2018

Standard Operating Procedures for Individual Protection Assistance

GUIDELINES FOR IPA PARTNERS

Standard Operating Procedures for Individual Protection Assistance

Table of Contents

Individual Protection Assistance Overview 3

- Individual Protection Assistance (IPA) Definition 3
- Steps in Providing IPA 3
- IPA Package of Support 4
- Case Management (CM) Definition 5
- Special Needs Fund (SNF) Definition 6

IPA Actions & Assistance Guidelines 6

- General 6
- Accompaniment 7
- Accommodation (emergency) 7
- Assistive devices (inside GoT coverage) 7
- Assistive devices (outside GoT coverage) 8
- Core relief items, in cash 8
- Core relief items, in-kind 8
- Document issuing fees 8
- Information counselling (including for self-referral) 9
- Legal counselling 9
- Medical treatment (inside GoT coverage) 9
- Medical treatment (outside GoT coverage) 9
- Referral 10
- Rent assistance, in cash 10
- Shelter assistance, in cash 11
- Shelter assistance, in-kind 11
- Translation, in person 11
- Translation, written 11
- Transportation 11
- Unrestricted cash to meet urgent immediate needs, one-off 12
- Unrestricted cash to meet urgent immediate needs, time-bound 12

Protection Analysis Worksheet 12

CAPACITIES 13
THREATS 13
PROTECTION RISKS 14
PROTECTION OUTCOMES 14
ACTIONS & ASSISTANCE 16
IPA Codes 16
PROTECTION OUTCOME CODES 16
VULNERABILITY CODES 17
PROTECTION RISK CODES 18
ACTION & ASSISTANCE CODES 20
IPA Decision Tree 21
Annexes 22
ANNEX 1: MATRIX OF STATE SOCIAL PROTECTION AND ASSISTANCE SCHEMES 22
ANNEX 2: TABLE OF MOEU MONTHLY RENTAL ASSISTANCE RATES BY PROVINCE 26
ANNEX 3: PROTECTION ANALYSIS WORKSHEET 27
ANNEX 4: THE PROTECTION 'ONION' 29
ANNEX 5: IPA DECISION TREE 30

Individual Protection Assistance Overview

Individual Protection Assistance (IPA) Definition

Individual Protection Assistance is a programme model[1] that is intended to *reduce, remove or prevent an individual's protection risks* through a simple, time-bound intervention. IPA compliments the more time consuming and human resource intensive traditional six-step case management. Adhering to a 'one-refugee' approach, both those under Temporary Protection and International Protection are eligible for IPA. The programme is distinguished by the following key characteristics:

- An IPA intervention aims to achieve a **specific change**.
- The change is linked to a **protection outcome** (decreased vulnerability, increased capacity, mitigated/removed threat or any combination of these). If there is a need to achieve multiple protection outcomes, then the case should go to case management, not IPA.
- An IPA intervention is **time-bound** and must be reviewed if it exceeds three months. If the change intended to be achieved through an IPA intervention is not accomplished within three months, then the case should be reviewed to identify the reasons why and, based on this analysis, consider 1) continuing support as part of the initial intervention, 2) initiating a second IPA intervention[2] or 3) referring the individual to case management for more comprehensive support[3].
- The support is given on an **individual basis**. Each individual within a household receiving IPA support counts as one case, although multiple cases within a household should be managed by the same case worker to ensure a coherent intervention.
- IPA offers a **defined package** of possible support that includes referral, information counselling, assistive services (such as translation, transportation or accompaniment) and material assistance (in cash or in-kind). This support is combined as needed on a case-by-case basis to achieve the specific change linked to the protection outcome.
- IPA is a **stand-alone programme**, not intended to be used in combination with case management. Rather, case management programmes should contain their own cash budget or refer to actors that have a special needs fund (SNF) programme. A case may begin as IPA, but then be referred to case management.
- Although an individual may not be facing a specific threat, and therefore no current protection risk, IPA may still be used to **ensure realization of fundamental human rights** (such as access to education and health services) and **remedial action** to assist recovery from previous rights violations.

Steps in Providing IPA

Individual Protection Assistance has a strict focus on **protection**. This means that *a protection analysis is the starting point for all decisions made in a possible IPA case*. The standard operating procedures and

[1] Individual Protection Assistance is a programme model that may be funded by any donor. The IPA SOPs are general and each IPA partner should confirm acceptance of their use, or any possible donor-specific reservations, bilaterally with their donor in advance of programme implementation.

[2] This could be a second complimentary action that runs alongside the first, or a new intervention based on intervention options identified in the initial (or a later) protection analysis.

[3] This may be necessary in situations where a case becomes, or is revealed to be, more complex than initially understood.

associated case worker tools help ensure that outcomes are consistent across all IPA partners. In short, the process is:

1. **Protection analysis worksheet**. This simple worksheet helps both case management and IPA case workers to analyse a case according to a common framework, the 'protection risk equation'. It also guides case workers to organize their analysis and case summary according to the identified protection risk, desired protection outcome and, finally, the planned assistance or action. There is space within the worksheet to add codes (see point 2 below).
2. **IPA codes**. The second page of the protection analysis worksheet includes tick boxes and dropdown lists where the 'IPA codes' (for protection risks, vulnerability, protection outcomes and assistance/actions) can be indicated. There is an additional reference sheet that lists all of the IPA codes. The IPA codes are used to facilitate later data aggregation and analysis. This is conducted to inform programme design and identify systemic problems for targeted action.
3. **IPA decision tree**. *After* completing the protection analysis, case workers can use the IPA decision tree to determine whether a case should be handled under the IPA programme or under case management. The simple graphic leads case workers through a series of 'yes' or 'no' questions, which result in an instruction to respond to the case through either IPA or case management. Guidance on when to use 'special needs funds' (SNF) is below.
4. **Assistance provision guidelines**. The package of assistance possible under the IPA programme is well defined. Referral to state services and social protection and assistance schemes is always the first consideration. There is a focus on facilitating access to these services and schemes. If needed, secondary options may be sought through humanitarian organizations or the IPA programme itself. IPA assistance is designed to be in line with what is provided by the state. Like all humanitarian programmes, IPA assistance should not duplicate or create a parallel system to the state. However, in instances where state services or assistance cannot be accessed in practice, commensurate support can be provided under IPA. Coding this support accordingly will help identify and target problems in the state system.

IPA Package of Support

The support needed for a case is determined *after* the protection analysis is conducted. This is to ensure that all capacities, vulnerabilities and threats have been taken into consideration and that support is directly related to improving the individual's protection situation. An analysis can also help identify multiple options for intervention or indicate when a case should be handled through case management instead. A detailed description of actions and assistance that can be provided under IPA is found in the *IPA Actions & Assistance Guidelines* chapter below, but in short, IPA support may include any of the below:

- Accompaniment, transportation, translation (verbal / in person or written)
- Accommodation; rent assistance (in cash); shelter assistance (in cash or in-kind)
- Assistive device (inside or outside GoT coverage, as prescribed by medical specialist)
- Core relief items (in cash or in-kind)
- Document issuing fees (ex. Notary)
- Legal counselling (not legal assistance/aid)

- Medical treatment (inside or outside GoT coverage, as prescribed by medical specialist)
- Protection information counselling (including for self-referral)
- Referral (internal/external; state service provider/humanitarian service provider)
- Unrestricted cash to meet urgent immediate needs (one-off or time-bound)

Medical treatment or assistive devices covered by GoT under state regulation may be exceptionally provided through IPA in cases where the assistance is not available in practice. However, all instances where state entitlements are inaccessible must be documented in the case database and case file to facilitate analysis of barriers to state services at a later date.

Case Management (CM) Definition

Case management is a medium to long-term intervention that aims towards one or more specific, intentional and articulated protection outcomes. A social/case worker *collaboratively assesses the needs of the client and the client's family, when appropriate, and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client's complex needs.* CM can be defined as a "collaborative, multi-disciplinary process promoting quality and effective outcomes through communication and the provision of appropriate resources to meet an individual's needs'' through the support of a professional case worker and specialized protection actors.

