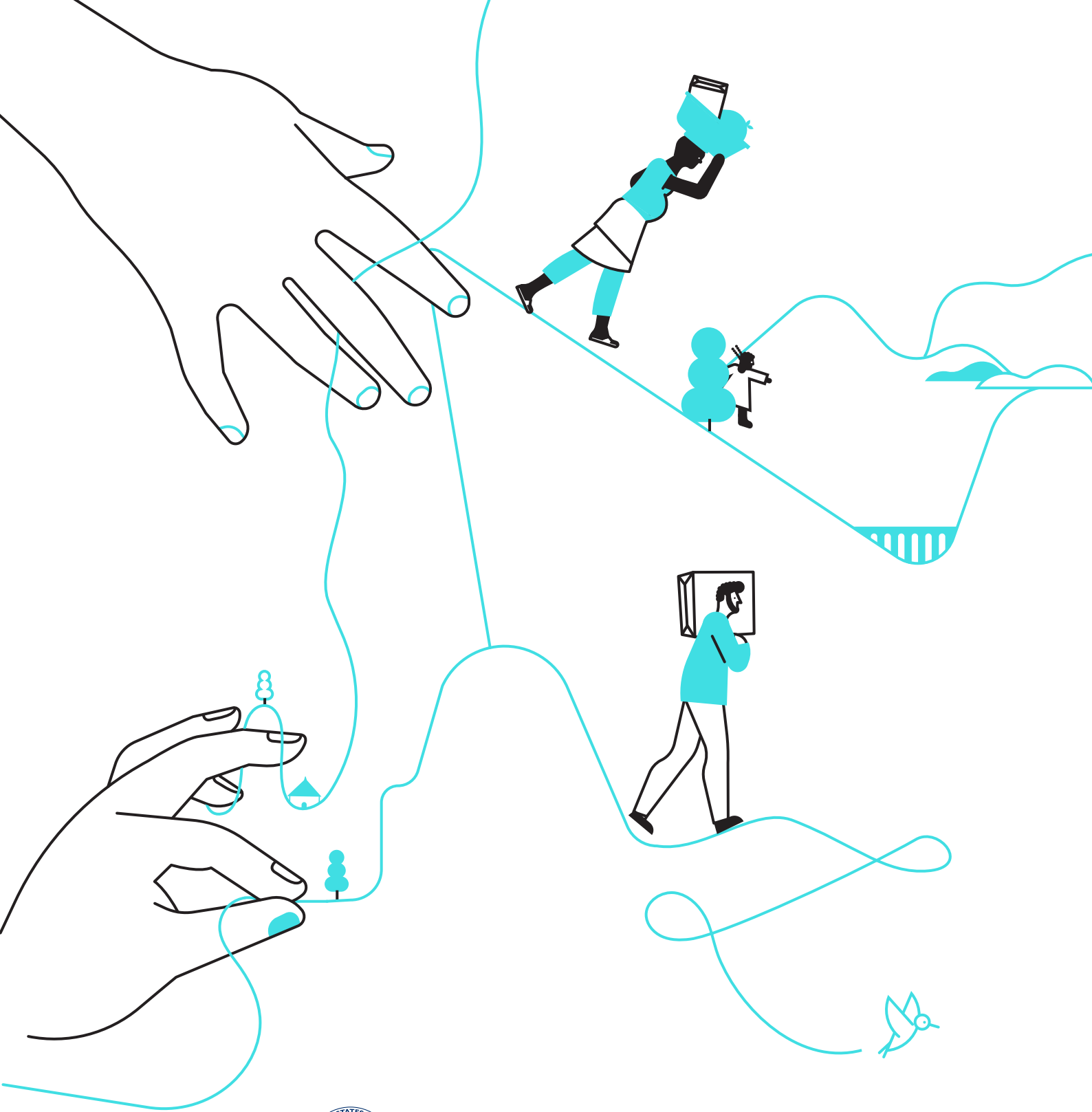


# Your Guide to Protection Case Management

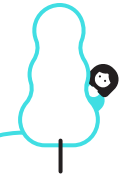




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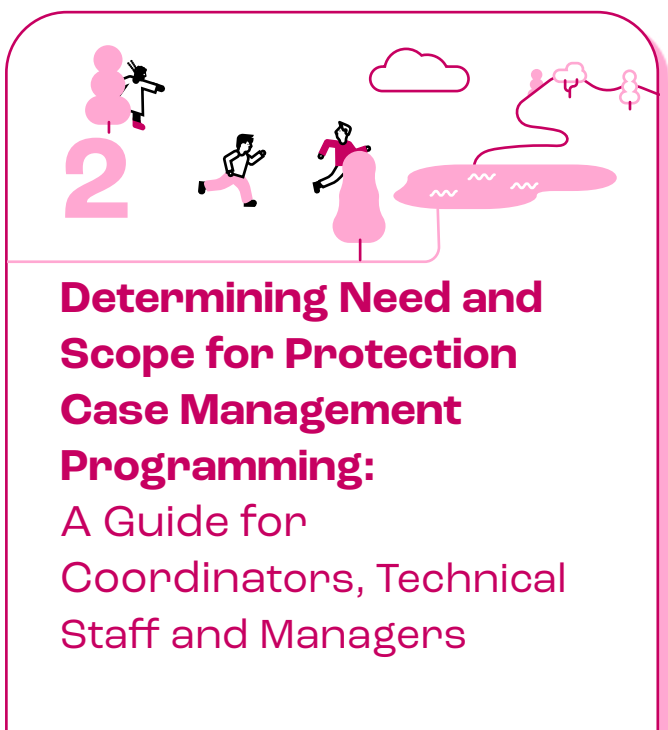
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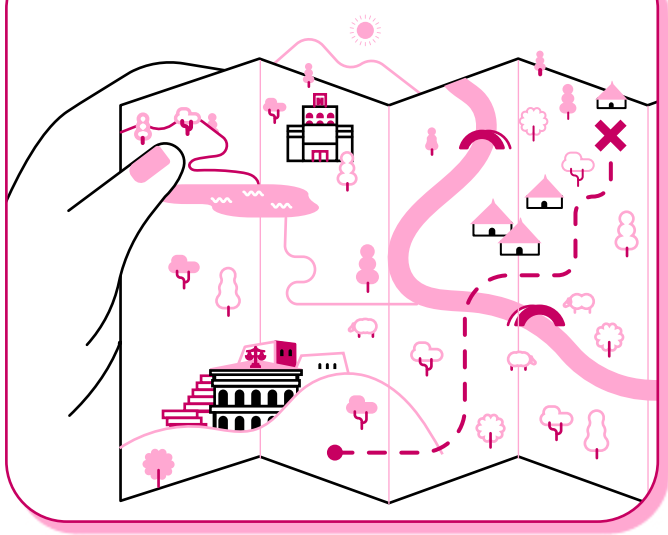
# Acronyms

<b>AoR</b>	Area of Responsibility	<b>MHPSS</b>	Mental Health and Psychosocial
<b>BHA</b>	Bureau for Humanitarian Assistance	<b>MSP</b>	Support Minimum Service Package
<b>CP</b>	Child Protection	<b>NRC</b>	Norwegian Refugee Council
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities	<b>PAF</b>	Protection Analytical Framework
<b>EO</b>	Explosive Ordnance	<b>PCM</b>	Protection Case Management
<b>EQUIP</b>	Ensuring Quality in Psychosocial and Mental Health Care	<b>PFA</b>	Psychological First Aid
<b>GBV</b>	Gender-based violence	<b>PHQ</b>	Patient Health Questionnaire
<b>IA SEARP</b>	Interagency sexual exploitation and abuse referral procedures and abuse referral	<b>PSEA</b>	Protection from Sexual Exploitation and Abuse
<b>IASC</b>	Inter-Agency Standing Committee	<b>ToC</b>	Theory of change
<b>IMS</b>	Information Management System	<b>TWG</b>	Technical Working Group
<b>IRC</b>	International Rescue Committee	<b>UNFPA</b>	United Nations Population Fund
<b>MEAL</b>	Monitoring, Evaluation, Accountability and Learning	<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>MHPSS</b>	Mental Health and Psychosocial Support	<b>UNICEF</b>	United Nations International Children's Emergency Fund
		<b>USAID</b>	United States Agency for International Development
		<b>WG-SS</b>	Washington Group Short-Set of Questions
		<b>WHO</b>	World Health Organization

