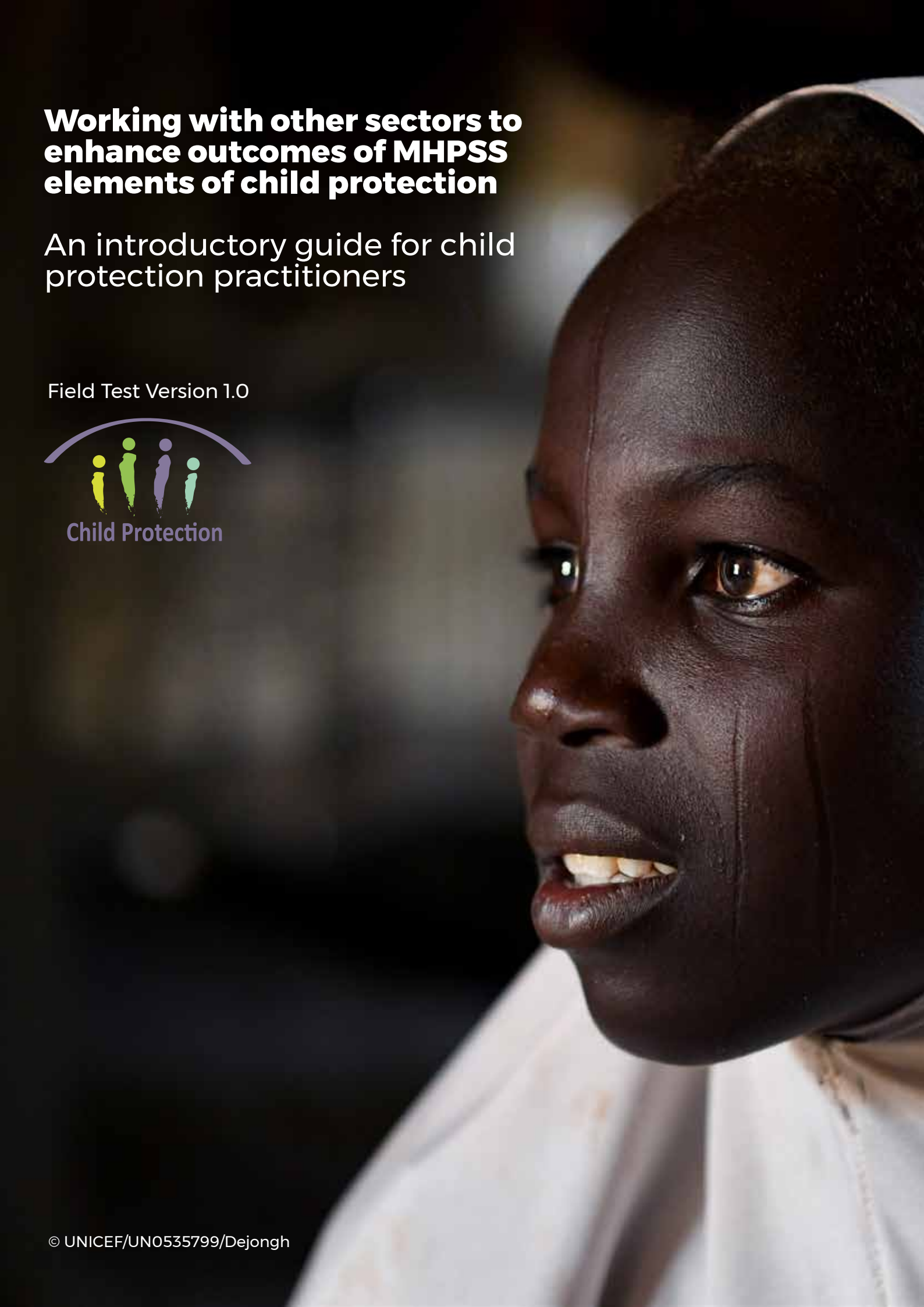
Working with other sectors to enhance outcomes of MHPSS elements of child protection

An introductory guide for child protection practitioners

Field Test Version 1.0

Child Protection



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List of abbreviations

Abbreviation	Definition
ACF	Action contre la Faim (Action Against Hunger)
AoR	Area of Responsibility
BFS	Baby-Friendly Spaces
CASI	Child and Adolescent Survivor Initiative
CCCM	Camp Coordination and Camp Management
CCS	Caring for Child Survivors
CFS	Child-Friendly Spaces
CLTS	Community-Led Total Sanitation
COCSA	Child on Child Sexual Abuse
CP	Child Protection
CPMS	Child Protection Minimum Standards
CSAM	Child Sexual Abuse Material
CwC	Communicating with Communities
EiE	Education in Emergencies
EORE	Explosive Ordnance Risk Education
ERW	Explosive Remnants of War
EWT	Emergency Water Trucking
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
IASC	Inter-Agency Standing Committee
IAWG	Inter-Agency Working Group on Reproductive Health in Crisis
IFRC	International Federation of Red Cross and Red Crescent Societies
IDP	Internally Displaced Persons
INEE	Inter-agency Network for Education in Emergencies
IOM	International Organization for Migration
IYCF	Infant and Young Child Feeding
LGBTQI+	Lesbian, Gay, Bisexual, Trans, Queer, Intersex and other queer identities
MA	Mine Action
MAM	Moderate Acute Malnutrition
MAMI	Management of Acute Malnutrition in Infants
MENA	Middle East and North Africa
mhGAP	Mental Health Gap Action Programme
mhGAP-HIG	Mental Health Gap Action Programme Humanitarian Intervention Guide

List of abbreviations

Abbreviation	Definition
MHH	Menstrual Health and Hygiene
MHM	Menstrual Hygiene Management
MHPSS	Mental Health & Psychosocial Support
MIRA	Multi-cluster/sector Initial Rapid Assessment
MRE	Mine Risk Education
MSF	Médecins Sans Frontières (Doctors Without Borders)
OTP	Outpatient Therapeutic Programmes
OXFAM	Oxford Committee for Famine Relief
PFA	Psychological First Aid
PM+	Problem Management Plus
PSEA	Protection from Sexual Exploitation and Abuse
PSS	Psychosocial Support
PTA	Parent-Teacher Association
PTSD	Post-Traumatic Stress Disorder
SAM	Severe Acute Malnutrition
SEL	Social and Emotional Learning
SMS	Site Management Support
SOP	Standard Operation Procedures
SRH	Sexual and Reproductive Health
TFC	Therapeutic Feeding Centres
TLS	Temporary Learning Spaces
TWG	Technical Working Group
UASC	Unaccompanied and Separated Children
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMAS	United Nations Mine Action Service
USAID	United States Agency for International Development
UXO	Unexploded Ordinance
VA	Victim Assistance
WASH	Water, Hygiene and Sanitation
WHO	World Health Organization
WRC	Women's Refugee Commission

Child Protection

Contents

Preamble

Child protection practitioners are people who have chosen to dedicate their professional life to the protection of one of the most vulnerable groups in society: children, young people, caregivers and families. Child protection practitioners implement a wide range of activities, ranging from family tracing and reunification programmes to recreational activities that provide psychosocial support. Above all, child protection practitioners are people who stand up for children, who advocate for the best interests of the child in all arenas and seek out ways in which all sectors can contribute to the protection and well-being of children. This guide is intended to help child protection practitioners to realize their objectives.

As stated in the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings,[1] MHPSS is not a stand-alone area, but one that should be integrated into all sectors.[2] Robust cooperation across all sectors is needed for MHPSS to produce the desired outcomes.[3]

This guide has developed recommendations based on interviews with specialists within the various sectors. It has been revised by other independent specialists and validated by a group of child protection coordinators and sector specialists. Notwithstanding these efforts, we are aware that inaccuracies may arise as a result of information that was unavailable at the time of drafting, as well as useful methods and resources that warrant inclusion. This is therefore intended to be a living document that will be updated and expanded over time. We invite you to contribute to the recommendations and share your suggestions and experiences with us.

In a humanitarian response at the national level, all sectors come together for the purposes of MHPSS in the national MHPSS Technical Working Group (TWG). Some knowledge of all sectors may promote more meaningful participation on the part of stakeholders in these MHPSS TWGs. The guide is also a helpful tool for facilitating productive conversations with colleagues from other sectors beyond the MHPSS TWG. Finally, the guidance materials provided may also be useful for case managers faced with the challenge of navigating between sectors to find the best solution for individual children and families.

We recommend that you read through the guide at least once to familiarize yourself with its contents, then keep it on hand for reference.

The Development Team

1 Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC.
2 Harrison, S., Chemaly, W. S., Hanna, F., Polutan-Teulieres, N., & Ventevogel, P. (2021). Engagement of protection actors in MHPSS: the need for cross-sectoral cooperation. Forced Migration Review, (66), pp. 8–11.
3 Harrison, S., Hanna, F. Ventevogel, P., Polutan-Teulieres, N & Chemaly, W.S. (2020). MHPSS and protection outcomes: Why joint action to improve mental health and psychosocial wellbeing of people affected by conflict, violence and disasters should be a priority for all protection actors – Policy Discussion Paper. Geneva, Global Protection Cluster and IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings.

Camp Coordination and Camp Management (CCCM)

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An introductory guide for child protection practitioners

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Camp Coordination and Camp Management (CCCM)

CCCM coordinates protection and assistance programming by taking a holistic approach to meet the needs of the camp population. Incorporating elements of MHPSS into CCCM can significantly improve children's well-being and enhance the general humanitarian response for their protection.[4]

4 Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC. pp. 29–30.