CM involves 6 specific steps that must be followed:

1. Identification and registration of the individual/case
2. Assessment of the specific needs
3. Development of an individual case plan, with time bound and measurable objectives
4. Implementation of the case plan
5. Follow up and review
6. Case closure

High-risk, complex or sensitive cases should be addressed through case management, not IPA. The following types of protection interventions are examples of cases handled under case management: prevention of and response to violence (including SGBV); response to the exclusion and specific needs of LGBTI refugees; response to child protection violations, including violence, abuse and neglect; support to unaccompanied or separated children (UASC), including alternative care placement; response to children associated with armed forces and armed groups (CAAFAGs); response to family tracing and reunification requests; response to detention situations (including judicial procedures and appeals); response to physical protection needs of individuals (including relocations, changes of satellite cities); and long term support for psychosocial and medical needs or situations of disability.

Risk assessment to identify 'high-risk' cases can be done for children using the Child Protection Risk Assessment Matrix adapted for Turkey[4]. For all other cases, the standard guideline is the required response time and follow up regularity:

[4] Available here: https://drive.google.com/drive/folders/0BxLzqdQGxeFRcnhXakxEbE1GX0E?usp=sharing

High-risk	Medium-risk	Low-risk	No Risk
Recommended response within **24-48 hours** and bi-weekly follow up.	Recommended response within **3-5 days** and weekly follow up.	Recommended response within **10 days** and fortnightly to monthly follow up.	**No action required**, case closure recommend.

Special Needs Fund (SNF) Definition

Special Needs Fund is a complimentary programme to IPA and case management. Unlike IPA, SNF is *not restricted to protection*. Rather, it is a flexible programme aimed at removing or mitigating the impacts of war, forced displacement and poverty. The focus is on individuals who—due to their age, gender or other diversity characteristic—have needs that are not met through regular programming. A common example of SNF use is medical expenses that are 1) not covered under state health provisions for Syrians under temporary protection in Turkey and 2) the individual cannot pay due to the economic hardship and social disruption caused by war and forced displacement.

IPA Actions & Assistance Guidelines

The Protection Assistance Task Force, under the southeast Turkey Protection Working Group, with the guidance of the Cash-based Interventions Technical Working Group (CBI-TWG) and UNHCR's research into state social schemes and assistance, has developed the below guidelines on actions and assistance to be provided under the Individual Protection Assistance (IPA) programme. *All IPA support shall be based upon a protection risk analysis and linked to a specific protection outcome.*

The guidelines are informed by real world experience and take into consideration that entitlements stated on paper are not always accessible in practice. These guidelines put people and protection at the centre of IPA, providing support where state systems fail, while simultaneously generating the data needed to identify and target problem areas within the state system.

Guidance on what may be provided, per action or assistance type, is listed below. *Please note that this is guidance. There may be donor specific restrictions on what type of assistance may or may not be provided under IPA*. Please check with your donor in advance of rolling out an IPA programme.

General

Referral to state services and state social protection or social assistance schemes is always the first option considered in IPA. In situations where state social protection or social assistance schemes are unavailable or inaccessible, they will still be used as a guide to provide comparable assistance of the same value. See Annex 1 below as a guide to state social assistance schemes and their values as of 2017.

Where individuals or households do not match the profiles of those who receive social assistance or protection in Turkey, the assistance value should match the ESSN (120 TL / person /month).

Medical assistance and services under IPA is guided by the Ministry of Health issues Health Implementation Notice (HIN). According to Article 4 of circular "Conduction of Health Services Related to Foreigners Under Temporary Protection", signed by deputy of Prime-Minister of Turkey on 12 October 2015, Syrians under TP are granted the same entitlements and coverage of health services (including treatment, devices, medicine) as Turkish citizens who are covered by SGK (social security institution)

assistance (https://www.afad.gov.tr/upload/Node/2311/files/2015-8_Genelgemiz.pdf). This means that this health coverage is defined within the frames of the Health Implementation Notice (Sağlık Uygulama Tebliği) and its annexes, issued and regularly updated by the Turkish Ministry of Health (MoH).

Until 2017, AFAD signed a yearly protocol with MoH defining the yearly lump-sum and payment schemes from AFAD to the Ministry, guaranteeing that refugees are entitled to services within the Health Implementation Notice (Article 7 of relevant protocols signed in 2015 and 2016 - http://www.teis.org.tr/wp-content/uploads/2016/04/PROTOKOL.pdf).

Accompaniment

No restrictions or limitations.

Accommodation (emergency)

Emergency temporary accommodation[5] may be provided, either while a sustainable alternative is being sought or while other processes in the case plan are being carried out (for example, during out-of-town medical treatment, while waiting for ESSN acceptance or to enable MERNIS registration and ESSN application[6]). Such cases must be reviewed monthly. If accommodation is still being provided after three months, the case plan must be reviewed and a decision taken to 1) extend the current plan (including accommodation) for up to a maximum of an additional three months[7] 2) change the case plan, trying an alternative IPA intervention or approach to achieve the desired protection outcome(s) or 3) transfer the case to case management[8].

Assistive devices (inside GoT coverage)

According to Protocol on Purchase of Health Services Based on Lump Sum signed on a yearly basis between AFAD (till 2017) and the Ministry of Health, Syrian refugees under Temporary Protection in Turkey are entitled to have access to health assistance, including medicines, assistive devices and medical treatment.[9] This assistance is subject to specific restrictions that are identified within the Health Implementation Notice (Sağlık Uygulama Tebliği) issued and periodically updated by the MoH[10]. However, this entitlement is not always accessible in practice. IPA may be used when GoT coverage cannot be accessed, given that the assistive device is: prescribed and fitted by a medical specialist; and helps achieve a protection outcome. Marking the code for "assistive devices (inside GoT coverage)" will facilitate analysis of the referral system and help identify locations where entitlements are not accessible in practice. In addition, a note must be made on the file as to the reason why GoT coverage could not be attained.

---

[5] There are three discrete categories of IPA assistance that involve ensuring a safe and dignified place to live: accommodation (ex. hotel or apartment); rent assistance (cash or direct payment to a landlord); and shelter assistance (cash or in-kind materials to improve physical infrastructure).

[6] Note that all interventions under IPA must be in support of protection outcomes determined through a protection risk analysis, as outlined in the definition on page three of the IPA SOPs.

[7] This may be decided in situations where the case plan is sound, but administrative or other delays have slowed achievement of the protection outcome and prolonged the need for emergency accommodation.

[8] This may be necessary in situations where a case becomes, or is revealed to be, more complex than initially understood.

[9] The list of assistive devices covered by the Ministry of Health for Turkish nationals receiving state social assistance is available online here: http://www.beo.org.tr/download/343fx4-tlqKZl-Y. A searchable online version is available here: https://www.istanbuleczaciodasi.org.tr/?page=tmok.

[10] Health Implementation Notice (Sağlık Uygulama Tebliği) - is a legislation notice that provides, guides, prunes, regulates and enforces all other details of implementation of the State's social policies on health. The latest version of Health Implementation Notice and its annexes can be found at http://hastane.ege.edu.tr/duyurular/UT/default.aspx .

Assistive devices (outside GoT coverage)

Syrian refugees under Temporary Protection in Turkey are entitled to have the cost of assistive devices covered by Government of Turkey (GoT), with specific restrictions on nature and type of impairment (ex. war-related) and maximum cost[11]. IPA may be used to supplement this coverage, given that the assistive device is prescribed and fitted by a medical specialist and helps achieve a protection outcome. In addition, in some cases, an individual may require an assistive device *not included in the GoT list of entitlements*. In these cases, IPA can still be used as long as the assistive device is prescribed and fitted by a medical specialist and helps achieve a protection outcome.

Core relief items, in cash

Core Relief Items are defined as essential material items aiming to improve the immediate living circumstances of beneficiaries. These items may include: clothing, kitchen kits, stoves, heaters, bedding materials. There are no restrictions or limitations on cash assistance for core relief items under IPA.

Cash for core relief items that serve a protection outcome should be reported in ActivityInfo under the indicator *# of individuals receiving material assistance to meet their urgent protection needs (disaggregated by age, gender and disability; disaggregated by modality: cash, e-vouchers, or in-kind).*

Core relief items, in-kind

Core Relief Items are defined as essential material items aiming to improve the immediate living circumstances of beneficiaries. These items may include: clothing, kitchen kits, stoves, heaters, bedding materials.