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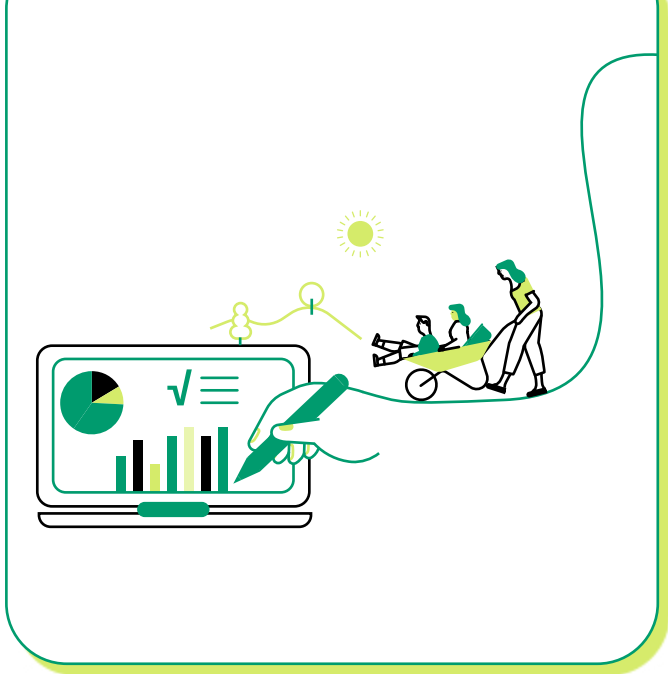
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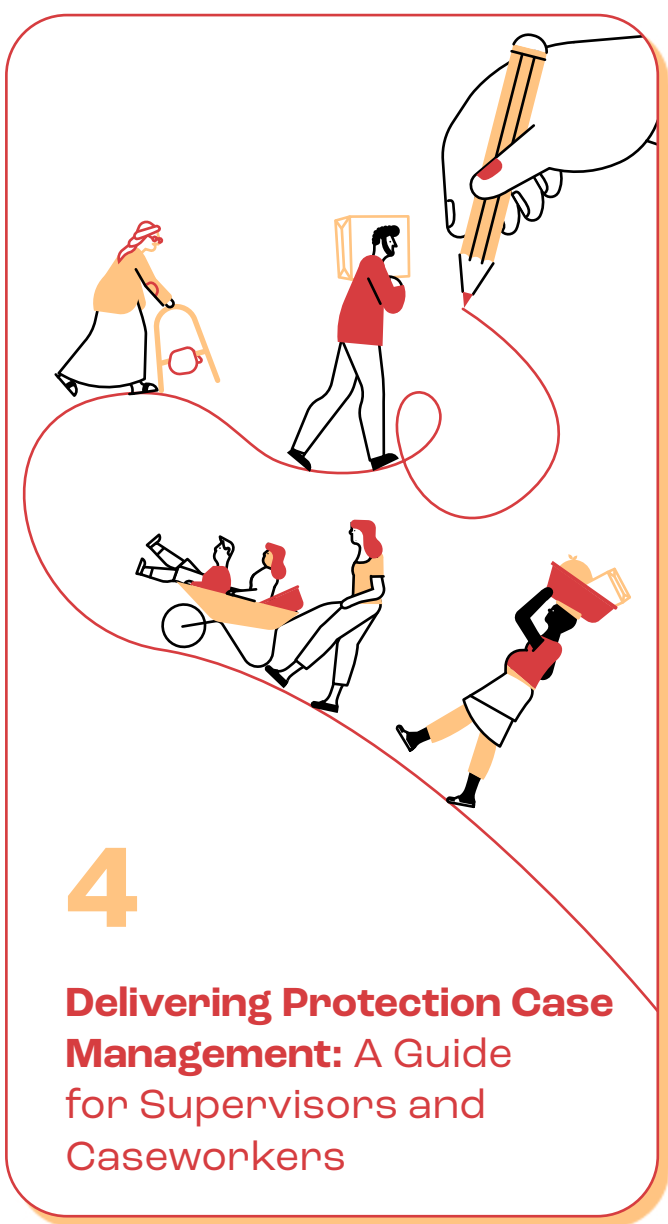
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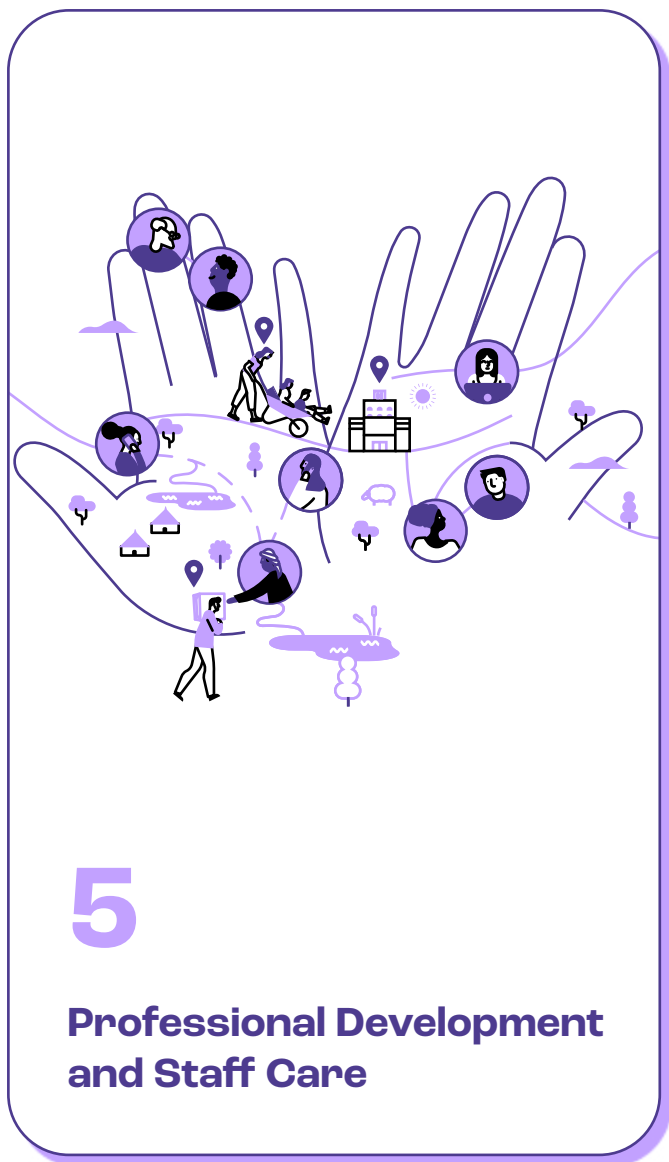
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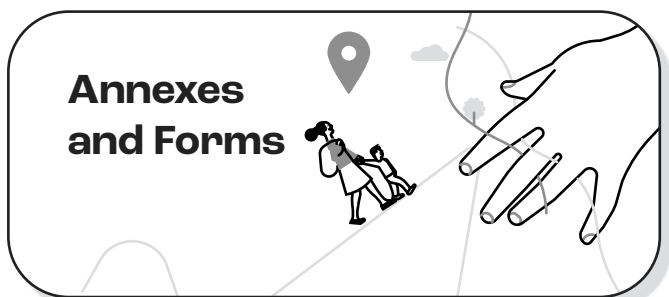
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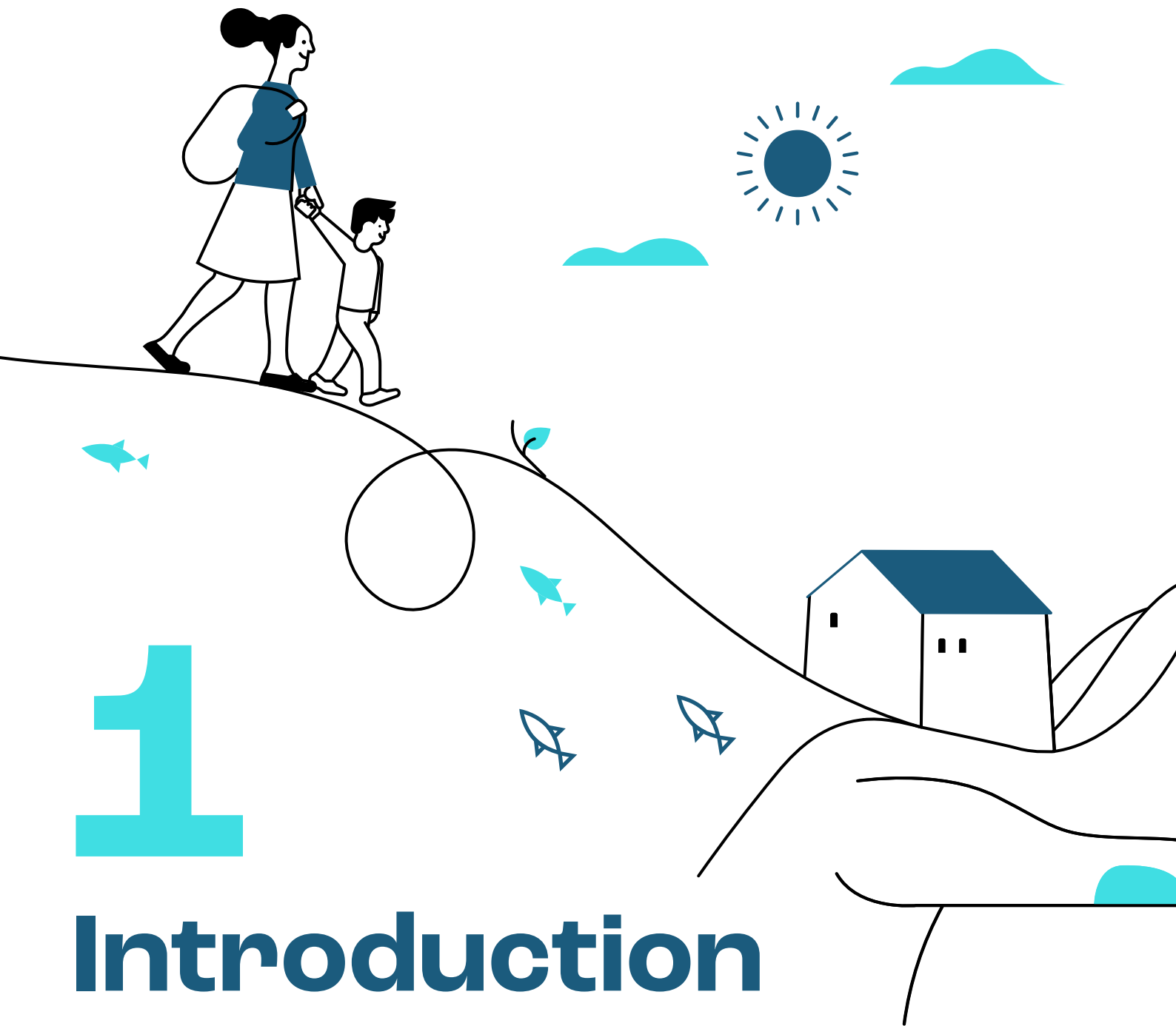
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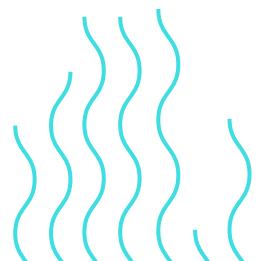