> "Child protection in emergencies includes specific activities by child protection actors, whether national or community-based, and/or by humanitarian staff supporting local capacities. The Camp Management Agency must seek to ensure application of the minimum standards. [...] Activities related to the different levels (of the IASC pyramid) are for example advocacy, family tracing, communal services and livelihood programmes, individual psychological first aid, psychiatric support and long-term supervision."[5]
>
> *IOM, NRC & UNHCR (2015, June). CMT Toolkit, pp. 121 & 164*

5 IOM, NRC & UNHCR (2015, June). CMT Toolkit (Chapter 3: Community Participation).

Words and concepts used in the CCCM sector

- **Camps or Sites:** Both should remain the option of last resort and a temporary solution. Where they are established, agencies and authorities should seek to provide protection and deliver the required range of life-saving services across humanitarian sectors to a minimum standard. The term "site" is used in the sector to apply to camps and camp-like settings including planned camps, self-settled camps, collective centres, reception and transit centres, and evacuation centres.[6]

- **Site Management:** This is the coordination and monitoring of service provision, protection and assistance in locations where people displace to. Site management is both technical and social, it aims to improve quality of life and dignity during displacement and to advocate for lasting ("durable") solutions.[7]

- **Site managers** and their teams enhance participation, foster accountability for affected people, and facilitate information updates on affected populations needs for assistance, humanitarian aid providers programmes and governments services while improving the protective environment.

- **Camp Sections:** Camps consist of geographical areas referred to as "sections". While each section has its own residents, the camp must provide services to the entire camp population.

- **Child-Friendly Spaces (CFS):** A layer 2 intervention, a child-friendly space is a safe place for children to meet with other children, learn how to deal with risks, and participate in educational and socio-emotional activities to enhance their well-being after a crisis. The space should be appropriate for children and adolescents. Refer to Operational Guidance for Child-Friendly Spaces in Humanitarian Settings. You are encouraged to read the following report: "Do we need to rethink Child-Friendly Spaces?" to understand the challenges of setting up CFS.

- **Communicating with Communities (CwC):** A field in humanitarian response based on the belief that information and communications are a significant and necessary element of assisting individuals and communities to make informed decisions (UNHCR).

- **Community Participation:** A process that involves planning and resources on the part of the displaced community, whereby individuals and communities identify and express their own views and needs and take overall collective action that contributes to finding solutions (Camp Management Toolkit).

- **Reception with Dignity:** This concept discusses the protection and assistance offered to asylum seekers and internally displaced persons (IDP) residing in reception facilities, including camps. Based on legal policy, the concept applies minimum standards to ensure the right of displaced persons to live in dignity. Reception or transit centres are usually available and necessary to accommodate new arrivals or persons waiting for transfer to another facility.[8]

6 Sphere Project, Sphere Handbook: Humanitarian Charter and Minimum Standards in Disaster Response, 2011, 2011, available at: https://www.refworld.org/docid/4ed8ae592.html
7 Sphere Project, Sphere Handbook: Humanitarian Charter and Minimum Standards in Disaster Response, 2011, 2011, available at: https://www.refworld.org/docid/4ed8ae592.html
8 NORCAP / Norwegian Refugee Council (2016). Dignified Reception Guidelines. https://www.nrc.no/globalassets/pdf/guidelines/dr-guidelines-2016.pdf

How can you cooperate with CCCM actors?

1. **You can offer support by creating or updating available MHPSS services for children and families in the camp. Based on this mapping, you can jointly analyse service gaps.**

   Why?
   CPMS Standard 1 (Coordination) states that child protection should develop and maintain service maps.[9]
   How?
   Guidance for you:
   - Develop, update and distribute contact lists and referral pathways, ideally collaborating with gender-based violence (GBV) actors on referral pathways
   - IASC 4Ws document

2. **You can facilitate links between CCCM actors and the child protection case management system.**

   Why?
   CPMS Standard 18 (Case Management) states the following: "Children and families who face child protection concerns in humanitarian settings are identified and have their needs addressed through an individualized case management process, including direct one-on-one support and connections to relevant service providers." [10]
   How?
   Guidance for you:
   - Caring for Child Survivors (CCS) toolkit, pages **73–77** (*Interview Guidelines)*
   - Interagency Gender-based Violence Case Management Guidelines: Providing care and case management services to GBV survivors in humanitarian settings, pages **15–29** *(Building a foundation for GBV Case Management),* and **93–139** *(GBV Case Management with Different Groups)*

3. **You can strengthen the capacity of aid workers in Psychological First Aid (PFA) skills.**

   Why? CPMS Standard 10 (Mental Health and Psychosocial Distress) discusses the importance of focusing on emotional distress in child protection.[11]
   How?
   Guidance for you:
   Save the Children PFA for Children training

9 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 54.
10 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, pp. 196–197.
11 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, pp. 47–52.

4. **You can offer to carry out activities that help children to recognize different forms of abuse.**

   Why?
   A large portion of the CPMS emphasizes the responsibility of child protection in preventing and responding to different forms of abuse. Standard 8 (Physical and Emotional Maltreatment) and Standard 9 (Sexual and Gender-Based Violence) shed light on physical, emotional and sexual abuse, as well as gender-based violence (GBV).[12]
   How?
   Guidance you can refer CCCM actors to:
   - GBV Pocket Guide for non-GBV specialists on supporting children and adolescents
   - Safeguarding Children in Emergencies: Toolkit 2, pages **113–117** *(Tool 5.13 Model complaint form: Sexual Exploitation and Abuse)*

5. **You can jointly launch a campaign for the prevention of suicide among children and adolescents.**

   Why?
   According to CPMS Standard 10 (Mental Health and Psychosocial Distress), children and adolescents who have either attempted suicide attempts or experienced suicidal ideation (suicidal thoughts).
   How?
   Guidance for you:
   - UNICEF report on Adolescent Mental Health (*Case studies of services provided)*
   - mhGAP Humanitarian Intervention Guide, pages **49–52** *(Suicide Prevention Guidelines)*
   - IFRC Suicide Prevention Guide

12 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, pp. 116–131.

6. **You can assist with site planning to ensure that important social and physical factors related to child protection are taken into account.**

Why?
CPMS Standard 28 (Camp Management and Child Protection) emphasizes that camp management and child protection actors must explore how to meet children's need for accessible and safe spaces within the camp.[13]
How?
Guidance for you:
- IASC Guidelines on MHPSS in Emergencies, Action Sheet **10.1** *(Shelter and Site Planning Tip Sheet)*
- CCCM/Site Planning Guidance to Reduce the Risk of GBV, pages **40–42** *(Prevention and Risk Mitigation Key Considerations and Actions)*
- Site Planning in Emergencies - Risk Reduction Video

7. **You can provide support to develop appropriate services for children and adolescents with disabilities.**

Why?
CPMS Standard 15 (Group Activities for Child Well-Being) emphasizes the importance of advocating for services that are accessible and tailored to the needs and preferences of children and adolescents with disabilities.[14]
How?
Guidance you can refer CCCM actors to:
- IASC Guidelines on MHPSS in Emergencies, pages **132–134** *(Protection and care for people with disabilities)*
- WRC and UNICEF PSS Guidance on Disability Inclusion, pages **39–40** *(Supporting children with disabilities at medium to high risk of exclusion)*
- UNICEF Guidance on Inclusion of Children with Disabilities

13 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, pp. 289–292.
14 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 175.

8. **You can work together with CCCM actors to establish child-friendly feedback and reporting mechanisms in camp.**

Why?
CPMS Standard 17 (Community-Level Approaches) acknowledges the importance of children's participation in community processes and values children's input as insightful and resourceful. At the same time, this participation must be sensitive to the rights of children and protect them.[15]
How?
Guidance for you:
- A Guide for the Inclusion of Children in Emergency Operations Plan, pages **4–18** *(How to develop a Children in Emergencies guidance document)*
- Save the Children MIRA: Listening to Children During Emergencies
- Child-Friendly Feedback and Reporting Mechanisms, pages **13–21** *(Practical tools)*
- Plan International Child-Friendly Feedback and Reporting Mechanisms: Guide and Toolkit
- Safeguarding Children in Emergencies: A Pocket Guide, pages **21–28** *(Complaints mechanisms and responding to a concern)*

9. **You can assist CCCM actors in the creation of child-friendly and age-appropriate information materials (layer 1 of the MHPSS Pyramid).**

Why?
CPMS Principles 3 (Communications and Advocacy) and 8 (Physical and Emotional Maltreatment) state that children should know their rights and be involved in programme planning and decision-making, as well as be supported in child-led intervention.[16]
How?
Guidance for you:
- Child and Youth Participation Resource Guide, pages **79–95** *(Guidelines on how to provide children with information about political decision-making)*
- *Listen and Learn: Participatory Assessment with Children and Adolescents*, pages **21–51** *(Tools for delivering information)*
- Sticks & Stones: A Training Manual for Facilitators on how to increase the involvement of children in their own protection, pages **27–81** *(Age, development and cultural considerations)*

15 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 194.
16 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 194.

10. **You can help facilitate the participation of children in camp committees.**

Why?
CPMS Standard 17 (Community-Level Approaches) acknowledges the importance of children's participation in community processes and values children's input as insightful and resourceful. At the same time, this participation must be sensitive to the rights of children and protect them.[17]

How?
Guidance for you:

- Save the Children MIRA: Listening to Children During Emergencies *(Children's participation toolkit)*
- Camp Management Toolkit chapter on Community Participation

11. **You can advocate for an appropriate MHPSS consideration for LGBTQI+ individuals in the camp.**

Why?
CPMS Standard 23 (Education and Child Protection) highlights the responsibility of child protection actors to provide appropriate services for children and adolescents of diverse sexual orientation, gender identity and expression, and sex characteristics.[18]

How?
Guidance you can refer CCCM actors to:

- Practice brief on how to provide services and support to LGBTQI+ individuals
- Creating Safe Space for LGBTQI+ Youth (*Best practices toolkit)*
- Cycles of Displacement: Understanding Exclusion, Discrimination and Violence Against LGBTQI+ People in Humanitarian Contexts, pages **6–14** *(Case studies from different settings)*

17 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition,. p. 194.
18 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 254.

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Education in Emergencies (EiE)

Working with other sectors to enhance outcomes of MHPSS elements of child protection

An introductory guide for child protection practitioners

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Education in Emergencies (EiE)

Incorporating elements of MHPSS into school and classroom environments can significantly contribute to supporting children's psychosocial wellbeing and lead to improved child protection outcomes in child protection.[19]

> "When provided with the right support, such as safe, quality educational opportunities, the negative effects of hardship and stress are mitigated and children can heal, grow, learn and thrive."[20]
>
> *IRC (2018). IRC Healing Classrooms: Helping Children Learn and Thrive in Times of Crisis, p. 1*

19 VIVA Together for Children (2019, January 18). Nutrition programmes: Integrating Child protection. Children in Emergencies. https://childreninemergencies.org/2019/01/18/nutrition-mainstreaming

20 IRC (2018, January). IRC's Healing Classrooms: Helping Children Learn and Thrive in Times of Crisis.

- **Learning in Healing Classrooms:** a programme developed by IRC to help build children's socio-emotional skills and capacities in reading, mathematics and other traditional subjects.[21] Refer to the IRC Healing Classrooms brief for more information.

