Can the personal data and data for indicators be recorded and stored in separate IT systems/databases (i.e. IDs)?

Yes. The structure of the monitoring system is not prescribed. Although the CPR (Regulation (EU) No 1303/2013) requires Member States to collect and store detailed data about each participant (i.e. to maintain micro-data) there is no specific requirement for the data to be stored all together in one place or at any particular organisational level. So, as long as the monitoring system as a whole fulfils the minimum requirements for monitoring and evaluation then the design is up to Member States (see section 2.2 in Annex D of the EC guidance). In this respect, it is necessary that the system can link participation records with IDs and personal contact details in order to:

- provide evidence that each of the aggregate figures reported (at IP level) as indicator values in AIRs relate to identifiable individuals who have the relevant characteristics and who actually received support from the relevant operations;
- allow for representative sampling (full data-set necessary);
- provide contact for follow-up surveys (longer-term result indicators).

All participant records should include, as a minimum: an operation identifier (a code that links a participant to a specific operation); some sort of unique personal identifier that allows an individual to be traced and re-contacted (if selected for a representative sample); dates of starting and leaving an operation. As far as the data for the representative sample are concerned, personal data do not need to be asked again: the information collected for output indicators should always be used as the reference point for both immediate and longer-term result indicators.

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