# 1

# Introduction to Protection Case Management

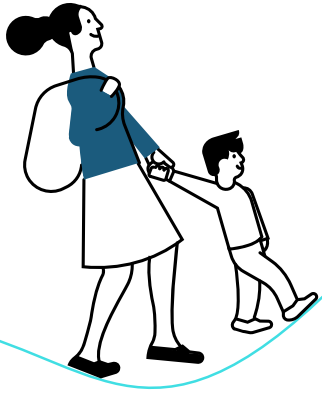
Welcome to your guide on Protection Case Management. This first module provides a foundational understanding of Protection Case Management, covering its standards and how to navigate this guidance effectively.

This chapter will help you answer the following questions:





- **What is Protection Case Management?**  
Providing a foundational understanding and definition of Protection Case Management.
- **Why is Protection Case Management important?**  
Explaining the significance and impact of Protection Case Management in humanitarian settings.
- **How to coordinate Protection Case Management?**  
Detailing where Protection Case Management fits into existing systems and how to ensure clarity and complementarity.
- **What is the theory of change for Protection Case Management?**  
Outlining the theory of change (ToC) and why it is important.
- **What are the key principles and standards for Protection Case Management?**  
Sharing the core principles and standards that guide practice in this field and providing essential standards and resources for practitioners to ensure best practice.



# What is Protection Case Management?

In this guidance, we use the term 'service users' to match current social work practice, as recommended by the International Federation of Social Workers and social work groups worldwide (except in the US where client is still used). For clarity, we also use the term 'client', 'individual', or 'people' when referring to those who we work with in this service. Teams implementing this guidance should decide on and agree upon the most suitable local terms to use during their work.<sup>1</sup>

Protection Case Management is a service model based on social work principles and case management approaches to provide individualised support. In this model, a caseworker works closely with a service user to access, coordinate, and advocate for services needed by individuals with complex or multiple protection needs related to violence, coercion, or deliberate deprivation. This approach involves one-on-one support, where the caseworker builds a supportive relationship with the service user. Case management should be delivered in a way that is sensitive to the mental health needs of the service user, promotes safety and psychological well-being, builds on a person's abilities and strengths,



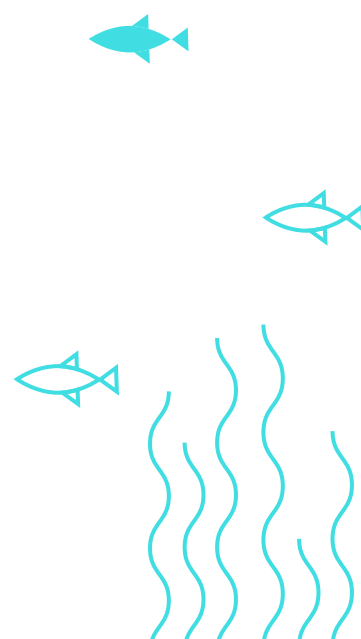
and promotes family and community support.<sup>2</sup> Caseworkers provide essential mental health and psychosocial support (MHPSS) services to service users, including but not limited to focused, non-specialised support services. The caseworker is backed by a dedicated supervisor and a system that ensures service quality, data protection, and trend analysis.

In Protection Case Management, the people receiving the service are either at risk of or recovering from:

- **Violence:** The intentional use of physical force or power threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation<sup>3</sup>.
- **Coercion:** In short, forcing someone to do something against their will<sup>4</sup>. Coercion in humanitarian situations can be understood as coercion-as-extortion, a demand coupled with a threat of harm or the infliction of harm, done to extract some kind of concession from the victim state. It is an act targeting the victim state's will or decision-making capacity<sup>5</sup>.
- **Deliberate deprivation:** Intentional action to prevent people from accessing the resources, goods, or services they need and have the right to access<sup>6</sup>.

Protection Case Management service providers are asked to develop specific, localised, and contextually appropriate intake criteria following a protection risk analysis process, ideally using the interagency Protection Analytical Framework (PAF)<sup>7</sup>. During or after a humanitarian situation, many individuals may benefit from Protection Case Management. However, it is important to prioritise cases based on severity of risk. Establishing clear intake criteria is crucial, and these criteria should be specific, descriptive, and based on protection analysis. Once established, good intake criteria will:

- Provide a descriptive definition of local risks to support caseworkers to determine eligibility



- Offer a timeline for speed of service provision based on their risk level
- Provide a further description of case types that qualify for a high, medium, or low risk response
- Have been developed in coordination with key stakeholders to ensure that it complements existing support and services available to the impacted population
- Provide guidance on response for individuals who do not meet the intake criteria.

The PAF<sup>8</sup> offers a methodology and structure for identifying and classifying protection risks that can be addressed through Protection Case Management. Detailed guidance on protection analysis and criteria setting is available in [Module 2](#).

