



**Ministry of Public Health
Directorate of policy and plan
Directorate of Gender**

Module 2: FRAMEWORK FOR ADDRESSING GBV

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Introduction to Module 2

Module 2: Framework for Addressing Gender-Based Violence in Emergencies

Now that we have reviewed the core concepts that make up our understanding of GBV in emergencies, let's begin to explore a framework and some key approaches we need to understand in order to design appropriate and effective gender-based violence prevention and response interventions.

Contents of Module

The module describes three core approaches for effective interventions: the rights-based, community-development and survivor-centered approaches.

Next this module presents an overview of multi-sectoral interventions with focus on the role of the health sector in general and on Mental Health (MH) and Psychosocial Support (PSS) in particular, looking at systems and standards for intervention and inter-agency coordination, as well as expectations for minimum actions as set out in the IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings and other available instruments in Afghanistan, that will be further developed at a later stage.

Finally, this module looks briefly at people as a key resource in creating the change necessary to protect women and girls from gender-based violence, with an emphasis on strengthening local leadership and ownership.

Module 2 Objectives

By the end of this module, the participant will be able to:

- Identify the core approaches that influence our work to prevent and respond to GBV at every level and in all phases of emergency response and in fragile contexts
- Explain the purpose of GBV coordination and utility of the IASC GBV Guidelines to support inter-agency action
- Apply an understanding of this framework and approaches to a real-life case study

Context

International

Since the early 1990s, with reports of mass rape in Bosnia, Rwanda and Kosovo, the international community has been actively responding to gender-based violence as a component of humanitarian response efforts. As a result, there have been significant developments in both policy and practice in the field. Many actors have contributed

resources to research, advocacy, identification of good practices and standards, and the creation of guidelines and tools to support effective prevention and response.

Afghanistan

For women living in Afghanistan, the numbers are difficult to confirm but most research agrees that gender-based violence (GBV), particularly violence against women and girls (VAW/G), is widespread in Afghanistan and impacts all segments of Afghan society. GBV may take on different forms, including physical, mental and sexual violence, sexual exploitation, domestic violence as well as traditional harmful practices and is often condoned by and founded on deeply-entrenched norms that dictate a subservient status for women at the societal level.

Worldwide these efforts have resulted in frameworks, approaches and models that provide guidance for good practices in addressing gender-based violence in emergencies and fragile contexts and are dependent on effective multi-sectoral collaboration and coordination. The frameworks are based on the rights of individuals and communities and on their meaningful participation any efforts to defend and promote their rights.

Topic 1: Framework for Intervention

Effectively addressing gender-based violence in emergencies requires actors to:

- Promote and protect the rights of affected populations (especially women and girls)
- Intervene when those rights are violated
- Provide services and assistance to both meet the needs of and realize the rights of those who have experienced violence

A Rights-Based Approach

Underpinning our ecological framework are a series of approaches to prevention and response programming that are relevant at each level of intervention and during all phases of emergency response.

The first of these approaches that we will discuss is the Rights-based Approach.

A rights-based approach to addressing gender-based violence in emergencies recognises women's and girls' rights as human rights and obliges all stakeholders to:

- Keep the rights of women and girls in all circumstances on the international agenda (including their right to live free from gender-based violence)
- Promote, protect and fulfil the rights of women and girls

A rights-based approach:

- Is based on standards of international human rights and humanitarian law
- Involves many actors and stakeholders
- Requires working with and addressing the political, legal, social and cultural norms and values in a country or community

- Seeks to empower survivors and communities

A Community Development Approach

The next approach we'll discuss is the Community Development Approach

A community development approach seeks to empower individuals and groups by providing the knowledge, resources and skills they need to effect change in social and gender relations in their own communities to more effectively address gender-based violence.

