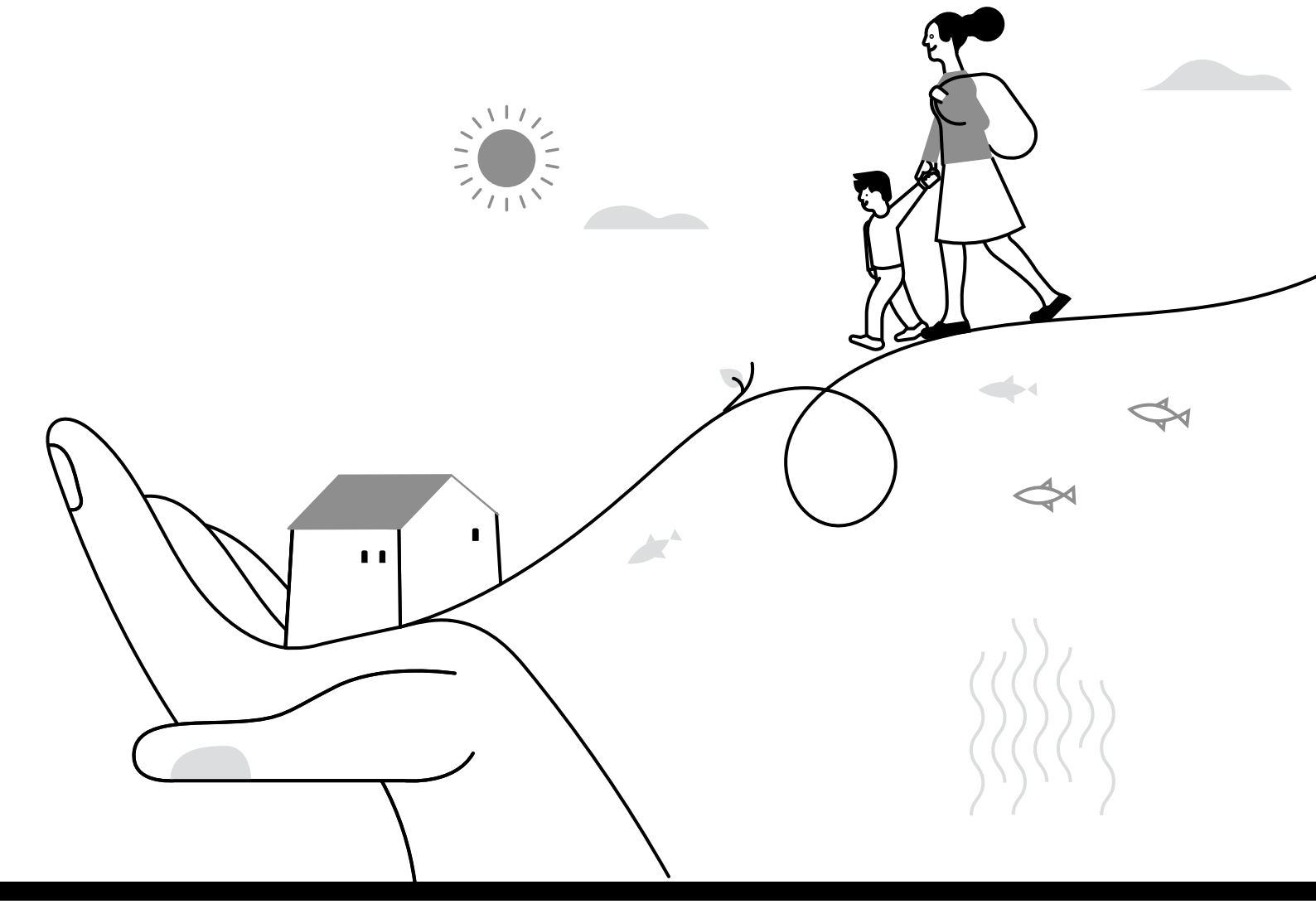
Form 0

Intake and response criteria

Developing and updating Form 0	*Form 0 is a tool organisations can use to define their intake and response criteria. It should be developed based on protection analysis, consultation, and coordination with impacted individuals, local services, and ensures Protection Case Management is complementary to other supports. Teams often make necessary adjustments in the implementation phase - based on their early experience using the tool. It should be reviewed every 6 months if there is a major change in the context.*
What is Form 0?	*This form captures the organisation's intake criteria, supporting caseworkers to identify an individual's eligibility for Protection Case Management. It also outlines the response timeframe at each stage of Protection Case Management in relation to their level of priority.*
Who uses Form 0?	*Caseworkers/supervisors use Form 0 on a daily basis to help them determine eligibility of service users at intake and as a guide to determine their priority level throughout the Protection Case Management process. Priority levels determine the response time of the caseworker at each Protection Case Management step. This is a guide only and service users may not be represented in Form 0. Where Caseworkers are unsure of a service user's eligibility or priority level, they should discuss with their supervisor. If supervisors are unsure, they should seek support of senior staff (determine a focal point locally).*

	High priority	Medium priority	Low priority	Not eligible for Protection Case Management
Definition of risk level	• Individuals significantly harmed or at immediate serious risk of harm. • Urgent response and frequent follow up required.	• Individuals harmed or at risk of serious future harm. • Response and follow up required.	• Individuals at risk of harm. • Some monitoring required to ensure harm is removed and there is positive wellbeing of the individual.	• Individuals are no longer at risk. • No further monitoring required.