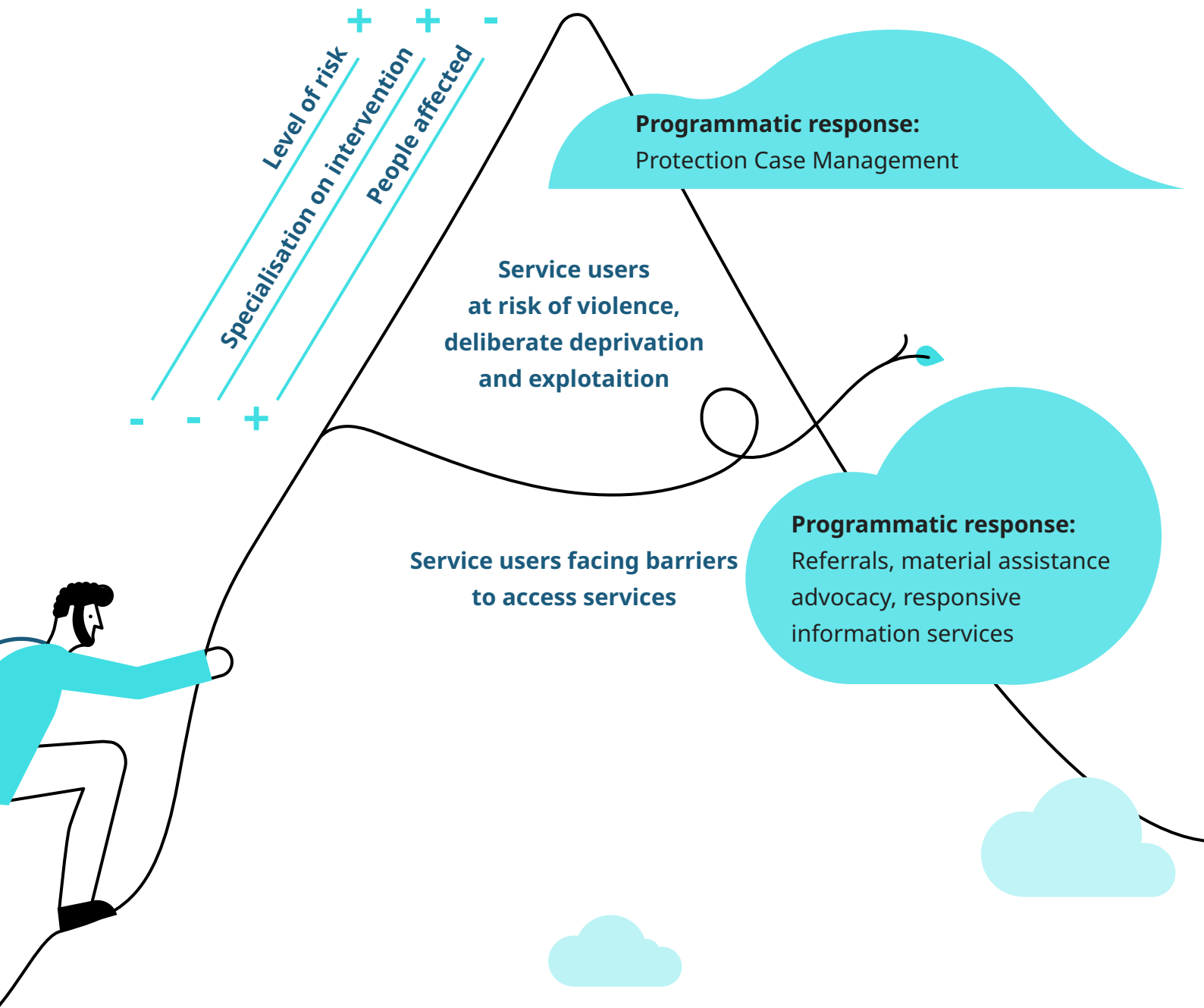
### **A definition of the Protection Analytical Framework**

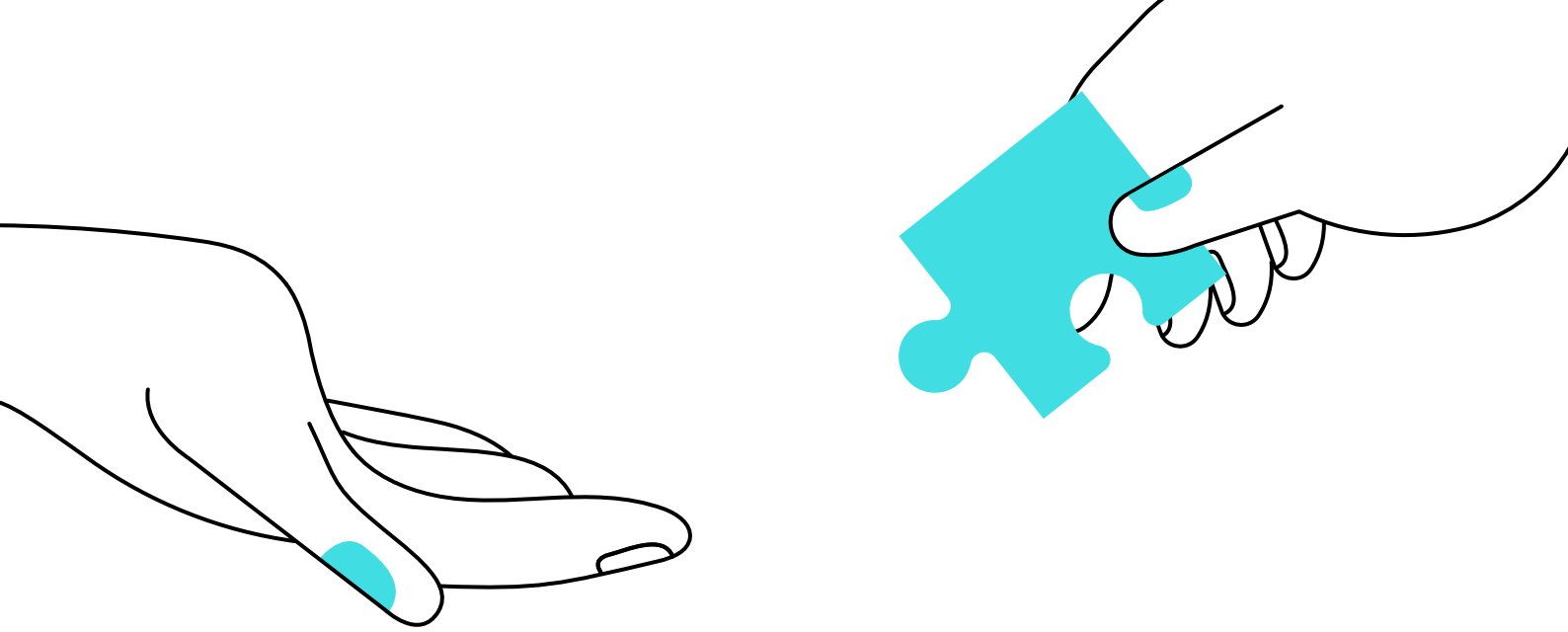
The PAF<sup>9</sup> guides robust, context-specific protection analysis in a harmonised manner. It informs decision making for multisectoral and multi-disciplinary strategies that reduce and prevent protection risks that may violate international human rights and humanitarian laws. It is suitable for use across humanitarian contexts. It was developed together with the full support of the Information and Analysis Working Group of the Global Protection Cluster. It has been endorsed by the Global Protection Cluster.

[Annex 1.1: Protection Risk Criteria for Protection Case Management](#) includes a list of risks that fall under violence, coercion, and deliberate deprivation that are relevant to Protection Case Management interventions. It has been adapted from the PAF to offer descriptions of Protection Case Management eligible case types. Coordination for alignment with all areas of responsibility will be required.

As Figure 1 details, there will be individuals in the community who require support to access services but who do not meet localised Protection Case Management intake criteria. These individuals can be supported to access services, normally by any frontline staff member with basic training on referrals, including individuals outside protection who would not constitute a Protection Case Management case.

**Figure 1: Protection Case Management intake criteria**





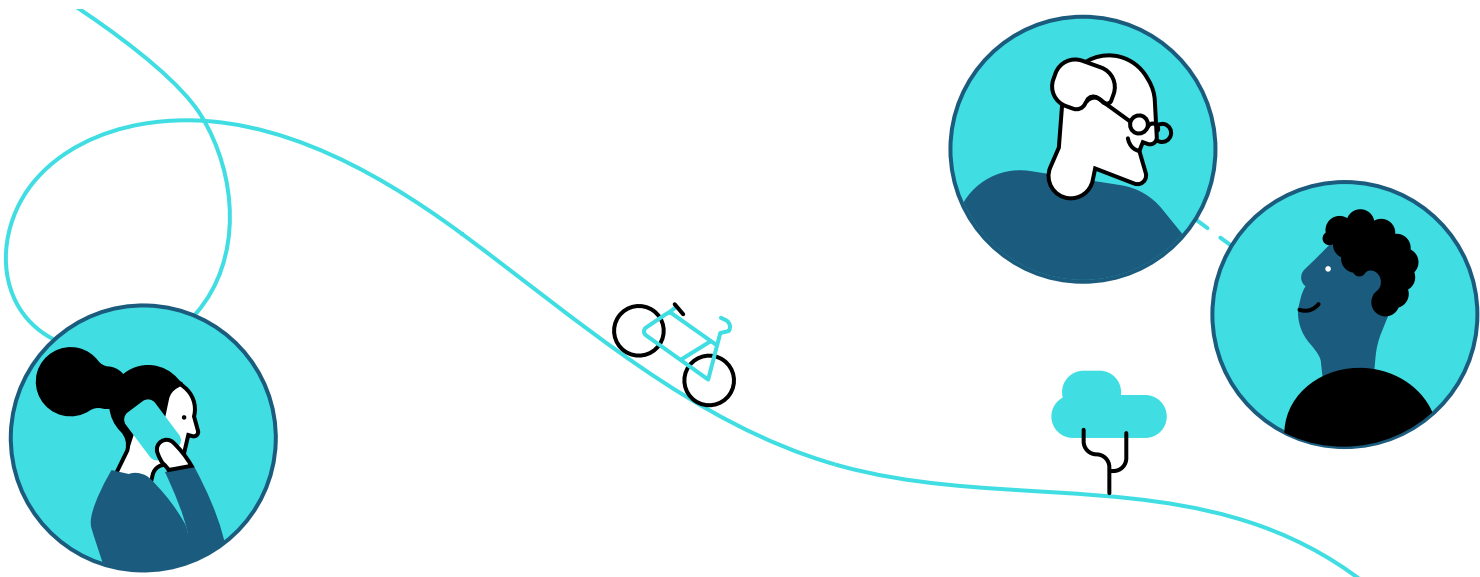
# Why is Protection Case Management important?

