

INNOVATION CHALLENGE HANDBOOK

INNOVATIVE RESPONSES TO INTIMATE PARTNER VIOLENCE IN HUMANITARIAN SETTINGS



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This Challenge was designed in collaboration with our Challenge support partners, [Science Practice](#).

ABOUT ELRHA & THE HUMANITARIAN INNOVATION FUND (HIF)

We are [Elrha](#). A global organisation that finds solutions to complex humanitarian problems through research and innovation. Our [Humanitarian Innovation Fund \(HIF\)](#) aims to improve outcomes for people affected by humanitarian crises by identifying, nurturing and sharing more effective and scalable solutions.

In 2015, we started working to address the complex problem of gender-based violence (GBV). Our first step was to conduct and widely disseminate a [GBV Innovation Gap Analysis](#) report which applied a unique innovation lens to the problems facing this sector. This led us to launch three Innovation Challenges around complementary features of a core problem identified by the report – improving the monitoring and evaluation of GBV interventions in humanitarian response.

Five years on, we have now commissioned a new Gap Analysis to outline outstanding gaps in GBV risk mitigation, prevention and response in humanitarian settings. The Gap Analysis 2.0 is due to be published later this year.

Building on emerging insights from this research, as well as ongoing consultations with our [GBV Technical Working Group](#), we have identified intimate partner violence (IPV) response for women and girls as the focus of this Innovation Challenge.

BACKGROUND

IPV is one of the most prevalent forms of GBV in both humanitarian and non-humanitarian settings.¹ It is defined as “any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship”.² The overwhelming global burden of IPV falls on women and girls.³ IPV can affect women of all ages and results in short and long-term physical, sexual and reproductive, and mental health problems that can be severe and life-threatening.⁴

Global estimates indicate that about 1 in 3 (35%) women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.⁵ This rate can be much higher in emergencies as IPV can be exacerbated by factors such as worsening poverty and social fragmentation, as well as the collapse of public services.⁶

Despite this, there are limited resources allocated to IPV interventions, as the majority of the already stretched resources for GBV are channelled towards prevention and/or response to conflict-related sexual violence.⁷ This means that, although evidence suggests that there is a high prevalence of IPV in humanitarian settings, specialist programmes are not always available due to limited capacity and resources.⁸ Whilst IPV prevention research and programming in humanitarian settings has grown in the past few years,⁹ IPV response has received less attention.

Recently, many countries across the world have seen a significant increase in IPV due to the lockdowns implemented in response to the COVID-19 crisis.¹⁰ This has further highlighted the need for effective, evidence-based IPV response programmes in humanitarian settings where women and girls are at an even greater risk. Global humanitarian coordination bodies, such as the GBV Area of Responsibility (AoR) recently underscored the scale of the problem of IPV in humanitarian settings, as well as the lack of capacity to address it.¹¹

This Innovation Challenge aims to support the development of innovative IPV response interventions that meet the needs of and maintain the safety and security

- 1 What Works to Prevent Violence (2018) [“What works to prevent violence against women and girls in conflict and humanitarian crisis”](#) p. 8
- 2 WHO (2012) [“Intimate partner violence”](#) p. 1
- 3 Ibid., p. 1
- 4 AoR helpdesk (2020) [“GBV AoR helpdesk research, evidence and learning digest”](#) p. 1
- 5 Ibid., p. 1
- 6 AoR helpdesk (2020) [“Why we need to talk more about intimate partner violence in emergencies”](#)
- 7 Ibid.
- 8 IRC (2019) [“Safety First – Time to deliver on commitments to women and girls in crisis”](#) p. 1, p. 34
- 9 The Guardian (2019) [“British government takes global lead on violence against women and girls”](#)
- 10 Peterman et al. (2020) [“Pandemics and Violence Against Women and Children.”](#) CGD Working Paper 528. Washington, DC: Center for Global Development.
- 11 AoR helpdesk (2020) [“Why we need to talk more about intimate partner violence in emergencies”](#)

of women and girls in humanitarian settings. Projects will also be expected to gather evidence on the indicative effectiveness of their response interventions, and thus provide clear learnings which could inform other IPV interventions.