	High priority	Medium priority	Low priority	Not eligible for Protection Case Management
Response times by risk level	• Assessment should be conducted immediately after registration, before leaving the individual. Urgent action is taken prior to the safety plan. • Case planning should be conducted within three days after the assessment. The case plan should be reviewed and approved by the supervisor. • Follow-up should be conducted at least twice a week - as soon as care plan implementation has started. • A case review meeting should take place at least every week	• Assessment should be conducted within three days after registration. • Case planning should be conducted within one week after the assessment. • Follow-up should be conducted at least once a week - as soon as care plan implementation has started. • A case review meeting should take place every two weeks.	• Assessment should be conducted within one week after registration. • Care planning should be conducted within two weeks after assessment. • A follow-up should be conducted at least once every two weeks - as soon as a care plan implementation has started. • A case review meeting should take place at least every month.	• No action required or case closure recommended.

Urgent concerns to be addressed immediately - before any next steps in the Protection Case Management process

- ✔ **Healthcare and safety concerns examples:** If an individual is injured or requires medication or medical attention within a specific timeframe. In cases of sexual assault within the past 120 hours, an urgent medical referral is necessary, as this falls within the critical window for life-saving interventions: legal evidence collection within 48 hours, HIV prevention within 72 hours, and emergency contraception within 120 hours. Additionally, if there are signs of ongoing abuse within the family, such as concerns about the individual's personal safety at home or in the community or the family/caregiver's willingness to protect them from further harm, this should also be addressed urgently.