The key purpose of a community development approach is to collectively bring about social change and justice by working with communities to:

- Identify their needs, opportunities, rights and responsibilities in relation to addressing gender-based violence
- Plan, organise and take action to address gender-based violence
- Evaluate the effectiveness and impact of action taken

A Survivor-centered Approach

The final approach we'll discuss is the Survivor-centered Approach to GBV.

A survivor-centered approach to GBV seeks to empower the survivor by putting her or him in the centre of the helping process. A survivor-centered approach embraces each individual survivor's physical, psychological, emotional, social and spiritual aspects. This approach also considers a survivor's cultural and social history as well as what is happening in her or his life that could support and facilitate recovery.

The survivor-centered approach recognizes that:

- Each person is unique
- Each person reacts differently to gender-based violence and will have different needs as a result
- Each person has different strengths, resources and coping mechanisms
- Each person has the right to decide who should know about what has happened to them and what should happen next

The Survivor-centred Approach and the Guiding Principles

The survivor-centred approach means ensuring survivors can access appropriate, accessible and good quality services including:

- health care
- psychological and social support
- security
- legal services

Competent service delivery requires that those who engage directly with survivors have the appropriate attitudes, knowledge and skills. Implementing a survivor-centred

approach involves applying the guiding principles of safety, confidentiality, respect and non-discrimination.

Safety

The safety and security of the survivor and others, such as her children and people who have assisted her, must be the number one priority for all actors. Individuals who disclose an incident of gender-based violence or a history of abuse are often at high risk of further violence from the perpetrator(s) or from others around them.

Confidentiality

Confidentiality reflects the belief that people have the right to choose to whom they will, or will not, tell their story. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned. Confidentiality promotes safety, trust and empowerment.

Respect

All actions taken will be guided by respect for the choices, wishes, rights, and dignity of the survivor.

Non-Discrimination

Survivors of violence should receive equal and fair treatment regardless of their age, race, religion, nationality, ethnicity, sexual orientation, or any other characteristic.

Checking your Knowledge - Approaches to Addressing GBV

In a conflict-affected area, media reports came out that two young girls had been raped near the water point outside of a major IDP (Internally Displaced Person) camp. The four UN (United Nations) agencies most engaged in GBV work in and around the IDP camp immediately rushed in to support the girls. Each agency went to interview the girls and each spoke to them at length about what had happened. They then met together to develop a plan of action that would ensure both immediate assistance and long-term, holistic care for the girls in all relevant sectors of response: health, psychosocial, security and legal.

In this scenario, which of the following approaches to addressing GBV in emergencies were violated:

1. Rights-based approach
2. Community-development approach
3. Survivor-centered approach

(Answer: All three approaches)

In this scenario, the UN agencies did not consider the rights of these girls, but rather assumed that they already knew their needs. Similarly, no one consulted with local women's groups or other community-based actors to consider sustainable action to address this situation as a way to both protect and care for the girls and empower the communities. Finally, asking the girls to tell their story multiple times is a clear violation of their confidentiality and demonstrates a lack of respect for their autonomy, thereby undermining the core elements of a survivor-centred approach.

Topic 2: Prevention and Response

Prevention and Response in Multi-Sectoral Interventions

Addressing gender-based violence is complex and multidimensional.

Effective GBV programming involves:

- Preventing violence through addressing the causes, contributing factors and risks
- Responding to violence and its consequences to meet the needs of survivors

Best practice in this area calls for multi-sectoral action where all actors have a clear understanding of their specific roles and responsibilities towards GBV prevention and response. Health actors play a key role in the prevention, and also in response, including identification, support and referral of victims.

Minimum Response - IASC GBV Guidelines

In the early stages of a humanitarian emergency, interventions to prevent gender-based violence and provide appropriate assistance to survivors are based on the IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention and Response to Sexual Violence in Emergencies, that have previously been mentioned. The Guidelines outline a set of minimum required actions to enable all actors responding to an emergency to plan, establish, and coordinate multi-sectoral interventions to prevent and respond to sexual violence during the early phase of any emergency. These guidelines can be used in broader contexts, not just in emergency scenarios. They can also be used as a preparedness check in emergency prompt settings.