- **Parent-Teacher Association (PTA):** a collaboration of parents and teachers to effectively build community ownership of education and enable parents to influence their children's education process.[22]

- **School Counsellor:** psychosocial guidance and support offered to students at school by a professional counsellor (usually with a background in social work, psychology or counselling). School counsellors often work together with teachers and parents to help students who are struggling, whether at school or at home.[23]

- **Social and Emotional Learning (SEL):** the process by which children and adults learn the skills, attitudes and values required for social and emotional competency. The skills developed are self-awareness, self-control, social awareness, relationship skills and decision-making.[24]

- **Temporary Learning Spaces (TLS):** safe spaces for learning when the usual spaces are unavailable due to displacement, destruction of the school or other humanitarian emergency.[25]

21 IRC (2018, January). IRC's Healing Classrooms: Helping Children Learn and Thrive in Times of Crisis. https://www.ritaresources.org/wp-content/uploads/2018/05/IRC_HealingClassrooms_Updated_Jan.2018.pdf
22 International Save the Children Alliance (2008). Delivering education for children in emergencies: A key building block for the future. Save the Children Sweden, p. 7.
23 American Psychological Association. (n.d.). School Counseling/Psychology. In APA dictionary of psychology. Retrieved 18 August 2021, from https://www.apa.org/ed/graduate/specialize/school
24 McNatt, Z., Boothby, N. G., Wessells, M. G., & Lo, R. (2018). Guidance Note on Psychosocial Support: Facilitating psychosocial wellbeing and social and emotional learning.
25 UNICEF (2016, September). Standards for establishing Temporary Learning Spaces.

How can you cooperate with education actors?

It has been demonstrated that teachers play a vital role in the well-being of children and adolescents. Their role has even become more significant due to the COVID-19 pandemic. In many cases, they were the only adults that children had contact with outside the family. Teachers can directly influence the well-being of children; they can provide psychological first aid and identify children who need higher levels of MHPSS support.[26]

Cooperation between CP and education actors is one of the priorities of both the Global Child Protection Area of Responsibility (CP AoR) and the Global Education Cluster. Strong inter-sector coordination between child protection and education on MHPSS can:

- Capitalize on the respective technical skills, capacities and value add of each sector,
- Maximize the response's quality and coverage while reducing duplication in efforts,
- Collectively achieve the greatest results for the mental health and well-being of children, their caregivers and teachers.

The Global Education Cluster (GEC) and Global CP AoR's Collaboration in Coordination Framework[27] sets out considerations for intersectoral collaboration, including an annex on CP-EiE collaboration for MHPSS activities[28]. It encourages CP and Education coordination groups, and their partners, to jointly agree the division of roles and responsibilities for MHPSS activities – to ensure that children receive the MHPSS services required across the four layers of the MHPSS pyramid, and that resources and opportunities to deliver MHPSS activities are maximized.

26 UNICEF (2009). The psychosocial care and protection of children in emergencies. Teacher training manual. New York: UN Children's Fund.
27 Global Education Cluster and Global Child Protection Area of Responsibility (2020), CP-EiE Collaboration in Coordination Framework,. https://www.cpaor.net/CPandEiE_Collaboration
28 GEC and CP AoR (2020), MHPSS Thematic Paper – CP-EiE Collaboration in Coordination Framework https://educationcluster.box.com/s/nghv78xczlcfgs8xi3rv3rgktdakjpz7

How can you cooperate with education actors?

Country-level CP and Education coordination teams are best placed to determine the division of roles and responsibilities for MHPSS activities; however, in general terms, the Global CP AoR and GEC have agreed that education actors should play a greater role in the delivery of activities at Level 2 of the MHPSS pyramid (with the support of CP actors), so that CP actors can partly shift their focus to:

- Providing MHPSS layer 3 activities: focused-non-specialized support,
- Facilitating case management and referrals between layers of the MHPSS pyramid
- Providing PSS, family and community strengthening activities for out-of-school children

1. **You can facilitate links with case managers for children, adolescents, and caregivers with severe mental disorders.**

   Why?
   CPMS Standard 10 (Mental Health and Psychosocial Distress) discusses the importance of focusing on emotional distress in child protection, as well as ensuring the accessibility of specialized services to children who experienced symptoms before, and as a result of, the humanitarian crisis[29]
   How?
   Guidance for you:
   - Operational Guidelines on Community-based MHPSS in Humanitarian Settings, pages 37–40 (IASC MHPSS Layer 4: Specialized Care)
   - IASC Guidelines on MHPSS in Emergencies, pages 123–131 (Provide access to care for people with severe mental disorders)

29 The Alliance for Child Protection in Humanitarian Action, Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition (2019), pp. 47–52.

2. **You can provide support to upgrade certain recreational activities to structured PSS activities, and assistance to ensure the existence of a PSS focus in Education in Emergencies (EiE) in TLS.**

   Why?
   CPMS Standard 10 (Mental Health and Psychosocial Distress): see above.
   How?
   Guidance for you:
   - PSS for Children and Adolescents in Emergency Settings toolkit, pages 36–43 (Establishing and running CFS best practices)
   - Operational Guidance for Child-Friendly Spaces in Humanitarian Settings, pages 31–42 (Information and training for facilitators)

3. **You can help set up activities that enable children to recognize different forms of abuse and encourage them to ask for help**

   Why?
   A large portion of the CPMS emphasizes the responsibility of child protection in preventing and responding to different forms of abuse. Standard 8 (Physical and Emotional Maltreatment) and Standard 9 (Sexual and Gender-Based Violence) explain physical, emotional and sexual abuse, as well as gender-based violence (GBV).[30]
   How?
   Guidance you can refer education actors to:
   1. GBV Pocket Guide for non-GBV Specialists on supporting children and adolescents

30 The Alliance for Child Protection in Humanitarian Action, Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition (2019), pp. 116–131.

4. **You can provide technical support to strengthen teachers' capacity to deliver PSS services.**

Why?
CPMS Standard 10 (Mental Health and Psychosocial Distress) discusses the importance of focusing on emotional distress in child protection.[31]
How?
Guidance you can refer education actors to:
- Save the Children's PFA for Children training
- INEE PSS-SEL Training Module, which outlines SEL training for education actors in emergencies
- Safe Back to School: A Practitioner's Guide (Helps plan an integrated, participatory process for safe school reopening after an emergency)
- UNRWA Psychosocial Support Recreational Activities Resource Guide on how to implement recreational activities within the classroom
- PM+ (Problem Management Plus: Individual psychological help for adults impaired by distress
- Plan International Self-Care Manual for Humanitarian Aid & Development Workers *(Emotional support for humanitarian workers toolkit)*

5. **You can provide consultancy to education actors to ensure that the needs of children and adolescents with disabilities and special needs are catered for.**

Why?
CPMS Standard 15 (Group Activities for Child Well-Being) emphasizes the importance of advocating for accessible services tailored to the needs and preferences of children and adolescents with disabilities.[32]
How?
Guidance for you:
- WRC and UNICEF PSS Guidance on Disability Inclusion, pages 39–40 (Supporting children with disabilities at medium to high risk of exclusion)
- UNICEF Guidance on Inclusion of Children with Disabilities
Guidance you can refer education actors to:
- IASC Guidelines on MHPSS in Emergencies, pages 132–134 (Protection and care for people with disabilities)

31 The Alliance for Child Protection in Humanitarian Action, Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition (2019), pp. 47–52.
32 The Alliance for Child Protection in Humanitarian Action, Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition (2019), p. 175.

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Gender-Based Violence (GBV)

Working with other sectors to enhance outcomes of MHPSS elements of child protection

An introductory guide for child protection practitioners

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Gender-Based Violence (GBV)

Humanitarian emergencies often increase the risk of children and adolescents experiencing GBV. Fragile settings require child protection professionals to prevent children from being exploited and abused, and ensure they receive quality emotional support when they are. You can protect many children and their families by integrating measures to prevent GBV and specifically address GBV-related issues.[33]

33 IASC Inter-Agency Standing Committee (2015). IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, p. 3.

> "Child protection actors can play a central role in enhancing the safety and well-being of children and adolescents by integrating GBV prevention and mitigation measures into their programming, and by supporting child-friendly systems of care for GBV survivors. [...] Efforts to address violence against children and adolescents will be most effective when there is a thorough analysis of gender-related risk and protective factors."
>
> *IASC (2015). IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, p. 74*

- **Informed assent/consent:** (refer to pages **245** of the Inter-agency Gender-Based Violence Case Management Guidelines for guidance on how to obtain informed assent/consent)**.**
  - **Informed assent:** the expressed willingness of the child to participate in services.
  - **Informed consent:** the voluntary agreement of an individual who has the legal capacity to give consent.

- **Clinical Management of Rape:** rape survivors require specific urgent medical care directly related to the type of violence they have experienced.[34]

- **Intimate Partner Violence:** this refers to ongoing or past violence and abuse by an intimate partner or ex-partner. Individuals may suffer more than one type of violence, including physical violence, emotional/psychological abuse, controlling behaviours and sexual violence.[35]

- **Child Sexual Abuse Material (CSAM):** also known as child pornography, CSAM is any representation of a child engaged in real or simulated explicit sexual activities, or any representation of the sexual parts of a child's body for primarily sexual purposes.[36]

- **LGBTQI+:** An acronym for 'lesbian, gay, bisexual, transgender and intersex' persons that is also used as shorthand for 'persons of diverse sexual orientation, gender identity, gender expressions or sex characteristics'. Refer to UNHCR's Emergency Handbook for further information.

- **Mandatory Reporting:** laws and policies that mandate the report of actual or suspected child abuse. Read page 49 of the Interagency GBV Minimum Standards for guidance.

- **Sexual Exploitation and Abuse (SEA):** any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes (refer to the WHO information sheet).