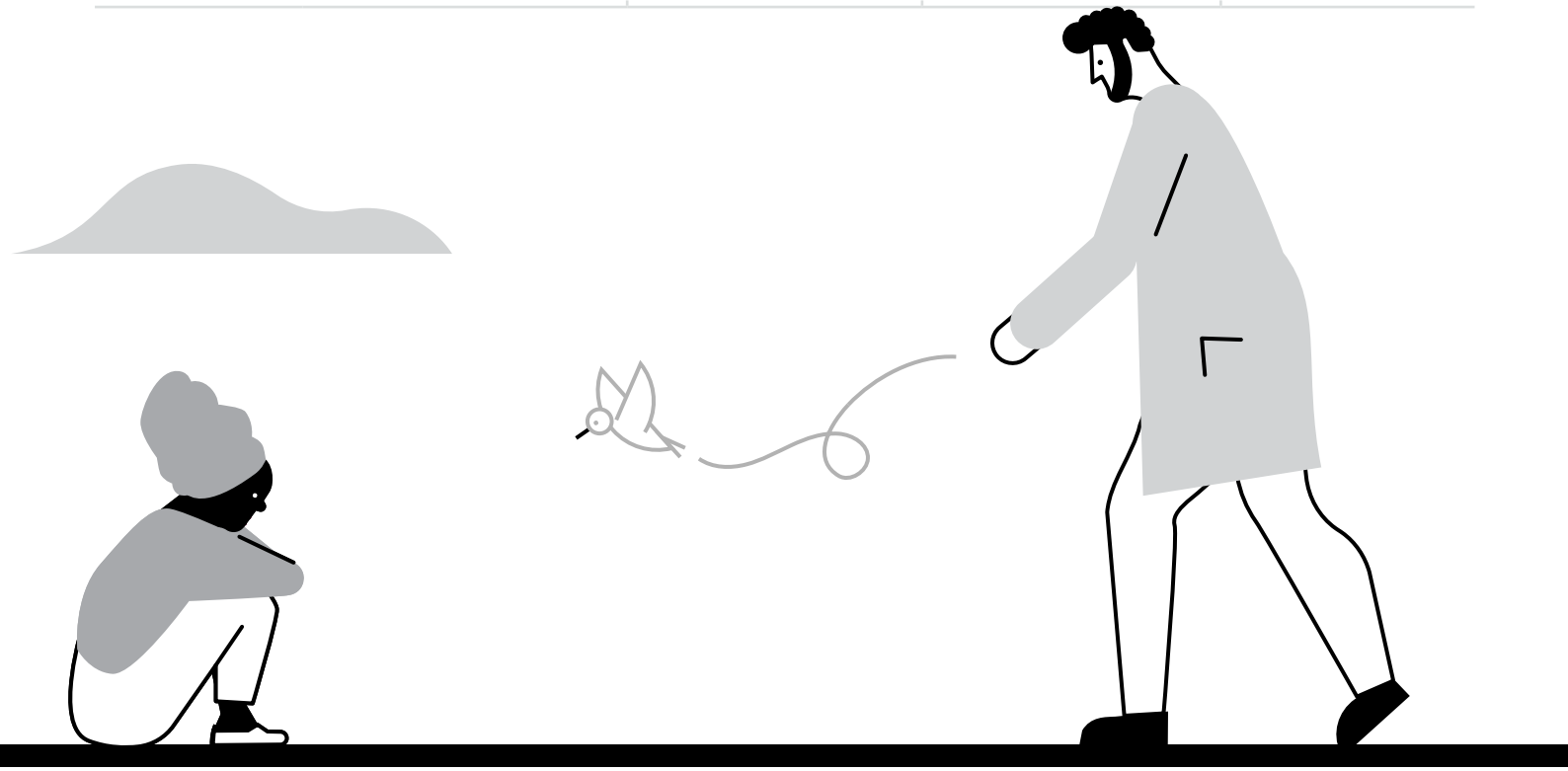
- ✔ **Suicidal intention:** Provision of an immediate response to ensure the safety of the individual (e.g. presence, accompaniment to care, increased check-in if referral is impossible).

- ✔ **High risk GBV/CP cases:** Provision of an immediate response to ensure safety of the individual while an urgent referral can be facilitated.