There are no restrictions or limitations on in-kind assistance for core relief items under IPA. All hygiene, dignity and sanitary items should be reported in ActivityInfo under Basic Needs indictor 1.3.1. All other in-kind core relief items should be reported under Basic Needs indicator 1.2.2, *# of persons benefitting from CRI.*

Document issuing fees

These fees may cover any cost related to issuing documents, including, but not limited to, notary fees, consulate passport fees and medical report fees[12]. Some document issuing fees may be covered by the Government of Turkey. If any such regulation is not exercised in practice, IPA can be used, but a note must

---

[11] The list of assistive devices covered by the Ministry of Health for Turkish nationals receiving state social assistance is available online here: http://www.beo.org.tr/download/343fx4-tlqKZl-Y. A searchable online version is available here: https://www.istanbuleczaciodasi.org.tr/?page=tmok.

[12] According to the lump sum protocol in between the MoH and AFAD for cost coverage of the health services for the persons under Temporary Protection, the disability health report (DHR) fees are being be covered under this protocol; thus the refugees under TP should not be asked for fee at the state hospitals that have been authorized to issue DHR. DGMM is the authority to cover the cost of the General Health Insurance for the persons under international protection (IP). DHR costs are not being covered under the General Health Insurance plan, thus persons under IP can be asked to pay the cost of the DHR. In some locations, it is the practice that SASF offices cover the cost, or some state hospitals do not charge for fee and cover the costs from their internal budgets, but there is no regulation, neither a common standard procedure for cost coverage or access to DHR free of charge for the IP holders. There are different implementations in the field, including no cost coverage for neither Syrians under TP nor IP holders, giving appointments to up to 6 months to obtain DHR that causes delays, asking for sworn interpreters during the examinations that creates additional costs, lack of capacity or staff to be able to deal with the procedure, etc. However, MoH is waiting for the completion of the DGMM-AFAD handover process in order to revise the protocols for DHR cost coverage issue for both Syrians under TP and IP holders.

be made on the file, which indicates that coverage was unavailable and the reason why. The cost of interpreters, including sworn interpreters, should be indicated separately under the 'interpretation' action.

INFORMATION COUNSELLING (INCLUDING FOR SELF-REFERRAL)

No restrictions or limitations.

LEGAL COUNSELLING

Legal counselling is simply provision of information on the law or where to find such information. It does not include or involve legal aid or legal assistance. Legal aid/assistance must be provided by a lawyer registered to the Turkish Bar Association. Legal aid for civil cases (criminal cases are not covered) is provided free of charge to people under Temporary Protection through provincial Bar Associations. A Bar Association that fails to provide services or charges fees for civil cases or legal counselling is acting in contradiction to national regulation. In these cases, legal fees can be covered through IPA but the failed service or unlawful fees, and reasons for them, must be noted in the file. Under the UNHCR / Union of Turkish Bar Associations agreement, Bar Associations in 18 cities[13] will be supported to cover attorney fees per appointment under the legal aid scheme, litigation expenses and notary and translation expenses for power of attorney.

MEDICAL TREATMENT (INSIDE GOT COVERAGE)[14]

Syrian refugees under Temporary Protection in Turkey are entitled to have the cost of medical treatment covered by GoT, with specific restrictions on nature and type of treatment (primary or emergency) and maximum cost. As of 2017, this is also subject to a Protocol between AFAD and MoH and limited to coverage provided under the Health Implementation Notice (see general and assistive devices sections above for more details). However, this entitlement is not always accessible in practice. IPA may be used when GoT coverage cannot be accessed, given that the medical treatment is prescribed or administered by a medical specialist and helps achieve a protection outcome. Marking the code for "medical treatment (inside GoT coverage)" will facilitate analysis of the referral system and help identify locations where entitlements are not accessible in practice. In addition, a note must be made on the file as to the reason why GoT coverage could not be attained.

Health services for unregistered Syrians are available at Migrant Health Training Centres, which can be located using Services Advisor: https://turkey.servicesadvisor.org/#/

MEDICAL TREATMENT (OUTSIDE GOT COVERAGE)[15]

Syrian refugees under Temporary Protection in Turkey are entitled to have the cost of medical treatment covered by GoT, with specific restrictions on nature and type of treatment (primary or emergency) and maximum cost (see references to the Health Implementation Notice above). IPA may be used to supplement this coverage, given that the medical treatment is prescribed or administered by a medical specialist and helps achieve a protection outcome. In addition, in some cases, an individual may require medical treatment *not included in the GoT list of entitlements*. In these cases, IPA can still be used as long

[13] İstanbul, İzmir, Gaziantep, Şanlıurfa, Hatay, Adana, Konya, Kayseri, Denizli, Aydın, Van, Erzurum, Edirne, Çanakkale, Ankara, Mersin, Kilis, Muğla

[14] ECHO does not support tertiary healthcare. Check with your donor for other possible donor-specific restrictions.

[15] ECHO does not support tertiary healthcare. Check with your donor for other possible donor-specific restrictions.

as the medical treatment is prescribed or administered by a medical specialist and helps achieve a protection outcome.

Health services for unregistered Syrian refugees are available at Migrant Health Training Centres, which can be located using Services Advisor: https://turkey.servicesadvisor.org/#/

Referral

There are no restrictions or limitations on referrals, but state services and social protection/assistance schemes must always be considered first. Case workers must indicate (with the codes) whether the referral is internal or external and, if external, whether to state or humanitarian entities and what type of services or assistance is requested. Case workers must make a note on the file if a referral is rejected by the referred to entity (including the state) along with the reason why, where known.

Services for referral can be identified through the online Services Advisor, available in six languages: https://turkey.servicesadvisor.org/#/ All services listed in Services Advisor are free of charge to refugees, whether under Temporary Protection or International Protection.

Rent assistance, in cash

Rent assistance may be provided either while a sustainable alternative is being sought or while other processes in the case plan are being carried out (for example, during out-of-town medical treatment, while waiting for ESSN acceptance or to enable MERNIS registration and ESSN application[16]).

Such cases must be reviewed monthly. If rent assistance is still being provided after three months, the case plan must be reviewed and a decision taken to 1) extend the current plan (including rent assistance) for up to a maximum of an additional three months 2) change the case plan, trying an alternative IPA intervention or approach to achieve the desired protection outcome(s) or 3) transfer the case to case management[17].

The cost ceiling for rent assistance must be in line with the rent assistance provided for Turkish nationals by the Ministry of Environment and Urbanization (MoEU) within the frames of urban transformation. The MoEU has divided provinces into seven groups and identified the average cost of rent assistance per each group (see Annex 2).

Case workers applying the MoEU guidelines should keep in mind that it is not necessary to use the entire limit. Rental situations, and the rent assistance provided, should take into consideration longer term sustainability. For example, if rent assistance is provided to a family while waiting for ESSN approval, the rent should not be higher than what the family can pay once receiving the ESSN.

The MoEU guidelines are based on an average household size of five or six individuals, some large families may need a higher level of rent assistance. In these cases, cost sharing arrangements may be sought (for example, the family contributing some funds to compliment the IPA assistance) or a higher amount can be paid through IPA with donor approval.

[16] Note that all interventions under IPA must be in support of protection outcomes determined through a protection risk analysis, as outlined in the definition on page three of the IPA SOPs.

[17] This may be necessary in situations where a case becomes, or is revealed to be, more complex than initially understood.

Cash for rent assistance that serves a protection outcome should be reported in ActivityInfo under the indicator *# of individuals receiving material assistance to meet their urgent protection needs (disaggregated by age, gender and disability; disaggregated by modality: cash, e-vouchers, or in-kind).*

SHELTER ASSISTANCE, IN CASH

Referral to a shelter specialist organization is preferred. However, if this is not possible shelter assistance in cash[18] can be provided through IPA.