- **Survivor-centred Approach:** the survivor's rights, needs, and wishes are prioritized in programming (refer to pages **14–15** of the Handbook for Coordinating GBV in Emergencies)

34 World Health Organization (2020). Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings, p. 15.
35 World Health Organization (2020). Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings, p. 3.
36 CRC Committee. Guidelines regarding the Implementation of the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography. CRC/C/156 (10 September 2019).

How can you cooperate with GBV actors?

1. **You can encourage collaboration between child protection and GBV case management agencies to determine how they can work together to support child survivors of sexual abuse.**

   Why?
   CPMS Standard 18 (Case Management) states: "Children and families who face child protection concerns in humanitarian settings are identified and have their needs addressed through an individualized case management process, including direct one-on-one support and connections to relevant service providers." [37]
   How?
   Guidance for you:
   - Caring for Child Survivors (CCS) toolkit, pages **73–77** (*Interview guidelines)*
   - Interagency Gender-based Violence Case Management Guidelines: Providing care and case management services to GBV survivors in humanitarian settings, pages **15–29** *(Building a foundation for GBV Case Management)* and pages **93–39** *(GBV Case Management with Different Groups)*
   - Interagency Guidelines for Case Management & Child Protection
   - GBV Blended Learning Approach *(Module 12: Case management for child survivors)*
   - Standard Operation Procedures (SOP) Manual *(An example applied in a humanitarian setting* may be used as a tool to organize SOP discussions

2. **You can enhance collaboration in outreach work and identification of people in need of CP and GBV services.**

   Why?
   CPMS Standard 9 (Sexual and Gender-Based Violence) stresses that GBV messages should be incorporated into CP community outreach and awareness-raising activities,[38] and this can be enhanced through collaboration with other services.
   How?
   Guidance for you:
   - Interagency Gender-based Violence Case Management Guidelines: Providing care and case management services to GBV survivors in humanitarian settings, pages **41–87**
   - Child Protection Case Management Resource Hub (*see module 2 for capacity building)*

37 The Alliance for Child Protection in Humanitarian Action, Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition (2019), pp. 196–197.
38 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, pp. 123–131.

3. **You can advocate, inform and ensure the implementation of child protection guidelines and policies in GBV interventions.**

   Why?
   CPMS Standard 9 states that "all children are [...] protected from sexual and GBV and have access to survivor-centered response services".[39]
   It specifically considers GBV risks related to sexual exploitation and abuse and barriers to accessing appropriate child protection services.
   How?
   Guidance for you:
   - IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, *(includes guidelines for GBV interventions in child protection)*, pages **73–88**
   - Keep Children Safe Toolkit *(training and instructions for implementation)*

4. **You can assist GBV actors to ensure that sexual exploitation and abuse (PSEA) standards and policies are implemented in GBV interventions to ensure children are protected from offending adults, caregivers and service providers.**

   Why?
   CPMS Standard 9: *see above*.
   How?
   Guidance for you:
   - PSEA Child Protection tools
   - Guidelines for Integrating GBV Interventions in Humanitarian Action *(Step by Step Guide to Addressing Sexual Exploitation and Abuse)*
   - Handbook for Coordinating GBV in Emergencies
   - Resources for Child Safeguarding, GBV Risk Mitigation and PSEA

5. **You can help GBV service providers ensure that staff members are trained to work with children who have experienced sexual abuse, specifically, in the use of special investigation interview guidelines for child survivors.**

   Why?
   CPMS Standard 9: see above.
   How?
   Guidance you can refer GBV actors to:
   - Caring for Child Survivors (CCS), pages 65–72 (Guidelines for communicating with children about their experience of sexual abuse)

39 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, pp. 123–131.

6. **You can assist GBV actors in developing interventions that enable children to recognize different forms of abuse and encourage them to ask for help.**

Why?
A large portion of the CPMS emphasizes the responsibility of child protection in preventing and responding to different forms of abuse. Standard 8 (Physical and Emotional Maltreatment) and Standard 9 (Sexual and Gender-Based Violence) explain physical, emotional and sexual abuse, as well as GBV.[40]
How?
Guidance for you:
- What works to prevent sexual violence against children
- CP-GBV guidelines for integrating GBV interventions in humanitarian actions

7. **You can offer assistance to ensure that GBV interventions are appropriate to the child's developmental stage.**

Why?
CPMS Standard 18 (Case Management) emphasizes the importance of tailoring the intervention to the child's developmental stage, including cognitive and physiological development among other factors such as gender, culture and race.[41] CPMS Standard 9 also discusses the importance of addressing GBV with children.
How?
Guidance for you:
- Caring for Child Survivors (CCS) toolkit, pages **73–77** *(Interview guidelines based on age and developmental stage)*
- "Stop It Now!" *(Document on Child on Child Sexual Abuse and harmful sexual behaviour)*

8. **You can advocate services that are friendly, available and accessible to boy, girls and all genders.**

Why?
CPMS Standard 18: *see above*.
How?
Guidance for you:
- Interagency GBV Minimum Standards, pages **36–42** *(General information)*; pages **2–16** *(Focus on interventions for girls)*
- Caring for Child Survivors (CCS), pages **29–31** *(Focus on interventions for boys and male youths)*

40 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, pp. 116–131.
41 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 196–197.

9. **You can assist GBV actors in creating mechanisms to protect LGBTQI+ individuals.**

Why?
CPMS Standard 23 (Education and Child Protection) highlights the responsibility of child protection actors to provide appropriate services for individuals of diverse sexual orientation, gender identity and expression, and sex characteristics.[42]
How?
Guidance you can refer GBV actors to:
- Practice brief on how to provide services and support to LGBTQI+ individuals
- Creating Safe Spaces for LGBTQI+ Youth (*Best practices toolkit)*
- Cycles of Displacement: Understanding Exclusion, Discrimination and Violence Against LGBTQI People in Humanitarian Contexts, pages **6–14** *(Case studies from different settings)*

10. **You can help GBV actors to adapt their services and find a balance between respecting local culture and protecting children.**

Why?
CPMS Standard 16 (Strengthening Family and Caregiving Environments) emphasizes the importance of understanding existing social norms and practices that may protect as well as endanger children,[43] shedding light on the responsibility of child protection professionals to protect children while carefully observing the impacts of certain cultural practices on children's well-being.
How?
Guidance you can refer GBV actors to:
- PSEA Keeping Children Safe training, pages **44–50** *(Cultural practices, traditions, faith and child abuse)*
- Safeguarding Resource and Support Hub (RSH), online open-access platform with information about safeguarding policy and practice against sexual exploitation, abuse and harassment

42 The Alliance for Child Protection in Humanitarian Action (2019.) Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 254.
43 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 182.

11. **You can help GBV actors to provide services for adult survivors of GBV to strengthen their capacity to care for their children.**

Why?

CPMS Standard 16 also states: "Family and caregiving environments are strengthened to promote children's healthy development and to protect them from maltreatment and other negative effects of adversity."[44]

Who?

Guidance for you:

- This article provides theoretical information on parents who have survived GBV

Guidance you can refer GBV actors to:

- GBV AoR Helpdesk's sheet on supporting GBV survivors, pages **4–17** *(Impact of Rape-Related Pregnancies on Survivors and their Children)*

44 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 182.

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Health

Working with other sectors to enhance outcomes of MHPSS elements of child protection

An introductory guide for child protection practitioners

Health

As humanitarian action seeks to ensure the safety and well-being of children, the health sector plays a significant role in child protection. You can ensure that the health of children, adolescents and their families is not compromised by enabling access to good quality health services.[45]

45 VIVA Together for Children (2019, January 18). Nutrition programmes: Integrating Child protection. Children in Emergencies. https://childreninemergencies.org/2019/01/18/nutrition-mainstreaming/

> "The heaoften the first point of contact for children exposed to maltreatment. In many instances, however, child maltreatment is not recognized, or health care providers are not trained in responding to child maltreatment. Only a small proportion of children that are exposed to child maltreatment and that are in need of health services, do receive them."[46]
>
> *World Health Organization (2019). WHO Guidelines for the health sector response to child maltreatment, p. 7*

46 World Health Organization (2019). WHO Guidelines for the health sector response to child maltreatment. Technical Report. Geneva: WHO. Accessed March 28, 2020: https://www.who.int/violence_injury_prevention/publications/violence/Technical-Report-WHO-Guidelines-for-the-health-sector-response-to-child-maltreatment-2.pdf

Words and concepts used in the healthcare sector

- **Anxiety:** an emotion displayed through feelings of tension, worried thoughts and physical changes including increased blood pressure. Individuals with anxiety disorders often have recurring intrusive thoughts or concerns and may avoid certain situations out of worry.[47]

- **Child Development:** an understanding of the unique needs of children according to their biological, cognitive and emotional developmental stages is essential.[48] Refer to pages **41–43** of the manual and pages **66–67** of the UNICEF manual on Children, Food and Nutrition for more detailed information.
  → *Note:* The list below indicates the standardized stages of child development. However, these stages may differ according to the individual and the cultural context of the setting.
  - **Infant:** under 12 months old
  - **Toddler:** from 1 to 3 years old
  - **Early Childhood:** from 3 to 8 years old
  - **Middle Childhood:** from 9 to 11 years old
  - **Adolescence:** from 12 to 18 years old

- **Community-Based Mental Health:** any type of care, supervision or rehabilitation of people with a mental health condition provided outside the hospital setting by community-based health and social workers.[49]

- **Depression:** individuals with depression may experience a lack of interest and pleasure in daily activities, significant weight loss or gain, sleep disorders, lack of energy, inability to concentrate, feelings of worthlessness or extreme guilt, and thoughts of death or suicide. It is the most common mental health condition.[50]

- **mhGAP:** the Mental Health Gap Action Programme (mhGAP) is a model guide developed for use by healthcare providers for the purpose of enhancing the quality of MHPSS. A full version translated into various languages, a training manual and an online version are available here.[51]