The Guidelines:

- Focus on sexual violence
- Emphasise both prevention and response
- Build on existing good practices
- In general, can be done without extra staff, training or funds

The Guidelines integrate interventions into the day-to-day emergency work of all sectors and actors involved in protection, water and sanitation, shelter, site planning

and non-food item distribution, health (including PSS and MH) and community services and education.

A Closer Look at the IASC GBV Guidelines in Action

Within a few days after a devastating earthquake in a small island nation, a large emergency response is underway. UN agencies and international NGOs arrive to assist the government and local civil society to provide emergency humanitarian services.

Let's explore a few of the minimum actions from the GBV Guidelines that should be integrated into standard practices and immediately undertaken by the various emergency actors to both prevent and respond to sexual violence.

Health

At health clinics and hospitals, ensure protocols, medications, supplies, and trained staff are available for the clinical management of sexual violence survivors
Provide information and education to communities about sexual violence and available health services
The availability of basic mental health care at all general and reproductive health services.

Community Services

Provide psychological "first aid" for survivors of sexual violence.
A functioning referral system between health services and individuals/organisations providing
Psychological support.
Produce information, education, and communication materials to mobilise communities for GBV prevention and referral to services

KEY ACTIONS for health and community services as per the IASC GBV guidelines

The following actions apply to the health and community services sectors; that is all organizations implementing health, psychological, and/or social services. The health and community services sectors each identify a focal point who participates regularly in the GBV working group, and reports on the health/community services sectors' achievement of the key actions in this Action Sheet. The focal points also participate in cross-cutting functions led by the GBV coordinating agencies and working groups, as described in Action Sheets for
Coordination, Assessment and monitoring, Human resources, and Information education communication.

1. Identify and mobilise appropriate existing resources in the community, such as TBAs, women's groups, religious leaders, and community services programmes.

- Discuss issues of sexual violence, survivors' needs for emotional support, and evaluate the individuals, groups, and organisations available in the community to ensure they will be supportive, compassionate, non-judgmental, confidential, and respectful to survivors.

- Establish systems for confidential referrals among and between community-based psychological and social support resources, health and community services, and security and legal sectors.

- Establish coordination mechanisms and orient partners.

2. At all health and community services, listen and provide emotional support whenever a survivor discloses or implies that she has experienced sexual violence. Give information, and refer as needed and agreed by the survivor.

- Listen to the survivor and ask only non-intrusive, relevant, and non-judgmental questions for clarification only. Do not press her for more information than she is ready to give

(e.g. do not initiate a single-session psychological debriefing). Note that she may describe the event out of sequence, and details may change as her emotional state changes. This does not indicate that she is lying but rather that she is emotionally upset.

- If the survivor/victim expresses self-blame, care providers need to gently reassure her that sexual violence is always the fault of the perpetrator and never the fault of the victim/survivor.

3. Assess her needs and concerns, giving careful attention to security; ensure that basic needs are met; encourage but do not force company from trusted, significant others; and protect her from further harm.

- Ensure safety; assist her in developing a realistic safety plan, if needed.

- Give honest and complete information about services and facilities available.

- Do not tell the survivor what to do, or what choices to make. Rather, empower her by helping her problem-solve by clarifying problems, helping her identify ways to cope better, identifying her choices, and evaluating the value and consequences of those choices. Respect her choices and preferences about referral and seeking additional services.

- Discuss and encourage possible positive ways of coping, which may vary with the individual and culture. Stimulate the re-initiation of daily activities. Encourage active participation of the survivor/victim in family and community activities. Teach relaxation techniques.

Discourage negative ways of coping; specifically discourage use of alcohol and drugs, because trauma survivors are at high risk of developing substance abuse problems.