In humanitarian crises, resources and support from the state, community, and family can quickly become scarce, while the risks of violence, coercion, and deliberate deprivation escalate rapidly. Individuals at risk may find themselves overwhelmed, disoriented, or cut off from their usual coping strategies, making it harder for them to manage their own safety and well-being when in danger or in distress. Affected populations experience a range of stressors that can have immediate and long-term consequences. Many people experience common reactions such as difficulties with sleeping, fatigue, worry, anger, and physical aches and pains. For most people, these problems are manageable and improve over time, but for others they impair daily functioning. Even when national and humanitarian services are available, these supports might be unsafe or difficult to access, leaving some individuals unable to benefit from aid without professional support.



A caseworker is essential in these situations, providing empathy and support when family and community connections are weakened. They help individuals assess their circumstances and create personalised case plans and safety plans, particularly when people are overwhelmed or unaware of available protection resources. Caseworkers also advocate for individuals to help them access services that might otherwise be out of reach or denied. Effective Protection Case Management programming provides critical services and supports to reduce suffering and improve people's mental health and psychosocial well-being. This can lead to improvements in people's abilities to meet their basic needs to survive, recover and rebuild their lives.

In a humanitarian context, case management services are crucial for ensuring that those most at risk benefit from humanitarian efforts. Effective case management, supported by robust information systems, generates valuable data and trends. This information can guide humanitarian action by improving accessibility, closing service gaps, ensuring individuals receive necessary information, and strengthening national systems to better support at-risk individuals as they recover from crises.



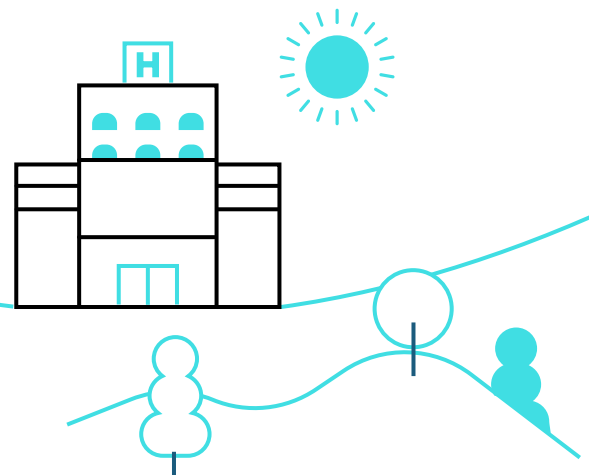
# How to coordinate Protection Case Management?



Protection Case Management actors like all humanitarian actors, should strengthen, not replace, national and local systems<sup>10</sup>. In your protection analysis and when developing service intake criteria, it is essential to coordinate with key stakeholders to identify individuals facing violence, coercion, or deprivation who are not receiving necessary services. With a clear understanding of the strengths and limitations of the national system, assess whether establishing Protection Case Management services is appropriate to reduce protection risks and enhance the mental health and psychosocial well-being of service users. Protection Case Management systems should be coordinated, co-designed with and validated by this social service workforce to ensure alignment with national protection systems and local ownership and leadership, including technical and material assistance to strengthen the national workforce. Protection Case Management service providers should coordinate with local gender-based violence (GBV), MHPSS, mine action, and child protection (CP) services, as well as with relevant government structures, to deliver complementary responses during complex emergencies.

**Individuals injured by explosive ordnance (EO):** Victims and survivors often require complex, multi-faceted short and long-term assistance, including medical care, rehabilitation, psychological and social support, and the facilitation of access to education and livelihood. Where an EO injury has led to mutilation or other protection concerns listed in global or localised Protection Case Management intake criteria, Protection Case Management can provide the holistic support these individuals need.<sup>11</sup>

Protection Case Management actors, like all frontline humanitarian staff, must comply with CP and GBV legal frameworks, global standards and local operating procedures. It is important that boys and girls experiencing or at risk of violence, exploitation, abuse and neglect, as well as women and girls who face GBV, receive case management services from personnel specialising in CP and GBV case management. Protection Case Management actors should be ready to facilitate safe referrals to actors as needed according to local protocols.



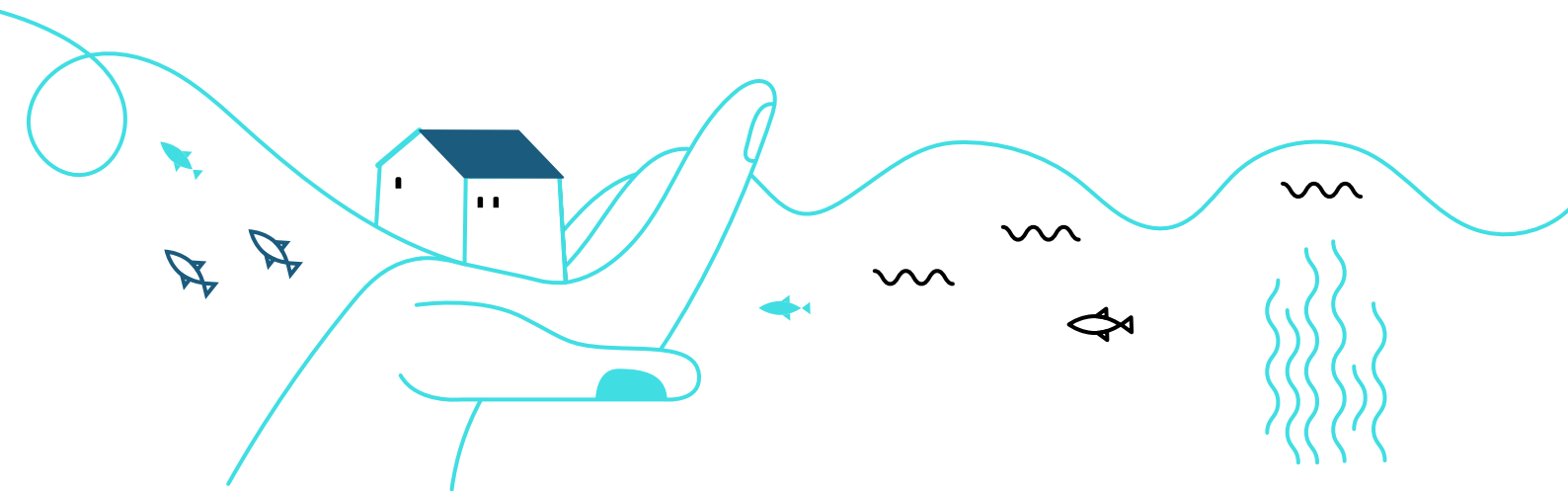
Protocols for Protection Case Management should include localised guidance, developed with relevant CP and GBV actors. For more on coordination and collaboration with CP, GBV and others, see additional guidance on ensuring clarity of roles between protection and MHPSS workers.<sup>12</sup> As illustrated in the Inter-Agency Standing Committee (IASC) MHPSS intervention pyramid (Figure 2), Protection Case Management teams provide essential layers of MHPSS services within the case management approach. Protection Case Management teams are responsible for providing focused, non-specialised support to service users, as well as ensuring service users have access to other layers of support required to meet their needs through direct service delivery and referrals.<sup>13</sup>

MHPSS services must be coordinated within and across sectors. Seminal guidance and resources for Protection Case Management teams on how to coordinate MHPSS activities can be found in the [MHPSS Minimum Service Package](#).