47 American Psychological Association. (n.d.). Anxiety. In APA dictionary of psychology. Retrieved August 18, 2021, from https://dictionary.apa.org/anxiety.
48 American Psychological Association. (n.d.). Child Development. In APA dictionary of psychology. Retrieved August 18, 2021, from https://dictionary.apa.org/child-development.
49 UNICEF. (2018). COMMUNITY-BASED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN HUMANITARIAN SETTINGS: Three-tiered support for children and families. https://resourcecentre.savethechildren.net/node/10544/pdf/unicef-cb-mhpss-guidelines1.pdf
49 WHO. (2019, June 24). mhGAP Intervention Guide - Version 2.0. https://www.who.int/publications/i/item/9789241549790
50 American Psychological Association. (n.d.). Depression. In APA dictionary of psychology. Retrieved August 18, 2021, from https://dictionary.apa.org/depression.
51 WHO. (2019, June 24). mhGAP Intervention Guide - Version 2.0. https://www.who.int/publications/i/item/9789241549790

- **mhGAP-HIG:** an adaption of the mhGAP for humanitarian emergencies. Because armed conflicts as well as natural and industrial disasters result in a broad spectrum of acute and chronic emergency situations, this guidebook contains information specific to these contexts. An online version is available here.[52]

- **Post-Traumatic Stress Disorder (PTSD):** an anxiety condition that develops in some people after experiencing extremely traumatic events. People with PTSD may relive the event through intrusive memories, flashbacks and nightmares, or avoid anything that reminds them of the event. [53]

- **Psychiatrist:** a registered medical doctor who is licensed to provide psychological services that focus on mental health conditions, involving particularly the prescription of psychotropic medications.[54]

- **Psychologist:** a registered professional who is not necessarily a medical doctor, but is licensed to provide psychological services such as psychotherapy, assessment and diagnosis of mental health conditions.[55]

- **Psychotherapy:** any emotion-focused service provided by a trained professional that primarily uses forms of communication and interaction to assess, diagnose and treat emotional reactions, ways of thinking and behaviour patterns.[56]

- **Psychotropic Medications:** medications used to treat mental health disorders that only a licensed psychiatrist or doctor can prescribe. The use of these medications should be monitored and combined with other therapy or care such as counselling and psychotherapy.[57]

- **Primary Care:** the first level of contact between individuals and the healthcare system, including general practitioners, family physicians and local healers, who are often located within the community and approached directly with no need for referral.[58]

52 World Health Organization & UNHCR. (□2015)□. mhGAP Humanitarian Intervention Guide (□mhGAP-HIG)□: clinical management of mental, neurological and substance use conditions in humanitarian emergencies. World Health Organization. https://apps.who.int/iris/handle/10665/162960
53 American Psychological Association (n.d.). Posttraumatic Stress Disorder (PTSD). In APA dictionary of psychology. Retrieved August 18, 2021, from https://dictionary.apa.org/posttraumatic-stress-disorder.
54 American Psychological Association (n.d.). Psychiatrist. In APA dictionary of psychology. Retrieved August 18, 2021, from https://dictionary.apa.org/psychiatrist
55 American Psychological Association (n.d.). Psychologist. In APA dictionary of psychology. Retrieved August 18, 2021, from https://dictionary.apa.org/psychologist
56 American Psychological Association (n.d.). Psychotherapy. In APA dictionary of psychology. Retrieved August 18, 2021, from https://dictionary.apa.org/psychotherapy
57 Child Welfare Information Gateway (n.d.). Psychotropic Medications: Guidelines and Policies. Childwelfare.Gov. https://www.childwelfare.gov/topics/systemwide/bhw/medications/guidelines/
58 American Psychological Association (n.d.). Primary Care. In APA dictionary of psychology. Retrieved August 18, 2021, from https://dictionary.apa.org/primary-care.

Words and concepts used in the healthcare sector

- **Sexual and Reproductive Health (SRH):** a state of physical, emotional, mental and social well-being concerning all aspects of sexuality and reproduction.[59] Refer to the IAWG toolkit on Adolescent SRH.

- **Secondary Care:** includes acute care for a brief but severe illness or injury, involving psychiatrists, clinical psychologists and social workers, occupational therapists and other mental health professionals. Secondary care is often administered in a hospital emergency department.[60]

- **Social Worker:** a registered social work professional who has been trained to provide services that enhance social functioning and overall well-being. Most social workers focus on community-based services, while clinical social workers are also trained to provide psychotherapeutic services. This definition often differs from country to country.[61]

- **Therapeutic Approaches:** a broad spectrum of therapeutic approaches are available, such as psychoanalysis and psychodynamic therapies, behavioural therapy, cognitive therapy, and integrative or holistic therapies.[62]

- **Therapist:** a person who has received training in and uses one or more types of therapy to treat mental or physical problems or diseases. The term is frequently used as an alternative to the term psychotherapist in the context of mental health.[63]

- **Tertiary Care:** highly specialized care that requires a referral from primary or secondary care and includes specialist diagnostic services and acute clinical services such as paediatric surgery.[64]

59 Borise, S. (2009). Adolescent sexual and reproductive health toolkit for humanitarian settings. New York: United Nations Population Fund.
60 American Psychological Association (n.d.). Secondary Care. In APA dictionary of psychology. Retrieved August 18, 2021, from https://dictionary.apa.org/secondary-care
61 American Psychological Association (n.d.). Social Worker. In APA dictionary of psychology. Retrieved August 18, 2021, from https://dictionary.apa.org/social-work
62 American Psychological Association. (n.d.). Different Approaches to Psychotherapy. In APA dictionary of psychology. Retrieved August 18, 2021, from https://www.apa.org/topics/psychotherapy/approaches
63 American Psychological Association (n.d.). Therapist. In APA dictionary of psychology. Retrieved August 18, 2021, from https://dictionary.apa.org/therapist
64 American Psychological Association (n.d.). Tertiary Care. In APA dictionary of psychology. Retrieved August 18, 2021, from https://dictionary.apa.org/tertiary-care

How can you cooperate with healthcare actors?

1. **You can advocate for the creation of accessible mental health services for children and families in a given geographical area to ensure the provision of services at all levels of the IASC MHPSS Pyramid.**

   Why?
   CPMS Principle 6 (Ensure people's access to impartial assistance according to need and without discrimination) states that humanitarians must monitor children's and families' access to services and identify and address barriers.[65]
   How?
   Guidance you can refer healthcare actors to:
   - IASC Guidelines on MHPSS in Emergencies, pages **116–120** *(Include psychological and social considerations for the provision of general health care)*
   - IASC checklist, pages **27–30** *(Checklist for MHPSS in Health Services)*

2. **You can request the establishment of a standard whereby healthcare professionals must demonstrate their educational qualifications and licence to lawfully practice in a given country.**

   Why?
   The Core Humanitarian Standard on Quality and Accountability demands that "communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers."[66]
   How?
   Guidance for you:
   - WHO "Delivering Quality Health Services", pages **65–67** *(Consideration and selection of quality interventions)*

65 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 44.
66 CBHA (2010). Core Humanitarian Competencies Guide: Humanitarian Capacity Building Throughout the Employee Life Cycle. Retrieved August 18, 2021 from: https://startnetwork.org/resource/core-humanitarian-competencies-guide

3. **You can encourage healthcare actors to improve their capacity to deliver MHPSS services to children, adolescents and caregivers.**

   Why?
   CPMS Standard 10 (Mental Health and Psychosocial Distress) discusses the importance of focusing on emotional distress in child protection, as well as ensuring the accessibility of specialized services to children who experienced symptoms before, and as a result of, the humanitarian crisis.[67]
   How?
   Guidance you can refer healthcare actors to:
   - WHO Thinking Healthy manual
     mhGAP *(Information on managing mental health conditions, including developmental and behavioural problems)*
   - PM+ (Problem Management Plus: Individual psychological help for adults impaired by distress
   - Save the Children PFA for Children training
   - Plan International Self-Care Manual for Humanitarian Aid & Development Workers

4. **You can offer to support interventions that promote the prevention of physical illnesses, mental health conditions, malnutrition and substance abuse among children and adolescents.**

   Why?
   CPMS Standard 7 (Dangers and Injuries) and Standard 8 (Physical and Emotional Maltreatment) address the responsibility of child protection actors to prevent conditions that may harm children's wellbeing.[68]
   How?
   Refer children and adolescents to recreational and psychosocial activities.

67 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition. pp. 47–52.
68 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition. pp. 107–122.

5. **You can support and encourage the integration of MHPSS in SRH interventions for adolescents and, where necessary, facilitate links with case management.**

Why?
CPMS Standard 10: *see above*.
How?
- *Guidance you can refer healthcare actors to:* USAID Adolescent Age and Life-Stage Assessment and Counseling Tool (*training for healthcare workers who counsel adolescents*)
- IAWG toolkit on Adolescent SRH
- Clinical Management of Rape and Intimate Partner Violence Survivors, pages **33–36** *(Additional care for mental health and psychosocial support)* and **36–42** *(Caring for child survivors)*

6. **You can advocate for an appropriate MHPSS consideration to be included in medical interventions for LGBTQI+ individuals.**

Why?
CPMS Standard 23 (Education and Child Protection) highlights the responsibility of child protection actors to provide appropriate services for individuals of diverse sexual orientation, gender identity and expression, and sex characteristics.[69]
How?
Guidance you can refer healthcare actors to:
- Practice brief on how to provide services and support to LGBTQI+ individuals
- Creating Safe Spaces for LGBTQI+ Youth toolkit

69 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition. p. 254.

7. **You can advocate for integrating MHPSS elements in maternal healthcare.**

Why?
CPMS Standard 16 (Strengthening Family and Caregiving Environments) stresses the importance of strengthening children and adolescents' caregiving environments.[70]
How?
Guidance for you:
The following article presents an overview of a similar case study

8. **You can advocate for a supervising mechanism to monitor the appropriate use of psychotropic medications for children and adolescents.**

Why?
CPMS Standard 24 (Health and Child Protection) demands health professionals to ensure best practices and professionalism in the provision of medical support.[71]
How?
Guidance for you:
- WHO Improving Access to and Appropriate Use of Medicines for Mental Disorders, pages **18–29** *(Promoting rational drug use for mental disorders)*
- Child Welfare Information Gateway guidelines and policies
- 'Where There Is No Doctor', pages **18–20** *(Sensible and limited use of medicines and monitoring of progress made)*

9. **You can advocate for the provision of specialized services for children, adolescents and caregivers with severe mental disorders.**

Why?
CPMS Standard 10: *see above*.
How?
Guidance for you:
- Operational Guidelines on Community-Based MHPSS in Humanitarian Settings, pages **37–40** *(IASC MHPSS Layer 4: Specialized Care)*
- IASC Guidelines on MHPSS in Emergencies, pages **123–131** *(Provide access to care for people with severe mental disorders)*

70 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, pp. 181–183
71 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, pp. 257–259.