- **When feasible, raise the support of family members.** Families (those who are not the perpetrators) can play a key role in supporting victims/survivors emotionally and practically. For example, they may help victims/survivors to return to usual daily activities (e.g. child care, job, household work, school) after physical recovery of sexual violence. Conversely, families can contribute to increased emotional trauma if they blame the survivor for the abuse, reject her, or are angry at her for speaking about the sexual violence.

4. Address the special needs of children.

- Persons interviewing and assisting child/adolescent survivors should possess basic knowledge of child development and sexual violence.
- Use creative methods (e.g. games, storytelling, and drawing) to help put young children at ease and facilitate communication.
- Use age-appropriate language and terms.
- When appropriate, include trusted family members to ensure that the child/adolescent is believed, supported, and assisted in returning to normal life.
- Do not remove children from family care in order to provide treatment (unless it is done to protect from abuse or neglect).
- Never coerce, trick, or restrain a child whom you believe may have experienced sexual violence. Coercion, trickery, and force are often characteristics of the abuse, and “helpers” using those techniques will further harm the child.
- Always be guided by the best interests of the child.

4. [For health care providers only] Regarding psychotropic therapy for adult victims/survivors, provide medication only in exceptional cases. See Chapter 6 of Clinical Management of Survivors of Rape for guidance. Of note, benzodiazepines—which may quickly lead to dependence in trauma survivors—are often over-prescribed. Caution is required.

5. Organise psychological and social support, including social reintegration activities.

- **Always adhere to the guiding principles for action:**

- ✓ Ensure safety and security.
- ✓ Guarantee confidentiality.
- ✓ Respect the wishes, choices, and dignity of the survivor/victim.
- ✓ Ensure non-discrimination.
- ✓ Any training in psychological support/counselling should be followed by supervision.
- ✓ Advocate on behalf of the victim/survivor with relevant health, social, legal, and security agencies if the victim/survivor provides informed consent. When appropriate, organize confidential escorting to any service needed.

- ✓ Initiate community dialogues to raise awareness that sexual violence is never the fault of the
- ✓ victim/survivor and to identify solutions to honour killings, communal rejection, and isolation.
- ✓ Inform community about sexual violence and the availability of services.
- ✓ Provide material support as needed via health or other community services.
- ✓ Facilitate participation and integration of survivors in the community. This may be done
- ✓ through concrete, purposeful, common interest activities (e.g. aid projects, teaching children)
- ✓ and activities that enhance self-sufficiency.
- ✓ Encourage use of appropriate traditional resources. If feasible, collaborate with traditional healers or clergy, who, respectively, may conduct meaningful cleansing ceremonies or prayer for sexual violence survivors/victims.
- ✓ *Many such practices can be extremely beneficial; however, ensure that they do not perpetuate*
- ✓ *blaming-the-victim or otherwise contribute to further harm to the survivor/victim.*
- ✓ Link with other sectors.
- ✓ Behaviour change communication information, education, and communication.

Water and Sanitation

Actively engage women and girls in the community to help design and place water points, latrines, and bathing and washing facilities

Shelter and Site Planning

Listen to women and girls and respond to their recommendations for safe, appropriate, and secure shelter and displacement sites

Food Security and Nutrition

Actively engage women and girls in the community to ensure at least 50% women's representation on food committees

Use women as food distributors or to assist with the distribution process

Education

Implement strategies for keeping girls in school

Facilitate Prevention of Sexual Exploitation and Abuse training and develop codes of conduct for teachers

Protection

Include sexual violence issues in security monitoring and implement strategies to respond to security threats

Promote presence of female police and security officers

Topic 3: Coordination

Given the multiple sectors and types of interventions and the diverse actors involved in prevention and response, no single agency, organisation, group of actors or authority possesses the mandate, capacity or resources to address gender-based violence alone. Coordination is critical to effectively address gender-based violence.

Effective overall coordination, local-level coordination of activities and services, and individual case coordination are all essential forms of coordination. Click on each term for a closer look.