**Figure 2: Inter-Agency Standing Committee MHPSS intervention pyramid**



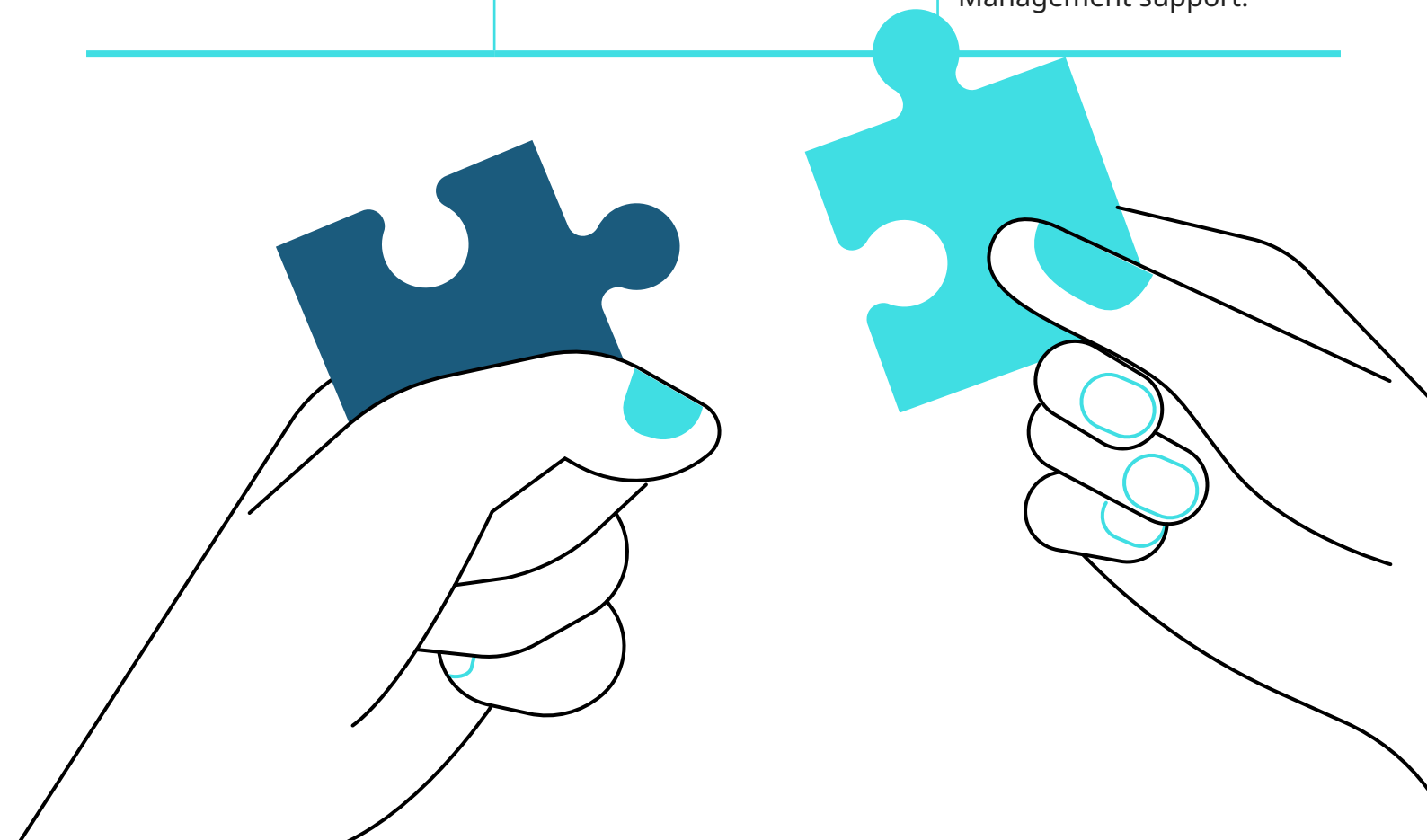


# What is the theory of change for Protection Case Management?

The ToC for Protection Case Management presents a model of how it contributes to the overall protection goal: enabling people at risk in protracted and acute humanitarian crises to realise their rights and live in safety and with dignity. It is important to note that Protection Case Management is only one part of a broader protection response; other interventions will be necessary to fully achieve this goal. The ToC for Protection Case Management focuses on setting out the specific change pathways that lead from a case management intervention to outcomes for individual clients, and, ultimately, contribute to the broader protection goal (impact). The Protection Case Management ToC is set out in Table 1, and should be read from the bottom up to reflect the direction of change. The diagram illustrates the change pathway through which Protection Case Management addresses the (i) problem statement by leading to (ii) process and quality interim outcomes, to (iii) protection outcomes for individual clients, and, ultimately, to the (iv) population level impact. For a more detailed description of the ToC, [see Annex 1.2: Theory of Change for Protection Case Management](#).

**Table 1: Protection Case Management Theory of Change<sup>14</sup>**

Impact pathway	Protection outcome (Level II)	Protection outcomes (Level I)
<p>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.</p>	<p>1. Service users achieve improved psychosocial wellbeing through Protection Case Management support.</p>	<p>1.1 Service users are less impacted by protection risks through Protection Case Management support.</p> <p>1.2. Service users with mental health needs demonstrate a reduction in symptoms of severe distress through Protection Case Management support.</p>



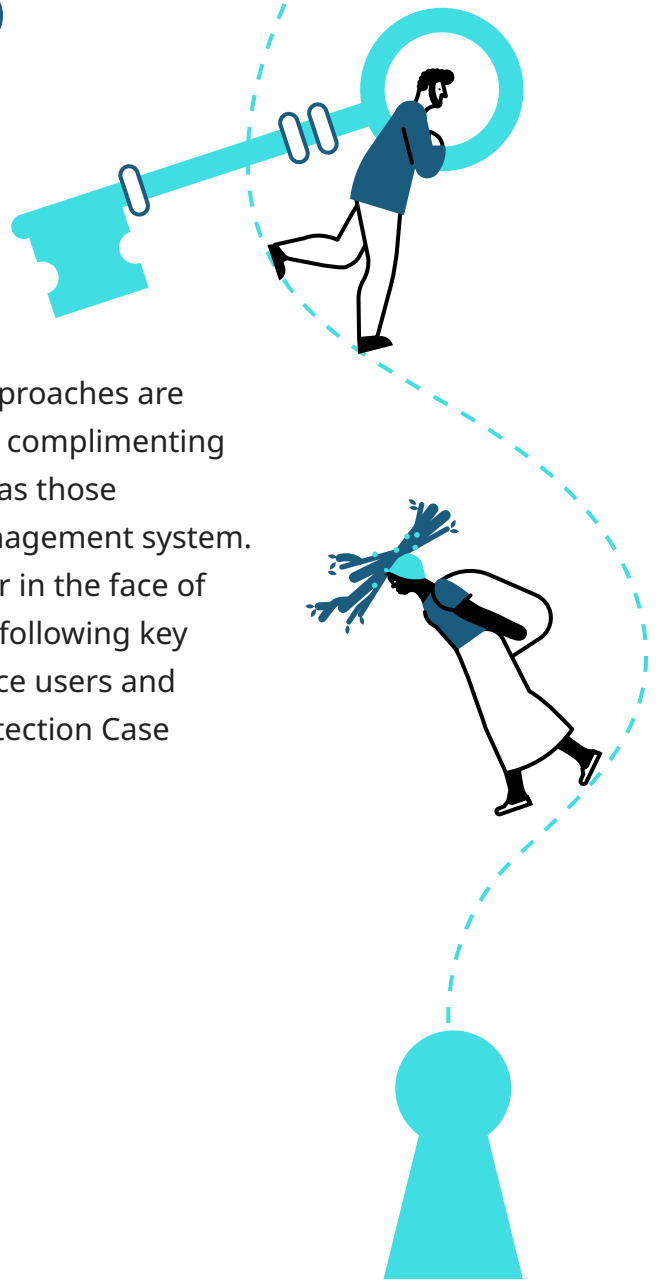
Process & quality pathway	Process & quality outcomes (interim)	Problem
<p>Service users have access to quality and client-centred Protection Case Management services when they need it.</p>	<p>1.1 Perceive to Protection Case Management services.</p> <p>1.2 Protection Case Management services are sufficiently staffed and resourced.</p> <p>1.3 Caseworkers possess the skills, knowledge, and attitude necessary to support clients through Protection Case Management services.</p> <p>1.4 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.</p> <p>1.5 Protection Case Management services are delivered in line with quality standards and protocols (as articulated in the Protection Case Management guidance).</p> <p>1.6 Caseworkers establish strong relationships with cWWlients based on a foundation of empathy, inclusion, support and trust.</p> <p>1.7 Protection Case Management clients are successfully referred to relevant services (including specialised mental health services, legal support, and health and education services).</p>	<p>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 people at risk of experiencing safety concerns or other rights violations.</p>



# What are the key principles and standards of Protection Case Management?

## Key principles

In Protection Case Management, key principles and approaches are crucial for both caseworkers and implementing teams, complimenting existing protection mainstreaming principles<sup>15</sup>, as well as those responsible for developing or supporting the case management system. In moments of intervention design, problem solving, or in the face of ethical dilemmas, you and your teams can refer to the following key principles to ensure that actions are respectful of service users and are consistent with what is foundational about the Protection Case Management service model.