10. **You can work together to ensure that the PSS activities provided by child protection actors are adequately linked to mental health services offered by healthcare actors. Case Managers play a vital role in this. These links are mainly created in the MHPSS TWG.**

Why?

CPMS Standard 18 (Case Management) states: "Children and families who face child protection concerns in humanitarian settings are identified and have their needs addressed through an individualized case management process, including direct one-on-one support and connections to relevant service providers." [72]

How?

Guidance for you:

- Case Management Supervision and Coaching Package offers facilitator's guide and action plans for facilitating case management links with different sectors.

72 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, pp. 196–197.

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Mine Action (MA)

Working with other sectors to enhance outcomes of MHPSS elements of child protection

An introductory guide for child protection practitioners

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Mine Action (MA)

MA aims to reduce the negative impact of explosive remnants of war (ERW) on communities and individuals. Integrating elements of MHPSS into MA can significantly improve children's well-being and help enhance the general humanitarian response for their protection.[73]

> "A rationale for the inclusion of explosive ordnance child victims in the Humanitarian Programme Cycle, is to **increase personal capacity of child survivors through rehabilitation**, as well as mental health & psychosocial support (MHPSS) of both child survivors and their caregivers."[74]
>
> *Global Protection Cluster (2020). Mitigating the impact of Explosive Ordnance on Children through Collaborative Humanitarian Action, p. 8*

73 UNICEF (2014, November). Assistance to Victims of Landmines and Explosive Remnants of War: Guidance on Child-focused Victim Assistance. https://www.unicef.org/media/73581/file/Assistance-to-Victims-Landmines-2014.pdf.pdf

74 Global Protection Cluster. (2020). Mitigating the Impact of Explosive Ordnance on Children through Collaborative Humanitarian Action.

Words and concepts used in the MA sector

- **Contaminated areas:** an area in which the presence of mines has been confirmed, based on direct evidence of the presence of ERW.[75]
- **Explosive Ordnance Risk Education (EORE):** previously referred to as Mine Risk Education (MRE). Explosive ordnance risk education includes activities that aim to reduce the risk of injury from mines and ERW by raising awareness and promoting behavioural change through the provision of information, education and training, and community mine action liaison.[76]
- **Explosive Remnants of War (ERW**): formerly known as unexploded ordinance (UXO), ERW include unexploded shells, grenades, bombs, etc., left behind after a conflict.[77]
- **Rehabilitation:** interventions that help victims of ERW to be as independent as possible in their everyday activities and reduce any physical, mental or emotional hardships suffered.[78]
- **Survivor:** a person who has survived the harm or injury caused by a mine or ERW.[79]
- **Unaccompanied And Separated Children (UASC):** children and adolescents who are either unaccompanied or have been separated from their parents or other relatives.[80]
- **United Nations Mine Action Service (UNMAS):** a United Nations service that focuses on coordinating activities to limit the threat posed by mines, ERW and improvised explosive devices.
- **Victim Assistance (VA):** one of the main pillars of MA (MA Key Message on VA)

75 Mine Action Review. (n.d.). Mine Area. In Mind Action Definitions. Retrieved August 18, 2021, from https://www.mine-actionreview.org/definitions/mined-area/
76 IMAS. (2005, November). AN INTRODUCTION TO MINE RISK EDUCATION (IMAS Mine Risk Education Best Practice Guidebook 1). https://reliefweb.int/sites/reliefweb.int/files/resources/245945BFC449987585257l4D0064D385-imas-gen-nov05.pdf
77 UNMAS. (2016, February). Landmine and Explosive Remnants of War and IED Safety Handbook.
78 World Health Organization. (n.d.). Rehabilitation. In Fact Sheets. Retrieved August 27, 2021, from https://www.who.int/news-room/fact-sheets/detail/rehabilitation
79 United Nations. (2016). The United Nations Policy on Victim Assistance in Mine Action. https://www.mineaction.org/sites/default/files/publications/UN%20Policy%20on%20Victim%20Assistance%20in%20Mine%20Action%202016%20update.pdf
80 Uppard, S., & Birnbaum, L. (2017). Field Handbook on Unaccompanied and Separated Children. Inter-agency Working Group on Unaccompanied and Separated Children, p. 8.

How can you cooperate with MA actors?

1. **You can help MA actors to develop a holistic child-focused victim assistance (VA) and case management approach.**

   Why?
   CPMS Standard 7 (Dangers and Injuries) emphasizes the importance of appropriate case management when it comes to child-focused victim assistance. When a child experiences multiple risks simultaneously, it is essential to analyse the situation holistically and identify the child's vulnerabilities and strengths. Therefore, a coordinated case management approach must be tailored to the child's needs and provide a comprehensive range of services.[81]
   How?
   Guidance you can refer MA actors to:
   - Guidance on Child-focused Victim Assistance, pages **60–70** *(Child-Focused Victim Assistance focused on psychological and psychosocial support)*
     ➔ *Work together on referral pathways and make sure child protection and MA actors understand each other's services.*

2. **You can provide support to create a PSS focus in EORE.**

   Why?
   CPMS Standard 10 (Mental Health and Psychosocial Distress) discusses the importance of focusing on emotional distress in child protection, as well as ensuring the accessibility of psychosocial support to children who experienced symptoms before, and as a result of, the humanitarian crisis.[82]
   How
   Guidance you can refer MA actors to:
   - Basic PSS in education - A training manual for teachers and other stakeholders
   - PSS for Children and Adolescents in Emergency Settings toolkit, pages **28–43** *(Guidelines on play as a tool in PSS with the focus on children and adolescents)*

81 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, pp. 109–114.
82 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, pp. 47–52.

3. **You can offer to train Mine Action colleagues to identify children who may need child protection case management and MHPSS services.**

Why?
A large portion of the CPMS emphasizes the responsibility of child protection actors to prevent and respond to different forms of abuse. See CPMS Pillar 2 (Standards on Child Protection Risks).[83]
How?
Guidance you can refer CCCM actors to:
- GBV Pocket Guide for non-GBV specialists on supporting children and adolescents

4. **You can assist MA actors in the creation of child-friendly and age-appropriate information materials (layer 1 of the IASC MHPSS Pyramid).**

Why?
CPMS Principle 8 (Physical and Emotional Maltreatment) emphasizes that children should be aware of their rights and supported to become informed and engaged citizens.[84]
How?
Guidance for you:
- A Guide for the Inclusion of Children in Emergency Operations Plan, pages **4–18** *(Stages for developing a Children in Emergencies document)*
- Save the Children MIRA: Listening to Children During Emergencies
- Tools to support child-friendly practices: Child-Friendly Complaint Mechanisms, pages **13–18** *(Practical elements of a child-friendly complaint mechanism)*

83 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, pp. 105–153.
84 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, pp. 194.

5. **You can offer support in the development of appropriate services for child victims of ERW with disabilities.**

Why?

CPMS Standard 15 (Group Activities for Child Well-Being) emphasizes the importance of advocating for accessible services tailored to the needs and preferences of children and adolescents with disabilities.[85]

How?

Guidance you can refer health actors to:

- IASC Guidelines on MHPSS in Emergencies, pages **132–134** *(Protect and care for people with severe mental disorders and other mental and neurological disabilities living in institutions)*
- WRC and UNICEF PSS Guidance on Disability Inclusion, pages **28–40** *(Using tools with children with different types of impairments)*

85 The Alliance for Child Protection in Humanitarian Action, Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, 2019. p. 175.

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Nutrition

Working with other sectors to enhance outcomes of MHPSS elements of child protection

An introductory guide for child protection practitioners

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Nutrition

Humanitarian emergencies often increase the vulnerability of children to all forms of under-nutrition. Children are most vulnerable in their first 1,000 days of life; however, older children and adolescents are at risk of developing physical and psychological conditions caused by poor nutrition. Nutrition interventions can make sure that the health of children, adolescents and their families is not compromised.[86]

> “Improving the family’s ability to adequately and sufficiently care for and fulfil children’s needs contributes to increasing the efficacy of the treatment, ensuring children’s healthy physical and emotional development and reducing the underlying growth delay due to malnutrition.[87]”

ACF-International (2013). Manual for the Integration of Child Care Practices and Mental Health into Nutrition Programs, p. 3

86 VIVA Together for Children. (2019, January 18). Nutrition programmes: Integrating Child protection. Children in Emergencies. https://childreninemergencies.org/2019/01/18/nutrition-mainstreaming/

87 ACF-International. (2013, December). Manual for the Integration of Child Care Practices and Mental Health Into Nutrition Programs.

- **Acute Stress:** an emotional response to terrible events such as conflict, sexual assault or natural disaster. Shock, denial, flashbacks, unpredictable emotions, headaches and nausea are some common longer-term reactions. Not every exposure to a stressful event leads to the development of acute stress.[88]

- **Attachment/Bonding:** when a baby and caregiver form a solid emotional and physical relationship. A secure attachment bond enables a child to feel secure, calm and reach optimal nervous system developmental milestones. Breastfeeding is a vital form of attachment.[89]

- **Baby-Friendly Spaces (BFS):** in emergencies, a model of intervention for a holistic approach to support pregnant or lactating women and their children. Refer to pages **58–67** of the ACF manual to learn more about the implementation of BFS.

- **Community-Based Mental Health:** any type of care, supervision and rehabilitation of people with a mental health condition provided outside the hospital setting by community-based health and social workers.[90]

- **Eating Disorder:** any condition defined by a pathological disruption of food-related attitudes and behaviours.[91] Refer to page 88 of the ACF manual for additional information.