Protection risks (examples)

	High priority	Medium priority	Low priority	Not eligible for Protection Case Management
Torture and inhumane, cruel, degrading treatment or punishment	• Incarcerated individual reporting torture, inhumane, cruel, degrading treatment or punishment. • Recent serious injury as a result of torture. • Individual attempting suicide/ self-harming. • Individuals showing severe signs of psychological distress.	• Past serious injury as a result of torture with impact on daily life. • Important signs of psychological distress as a result of torture.	• Past injury as a result of violence with limited impact on daily life. • Signs of psychological distress.	• Impact of previous torture addressed and coping mechanisms in place.
Physical violence	• Recent serious injury. • Proven imminent risk of physical abuse, domestic violence. • Individual attempting suicide/ self-harming. • Collective violence against FPA[1].	• Past serious injury as a result of violence with impact on daily life (physical or psychological). • High risk/ credible threat of physical abuse (especially for FPA).	• Past injury as a result of violence with limited impact on daily life. • Part of a population regularly threatened with violence and experiences fear/ distress as a result.	• Impact of previous physical violence addressed and coping mechanisms in place.

	High priority	Medium priority	Low priority	Not eligible for Protection Case Management
Psychological violence	• Individuals are being persistently belittled, isolated, or humiliated by a significant caregiver (esp. older person or persons with disability). • Individuals are persistently isolated and verbally abused by most in the community. • Individual attempting suicide/ self-harming.	• Individuals are exposed to harassment and verbal abuse regularly when doing daily tasks out of the home. • Important signs of psychological distress and self-isolation.	• Individuals are exposed to belittling and insults when completing specific activities outside of the home (e.g. visit of government office).	• Factors causing the emotional harm have been addressed or positive coping mechanisms have been put in place.



High priority	Medium priority	Low priority	Not eligible for Protection Case Management

Outside of the scope of protection case management

Refer to ICRC for cases of ongoing detention/report of torture.
Refer to GBV case management services for cases of:

- **Gender-based violence.** The term refers to violence used against women, girls, men and boys to assert and reproduce gender roles and norms There are six GBV categories: Physical violence, psychological violence, denial of opportunities, forced marriage, rape, and sexual abuse.
- **Sexual violence** can occur at an interpersonal or collective level. Sexual violence incorporates non-consensual sexual contact and non-consensual non-contact acts of a sexual nature, such as voyeurism and sexual harassment. Acts qualify as sexual violence if they are committed against someone who is unable to consent or refuse for example because of age, disability, misuse of authority, violence or threats of violence.
  - **Rape** is defined as "physically forced or otherwise coerced penetration, even if slight, of the vulva or anus, using a penis, other body parts or an object."
  - **Sexual coercion** is defined as "the act of forcing (or attempting to force) another individual through violence, threats, verbal insistence, deception, cultural expectations or economic circumstances to engage in sexual behaviour against his / her will." [2]

GBV case management services will lead on these cases.

For children: Refer to child Protection Case Management services for cases where children require protection from violence, exploitation, abuse, and neglect as per the definition of child protection in the UN convention on the rights of the child. Child protection services will lead on these cases.

Protection Case Management actors will provide immediate response in high priority cases to ensure safety of the individual while a referral to a dedicated CP or GBV partner can be secured (see above on immediate action).

