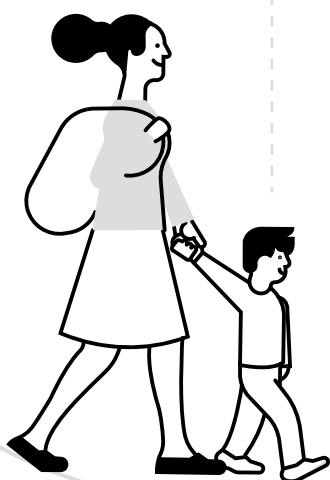# Annexes
and Forms

Annex 1.1
Protection Risk Criteria
for Protection Case Management

Sub-categories of risks faced by Protection Case Management service users[1]	Violence	Coercion	Example risk definitions	Comments and considerations
(Forced) family separation		✔	Adult individuals requiring a caregiver are at risk after being separated from their family or other usual caregivers.	Does not include children who are alone or separated from their families.
Abduction, kidnapping or enforced disappearance	✔	✔	Individuals are at risk of detention or have been detained or victim to enforced disappearance. Those responsible refuse to acknowledge the detention or they conceal the concerned person's fate and whereabouts, which places the person outside the protection of the law.	

Sub-categories of risks faced by Protection Case Management service users[1]	Violence	Coercion	Example risk definitions	Comments and considerations
Arbitrary or unlawful arrest and/or detention			Individuals have been deprived of their freedom due to an unlawful arrest or detention. An arrest is considered unlawful if, for example, an individual is not informed immediately of the reason in a language they understand, or if they are not promptly brought before a judge to confirm the legality of the arrest or detention.	
Death or injury through deliberate or non-deliberate attacks by armed groups	✔		Individuals are at risk of death or injury or injured during an attack, either accidentally or deliberately.	
Extortion	✔		Individuals subject to actual or threatened force, violence or intimidation to gain money or property from an individual or entity.	For instance, at checkpoints or by levying informal 'taxes' in return for safety.

Sub-categories of risks faced by Protection Case Management service users[1]	Violence	Coercion	Example risk definitions	Comments and considerations
Forced labour or slavery		✔	Adult individuals are coerced to work through the use of violence or intimidation, or by more subtle means, such as accumulated debt, retention of identity papers, or threats of denunciation to immigration authorities. This includes debt bondage and slavery. Slavery is the status or condition of a person or persons over whom any or all of the powers of ownership are exercised. It includes the purchasing, selling, lending, or bartering of a person or persons, and other similar deprivation of liberty.	Local coordination will be required to ensure there is alignment with gender-based violence responses.
Forced recruitment into armed forces/groups		✔	Any manner in which an adult is forced, coerced, threatened, or intimidated to join an armed force or group.	Local coordination will be required to ensure their alignment with children and armed conflict responses.

Sub-categories of risks faced by Protection Case Management service users[1]	Violence	Coercion	Example risk definitions	Comments and considerations
Maiming or mutilation	✔		Individuals who have been threatened with, or who have suffered, physical injuries that degrade the appearance or function of any living body. Maiming or mutilation may constitute torture or result from the presence of explosive ordnance.	In the case of maiming or mutilation as a result of explosive ordinance, coordination with mine action to ensure there is alignment with mine action responses. Coordination with health actors may also be relevant.
Physical assault or abuse (not related to sexual and gender-based violence)	✔		Adults at risk of, or who have experienced, physical violence that is neither gender-based nor sexual in nature. Examples include: hitting, slapping, choking, cutting, shoving, burning, or any other act that results in pain, discomfort, or injury.	Local coordination will be required to ensure there is complementarity with child protection and gender-based violence responses.