- **Infant and Young Child Feeding (IYCF):** a key area to improve child survival and promote healthy growth and development. The first two years of a child's life are critical, as optimal nutrition during this period lowers morbidity and mortality, reduces the risk of chronic disease and fosters better development overall.[92]

- **Management of Acute Malnutrition in Infants (MAMI) Project:** a project that focuses on treatment of infants under the age of 6 months in emergency contexts, specifically referring to improved feeding programmes (Summary Report).[93]

- **mhGAP:** the Mental Health Gap Action Programme (mhGAP) is a model guide developed for use by healthcare providers for the purpose of enhancing the quality of MHPSS. A full version translated into various languages, a training manual and an online version is available here.[94]

88 American Psychological Association. (n.d.). Acute Stress Disorder. In APA dictionary of psychology. Retrieved August 18, 2021, from https://dictionary.apa.org/acute-stress-disorder.
89 American Psychological Association. (n.d.). Attachment. In APA dictionary of psychology. Retrieved August 18, 2021, from https://dictionary.apa.org/attachment.
90 Snider, L., & Hijazi, Z. (2020). UNICEF Community-based mental health and psychosocial support (MHPSS) operational guidelines. In Child, adolescent and family refugee mental health (pp. 101–119). Springer, Cham.
91 American Psychological Association. (n.d.). Eating Disorder. In APA dictionary of psychology. Retrieved August 18, 2021, from https://dictionary.apa.org/eating-disorder.
92 WHO. (2013). Guideline: Updates on the Management of Severe Acute Malnutrition in Infants and Children. Geneva: WHO.
93 Management of Acute Malnutrition in Infants (MAMI) Project. (2009, October). https://www.ennonline.net/attachments/942/mami-project-summary-report-final-041209.pdf
94 WHO. (2019, June 24). mhGAP Intervention Guide - Version 2.0. https://www.who.int/publications/i/item/9789241549790

Words and concepts used in the nutrition sector

- **mhGAP-HIG:** an adaption of the mhGAP for humanitarian emergencies. Because armed conflicts as well as natural and industrial disasters result in a broad spectrum of acute and chronic emergency situations, this guidebook contains information specific to these contexts. An online version is available here.[95]

- **Outpatient Therapeutic Programmes (OTP) Centres:** community-based approach outpatient feeding programmes, where patients are admitted into the programme from home and only attend the OTP to monitor the progress of their treatment. Refer to page **10** of the ACF manual.[96]

- **Perinatal depression:** a term used to describe the adverse effects of the stresses and strains of everyday life on the parents' emotional well-being around the time of pregnancy and birth, making coping with the many tasks of child care especially challenging. Refer to pages **11–12** of the WHO Thinking Healthy manual.[97]

- **Stunting:** when a child has a low height for their age, usually due to malnutrition.[98]

- **Therapeutic Feeding Centres (TFC):** inpatient units specifically adapted to care for children suffering from severe acute malnutrition. Children receive complete treatment to combat malnutrition, essential vaccinations, medical care and integrated MHPSS services. Refer to page **9** of the ACF manual.[99]

- **Wasting:** when a child has a low weight for their height, usually due to malnutrition.[100]

- **Severe Acute Malnutrition (SAM):** caused by a substantial imbalance between nutritional intake and individual physical needs. It is usually caused by a lack of information on vitamins and minerals needed, combined with insufficient calorie intake (see MSF), defined as WHZ < –3 or mid-upper arm circumference (MUAC) < 115 millimetres, or the presence of bilateral pitting oedema, or both.[101]

- **Moderate Acute Malnutrition (MAM):** defined as a weight-for-height z-score (WHZ) between –2 and –3, or mid-upper arm circumference (MUAC) between 115 millimetres and <125 millimetres.[102]

- **Global Acute Malnutrition (GAM):** the presence of both MAM and SAM in a population. A GAM value of more than 10 percent indicates an emergency. High prevalence rates outside the seasonal norm are a particular cause for concern.[103]

95 World Health Organization & UNHCR (2015). mhGAP Humanitarian Intervention Guide (mhGAP-HIG): clinical management of mental, neurological and substance use conditions in humanitarian emergencies. World Health Organization. https://apps.who.int/iris/handle/10665/162960
96 ACF-International (2013, December). Manual for the Integration of Child Care Practices and Mental Health Into Nutrition Programs, p. 10.
97 World Health Organization (2015). Thinking healthy: a manual for psychosocial management of perinatal depression, WHO generic field-trial version 1.0, 2015 (No. WHO/MSD/MER/15.1). World Health Organization.
98 WHO (2015b, November 5). Stunting in a nutshell. https://www.who.int/news/item/19-11-2015-stunting-in-a-nutshell
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100 WHO (n.d.). Malnutrition. https://www.who.int/health-topics/malnutrition#tab=tab_1
101 WHO (2013). Guideline: Updates on the Management of Severe Acute Malnutrition in Infants and Children. Geneva: WHO.
102 WHO (2012). "Supplementary Foods for the Management of Moderate Acute Malnutrition in Infants and Children 6–59 Months of Age." Technical Note, WHO, Geneva.
103 SWHO. (2000). The Management of Nutrition in Major Emergencies. Geneva: WHO.

1. **You can advocate for the creation of accessible mental health services for children and families in a given geographical area to ensure that all services are provided on all levels of the IASC MHPSS Pyramid.**

   Why?
   CPMS Principle 6 (Ensure people's access to impartial assistance according to need and without discrimination) states that humanitarians must monitor children's and families' access to services and identify and address barriers.[104]
   How?
   Guidance for you:
   - IASC Guidelines on MHPSS in Emergencies, pages **116–120** *(Include psychological and social considerations in provision of general health care)*
   - IASC checklist, pages **27–30** *(Checklist for MHPSS in Health Services)*

2. **You can consult nutrition actors on how to educate caregivers on the importance of emotional communication and physical stimulation.**

   Why?
   CPMS Standard 16 (Strengthening Family and Caregiving Environments) states that "Family and caregiving environments are strengthened to promote children's healthy development and to protect them from maltreatment and other negative effects of adversity."[105]
   How?
   Guidance you can refer nutrition actors to:
   - ACF manual, pages **40–41** *(Psychosocial care)*

104 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 44.
105 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 182.

3. **You can suggest ways that nutrition actors can improve the capacity of primary health care workers in nutrition programmes to provide essential quality MHPSS services to children, adolescents and caregivers.**

Why?
CPMS Standard 10 (Mental Health and Psychosocial Distress) discusses the importance of focusing on emotional distress in child protection, as well as ensuring the accessibility of specialized services to children who experienced symptoms before, and as a result of, the humanitarian crisis.[106]
How?
Guidance you can refer nutrition actors to:
- mhGAP provides information on managing mental health conditions, including developmental and behavioural problems
- Save the Children PFA for Children training
- WHO Thinking Healthy manual for psychosocial management of perinatal depression
- PM+ (Problem Management Plus: Individual psychological help for adults impaired by distress
- Plan International Self-Care Manual for Humanitarian Aid & Development Workers

4. **You can help nutrition actors to integrate MHPSS elements into maternal healthcare provision.**

Why?
CPMS Standard 16: *see above*.[107]
How?
Guidance for you:
- Integrating psychosocial support into nutrition programmes *(Case study)*

106 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, pp. 47–52.
107 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 182.

How can you cooperate with nutrition actors?

5. **You can encourage nutrition actors to consider the unique needs of adolescents and collaborate with other sectors to enhance their physical and psychosocial well-being.**

   Why?
   CPMS Standard 10 emphasizes that child protection interventions must be provided for and tailored to the needs of children of all ages and stages of development, including adolescence.[108]
   How?
   Guidance you can refer nutrition actors to:
   - UNICEF manual on Children, Food and Nutrition, pages **84–89** *(Description of nutritional needs of adolescents)*

6. **You can consult nutrition actors on how to cooperate with relevant specialized services for adolescents and caregivers with severe mental disorders.**

   Why?
   CPMS Standard 10: *see above*.[109]
   How?
   Guidance you can refer nutrition actors to:
   - Operational Guidelines on Community-Based MHPSS in Humanitarian Settings, pages **37–40** *(IASC MHPSS Layer 4: Specialized Care)*
   - IASC Guidelines on MHPSS in Emergencies, pages **123–131** *(Provide access to care for people with severe mental disorders)*

7. **You can offer support in the development of appropriate services to protect newborns and children with disabilities and developmental delays**.

   Why?
   CPMS Standard 15 (Group Activities for Child Well-Being) emphasizes the importance of advocating for accessible services tailored to the needs and preferences of children and adolescents with disabilities.[110]
   How?
   Guidance for you:
   - IASC Guidelines on MHPSS in Emergencies, pages **132–134** *(Protection and care for people with disabilities)*
   - Inter-Agency Guidelines for Case Management & Child Protection
   - WRC and UNICEF PSS Guidance on Disability Inclusion, pages **39–40** *(Supporting children with disabilities who are medium to high risk)*

108 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, pp. 47–52.
109 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, pp. 47–52.
110 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 175.

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Water, Sanitation and Hygiene (WASH)

Working with other sectors to enhance outcomes of MHPSS elements of child protection

An introductory guide for child protection practitioners

Water, Sanitation and Hygiene (WASH)

Child protection and water, sanitation and hygiene (WASH) actors should ensure that their interventions are carried out in a way that protects children and their caregivers. This is especially true in humanitarian emergencies involving outbreaks of disease. Integrating elements of MHPSS into WASH can significantly improve children's health and well-being, resulting in improved child protection outcomes.[111]

111 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 273.

> "All girls and boys at risk should have access to appropriate WASH services that minimize the risk of physical and sexual violence. As a result, measures must be taken to ensure that WASH activities and facilities, including relevant hygiene information are available, accessible and adapted to children, that they are safe, non-discriminatory, culture and gender-sensitive, and that prevention measures are included to any activities related to providing WASH.[112]"

World Vision (2019).