Endnotes

1 Families with perceived affiliation

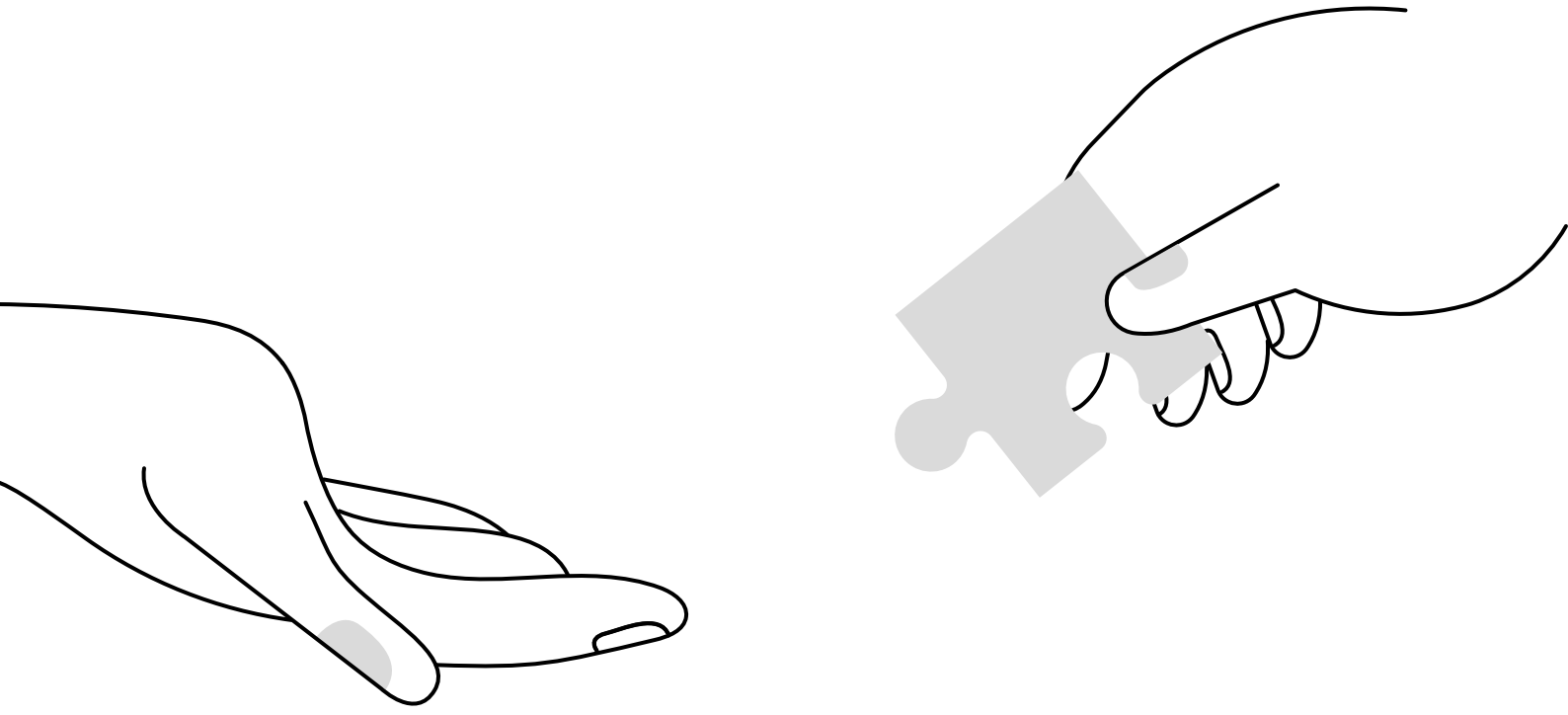
2 Definition used in Protection Case Management Guide, Form 0 template.

Annex 2.1
Protection Analysis Capacities

Capacities to Consider from Protection Analytical Framework:

- Access to education
- Access to information
- Active hostilities (impeding humanitarian operations and movement of affected population to aid)
- Activity of armed groups
- Asylum-seeker entry and access to asylum process after entry
- Community tensions/disputes
- Conditions of detention
- Conflict prevention and resolution mechanisms
- Documentation
- Effective remedy (as the victim)
- Energy
- Expenditures
- Fair trial (as the accused)
- Food accessibility
- Food availability
- Food utilisation
- Freedom of association/peaceful assembly
- Freedom of opinion/expression/information
- Freedom of religion/thought/conscience
- Health status and risk
- Health system performance
- Household (negative) coping mechanisms
- Hygiene and sanitation
- Identity documents, residency and other documentation related to civil status
- Infant feeding practices
- Infrastructure, systems and assets
- Leadership and governance
- Malnutrition

- Physical environment (obstacles related to terrain, climate, lack of infrastructure)
- Presence of mines and other explosive ordnance
- Right to marry/start a family
- Shelter infrastructure and material
- Shelter/building conditions
- Sources of income
- Teaching and learning
- Cash assistance
- Community support, infrastructure and services
- Core relief items/non-food items
- Core relief items assistance
- Food assistance
- Health assistance/provider
- Health resources and services availability
- Law enforcement (police/security)
- Legal/protection counselling
- Legal aid service
- Livelihoods/services
- Protection incident monitoring system
- Psychosocial assistance
- Registration UNHCR or Government
- Safe housing
- Shelter assistance
- Skills training



Annex 2.2
Key Questions for Protection Analysis

Current threats to the population

What are the threats?