Overall coordination

Overall coordination often focuses on national-level or crisis-wide action and includes:

- Strategic planning
- Facilitating data collection, monitoring, information sharing and advocacy
- Mobilizing resources and ensuring accountability
- Orchestrating a functional division of labour
- Negotiating and maintaining effective action based on standards and good practices
- Providing leadership to design and implement sustainable programming

Local-level coordination

This is coordination among and between multi-sectoral and interagency GBV actors and includes:

- Clarification of mandates, roles and responsibilities to agree on types of services and to discuss geographical coverage in specific locations.
- Development and implementation of referral protocols for service delivery
- Collection, organisation, analysis and use of service-level and other data for planning, advocacy and prevention initiatives, including by undertaking joint assessments and sharing information and knowledge
- Collective planning, implementation and monitoring of complementary prevention and response activities
- Collective advocacy
- Joint community education and awareness raising

Afghanistan Gender Based Violence Sub-Cluster

The Afghanistan Gender Based Violence Sub-Cluster was established as a national coordinating body to strengthen and enhance the efforts and activities of stakeholders in the country, in the prevention of and response to gender based violence (GBV). The objectives are to consolidate, coordinate, improve and support the activities of all relevant stakeholders in the prevention of and response to GBV within the context of humanitarian action in Afghanistan. Within the humanitarian setting, the AGBV SC shall target and prioritize GBV issues relating to most vulnerable or affected groups. The members of the Sub-Cluster meet both at the national and regional levels.

UNFPA (United Nations Population Fund) is the Sub-Cluster Chair and Oxfam the Co-Chair. Members are:

- ✓ Related government bodies
- ✓ Sub-Cluster's / TF Focal points
- ✓ International NGOs
- ✓ National NGOs/ NGOs in provinces

The Terms of Reference for National GBV Sub-Cluster, are available both in DARI and in English.

The protection of the survivor and the community is understood as an interconnection of psychosocial, health, legal/justice and security areas.

At the prevention stage, Psychosocial and Community Support refer to Awareness Raising and Behaviour Change.

Psychosocial networks and trained professionals are part of the referral pathway in the response phase.

Add slide (available on internet, if not outdated)

http://www.globalprotectioncluster.org/_assets/files/field_protection_clusters/Afghanistan/files/APC_GBV_SC_Presentation_EN.pdf

SOPs (Standard Operational Procedures) in Afghanistan

Add from document repository.

Case coordination

Case coordination involves ensuring survivor-centered and holistic service delivery based on the needs of individuals who come forward for assistance across agencies and sectors.

Actors Addressing GBV in Emergencies

The types of GBV prevention and response interventions, timeframe for action, and the actors responsible will depend on the context and phase of the emergency.

The possible actors responsible for GBV prevention and response can be grouped into four major categories. Click on each for a closer look at each group.

International Community

Actors from the international community include:

- The United Nations and its entities
- Regional bodies
- Donor and other foreign governments
- The International Committee of the Red Cross and Red Crescent
- International non-governmental organizations (NGOs)
- International civil society

The State/Government

Governing and supportive institutions that have sovereignty over a territory and population.

Civil Society

Civil society commonly includes a diversity of actors and types of institutions, varying in their degree of formality, autonomy and power. Civil societies are often made up of organisations such as registered charities, non-governmental organizations, community groups, women's organizations, faith-based organizations, professional associations, trade unions, self-help groups, social movements, business associations, coalitions and advocacy groups.

Local Community

Here, the term community refers to a group of people living in a common location. A rights-based approach reflects the agency and role of individuals and communities in claiming and exercising rights. The community therefore is not a passive recipient or beneficiary of services and assistance, but a key actor in humanitarian efforts to address gender-based violence in humanitarian and regular scenarios.

Strengthening Local Leadership and Ownership

Strengthening and promoting local ownership involves engaging, empowering and building the capacity of local actors to engage in gender-based violence interventions from the very beginning of an emergency. The efforts to address gender-based violence should reflect and support the strengths, resilience, coping mechanisms, and agency of affected individuals and communities.