Cash for shelter assistance that serves a protection outcome should be reported in ActivityInfo under the indicator *# of individuals receiving material assistance to meet their urgent protection needs (disaggregated by age, gender and disability; disaggregated by modality: cash, e-vouchers, or in-kind).*

SHELTER ASSISTANCE, IN-KIND

Referral to a shelter specialist organization is preferred. However, if this is not possible shelter assistance in-kind[19] can be provided through IPA.

TRANSLATION, IN PERSON

No restrictions or limitations. This includes cost of sworn interpreters needed for legal, medical and some SGBV services.

TRANSLATION, WRITTEN

No restrictions or limitations.

TRANSPORTATION

Transportation provided under IPA will follow the general guideline:

- If overland travel time is less than seven hours, then the transportation type should be by bus.
- If overland travel time is between seven and 14 hours, then the cost of transportation by bus and by air should be compared. If the cost of air travel is less than three times the cost of overland travel, then air travel should be chosen (air < 3X bus).
- If overland travel time is more than 14 hours, then air travel should be chosen.

Deviations from the general guideline can be made according to case specific considerations. Any case-by-case evaluations will be made using a fixed set of criteria: transportation cost, transportation speed, case urgency, the individual's vulnerability (including physical disability and/or illness) and respect for human dignity.

If the type of transportation decided upon according to these criteria is different than that outlined in the general guidelines, then a justification statement (clearly linked to the protection risk analysis) will be noted in the case file. For whichever transportation modality is chosen, the least expensive option will be selected (for instance, if flying is justified, the least expensive flight will be chosen). Exceptionally, an option other than the least expensive may be selected, but a statement justifying the selection (according

[18] Efforts are underway to organize a Workshop on Shelter Programming in Turkey coordinated by the southeast Basic Needs Working Group. Partners may refer to the outcomes of the workshop regarding the targeting methodologies and other technical issues linked to provision of shelter assistance, once they are published.

[19] A contract template for an in-kind shelter assistance agreement between an IPA partner and the landlord of a refugee's residence can be found on the protection sector Google Drive here.

to the fixed set of criteria) must be recorded in the case file. The number of instances of transportation support is unlimited until the protection outcome is achieved.

For short distance overland travel, public and private hospital ambulance services should be considered. For public hospital ambulances (free of charge), the state services hotline can be reached at 183, where information and referrals for ambulance services can be made. PDMM also has ambulance services available for those with limited mobility who require registration/verification.

UNRESTRICTED CASH TO MEET URGENT IMMEDIATE NEEDS, ONE-OFF

Some donors do not allow this assistance type under IPA[20]. Check with your donor to confirm whether or not they will allow unrestricted cash assistance under IPA programming.

Unrestricted cash that serves a protection outcome should be reported in ActivityInfo under the indicator *# of individuals receiving material assistance to meet their urgent protection needs (disaggregated by age, gender and disability; disaggregated by modality: cash, e-vouchers, or in-kind).*

UNRESTRICTED CASH TO MEET URGENT IMMEDIATE NEEDS, TIME-BOUND

Some donors do not allow this assistance type under IPA[21]. Check with your donor to confirm whether or not they will allow unrestricted cash assistance under IPA programming.

Time-bound cash may be provided, either while a sustainable alternative is being sought or while other processes in the case plan are being carried out (for example, during out-of-town medical treatment or while waiting for ESSN acceptance). Such cases must be reviewed monthly. If cash assistance is still being provided after three months, the case plan must be reviewed and a decision taken to 1) extend the current plan (including cash assistance) for up to a maximum of an additional three months 2) change the case plan, trying an alternative IPA intervention or approach to achieve the desired protection outcome(s) or 3) transfer the case to case management[22]. Time-bound unrestricted cash assistance is also subject to a per head / per month maximum equivalent to the southeast Turkey minimum expenditure basket (MEB), as determined and periodically revised by WFP and punished in the Turkey Emergency Social Safety Net Market Bulletin[23].

Unrestricted cash that serves a protection outcome should be reported in ActivityInfo under the indicator *# of individuals receiving material assistance to meet their urgent protection needs (disaggregated by age, gender and disability; disaggregated by modality: cash, e-vouchers, or in-kind).*

Protection Analysis Worksheet

The protection analysis worksheet[24] (see Annex 3) is a standardized tool that can be used by any actor doing individual case work, whether for IPA, case management, SNF or another programme. However, for

[20] ECHO does not allow unrestricted cash assistance under the IPA programmes that it funds.
[21] ECHO does not allow unrestricted cash assistance under the IPA programmes that it funds.
[22] This may be necessary in situations where a case becomes, or is revealed to be, more complex than initially understood.
[23] The most recent ESSN Market Bulletin is available online here: https://www.wfp.org/content/turkey-emergency-social-safety-net-market-bulletin-2017
[24] The protection analysis worksheet can be accessed on the Protection Working Group Google Drive here: https://drive.google.com/drive/folders/1tWhIUEFlPFBIGotmFbvii5RuW89eXXE8?usp=sharing

IPA, it *is essential that this worksheet is used* after the initial intake and assessment of a new client. *The worksheet's structured analysis ensures the centrality of protection in IPA case work*.

The first page of the worksheet helps the case worker apply the 'protection risk equation', identifying vulnerabilities, capacities, threats and protection risks. The second pages guides the case worker to consider the identified protection risk(s), the specific protection outcome or change that they seek to achieve and the assistance or actions needed in order to achieve it. The second page of the worksheet has spaces for free text and a series of tick boxes and dropdown menus where codes can be applied. The codes are for the purpose of later data analysis.

VULNERABILITIES

Case workers are prompted to identify the client's vulnerabilities as part of the protection risk equation. What environmental or personal factors make the individual vulnerable? The case worker should fill the free text space in the vulnerabilities box on page one first. After the entire risk equation is completed, the case worker then fills the second page, starting with the 'protection risk' box. Free text should be completed first, followed by the codes, including the vulnerability codes. Vulnerability codes may also need to be entered into organization specific forms or databases.

CAPACITIES

Case workers are prompted to identify the client's capacities as part of the protection risk equation. Capacities related to the individual, their family, community and society should all be considered. The 'protection onion' is a useful model to help guide thinking (see Annex 4). The case worker should fill the free text space of the 'capacities' box. After completing the protection risk equation, the case worker must determine what protection outcome they want to achieve. Increasing capacities is one way to change the protection risk. There are no capacity codes, but if the protection outcome includes increasing capacity, it should be marked in the 'protection outcome' box on the second page.

THREATS

Case workers are prompted to identify threats. To assist clear thinking, threats should be thought of in terms of people—*who* is threatening the individual or failing to fulfil their duties to the individual? An employer threatening physical abuse or a landlord pressuring for marriage or a parent failing to provide sufficient food for their child or a state service provider failing to provide services to which an individual is entitled are all threats. *In some cases there is no threat*. This is fine, but it means that this is not a protection case and 'not a protection case' should be ticked in the 'protection risk(s)' box of the protection risk equation.

The protection analysis worksheet helps case workers to differentiate between protection cases and cases where an individual's situation is bad—even life threating—but is not considered protection. For example, a terminal illness is a very bad situation, but it is not a protection case, but rather a medical case.

Note that, in the case of survivors, the threat may be in the past and remedial or therapeutic interventions may be needed. There are no threat codes, but if the protection outcome includes mitigating or removing a threat, or providing remedial care, it should be marked in the 'protection outcome' box on the second page.

Protection Risks

Case workers are asked to identify protection risks after filling out the vulnerabilities, capacities and threat(s) boxes of the protection risk equation. The dynamics between these three components need to be considered, especially between the threat(s) who may be exploiting the individual's specific vulnerabilities. There may be more than one protection risk and it may have already happened (need remedial action), about to happen (need preventative action) or currently happening (need responsive action).

The protection risk must be entered into the 'protection risk' box at the top of the second page and the associated protection risk codes selected (main and sub-categories). Protection risk codes may also need to be entered into organization specific forms or databases.