WASH and Child Protection, p. 9

112 World Vision (2019, December). *WASH and child protection*. https://reliefweb.int/report/world/wash-and-child-protection

Words and concepts in WASH:

- **BabyWASH:** an approach with the main objective of breaking the cycle of faecal-oral exposure and transmission of disease in children under the age of 2.[113]

- **Child-Friendly Hygiene and Dignity Kits:** packages containing items essential for good health delivered to children and families.[114]

- **Community Engagement in WASH:** community engagement in WASH is a planned and dynamic process to connect communities with other emergency response stakeholders to increase the community's control over the impact of the response. The process brings together the capacities and the perspectives of both communities and responders.[115]

- **Community-Led Total Sanitation (CLTS):** an approach that focuses on triggering change in sanitation behaviour through community participation rather than merely building toilets. This is achieved through a process of social participation that concentrates on the whole community rather than on individual behaviours, and relying on the collective benefit produced by stopping open defecation to encourage a more cooperative approach.[116]

- **Hygiene Promotion:** a general term used for a range of strategies intended to improve people's hygiene behaviour and so prevent the spread of disease, with particular focus on behaviour with regard to water supply and sanitation.[117]

- **Menstrual Health and Hygiene (MHH):** encompasses both menstrual health management and the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment and rights.[118]

- **Menstrual Hygiene Management (MHM):** "Women and adolescent girls are using clean menstrual management materials to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials".[119]

113 Dominguez, E.I. (2017) BabyWASH and the 1,000 Days: A Practical Package for Stunting Reduction. London: Action Against Hunger, p. 15.
114 UNICEF, WASH Cluster (2019, July). National WASH Cluster Minimum Standards NFI Guidance Notes for WASH / Hygiene Kits.
115 Niederberger, E., Knight, L., & O'Reilly, M. (2019). An Introduction to Community Engagement in WASH.
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Words and concepts in WASH:

- **Perinatal Depression:** a term used to describe the adverse effects of the stresses and strains of everyday life on the parents' emotional well-being around the time of pregnancy and birth, making coping with the many tasks of child care especially challenging. Refer to pages 11–12 at the WHO Thinking Healthy manual.[120]

- **Safe Sanitation:** the provision of safe, private and dignified toilet facilities. Safe sanitation aims to reduce direct and indirect routes of disease transmission. The components of safe sanitation services include the toilet, storage and transport, maintenance and cleaning. Refer to pages **17** of the WASH Cluster Guidance Note.

- **Social Behaviour Change:** changing a community's habits and actions that affect WASH to achieve more sustainable results and the desired improved health impacts from investment in WASH programmes.[121]

- **Unaccompanied And Separated Children (UASC):** children and adolescents who are either unaccompanied or have been separated from their parents or other relatives.[122]

- **Water Supply:** domestic water supply services must provide adequate quantities of safe water for drinking, cooking, personal hygiene and other domestic uses.[123] Refer to pages **16–17** on the WASH Cluster Guidance Note.

- **Emergency Water Trucking (EWT):** typically, a short-term intervention used to cover interruptions in water service and meet the beneficiaries' minimum water requirements.[124]

120 World Health Organization (2015). Thinking healthy: a manual for psychosocial management of perinatal depression, WHO generic field-trial version 1.0, 2015 (No. WHO/MSD/MER/15.1). World Health Organization.
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122 Uppard, S., & Birnbaum, L. (2017). Field Handbook on Unaccompanied and Separated Children. Inter-agency Working Group on Unaccompanied and Separated Children, p. 8.
123 Oxfam, Solidarites International, United Nations Children's Fund (UNICEF), Global WASH Cluster. (2020, May). Modular Analytical Framework for Quality and Accountability - WASH Cluster Guidance Note, pp. 16–17.
124 Lantagne, D. (2017). Short-term WASH interventions in emergency responses in low-and middle-income countries, p. 13.

How can you cooperate with WASH actors?

1. **You can offer to collaborate on mapping available MHPSS services for children and families. Based on this mapping, you can jointly analyse service gaps and improve referral pathways.**

   Why?
   CPMS Standard 1 (Coordination) states that child protection actors should develop and maintain service maps.125
   How?
   Guidance for you:
   - Work together with water trucking teams (where applicable) to carry out needs analysis in areas that are difficult to reach by other means
   - Develop, update and distribute contact lists and referral pathways, ideally collaborating with gender-based violence (GBV) and child protection actors on referral pathways
   - Interagency Gender-Based Violence Case Management Guidelines: Providing care and case management services to GBV survivors in humanitarian settings, pages **15–29** *(Building a Foundation for GBV Case Management),* pages **93–117** *(GBV Case Management with Women and Adolescent Girls)*
   - Childfund International Manual on Strengthening Community-Based Child Protection Referral Pathways

2. **You can advocate for the inclusion of menstrual hygiene management (MHM) interventions as part of WASH programmes including psychosocial considerations for girls.**

   Why?
   CPMS Standard 26 (Water, Sanitation and Hygiene (WASH) and Child Protection) specifies "Implementing adequate and safe menstrual hygiene management (MHM) interventions for girls".[126]
   How?
   Guidance for you:
   - IRC Menstrual Hygiene Management (MHM) in emergencies toolkit
   - Global Protection Cluster – Dignity Kits Guidance Note. Ensure that the distribution of dignity kits is linked with MHM interventions

125 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 54.
126 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 273.

3. **You can offer assistance in WASH facilities planning to ensure that the relevant social and physical factors necessary for child protection are taken into account.**

   Why?
   CPMS Standard 26 states: "All children have access to appropriate water, sanitation and hygiene services that support their dignity and minimize risks of physical and sexual violence".[127]
   How?
   Guidance for you:
   - IASC Guidelines on MHPSS in Emergencies, Action Sheet **11.1** *(Social considerations in the provision of WASH)*
   - Site Planning Guidance to Reduce the Risk of GBV, pages **30–35** *(Prevention and Risk Mitigation Key Considerations and Actions in Water Points and Water Infrastructure)*
   - Child Protection, Camp Management and WASH *(Case study)*

4. **You can advocate, educate and ensure that child protection guidelines and policies, especially those related to protection from child labour, are implemented in WASH interventions.**

   Why?
   CPMS Standard 26: Prevention of use of child labour in emergencies is needed, by balancing the needs of adolescents to earn money during the construction of WASH facilities with their other needs, such as schooling and physical protection.[128]
   How?
   Guidance for you:
   - Inter-Agency Toolkit: Supporting the Protection Needs of Child Labourers in Emergencies, pages **18–26** *(Risk factors and mitigations to protect children and adolescents from labour exploitation)*
   - Integrated child protection, WASH and cash-for-work to address child labour among adolescents *(Case study of intervention)*

127 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 273.
128 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 273.

5. **You can work together with WASH actors for the establishment of child-friendly feedback and reporting mechanisms.**

Why?
CPMS Standard 17 (Community-Level Approaches) acknowledges the importance of children's participation in community processes and values children's input as insightful and resourceful. At the same time, this participation must be sensitive to the rights of children and protect them.[129]
How?
Guidance for you:
- Child-Friendly Feedback and Reporting Mechanisms, pages **13–21** *(Practical tools)*
- Plan International Child-Friendly Feedback and Reporting Mechanisms: Guide and Toolkit
- Safeguarding Children in Emergencies: A Pocket Guide, pages **21–28** *(Complaints mechanisms and responding to a concern)*

6. **You can work together with WASH actors to facilitate sub-groups for community engagement consultation to respond to the children's unique needs.**

Why?
CPMS Standard 17 acknowledges the importance of children's participation in community processes and values children's input as insightful and resourceful. At the same time, this participation must be sensitive to the rights of children and protect them.[130]
How?
Guidance for you:
Child and Community Participation
- Save the Children MIRA: Listening to Children During Emergencies (Toolkit for children's participation)
- Camp Management Toolkit chapter on Community Participation OXFAM Working with Children in Humanitarian WASH Programmes Guide, pages 1–7 (Principles of WASH intervention with children, with focus on psychosocial needs)

129 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 194.
130 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, p. 194.

Women and Girls

- UNICEF WASH Safety Audit Observation Checklist
- IASC Gender Handbook in Humanitarian Actions, pages **105–109** *(Focus on WASH and Gender Equality)*
- Manual for a Community-Led Urban Safety Audit, pages 43–71 (Tools for an urban safety audit for women and girls)

Disabilities

- IASC Guidelines on MHPSS in Emergencies, pages 132–134 (Protect and care for people with severe mental disorders and other mental and neurological disabilities living in institutions)
- WRC and UNICEF PSS Guidance on Disability Inclusion, pages 28–40 (Using tools with children with different types of impairments)

LGBTQI+

- Practice brief on how to provide services and support to LGBTQI+ individuals
- Sexual and Gender Minorities and COVID-19: Guidance for WASH Delivery
- Transgender-Inclusive Sanitation (article about a case study from South Asia on providing WASH services to transgender individuals)

UASC

- Save the Children Safeguarding Children in WASH
- Inter-agency Working Group on UASC Toolkit, page 223 (Standards for temporary care)

7. **You can support WASH actors to collaborate with education actors in promoting interventions at schools and CFS in response to mental health and psychosocial conditions.**

Why?

CPMS Standard 26: *see above*.

How?

- Life Skills-Based Hygiene Education *(A guidance document on WASH education in schools)*
- Strengthening Water, Sanitation and Hygiene in Schools *(A WASH guidance manual)*
- A Toolkit for Integrating MHM into Humanitarian Response, pages **67-70** *(WASH in Education, including teachers' capacity building)*
  - Hygiene promotion and behavioural change
- OXFAM Working with Children in Humanitarian WASH Programmes Guide, pages **7–10** *(Age-appropriate activity ideas for different developmental stages)*

8. **You can support WASH actors to produce guidelines for implementing BabyWASH interventions with the focus on MHPSS aspects.**

   Why?
   CPMS Standard 26: *see above*.
   How?
   - UNICEF BabyWASH Programming, guidance on Integrating WASH interventions across sectors to impact child health outcomes
   - WHO Thinking Healthy *(A manual for psychosocial management of perinatal depression. Ensure consideration of psychosocial determinants such as psychosocial support for parents dealing with perinatal depression)*
   - ACF Baby-Friendly Spaces – Holistic Approach for Pregnant or Lactating Women and their Very Young Children in Emergencies:
     - pages **36–44** *(Psychosocial Care)*
     - pages **78–82** *(Psychosocial Support)*
     - *pages **85–87** (Group discussion sessions)*
     - pages **28–30** *(Breastfeeding, attachment and mother-child relationship)*

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