Sub-categories of risks faced by Protection Case Management service users[1]	Violence	Coercion	Example risk definitions	Comments and considerations
Psychological/ emotional abuse	✔		Adult individuals who are suffering mental or emotional pain, injury or distress. Examples include: threats of violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures or written words of a menacing nature, destruction of cherished things, etc.	Local coordination will be required to ensure there is alignment with gender-based violence responses.
Torture or inhuman, cruel, or degrading treatment	✔		Adult individuals who are at risk of or who have suffered severe physical and/or mental pain or suffering by a perpetrator for a specific purpose.	Although physical assault or abuse can constitute torture, it is not always torture. Torture requires the existence of a specific purpose behind the act – to obtain information, for example. Local coordination will be required to ensure there is complementarity with gender-based violence responses.

Sub-categories of risks faced by Protection Case Management service users[1]	Violence	Coercion	Example risk definitions	Comments and considerations
Human trafficking		✔	Adults who have been recruited, transported, transferred, or harboured through threats, coercion, abduction, fraud, deception, abuse of power or vulnerability, or payments to those controlling them, for the purpose of exploitation.	Local coordination will be required to ensure there is alignment with child protection and gender-based violence responses.

Endnotes

1 In order for a service to be considered Protection Case Management criteria should be central to one or more of these concepts
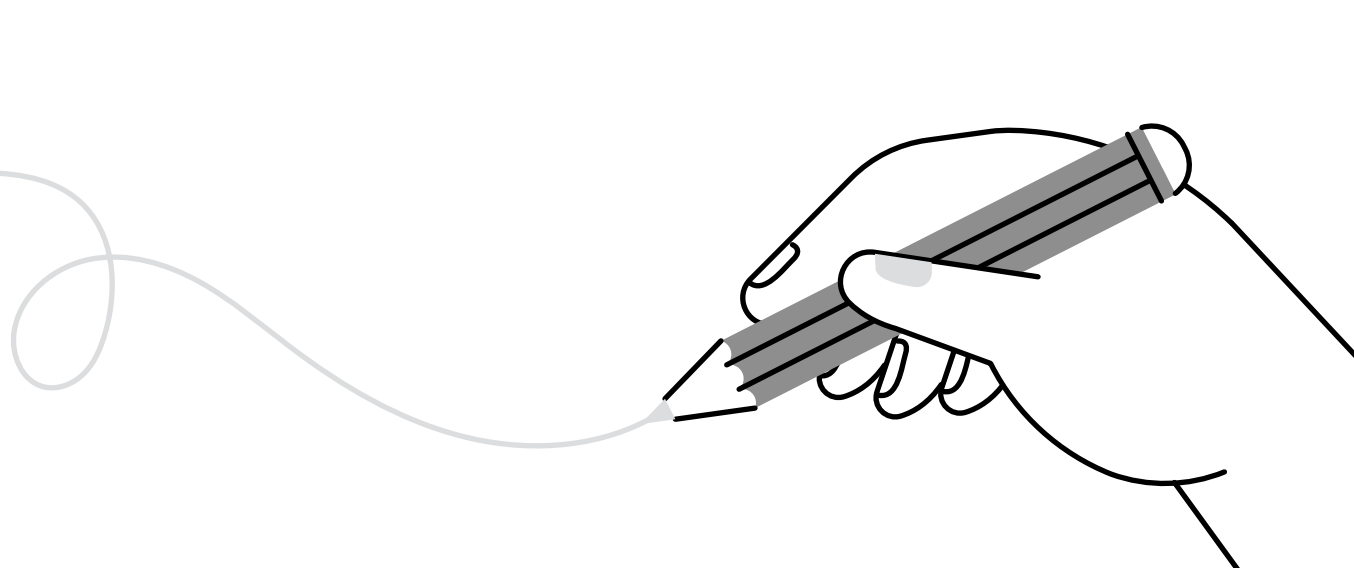
Annex 1.2
Protection Case Management Theory of Change (ToC)

Table 1: Protection Case Management Theory of Change

Impact Pathway	**Protection risks are mitigated, and people at risk recover from experiences of harm, including discrimination, violence, reduced access to services, and threats to their integrity, safety, and life.**	
Protection Outcome (Level II)	1. People at risk achieve improved psychosocial wellbeing through Protection Case Management support.	
Protection Outcomes (Level I)	1.1 People at risk are less impacted by protection risks through Protection Case Management support.	1.2. People at risk with mental health needs demonstrate a reduction in symptoms of severe distress through Protection Case Management support.