Protection Outcomes

The IASC Protection Policy[25] defines protection outcomes:

A response or activity is considered to have a protection outcome when the risk to affected persons is reduced. The reduction of risks, meanwhile, occurs when threats and vulnerability are minimized and, at the same time, the capacity of affected persons is enhanced. Protection outcomes are the result of changes in behaviour, attitudes, policies, knowledge and practices on the part of relevant stakeholders. Some examples of protection outcomes include:

- *Parties to conflict release child soldiers and issue explicit prohibitions, reinforced by disciplinary measures, to prevent child recruitment by their forces.*
- *National legislation formally recognizes land tenure entitlements of displaced populations.*
- *Safe access to alternative sources of cooking fuel reduces exposure to the threat of sexual violence.*
- *Community-based preparedness and early warning mechanisms support timely evacuation of especially vulnerable individuals from areas where they are at risk of violent attacks.*
- *Community leaders renew and promote societal norms that condemn gender-based violence and its perpetrators.*
- *Community level protection committees influence security forces to change their conduct in and around civilian areas through on-going liaison and negotiation.*
- *Government authorities support the voluntary movements of affected persons by ensuring full access to information that enables free and informed decision-making.*

The protection outcome for each individual case is unique to that specific case and individual. However, all protection outcomes share an emphasis on reducing vulnerability, increasing capacity and removing or mitigating threats. *Express your protection outcomes in these terms*. Remedial care for individuals who have already experienced a rights violation can also be provided under IPA. The codes for protection outcomes therefore focus on these four factors (decreasing vulnerability, increasing capacity, mitigating or removing threats and providing remedial care) and the sectors related to the protection outcome (basic needs, education, health, livelihoods, etc.). For example, enrolment in school helps increase a child's capacity and could mitigate exposure to an abusive employer; the action is related to education sector.

[25] Available here: https://interagencystandingcommittee.org/protection-priority-global-protection-cluster/documents/inter-agency-standing-committee-policy

Case workers may need additional help linking actions or assistance to specific sectors. The below table can be used as a reference:

Outcome aims to…	Sector	Action & Assistance Areas
• Reduce vulnerability • Increase capacity • Remove or mitigate threats • Provide remedial care	**Basic Needs**	• Non-food assistance • ESSN • Other cash assistance
	Education	• School enrolment • Special education and rehabilitation • Accelerated learning/study support • Enrolment for higher education • Conditional Cash Transfer for Education (CCTE) • Scholarships • School equipment and clothing
	Food Security & Agriculture	• Food assistance • Job placement (agricultural) • Cash for work (agricultural) • Work permit (agricultural) • Vocational training (agricultural)
	Health	• Access to health care services • Medication • Medical equipment • Physical rehabilitation • Medical documentation • Home care support • Home care fees
	Livelihoods	• Job placement (non-agricultural) • Cash for work (non-agricultural) • Work permit (non-agricultural) • Vocational training (non-agricultural) • Language trainings • In-kind grants
	MHPSS	• Mental health support • Psychological support • Psychosocial support • Rehabilitation
	Protection	• Temporary Protection registration • Humanitarian Residence • International protection • Civil Registration (new-born/marriage/divorce/death/citizenship/address) • Voluntary return/repatriation • Lawsuit • Family unification • Access to territory or suspension of removal • Care arrangement • Protective shelter • Sensitization
	Shelter	• Camp placement • Rental support • Temporary accommodation • Improvement of shelter

Actions & Assistance

Once the case worker has completed the protection risk equation on page one of the worksheet and entered the protection risk and desired protection outcome on the second page of the worksheet, they are ready to fill out the 'assistance/action' box on the second page. The case worker is prompted to write down the assistance that they will provide or actions that they will take in order to achieve the stated protection outcome. They are also asked to consider the timeline, deadlines and responsible people. This summary can supplement organization specific case planning forms.

Assistance & action codes must be entered at the bottom of the 'assistance/action' box, using the tick boxes and dropdowns provided. Protection risk codes may also need to be entered into organization specific forms or databases.

IPA Codes

The IPA standard operating procedures include a standardized system of coding to facilitate information management and analysis across organizations. Although all organizations use their own forms and databases, the system of agreed codes will allow partners to aggregate and analyse their data. Annual or semi-annual analysis of aggregated data will help detect patterns in assistance provision, inform programming decisions and identify specific barriers in state services.

The codes must be used in organization databases, not simply in the protection analysis worksheet. An organization may decide to only use a selection of the listed codes, not all of them, and to arrange them in a different order.

Below is a table of the agreed IPA codes for protection outcomes, vulnerability, protection risks and actions & assistance.

Protection Outcome Codes

1	Protection risk analysis
1.1	Vulnerability
1.2	Capacity
1.3	Threat
1.4	Remedial
2	Sector
2.1	Basic needs
2.2	Education
2.3	Food security & agriculture
2.4	Health
2.5	Livelihoods
2.6	Mental health and psychosocial support (MHPSS)
2.7	Protection
2.8	Shelter

Vulnerability Codes

3.1	Age
3.2	Child caregiver
3.3	Child engaged in worst forms of child labour
3.4	Child engaged in other forms of child labour
3.5	Child formerly associated with armed forces / armed groups (CAAFAG)
3.6	Child head of household
3.7	Child in institutional care
3.8	Child in foster care
3.9	Child out of school (school-aged)
3.11	Child parent
3.12	Child pregnancy
3.13	Child spouse
3.14	Child with specific education needs
3.15	Neglected child with extended family
3.16	Separated child
3.17	Unaccompanied child
3.19	Older person caregiver (with children / other dependents)
3.21	Older person head of household
3.22	Older person without younger family members
3.23	Older person with separated children
3.24	Unaccompanied older person
3.25	Family separation
3.26	High dependency ratio (in household)
3.27	In polygamous marriage or relationship
3.28	Mixed marriage
3.29	Single parent head of household
3.31	Gender
3.32	Female headed household
3.33	High risk pregnancy
3.34	Lactating
3.35	Single woman, no family in asylum country
3.36	Woman associated with fighting forces (WAFF)
3.37	Woman in women's shelter
3.38	Engaged in transactional sex / survival sex
3.39	Survivor of SGBV during flight
3.41	Survivor of SGBV in asylum
3.42	Survivor of SGBV in home country
3.43	Victim of trafficking
3.44	Insecure physical environment (overcrowded/insecure shelter, high crime neighbourhood, physical hazards, etc.)
3.45	Subjected to violence, abuse or neglect
3.46	Survivor or witness of torture in asylum country
3.47	Survivor or witness of torture in home country
3.48	Urgent need of legal/physical protection (immediate physical threat; risk of detention, deportation, refoulement)

3.49	Diversity characteristic (ethnicity, religion, sect, nationality, etc.)
3.51	In conflict/contact with the law
3.52	Individual excluded or marginalized from society
3.53	LGBTI individual
3.54	Limited/no Turkish language
3.55	Mobility constraints (physical, geographical, cultural, etc.)
3.56	Previously detained/held in country of asylum
3.57	Currently detained/held in country of asylum
3.58	In hiding
3.59	Newcomer
3.61	No legal documentation
3.62	Unregistered (no/pending TPID)
3.63	Social isolation/marginalization
3.64	Addiction / Drug, alcohol or substance abuse
3.65	Chronic illness
3.66	Critical medical condition
3.67	Hearing impairment (including deafness)
3.68	Malnutrition
3.69	Physical disability
3.71	Speech impairment
3.72	Unmet health needs (treatment, procedures, devices, etc.)
3.73	Visual impairment (including blindness)
3.74	War wounded
3.75	Mental disability
3.76	Mental health condition / psychosocial disorder
3.77	Mental illness
3.78	Survivor of severe traumatic event
3.79	Other medical condition
3.81	Inadequate finances to meet medical needs
3.82	Lack of income generation activities
3.83	Unable to meet basic needs / extreme poverty / unmet basic needs
3.84	Unskilled / Limited or no labour market opportunities

Protection Risk Codes

4	Violence (physical abuse)
4.1	Dangerous and reckless behaviour
4.2	Excessive corporal punishment
4.3	Injury in domestic violence incident
4.4	Physical assault
4.5	Self-harm
4.6	Serious physical injury
5	Abuse (sexual abuse)
5.1	Adolescent pregnancy
5.2	Child marriage
5.3	Child parent
5.4	Forced marriage