Strategies for strengthening local leadership and ownership of GBV interventions include:

- Building on and supporting local initiatives and structures, rather than creating parallel initiatives
- Creating genuine partnerships with local actors characterised by transparency and good communication
- Ensuring participation of local actors in all aspects of problem assessment and analysis, programme design, implementation and evaluation.
- Planning strategically with local actors beyond the immediate phase of humanitarian intervention to institutionalise social and political measures that prevent gender-based violence.
- Training and capacity building to develop local competency, including skills for leadership, advocacy, coordination and networking.

Module 2 Quiz

Amena is a community supervisor with the Ministry of Public Health in Afghanistan in a location where a national NGO that runs a safe house and provides community-based psychosocial support in an area of high return for refugees. A woman has reported to Amena four times about abuse she has suffered by her husband since they returned to the country eight months ago. Each time, Amena gives her information on the local safe house and provides her with information on potential consequences of the abuse on her and her five children, but the woman always chooses to go to her home instead. Amena is deeply distressed about this situation and feels helpless that she cannot do more. Amena's supervisor recently told her about a group that would be meeting once a month to discuss difficult cases and share ideas for action. Amena has never participated in such a coordination group but feels like it could be a good next step in trying to understand how to manage her difficult case.

Now let's look at Amena's situation through the ecological framework. Please select the level that best defines what Amena does in her work to address GBV.

1. Individual
2. Community
3. Society

(Answer: Individual)

Q1: Amena provides direct support to survivors of GBV at the individual level to facilitate their recovery from violence.

Amena's supervisor suggests that she participate in the case coordination group. During her first meeting, Maya hears similar stories from other community supervisors as well as nurses and psychosocial counsellors. Among other things, the group decides to approach local leaders to determine how they can develop and/or support community-based mechanisms that can contribute to domestic violence prevention. Please select the level that best defines this intervention.

1. Individual

2. Community
3. Society

(Answer: Community)

Q2: The group is considering a community-level intervention. At the community level, interventions are focused on developing systems and supporting community mechanisms to monitor, prevent and respond to GBV.

Amena's actions take into consideration approaches to addressing GBV that were discussed in this module. For example, though Amena does not agree with the woman returning to her husband, she does not force her opinion or show judgment of the women's choices. Please select the one approach that is best described by Amena's actions:

1. Rights-based approach
2. Community development approach
3. Survivor-centred approach

(Answer: Survivor-centred approach)

Q3: Amena is taking a survivor-centred approach by showing respect for her client's choices. Although she offers information on her client's options for care, **Maya** does not force her opinion on her client, nor advise her on what she perceives as the best course of action.

During the case coordination meeting, one of the newer participating agencies brings photocopies of case files to share and discuss. Although there are no names on the files, the files do contain information on the survivors' ages, ethnicities, locations of the incidents as well as the dates and times of the incidents. This is a violation of which guiding principle(s)? (Select all that apply):

1. Safety
2. Confidentiality
3. Respect
4. Non-discrimination

(Answer: 1, 2, 3)

Q4: This practice could violate the guiding principles of safety, confidentiality, and respect. Even carrying copies of case files could potentially violate the survivors' safety and confidentiality, for example if the files were misplaced or stolen in transit. Unless the client has told the social worker that it is okay to share this level of detail on her case, it is generally considered bad practice to reveal details of a client's case, and a violation of the client's respect.

Congratulations!

You have completed this module and now should be able to:

- Identify the core approaches that influence our work to prevent and respond to GBV at every level with focus on the health and community services.
- Explain the purpose of GBV coordination and utility of the IASC GBV Guidelines to support inter-agency action
- Identify coordination mechanisms and SOPs in Afghanistan in their correlation to health, MHPSS.

- Apply an understanding of this framework and approaches to a real-life case study

You may now proceed to Module 3.