

Several respondents reported that systems to manage CVA and complaints are often distinct and not interoperable. While a central system might bring benefits, transitioning to a new system requires an investment in staff training and change management.

Off-the-shelf solutions are usually based on customer relationship management software. These typically require customizing for humanitarian approaches and often lack mechanisms for secure sharing of sensitive data.

Referral pathways can also be lengthy due to the need to separate duties for data protection reasons. This may result in a helpline operator being unable to view data on a case for which they are handling a complaint.

In other examples cited, the lack of trust for digital systems resulted in protection referrals and feedback being paper-based data management processes.

## **Data protection regime**

The purpose for data sharing for this use case is improved assistance. The legal basis could be consent, vital interest or legitimate interest (in the case of donor audits).

There are several challenges related to data protection to consider.

This use case may include both highly sensitive safeguarding cases (e.g. sexual abuse allegations or fraud) and non-sensitive information (e.g. complaints about vouchers not working or questions around eligibility).

In cases where informed consent is used as the legal basis, this can create a bottleneck for data sharing. If consent was not requested and granted for this initially, there may be significant logistical challenges in updating that consent. This applies in cases where the new process is not in line with the subject's reasonable expectations and/or may entail new risks.

There is a risk of function creep. Demands for collecting more data must be balanced with data processing principles of proportionality, data minimization, purpose limitation and data quality.

16 See UN. Iraq. <https://iraq.un.org>

The purpose, legal basis and retention policies are rarely updated. This is most relevant when shifting between data collection for preparedness versus emergency purposes. Participants should be informed of any such changes and given the option to object.

## Cost impact

We were not able to find data to quantify the costs of not addressing this use case or of addressing it. Anecdotal evidence from respondents suggests that there is a need for greater investment to improve data sharing and interoperability for both protection referrals and complaints.

There have been several attempts to quantify the cost of implementing and running integrated social protection registries (see box). This is instructive in understanding the significant cost associated with integrated programming. What is not clear is how this compares to the existing cost of different organizations running multiple parallel systems.

### What does integrated programming cost? Example from social protection<sup>17</sup>

Overall, it is difficult to compare costs across countries, mostly because of the different ways in which costs are classified and calculated, the different time reference periods and the different scope of each single registry.

Three main categories of cost emerge, however:

1. **Implementation costs:** average yearly implementation costs have been estimated at between 0.2 million US dollars in Costa Rica, 5 million in Chile and 9 million in Brazil.
2. **Data collection costs:** the cost of interviewing households for the single registry as a percentage of the total transfers made to beneficiaries ranges between 0.5 per cent in Colombia and 1.6 per cent in Brazil. In Costa Rica, the cost of collecting and digitizing data was estimated at 20 per cent of overall expenditure for the integrated system. In all countries, data collection costs varied largely between urban and rural settings. In Brazil, the average cost per application was 3.90 US dollars in urban communities and 14 in isolated communities. In Argentina, costs ranged from 3.80 to 4.60 US dollars per application, in Colombia between 1.80 and 2.70 US dollars and in Chile between 2.80 and 6.90 US dollars.
3. **Equipment, including hardware, software and servers.** Few estimates are available for equipment, and the cost depends on initial endowment. In Argentina, equipment costs were estimated at 4.37 million US dollars between 1999 and 2006. Chile spent an estimated 1 million US dollars on developing the 'Servicio de Impuestos Internos' (SIIS), including costs for IT developers, hardware and consultants.

These separate costs result in overall 'kick-off' investments that range between 90 million US dollars in Mexico, 83 million in Argentina, 17 million in Chile, 10 million in Colombia and 1.7 million in Costa Rica. This shows that, despite the presence of economies of scale and efficiency gains from consolidating data collection activities across several programmes, the overall cost of the single registry and its associated components strongly depend on system complexity.

17 Australian Government (2014) Single registries and integrated MISs: De-mystifying data and information management concepts. [www.opml.co.uk/files/2018-05/barca-chirchir-2014-data-information-management-social-protection.pdf?noredirect=1](http://www.opml.co.uk/files/2018-05/barca-chirchir-2014-data-information-management-social-protection.pdf?noredirect=1) The original sources of the information given in the box are given in the source document.

## Potential approaches to address the use case

### ***Data portability***

CCD defines data portability<sup>18</sup> as “the ability of a person to obtain and reuse the data they have provided to one organization (and IT system) for their own purposes across different services and organizations (and different IT systems)”.

Data portability as an approach would give the person whose data is being shared more control and agency over what data is shared, when and with whom for what purpose. CCD is exploring this area in relation to both the digital literacy of frontline staff as well as potential governance models that would enable data portability.

18 CCD. Creating the Ecosystem, Standards, & Culture for Data Sharing in Humanitarian Action. [www.collaborativecash.org/dataportability](http://www.collaborativecash.org/dataportability)

# THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

## **Humanity**

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

## **Impartiality**

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

## **Neutrality**

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

## **Independence**

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

## **Voluntary service**

It is a voluntary relief movement not prompted in any manner by desire for gain.

## **Unity**

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

## **Universality**

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



**The International Federation of Red Cross and Red Crescent Societies (IFRC)**

is the world's largest humanitarian network, with 192 National Red Cross and Red Crescent Societies and around 14 million volunteers. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.

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