5.5	Rape
5.6	Sexual assault
5.7	Sexual contact between adult and child
5.8	Sexual contact between children
6	Abuse (psychological or emotional abuse)
6.1	Intimidation
6.2	Persistent belittling, isolation or humiliation
6.3	Stalking (including internet stalking)
6.4	Threats of physical or sexual violence, including to family members
6.5	Verbal harassment
7	Neglect
7.1	Inadequate basic care
7.2	Lack of supervision
7.3	Left to look after themselves / under taking tasks beyond developmental capacity
7.4	Serious injury or illness due to neglect (including malnutrition)
8	Exploitation
8.1	Hazardous work
8.2	Labour exploitation / forced labour
8.3	Organized or forced begging
8.4	Sexual exploitation / prostitution / transactional sex
8.5	Trafficking/abduction/slavery
8.6	Use in criminal acts (theft, smuggling, drug trafficking, etc.)
8.7	Worst forms of child labour (including sexual exploitation, trafficking, forced recruitment, prostitution, pornography, drug trafficking and hazardous work)
9	Psychosocial distress
9.1	Attempted suicide
9.2	Drug or alcohol abuse / addiction
9.3	Run away
9.4	Social isolation or marginalization
9.5	Post-traumatic Stress Disorder (PTSD)
10	Denial of resources, opportunities or essential services (includes access issues)
10.1	Basic needs (food, shelter, core relief items)
10.2	Civil/legal documentation
10.3	Discrimination (related to resources, opportunities or essential services)
10.4	Education
10.5	Financial
10.6	Health
10.7	Livelihoods
10.8	MHPSS
10.9	Protection (including legal, social and physical)
10.11	Shelter (including eviction)
11	Freedom of movement and family unity
11.1	Arbitrary restrictions on movement
11.2	Deportation/refoulement/ forced return
11.3	Detention
11.4	Family separation

Action & Assistance Codes

12	Referral:
12.1.1	Internal
12.1.2	External:
12.2.1	State service provider:
12.2.2	Humanitarian service provider:
12.3.1	PDMM/DGMM TPID registration
12.3.2	International protection ID registration (non-Syrian)
12.3.3	Nufus for MERNIS registration
12.3.4	Police/justice
12.3.5	Bar Association
12.3.6	Provisional directory of education/schools for school registration
12.3.7	CCTE
12.3.8	Public health/hospital/health centre
12.3.9	MHPSS services
12.3.10	Rehabilitation/physiotherapy
12.3.11	Assistive device
12.3.12	SASF disability / other social assistance
12.3.13	ESSN
12.3.14	Children's shelter / institutional care
12.3.15	Women's shelter
12.3.16	UNHCR resettlement / other protection
12.3.17	UNHCR for best interest determination (BID)
12.3.18	Basic needs support
12.3.19	Diapers or hygiene kits
12.3.21	Food support
12.3.22	Legal assistance or counselling
12.3.23	Livelihoods support
12.3.24	Protection information counselling
12.3.25	Shelter/WASH
12.3.26	Other
12.4	Accompaniment
12.5	Accommodation
12.6	Assistive device (outside DGMM coverage, as prescribed by medical specialist)
12.7	Core relief items, in cash
12.8	Core relief items, in-kind
12.9	Document issuing fees
12.11	Legal counselling (not legal assistance/aid)
12.12	Medical treatment (outside DGMM coverage, as prescribed by medical specialist)
12.13	Protection information counselling (including for self-referral)
12.14	Rent assistance, in cash
12.15	Shelter assistance, in cash
12.16	Shelter assistance, in-kind
12.17	Translation, in person
12.18	Translation, written
12.19	Transportation

12.21	Unrestricted cash to meet urgent immediate needs, one-off
12.22	Unrestricted cash to meet urgent immediate needs, time-bound

IPA Decision Tree

Is this case IPA or case management? This was perhaps the most frequent question asked when IPA was first introduced. To guide case workers through this question, the IPA decision tree (see Annex 5) was created. The decision tree is a simple, user-friendly graphic with a series of 'yes' or 'no' questions. The very first question is, "Is this case a protection case?" so the case worker must complete the protection analysis worksheet *first*.

Note that cases that experienced past rights violations (but no present threat) and now require remedial action are still considered protection cases. The answer to the first question, "Is this case a protection case?" is 'yes'.

Answering the questions in the decision tree, *after* completing the protection risk analysis, will lead to an instruction for IPA, referral to case management or referral to state or non-protection services. The tree has been thoroughly field tested and works. It helps ensure consistent outcomes, and assistance provision, across organizations.

Some actors have requested that SNF also be included in the decision tree. However, due to the flexibility of the SNF programme model, it does not lend well to a simple 'yes'/'no' decision making structure. Maintaining the decision trees' simplicity was valued over inclusion of SNF.

Annexes

Annex 1: Matrix of State Social Protection and Assistance Schemes

PDF document available here: https://drive.google.com/drive/folders/0BxLzqdQGxeFRcnhXakxEbE1GX0E?usp=sharing

State Agency	Service Type	Service Description	Requirements	Applicable Law
Social Solidarity and Assistance Foundations (SASF)	Family Assistance - Food or clothing	Provided twice a year before some special days to meet food and clothing needs of persons in need of assistance.	—The applicants should be above 18 years old. —ID card with 99 number is required. —Households, in which income per capita is lower than one third (1/3) of the net minimum wage.	—Social Inclusion and Encouragement of Solidarity Law No. 3294 —Legislative Decree No. 633, Article 34/3: determines the duties of Social Inclusion and Encouragement of Solidarity Fund
Social Solidarity and Assistance Foundations (SASF)	Family Assistance - Heating	Coal distribution once a year to the families in needs of assistance	—The applicants should be above 18 years old. —ID card with 99 number is required. —Households, in which income per capita is lower than one third (1/3) of the net minimum wage.	—Social Inclusion and Encouragement of Solidarity Law No. 3294 —Legislative Decree No. 633, Article 34/3: determines the duties of Social Inclusion and Encouragement of Solidarity Fund
Social Solidarity and Assistance Foundations (SASF)	Family Assistance - Widow women	Bimonthly cash assistance provided for women, who lost legally married husbands and do not have social security.	—The applicants should be above 18 years old. —ID card with 99 number is required. —Households, in which income per capita is lower than one third (1/3) of the net minimum wage. —Death certificate of the husband is obligatory to apply for Assistances for the Women whose Husbands are Death.	—Social Inclusion and Encouragement of Solidarity Law No. 3294 —Legislative Decree No. 633, Article 34/3: determines the duties of Social Inclusion and Encouragement of Solidarity Fund
Social Solidarity and Assistance Foundations (SASF)	Conditional Cash Transfers for Education	Provided for families without social security, in need of financial support to send their children to	Applicant: Family member who is above 18 years old Target Group: Families, whose children are at the age of primary, secondary or high school.	—Social Inclusion and Encouragement of Solidarity Law No. 3294 —Legislative Decree No. 633, Article 34/3: determines the duties of Social Inclusion and

		school. Amount: Primary School Boy, from kindergarten to 8 grade: 35 TRY/month Primary School Girl, from kindergarten to 8 grade: 40 TRY/month High School Boy, Grades 9-12: 50 TRY/month High School Girl, Grades 9-12: 60 TRY/month	Conditionality: School enrolment and regular attendance. Document: ID card with 99 number	Encouragement of Solidarity Fund
Social Solidarity and Assistance Foundations (SASF)	Conditional Health and Pregnancy Assistance	Provided to the families who do not have social security and are in need of financial assistance. Amount: If, the delivery was done at the hospital, 70 TL for once, In pregnancy period 30 TRY/month For child monthly 30 TRY/month	Applicant: Family member who is above 18 years old Target Group: Children between ages of 0-5 Conditionality: Children needs to have regular health checks Document: ID card with 99 number	—Social Inclusion and Encouragement of Solidarity Law No. 3294 —Legislative Decree No. 633, Article 34/3: determines the duties of Social Inclusion and Encouragement of Solidarity Fund
Social Service Centers / PDoFSP	Socio-Economic Support Programme (SED)	Temporary Economic Support: defines the assistances for the identified families of the children and youth in need of protection to utilize them to overcome their economic problem. This assistance can be provided for one time and maximum for two times in obligatory cases, not exceed three times of economic support amount.	Applicant: Family member who is above 18 years old Target Group: Children, who may be in need of protection measures, determined under Juvenile Protection Law, in the absence of financial assistance. Conditionality: Well-being of the child is ensured (regular house visits) Document: ID card with 99 number	Regulation on Social and Economic Support, Article 1 - (1): This regulation is prepared to regulate the principles and procedures of social and economic support services to the families of the children and youth, who are in poor conditions to cover their basic needs and have challenges to continue their lives in return for providing appropriate care to their children.