- Type/manifestation: threats are external to the person; it is the potential for physical or psychological harm caused by a perpetrator. It represents the source of the risk/cause of the risk.

What are the main characteristics of the threat?

- Frequency/Prevalence
- Geographic area
- Is it a formal or informal practice (harmful cultural tradition, poor urban design): how do individuals in affected communities regard these practices? What happens if we remove this risk factor; will other risk factors appear**?**
- What is the community's perception of the risk factor?

What are the main sources of the threat? What are their main characteristics (i.e structure, behaviour, approachability)

- Are they an individual actor vs. group actor?
- Is the threat coming from within the individual's community or externally?
- What is their relationship to the affected individual/population?
- What is their structure and where does decision-making power lie?
- Where relevant, is their chain of command ambiguous or clear/loose or tight?
- What are their incentives for action/inaction, the reasons for this, and understanding why they act or do not act
- Is the actor a duty-bearer?
- Are we (INGOs/LNGOs/UN/) a threat? Do we exacerbate the threat? Practices of staff? Compliance with internal policies/procedures, or readiness to comply?

Current threats to the population

What are the main drivers of the threat or factors driving the behaviour of duty bearers and perpetrators?

- Motivations to mistreat the individual/population: economic, political, legal, social
- Formal and informal policies and practices, or absence thereof
- Relevance of governing norms—social, religious, legal (domestic, international)
- Attitudes, ideas, prejudices, stigma and/or beliefs driving behaviour
- Power dynamics. Who has power, what gives them power, what is the relationship between the actor responsible for threats and the affected or targeted individual/population?

What is their (duty bearers and/or perpetrators) will and capacity to comply with IHL, HRL, Refugee Law and other protective norms?

What are the possible incentives to change their policy, practice, attitudes and beliefs?

Has the risk factor changed over time? What has prompted this change?

What is the severity and the likelihood this will occur?

What are the disincentives to comply with norms/make the desired behaviour change?

Threats effects on the population: Age, gender, diversity factor analysis. Due to ones context these factors can increase likelihood of a rights risk.

What are the individual characteristics, which contribute (positively or negatively) to protection risks?

Are there particular characteristics/circumstances an individual may experience at the same time which intersect and due to their environment often enhance ones experience of discrimination and power? (i.e. being a woman and from a marginalised group)

Threats effects on the population: Age, gender, diversity factor analysis. Due to ones context these factors can increase likelihood of a rights risk.

What can the impacts/consequences of these threats/risk factors be in relation to the vulnerability if not countered by capacities? (physical, social, legal and psychological effects)

- Life-threatening
- Permanent injury or disability
- Non-life-threatening injury
- Short or long-term impacts on mental health and psychosocial wellbeing
- Loss of access to life-sustaining resources
- Loss of access to essential services
- Loss of ability to sustain life and health
- Marginalisation/exclusion
- Separation from family
- Recruitment into armed forces
- Detention

Are there any groups of people who might be affected or disproportionately affected or exposed to risks/ experience greater impact because of their individual characteristics?