Protection mainstreaming is the process of incorporating the basics of quality programming, including meaningful and inclusive access, safety and dignity in humanitarian aid. The following elements must be taken into account in all humanitarian activities. These definitions have been adapted from the global principles to the Protection Case Management intervention:

## **Accountability**

Set-up appropriate mechanisms through which service users can measure the adequacy of the Protection Case Management service, and address concerns and complaints as soon as possible.

## **Prioritise safety and dignity, avoid causing harm**

Prevent and minimise any unintended negative effects of your intervention which can increase people's vulnerability to both physical and psychosocial risks. Always prioritise service users' safety, develop strong safety plans and case plans based on structured assessments.

## **Meaningful access**

Recognise and consult service users on their comfort and ability to engage in the Protection Case Management process without barriers. Ensure that intake criteria and service prioritisation is based on those most at risk and underserved in your context.

## **Participation and empowerment**

Support the development of self-protection capacities and assist people to increase their safety and wellbeing.

**Table 2: Definitions of key principles in Protection Case Management**

**Principle**

**Definition in Protection Case Management**

**Examples of application of this principle**

**Individuals right to privacy and self-determination**

Privacy brings attention to a service users' personal autonomy and boundaries throughout their engagement with the service. Service users have the right to control access to their personal information, body, and personal space.

Service implementers have a duty to ensure information that is shared is treated confidentially.

Self-determination respects an individual's right to define their own path, set their own goals, and make decisions about matters that affect their life, well-being, and future.

Caseworkers will ask for informed consent and assent to engage with the service users throughout the Protection Case Management process.

Providing service users with options and allowing them to choose the services or interventions they feel are most appropriate for their situation.

Caseworkers are required to recognise, discuss, and address barriers to comfortable participation in case management sessions.



## Principle

## Definition in Protection Case Management

## Examples of application of this principle

### Trauma-informed principles

Trauma-informed principles help create environments where individuals feel supported and understood, and they reduce the risk of re-traumatisation, fostering healing and recovery, while recognising that not all individuals who experience adverse life experiences will experience traumatic reactions.

It integrates an understanding of trauma into all aspects of practice to create a supportive and empowering environment for service users.

In trauma-informed services, trauma survivors are seen as unique individuals who have experienced extremely abnormal situations and have managed as best they could.

Creating a safe and welcoming physical environment for service users, maintaining a non-threatening demeanour.

Prioritising service user safety by conducting thorough risk assessments and developing safety plans with service users to address immediate safety concerns.

Being consistent and reliable in interactions and following through on promises or commitments made to service users.

Valuing and supporting the lived experiences of trauma in case management teams.

Addressing trauma within the context of the service user's cultural background and experiences.



General principles and key considerations important for the implementation of MHPSS activities by MHPSS actors, including Protection Case Management teams, are included in the MHPSS Minimum Service Package; Case Management teams and supervisors should be trained on MHPSS principles, considerations, topics, and skills.

Adopting these principles into your practice will see you establish programming that follows a client-centred (also known as person-centred) and strengths-based manner. This approach fosters a respectful, trusting relationship between caseworker and service user, promoting long-term empowerment and well-being.

## Key standards

To align with the Protection Case Management approach outlined in this guidance and its modules, Table 3 outlines the key foundational, operational and resourcing standards you must meet.

**Table 3: A summary of key standards in Protection Case Management**

Foundational standards	Where you can find guidance to support this standard
<b>Protection Case Management is included in organisational strategy</b>	<a href="#">Module 2</a> : Is my organisation equipped to safely deliver Protection Case Management to those most at risk?
<b>Protection Case Management is designed based on protection and context analysis</b>	<a href="#">Module 2</a> : How do I assess the need for Protection Case Management in a humanitarian situation?
<b>Localisation, partnerships and exit strategies are developed and implemented</b>	<a href="#">Module 2</a> : Understanding existing systems and resources

## Foundational standards

## Where you can find guidance to support this standard

**Protection Case Management service has the staffing/budget to meet requirements**

[Module 3](#): Staffing for Protection Case Management, budgeting for Protection Case Management

**The service is guided by documented process and protocols, including a detailed risk-focused criteria, roles and responsibilities for internal and external actors, and information management and data protection protocol**

[Module 3](#): What are the minimum standards of Protection Case Management?

**Monitoring, evaluation, accountability and learning (MEAL) standards and processes are incorporated throughout the Protection Case Management approach**

[Module 3](#): MEAL guidelines for Protection Case Management

## Practice standards

## Where you can find guidance to support this standard

**Communities understand intake criteria**

[Module 2](#): Protection analysis for Protection Case Management

[Module 3](#): Your staffing structure - community-based staff

**Cases registered at intake consistent with criteria**

[Module 2](#): Form 0 explained

[Module 5](#): Case file check

Practice standards	Where you can find guidance to support this standard
<b>Cases workers are observed taking assent<sup>16</sup>/ consent (at intake and whenever relevant)</b>	<a href="#">Module 4: Informed consent</a>
<b>Caseworkers are observed making reasonable accommodation where applicable</b>	<a href="#">Module 4: Informed consent</a>
<b>Case file reviews demonstrate consistent care across risk levels/caseload</b>	<a href="#">Module 3: Budgeting for Protection Case Management</a>
<b>Caseworkers are observed developing/reviewing case plans collaboratively with service users</b>	<a href="#">Module 2: Form 0 explained</a> <a href="#">Module 5: Case file check</a>
<b>Case plans are developed to include on relevant services and address the identified protection risk</b>	<a href="#">Module 4: Case planning</a> <a href="#">Module 5: Case file check</a> <a href="#">Module 5: Observation</a>
<b>Caseworkers calling for documented case conferences as appropriate</b>	<a href="#">Module 5: Case file check</a>
<b>Referral systems is functional, and any service delays are proactively addressed appropriate to risk level</b>	<a href="#">Module 4: Case conferencing</a>

## Practice standards

## Where you can find guidance to support this standard

**Safety plans are developed and implemented as appropriate**

[Module 4: Safety planning](#)

**The Protection Case Management services document shares lessons learned and successful case management strategies**

[Module 3: MEAL guidelines for Protection Case Management](#)

**Case plan implementation is conducted according to agreed deadlines**

[Module 3: What are the minimum standards of Protection Case Management?](#)

[Module 5: Case file check](#)

**Caseworkers observed reviewing case plans with service user as appropriate**

[Module 4: Case planning](#)

[Module 5: Observation](#)

**Barriers to case plan implementation identified and addressed by supervisors**

[Module 5: Supervision](#)

**Case File reviews conducted regularly by supervisors**

[Module 5: Supervision](#)



## Practice standards

## Where you can find guidance to support this standard

**Cases closed as per standard operating procedure criteria**

[Module 3](#): What are the minimum standards of Protection Case Management?

[Module 5](#): Case file check

**Service user satisfaction survey conducted with consent, when possible; service user complaints and trends in feedback are discussed and addressed regularly.**

[Module 3](#): Note about user-centred MEAL approaches

[Module 4](#): Service user satisfaction survey

## Staffing and staff support

**Caseworker: Service user ratio requirement is met (1:25)**

[Module 3](#): Staffing for Protection Case Management

[Module 5](#): Supervision

**Team leader : Caseworker ratio requirement is met (1:6)**

[Module 3](#): Staffing for Protection Case Management

[Module 5](#): Supervision

**Staff have clear job descriptions**

[Module 3](#): Staffing for Protection Case Management

## Staffing and staff support

**Staff have required trainings for their roles**

[Module 3: Staffing for Protection Case Management](#)

[Module 5: Supervision](#)

**Team or individual staff capacity building plans are in place**

[Module 5: Supervision](#)

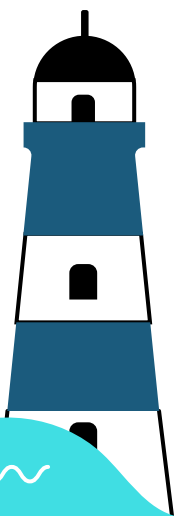
**Supervision conducted and actions/recommendations are addressed**

[Module 5: Supervision](#)

**Staff and volunteers receive staff care and wellbeing support services and have access to MHPSS services**

[Module 5: Supervision](#)

Teams have used [Tool 1.1: Quality Standards Tools](#) as a checklist and planning tool to develop or adjust programmes to meet these standards.