		Periodic Economic Support: defines the assistances for the identified families of the children and youth in need of protection; to utilize them to overcome their economic problem during a determined period of time on monthly basis within the limitation of the Ministry's budget.		
Social Service Centers / PDoFSP	Home Care Assistance (HCA)	Amount: 1,027 TRY/month	Applicant: Family member, guardian, trustee or legal representative (no obligation for being guardian etc.) Target Group: Person with severe disability Conditionality: Proper care by the care-provider (all tasks of care-provider are indicated in relevant legislation) Document: Disability Committee Report 5 photograph Petition for application Health Board Reports on Disability, indicating the level as severe If, disabled person in need of care is below 18 years old or lacks mental capacity, his/her parents or legal guardian should apply to the hospital with the necessary documentation on guardianship (court documents)….	Social Service Act Regulation on Identification of Persons with Disability in Need of Care and Determination of Care Service Principles Circular No. B.02.1.SÇE.0.09.01.00, dated 03/2010
Social Solidarity and Assistance Foundations (SASF) - Kızılay	Emergency Social Safety Net programme	Aims to deliver cash assistance to vulnerable people of concern under TP or other form of IP living outside of camps across Turkey. Assistance will be delivered through Kizilay Cards to allow refugees to cover their basic needs with dignity.	Applicant: Family member who is above 18 years old Target Group: Vulnerable refugees living in Turkey Conditionality: Match one of the following criteria - Single females - Single parents with no other adult in the family	

		A Kizilay Card will be given to each family that is found eligible. Each month the card will be loaded with 120TL per family member. The card can be used at any ATM machine to withdraw cash and in POS machines to purchase goods in shops. Withdrawal of cash from the banks.	- Elderly people with no other adults in the family - Families with four or more children - Families with one or more disabled people - Families with a dependency ratio of equal to or more than 1.5 Document: ID card with 99 number, addres registration with Civil Registry (Nufus)	

Annex 2: Table of MoEU Monthly Rental Assistance Rates by Province

The cost ceiling for rest assistance must be in line with the rent assistance provided for Turkish citizens by the Ministry of Environment and Urbanization (MoEU) within the frames of urban transformation. The MoEU has divided provinces into seven groups and identified the average cost of rent assistance per each group, as in the table below. The ten provinces of southeast Turkey are indicated in blue.

Province Name	Monthly Rent Assistance
Artvin,Bilecik,Bingöl,Bolu,Burdur,Çankırı,Erzincan,Gümüşhane,Hakkari, Kırşehir, Nevşehir, Sinop, Tunceli, Bayburt, Karaman, Kırıkkale, Bartın, Ardahan, Iğdır, Yalova, Karabük, **Kilis**	**535,00 TL**
Amasya,Bitlis, Edirne, Giresun, Isparta, Kars, Kastamonu, Kırklareli, Muş, Niğde, Rize, Siirt,Uşak, Yozgat, Aksaray, Şırnak, **Osmaniye**, Düzce	**605,00 TL**
Adıyaman, Afyonkarahisar, Ağrı, Çorum, Elazığ, Kütahya, Ordu, Sivas, Tokat, Zonguldak, Batman,Çanakkale	**675,00 TL**
Aydın,Balıkesir, Denizli, Diyarbakır, Erzurum, Eskişehir, **Gaziantep**, **Hatay**, Mersin, Kayseri, Kocaeli, **Malatya**, Manisa, **Kahramanmaraş**, **Mardin**, Muğla, Sakarya, Samsun, Tekirdağ, Trabzon, **Şanlıurfa**, Van	**745,00 TL**
Adana, Antalya, Bursa, Konya	**810,00 TL**
Ankara, İstanbul, İzmir	**860,00 TL**

Annex 3: Protection Analysis Worksheet

Word document available here: https://drive.google.com/drive/folders/0BxLzqdQGxeFRcnhXakxEbE1GX0E?usp=sharing

Inter-agency Protection Analysis Worksheet
Last update 2017.12.26

Case Number
Click here to enter text.

Instructions	1. Complete client interview and your organization's case summary or case evaluation form. Remember to obtain consent. 2. Use your completed summary/evaluation form as a reference to fill out the boxes in the protection risk equation below. 3. Answer the five guiding questions at the bottom of this page. Use the worksheet's second page to help you select codes. ***Note**: This worksheet will help you do a protection analysis and can act as a summary for use in case committee meetings.*

PROTECTION RISK(S)
Looking at the vulnerabilities, threat(s) and capacities, what risk is this individual facing or currently experiencing?
Click here to enter text.

☐ NOT A PROTECTION CASE

=

VULNERABILITIES
What are the environmental or personal factors that make this individual vulnerable?
Click here to enter text.

×

THREAT(S)
Who is threatening or failing to fulfill their duties to this individual?
Click here to enter text.

CAPACITIES
What capacities does this individual have? Think of the 'protection onion' and the layers of family, community and society.
Click here to enter text.

Guiding Questions	1. **What is the protection risk(s)?** Click here to enter text. 2. **What is the protection outcome you want to achieve?** What change do you want to achieve in terms of increasing capacities, decreasing vulnerabilities or removing/mitigating threats? Click here to enter text. 3. **What is your action plan to achieve the protection outcome?** Include timeframe, the person responsible and, if possible, 1st and 2nd best options. *Use your organization's case planning form.* 4. **What is the assistance that you are going to provide?** This could be financial, material, service or a combination. Click here to enter text. 5. **Select the correct individual protection assistance codes in your organization's assessment form or case committee form.** Use the second page of this worksheet to summarize your protection analysis and action plan. Select the corresponding risk, vulnerability, outcome and action/assistance codes that describe your case. Coding is done to aid programme analysis.

Inter-agency Protection Analysis Worksheet
Last update 2017.12.26

PROTECTION RISK

State the protection risk(s) that you are addressing here.
Click here to enter text.

Select a risk code(s) to describe the risk: Choose an item. Choose an item. Choose an item.
Select a sub-category risk code(s) to describe the risk: Choose an item. Choose an item. Choose an item.
Select the vulnerability(ies) related to the risk: Choose an item. Choose an item. Choose an item. Choose an item.

PROTECTION OUTCOME

State your intended protection outcome here.
Click here to enter text.

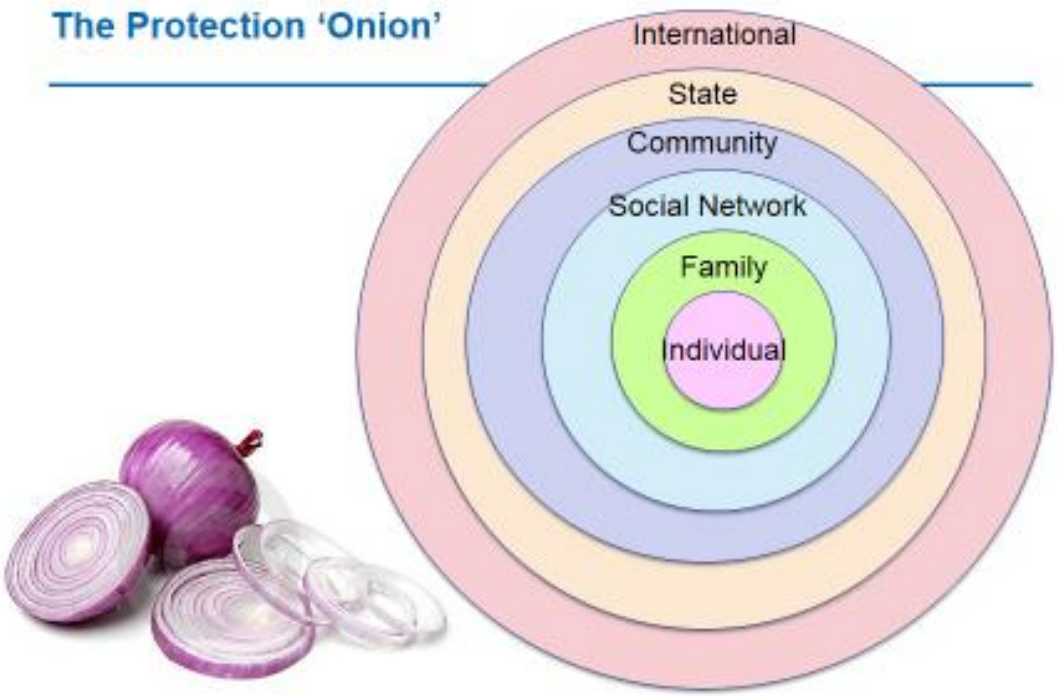
Which does your protection outcome seek to do? Select all that apply.
☐Decrease vulnerability ☐Increase capacity ☐Mitigate or remove threat ☐Provide remedial care
To which sector is your protection outcome related? Select all that apply.
☐Basic Needs ☐Education ☐Food Security & Agriculture ☐Health ☐Livelihoods ☐MHPSS ☐Protection ☐Shelter

