

Working modalities

THREE WORKING MODALITIES (EXTRACT FROM CPMS PILLAR 4)

Ways of working	1. Child Protection mainstreaming	2. Joint programming	3. Integrated programming
Sector implication	Sector-specific: actions taken within a specific sector.	Sectors maintain their own sector's objectives while jointly planning and implementing certain aspects of their programmes.	Favoring collective over sector-specific planning, implementation, monitoring and evaluation. A holistic understanding of child well-being is the starting point for action, with sectoral specialties being used to meet that goal.
Aim	To promote a safe, dignified and protective environment and to improve the impact of all humanitarian actors by applying the do not harm principle and proactively reducing risks and harm.	To achieve a protection outcome alongside outcomes for other sectors while optimizing resources, access, operational capacity, etc.	To achieve collective outcomes for children through deliberate, joint assessment, goal setting, planning, implementation and monitoring across sectors.
Examples	<ul style="list-style-type: none"> WASH programmes consider age, gender and disability status of children when (a) designing water and sanitation facilities in schools and (b) promoting menstrual hygiene management. 	<ul style="list-style-type: none"> In remote, conflict-affected areas, child protection, health and nutrition sectors plan and implement joint missions with (a) standard operating procedures (SOPs) for identification and referral of children at risk and (b) planned 	<ul style="list-style-type: none"> A programme brings together food security, child protection and sexual and gender-based violence (SGBV) to reduce harmful coping mechanisms such

- Mandatory health training modules include child protection considerations. Shelter responses support adolescent girls' safety and privacy, including separate spaces to sleep, change clothing etc.

responses to such referrals, including family tracing and reunification services or parenting programmes.

- Child protection and education actors jointly establish a safe space and deliver mental health and psychosocial support, case management and education interventions in a coordinated programme.
- Health, mental health and child protection personnel work together to create an SOP to include a child protection social worker or counsellor in health centers to:
 - Streamline multisectoral linkages for more predictable and timely case coordination and referrals;
 - Promote improved child-centred care (such as training on communicating with children); and
 - Provide individualized, specialized care to address psychosocial distress among children accessing health services.

as child marriage or family separation.

- A programme across child protection, cash and livelihoods addresses root causes of separation and recruitment of children through cash grants, livelihood support and family strengthening interventions.
- Programmes use case management, health and MHPSS interventions and livelihoods opportunities to holistically respond to child survivors of SGBV or children formally associated with armed forces and groups.