Process & Quality Pathway	People at risk have access to quality, and client-centered Protection Case Management services when they need it.						
Process & Quality Outcomes *(interim)*	1.1 People at risk are eligible for and receive PCM services.	1.2 PCM services are sufficiently staffed and re-sourced.	1.3 Case-workers possess the skills, knowl-edge, and attitude necessary to support clients through PCM ser-vices.	1.4 PCM services are deliv-ered in a client-cen-tered way that is ac-countable to clients, inclusive, and in line with their needs and preferenc-es.	1.5 PCM services are de-livered in line with quality standards and pro-tocols (as articulated in the PCM guidance).	1.6 Case-workers establish strong relation-ships with clients based on a foun-dation of empathy, inclusion, support and trust.	1.7 PCM clients are suc-cessfully referred to relevant services (including special-ized men-tal health services, legal sup-port, and health and education services).
Problem	During protracted and acute crises, state and/or community-based structures to mitigate and respond to environmental risk factors are often disrupted, leading to fewer resources and available support structures, leaving vulnerable people at risk of experiencing safety concerns or other rights violations.						

Problem Statement

The relevance of protection case management in a humanitarian context is rooted in its potential to respond to the problem statement that during protracted and acute crises, state and/or community-based structures to mitigate and respond to environmental risk factors are often disrupted, leading to fewer resources and available support structures, leaving vulnerable people at risk of experiencing a rights violation. There is an increasing recognition in the humanitarian community that case management is an effective approach to addressing this risk, through the provision of individualised support

to vulnerable individuals. While the specific 'problem' that a case management response seeks to address will vary considerably from case to case, this overarching problem statement encompasses these, rooting the need for case management support in the broader structural conditions that result from crises and conflicts.

Process & Quality Interim Outcomes

Protection case management addresses the above problem statement through multiple mechanisms and activities, from training case workers to direct service provision and referrals for clients to quality feedback. The process and quality interim outcomes in the ToC refer to the characteristics of case management that should be in place as initial changes resulting from implementation. In other words, the process and quality pathway ensures that people at risk have access to quality, and client-centered protection case management services when they need it should be achieved in order for case management services to contribute towards the overall protection outcomes and goal. When designing PCM programming, it is useful to consider as many of the process and quality interim outcomes as possible, and interventions and activities should focus on achieving the specific interim outcomes as immediate goals.

- Process & Quality Interim Outcome 1: People at risk are eligible for and receive PCM services. In order to benefit from PCM support, people at risk must be eligible for the PCM services which are available and able to access those services in practice. This outcome may be challenging to achieve in practice, particularly where significant barriers to information and movement exist.
- Process & Quality Interim Outcome 2: PCM services are sufficiently staffed and resourced. PCM services must be sufficiently staffed and resourced to ensure that services can be provided to all eligible persons and that quality standards can be maintained.
- Process & Quality Interim Outcome 3: Case workers possess the skills, knowledge, and attitudes necessary to support clients through PCM services. Effectively supporting a client through the PCM process requires considerable knowledge and skills, as well as the appropriate attitude and personal commitment. (Critical knowledge and skills that caseworkers should possess are detailed in the PCM Guidance.)
- Process & Quality Interim Outcome 4: PCM services are delivered in a client centred way that is accountable to clients, inclusive, and

in line with their needs and preferences. In order to ensure that PCM is collaborative and accountable, driven by the client's needs and preferences, it is important that services are client centred. As detailed in the PCM Guidance, principles of client centred case management include: situating the client in his or her environment; building on a client's strengths and capacities; and applying a trauma-informed approach.