What are the coping strategies of the population groups affe

Existing Capacities to address protection threats

1. **What resources, capacity, and strengths exist to prevent or mitigate the risk of and/ or risk itself? (these could be physical, social, psychosocial, legal, material capacities)**

2. **What resources, capacity, and strengths exist to minimise the consequences/impact of the risk or risks?**
   - Individual and Household levels, Family and Community levels, Structural and Institutional levels
   - Physical, psychosocial, moral dimensions
   - Human, economic, social, religious, legal, material, moral, etc.
   - Internal and external to the affected individual, including traditional or social norms
   - Accessibility of these resources, capacity and strength for the affected individual
   - Has the capacity to protect themselves changed, grown, diminished over time?

Are the resources and services identified accessible and available?

Existing Capacities to address protection threats

3. **What protective mechanisms exist within the community/family/individual which can be reinforced/supported?**

4. **What synergy exists between local organisations, community structures and families to provide protection?**

5. **Identify the duty-bearers, key stakeholders, social welfare, civil society, local representative organisations or advocates, INGOs who are responding and how they are linked to current community-based initiatives/protective measures.**

6. **What did the protective environment look like prior to the crisis/emergency?** (Health services, mental health and psychosocial support (MHPSS) services, child and family welfare, legal/judiciary system, workforce, etc.) What is functioning? What referral pathways exist?

7. **At each level (individual, family, community, structural, institutional, national) what are the relevant points of influence and leverage?** Where are the linkages within the protective system (environment) where a change in one factor can influence a positive change in another?

8. **Why and how are individuals motivated?**

9. **Do we understand the interconnectedness of the system, the resources, capacities, strengths to identify entry points and integration of services to support the resilience?**

10. **Where are the opportunities that can be tapped into? (Partnerships, entry points)**
    - Individuals
    - Local representative organisations
    - Existing or non-existing services
    - Community-Based Protection mechanisms

11. **How can we strengthen capacities, existing skills, and community/individual strengths?**

Annex 2.3
Protection Risk Identification

RISK OF:	COERCION	VIOLENCE	DELIBERATE DEPRIVATION
IN THE FORM OF:			
FROM:			
FACED BY:			
RISK OCCURRENCE BASED ON EXISTING DATA			

THREAT 	**VULNERABILITY** 	**CAPACITY** 
What is indicating **THREATS?**	What is indicating **VULNERABILITIES?**	What is indicating **CAPACITIES?**

1 MONTH | 6 MONTHS | 1 YEAR | 2 YEARS | 5+ YEARS

THREAT 	VULNERABILITY 	CAPACITY 
What changes can we have in **THREATS?**	What changes can we have in **VULNERABILITIES?**	What changes can we have in **CAPACITIES?**

1 MONTH | 6 MONTHS | 1 YEAR | 2 YEARS | 5+ YEARS

Annex 2.4
Workshop Agenda

Day/Time[1]	Subject	Outcomes
00:00 – 00:00	Welcome and Introductions	
00:00 – 00:00	Protection Risks, Threats, Vulnerabilities and Capacities	Participants understand the foundational definitions and concepts behind Protection Case Management (including the protection risk equation)
00:00 – 00:00	What is Protection Case Management?	Participants are able to define Protection Case Management
00:00 – 00:00	Review of secondary protection data and information	Participants understand the risks, threats, vulnerabilities and capacities affecting the affected population and have the opportunity to provide validation/feedback Local organizations/civil society actors and community representatives contribute in validation/verification exercise
00:00 – 00:00	Protection Analysis Key Questions	Participants collaborate on analysis against key questions

Day/Time	Subject	Outcomes
00:00 – 00:00	Drafting Form 0	Participants review and understand the Form 0 and start to populate it based on protection analysis findings
00:00 – 00:00	Next Steps (Form 0 Reviews, Risk Mitigation Plan finalisation and SOP Development)	Participants are assigned responsibilities associated with next steps and agree on timelines.

Endnotes

1 The amount of time these sessions take will depend on the familiarity of the team with the concepts being presented. For new teams early on in the humanitarian response, this may take up to 2.5 days or more. Don't forget to also consider if additional time is required for interpretation during the workshop.