ASSISTANCE/ACTION

What assistance will you provide or actions will you take to achieve your protection outcome? Consider timeline, deadlines and the responsible people.
Click here to enter text.

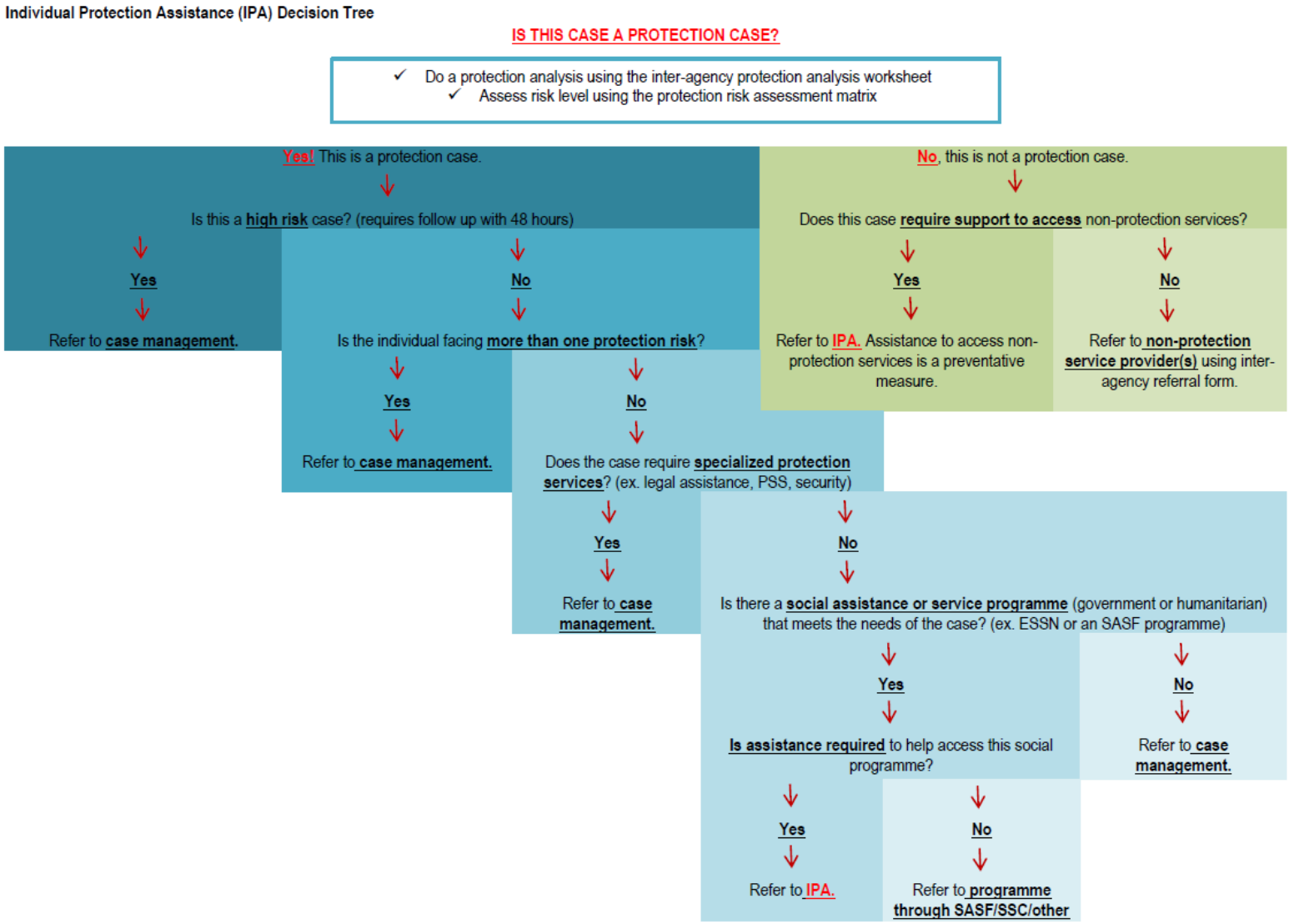
Select one or more assistance/action codes to describe the assistance/action that you plan to provide:
☐ Referral Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.
☐ Referral Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.
☐ Referral Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.
☐Accompaniment ☐Accommodation ☐Assistive device Choose an item. ☐Core relief items Choose an item.
☐Document issuing fees ☐Legal counselling (not legal assistance/aid) ☐Medical treatment Choose an item.
☐Protection information counselling (including for self-referral) ☐Rent assistance (in cash)
☐Shelter assistance Choose an item. ☐Translation Choose an item. ☐Transportation
☐Unrestricted cash to meet urgent immediate needs Choose an item.

ANNEX 4: THE PROTECTION 'ONION'



Annex 5: IPA Decision Tree

Also available online here: https://drive.google.com/drive/folders/0BxLzqdQGxeFRcnhXakxEbE1GX0E?usp=sharing



Dear IPA SoP task Force members,

With this email, ECHO would like to thank all of you for the excellent collective work done on the development of the Standard Operating Procedures for Individual Protection Assistance (IPA). This is a positive step toward more consistent, harmonized and coordinated approach to IPA among protection actors in Turkey.
ECHO is not mandated to make detailed comments on this document. We would however like to stress the fact that according our ECHO Protection Policy, and in line with ECHO HIP 2018 for Turkey the below will apply to DG ECHO partners:

- ***Unrestricted cash is not a preferred modality under ECHO HIP 2018 for IPA**. For non-registered / excluded groups, ECHO partners are expected to focus on a) referrals and pathways to services / ESSN – notably through registration; and, b) conducting protection risk analysis leading to targeted/restricted assistance responding to well-identified protection needs*

- ***Restricted cash as modality for IPA can be supported by ECHO**. Based on the protection risk analysis, cash can be used when needed, for instance to cover the costs for transport, services or specific devices responding to specific (individual) protection needs identified.*

- ***For non-registered / excluded groups, sector specific IPA can be supported by ECHO (medical** (treatment & assistive devices)**, shelter/rent, Core Relief Items):***
  - *Medical treatment and Assisted devices => For direct assistance, medical expertise on the partners side is required. Medical treatment and assistive devices costs could exceptionally be covered under the conditions described in the SOP (prescribed and administered by a medical specialist, to achieve a protection outcome – with a note to the file to build evidence based analysis).*
  - *Accommodation/shelter/rent => Referral to specialist organizations is preferred (used to deal with landlords for instance)*
  - *Core Relief Items => the partner should inform ECHO upfront about the intended CRI, given that the list of CRI in the SoP is not developed yet.*

Those IPA SOP guideline can be annexed to your proposals and served as a reference however the partner will have to take into consideration the above comments. The other possibility is for individual partner to develop or update its own IPA SOP.

Thank you again for this positive initiative. We wish a fruitful cooperation for the year 2018 and beyond.

Kind regards,