- Process & Quality Interim Outcome 5: PCM services are delivered in line with quality standards and protocols (as articulated in the protection case management guidance). Much of the value of a case management approach lies in the process and structure used to guide the response to each individual case. This supports the case manager to ensure that the response is implemented in line with standards for good practice, promoting the quality of PCM support.

- Process & Quality Interim Outcome 6: Case workers establish strong relationships with clients based on a foundation of empathy, inclusion, support, and trust. Emerging evidence suggests that the relationship between the case worker and the client is one of the key factors determining whether case management services deliver results for clients.

- Process & Quality Interim Outcome 7: PCM clients are successfully referred to relevant services (including specialized mental health services, legal support, and health and education services). Protection case management services are not designed to lack the specialisation to address the diverse range of needs and risks experienced by clients. Instead, the case management response involves coordinating and advocating for a client's access to specialized services. This occurs both through referring clients to relevant services and supporting them to access these, and by ensuring that complex and intersecting needs are addressed holistically. Unfortunately, in practice, the availability of referral services can be a significant challenge and is often outside the control of programming interventions designed to strengthen PCM.

According to the change pathway in the ToC, if process and quality interim outcomes 1 – 7 are achieved, then the process and quality change pathway – that people at risk have access to quality, and client-centred protection case management services when they need it – will also be met.

Protection Outcomes

The next step in the change pathway is the link between the process and quality interim outcomes and the level I protection outcomes in the change pathway: that people at risk are less impacted by protection risks (Protection Outcome 1.1), and people with mental health needs demonstrate a reduction in symptoms of severe distress (Protection Outcome 1.2). These outcomes correspond to the prevention and response aspects of case management work. They are broadly defined to encompass the diverse protection risks and experiences of harm faced by PCM clients, and capture the change that is expected to result from case management work: which seeks to shift the balance between risk factors (vulnerabilities) and protective factors (capacities) to improve outcomes for clients.

According to the change pathway in the ToC, if people at risk have access to quality and client-centred protection case management services when they need it (the process and quality pathway), then people at risk will be less impacted by protection risks (Protection Outcome 1.1), and people with mental health needs will demonstrate a reduction in symptoms of severe distress (Protection Outcome 1.2).

The next step in the theory of change is the link between the level I protection outcomes and the level II protection outcome: improved psychosocial wellbeing. Psychosocial wellbeing encompasses the holistic welfare of the client across a range of dimensions, including functioning and competence; affect and emotions; autonomy and empowerment; coping, resilience, and hope; and relationships and social support. Measuring changes in psychosocial wellbeing is an effective approach to capturing PCM outcomes across diverse cases. Improvements in an individual's psychosocial wellbeing are likely to reflect improvements in other areas of interest, such as improved safety, improved access to basic needs or services, improved mental or physical health, and so on.

According to the change pathway in the ToC, if people at risk are less impacted by protection risks (Protection Outcome 1.1) and if people with mental health needs demonstrate a reduction in symptoms of severe distress (Protection Outcome 1.2)., then people at risk will achieve improved psychosocial wellbeing through protection case management (Protection Outcome 2).

You can read more about the Protection Outcome Monitoring Framework on Module 3, Annex: Protection Case Management Outcome Monitoring Guidance.

Impact

The final step in the theory of change is the link between improved outcomes for individual case management clients and the broader population level impact that in humanitarian crises, people at risk are able to realise their rights and live in safety and with dignity. It is clear from the change pathway that protection case management can make a substantial contribution to this goal through mitigating protection risks, while people at risk recover from experiences of harm, including discrimination, violence, reduced access to services, and threats to their integrity, safety, and life (the impact pathway). Yet this impact will also be shaped by other protection interventions, particularly interventions that target protection risks at community or society-wide levels.

According to the change pathway in the ToC, if people at risk achieve improved psychosocial wellbeing through protection case management (Protection Outcome 2), then in humanitarian crises, people at risk are able to realize their rights and live in safety and with dignity (Impact).

You can read more about the indicators you can use to measure the Protection Outcome Theory of Change on Module 3, Annex: Measuring the Protection Case Management Theory of Change.