# Summary of key points



Protection Case Management is a service whereby a caseworker provides individualised support to an adult at risk of or recovering from violence, coercion, and deliberate deprivation to achieve increased safety and well-being.



In establishing a Protection Case Management service, actors will need to coordinate with others to ensure they are reinforcing national systems and offering services that are complementary to preexisting services.



Children or survivors of GBV should always be referred to caseworkers that have the specialised protocol knowledge to do no harm and provide quality of care.



In humanitarian situations individuals at risk may find themselves overwhelmed, disoriented, or cut off from their usual coping strategies, making it harder for them to manage their own safety and well-being when in danger or in distress.



Protection Case Management is an effective strategy to ensure those most at risk receive essential support services, including MHPSS services.



Protection Case Management is a humanitarian intervention that upholds quality programming and centres clients safety, well-being and autonomy as paramount.



The Protection Case Management approach has minimum standards that should be followed; support and assistance is available throughout this guidance to help your programmes align to the service standards.

# Up next

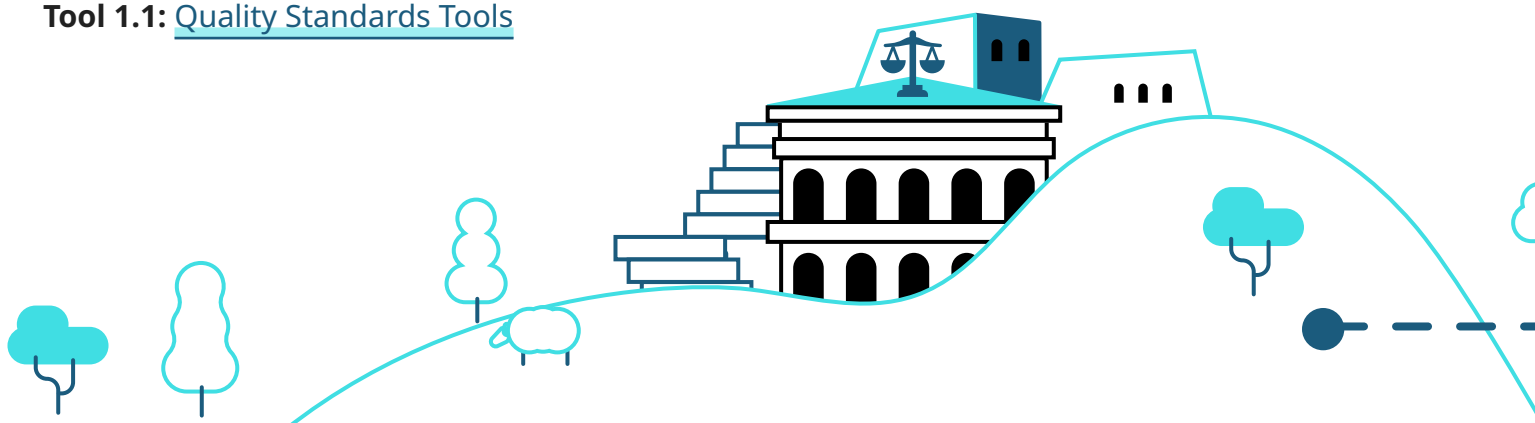
## Module 2: Assessing the Need and Scope of Protection Case Management in your Context: A Practical Guide for Coordinators, Technical Teams, and Managers

Module 2 will guide you and your organisation in assessing and determining key initial considerations when exploring if Protection Case Management is the right intervention in the humanitarian situation that you are working in. By the end of this module, you will be able to answer the following questions:

- **Is my organisation equipped to safely deliver Protection Case Management to those most at risk?**  
Evaluating your organisation's capacity to meet safety and quality standards.
- **How do I assess the need for Protection Case Management in a humanitarian situation?**  
Understanding how to identify when and where Protection Case Management is required through protection analysis and coordination with other actors.
- **How do I develop intake criteria for Protection Case Management?** Learning the steps to create clear and effective intake criteria to ensure that the right cases are prioritised for support.

# Tool

## Tool 1.1: Quality Standards Tools



# Annexes

**Annex 1.1:** [Protection Risk Criteria for Protection Case Management](#)

**Annex 1.2:** [Theory of Change for Protection Case Management](#)



# Endnotes

1 For discussion on common terms, see: Hugh McLaughlin, What's in a Name: 'Client', 'Patient', 'Customer', 'Consumer', 'Expert by Experience', 'Service User'—What's Next?, *The British Journal of Social Work*, Volume 39, Issue 6, September 2009, Pages 1101–1117. <https://doi.org/10.1093/bjsw/bcm155>

2 MHPSS Minimum Service Package. <https://www.mhpssmsp.org/en/activity/activity-introduction-15#page-1>

3 Global Protection Cluster (2021) Protection Analytical Framework. [https://globalprotectioncluster.org/sites/default/files/2023-01/paf\\_an-introduction.pdf](https://globalprotectioncluster.org/sites/default/files/2023-01/paf_an-introduction.pdf)

4 Ibid

5 Milanovic M. Revisiting Coercion as an Element of Prohibited Intervention in International Law. *American Journal of International Law*. 2023;117(4):601-650. doi:10.1017/ajil.2023.40. <https://www.cambridge.org/core/journals/american-journal-of-international-law/article/revisiting-coercion-as-an-element-of-prohibited-intervention-in-international-law/CF9ED44C35C14E00D3B3AC6685861338>

6 Global Protection Cluster (2021) Protection Analytical Framework. [https://globalprotectioncluster.org/sites/default/files/2023-01/paf\\_an-introduction.pdf](https://globalprotectioncluster.org/sites/default/files/2023-01/paf_an-introduction.pdf).

The PAF was initiated by the USAID BHA-funded IRC-DRC Results-based Protection Analysis Project to contribute to collective efforts of improving and streamlining protection analysis.

7 Ibid

8 Ibid

9 Ibid

10 IASC (2017): [https://interagencystandingcommittee.org/sites/default/files/migrated/2017-02/grand\\_bargain\\_final\\_22\\_may\\_final-2\\_0.pdf](https://interagencystandingcommittee.org/sites/default/files/migrated/2017-02/grand_bargain_final_22_may_final-2_0.pdf)

11 For more information on how to provide holistic support to individuals injured by EO, see: [Victim assistance in mine action \(mineactionstandards.org\)](http://mineactionstandards.org)

12. MHPSS MSP. <https://www.mhpssmsp.org/en/activity/key-consideration-ensure-clarity-roles-between-protection-and-mhpss-workers#page-1>

13. This is an adaptation of the IASC MHPSS intervention pyramid that continues to benefit from application in the field and further discussion among experts.

14. Impact refers to the long-term change(s) that result from a programme or intervention, which are often cumulative, with effects that occur gradually, over time. Outcomes refer to changes in state that result from an intervention, which we typically observe in the medium and long term. Interim outcomes refer to more immediate changes that result from an intervention in the short term. These are linked to implementation of key programme activities, and reflect initial changes in process, systems, capacity, and/or ways of working that contribute to the achievement of the overarching outcomes. [See Annex 1.2](#) for more details.

15. Global Protection Cluster (2017) Protection Mainstreaming: [https://globalprotectioncluster.org/index.php/themes/protection\\_mainstreaming#:~:text=Protection%20mainstreaming%20is%20the%20process,account%20in%20all%20humanitarian%20activities](https://globalprotectioncluster.org/index.php/themes/protection_mainstreaming#:~:text=Protection%20mainstreaming%20is%20the%20process,account%20in%20all%20humanitarian%20activities)

16. Assent refers to the agreement or approval of an individual, particularly in situations where full legal consent may not be possible. This term is commonly used in reference to a child's ability to give affirmative agreement that does not meet legal criteria for consent. In this case, it refers to adult individuals who have a reduced capacity to give legal consent. For example, because of a cognitive impairment.