This handbook provides information about the [IPV Response Challenge](#), the types of solutions we are looking to fund, available funding and timelines, as well as assessment criteria and details about the application and evaluation process.

To apply for the Challenge, please complete and submit an Expression of Interest (Eoi) via our Common Grant Application platform.

- Already have an account? [Login](#) to start an application.
- Don't have an account? [Sign up](#) to open an account and start an application.

THE PROBLEM

IPV is one of the most prevalent forms of GBV in humanitarian settings.¹² Research has consistently found that prevalence rates of IPV perpetrated against women and girls in conflict-affected settings are higher than rates of non-partner sexual violence.¹³ Population-based studies have found, for example, that IPV rates range from 54–73% in South Sudan, 68% in the Democratic Republic of Congo and 53% in Occupied Palestinian Territories.¹⁴

IPV is a complex issue in humanitarian settings as pre-existing gender inequalities can change rapidly due to displacement, and emergencies can trigger other contributing factors which may exacerbate IPV. These include women's separation from their families, worsening poverty and substance abuse.¹⁵ Girls, often adolescent-aged, may be subject to forced and early marriage, creating an even higher risk of IPV.¹⁶ Such issues mean that responses to IPV must be highly contextual, culturally sensitive and adaptive. However, the few available reviews of IPV response programmes highlight a range of gaps in their effective delivery:

- **Limited direct engagement of women and girls to inform responses.** Women and girls experiencing IPV are the experts of their own lives and therefore best placed to advise on design and implications of any potential response.¹⁷ Despite this, they are not always involved in programme design, implementation or evaluation.
- **Lack of coordinated, multi-sectoral response.** An effective IPV response requires a holistic and coordinated multi-sectoral response. This aims to harmonise correlating programmes and actions developed and implemented by a variety of institutions, including, but not limited to, psychosocial welfare, law enforcement (ie, police, prosecutors and justice departments) and health.¹⁸ In addition, local organisations serving women and girls within these settings often have the best insights into how to provide the most helpful services, but are rarely involved in the development of IPV responses.
- **Unexplored avenues for change.** The majority of IPV response programmes focus largely on influencing social norms.¹⁹ This presents a great opportunity to innovate within those avenues not yet explored. For example, in

12 What Works to Prevent Violence (2018) "[What works to prevent violence against women and girls in conflict and humanitarian crisis](#)" p. 8

13 Ibid., p. 8

14 Ibid., p. 8

15 IRC (2015) "[Private violence, public concern: Intimate partner violence in humanitarian settings](#)" p. 2

16 Ibid., p. 9

17 Ibid., p. 9

18 UNFPA EECARO (2015) "[Multisectoral response to GBV](#)" p. 5

19 IPA (2019) "[Intimate partner violence](#)" p. 1

non-humanitarian settings, adding a gender component to economic empowerment programmes has proven effective in some contexts.²⁰

- **Limited contextualisation.** As IPV is a problem influenced by multiple factors, solutions should be based on a context-specific analysis of the factors influencing IPV. While there are some examples of programmes that address overlapping issues such as alcohol abuse²¹ and food security²², there are few examples from humanitarian settings.

20 Ranganathan et al. (2019) "[Associations Between Women's Economic and Social Empowerment and Intimate Partner Violence](#)" *Journal of Interpersonal Violence* 1(29) p. 1

21 What Works to Prevent Violence (2019) "[The common elements treatment approach](#)"

22 Hatcher et al. (2019) "[Pathways From Food Insecurity to Intimate Partner Violence Perpetration Among Peri-Urban Men in South Africa](#)" *American Journal of Preventative Medical* 56(5), pp. 765-772

THE CHALLENGE

We are looking to fund innovative IPV response interventions that meet the needs of and maintain the safety and security of women and girls in humanitarian settings.

FUNDING AVAILABLE

We have a total budget of **500,000 GBP** available for this Innovation Challenge. **From this, we envisage funding a selection of IPV response interventions with varying budgets, generally between 50,000 and 175,000 GBP per project.** Please consider the range provided as suggestive, and align proposed budgets and timelines with your project's ambition.

Each project is expected to last between 12 and 21 months. All project-related activities must complete by 30 November 2022. Please see the [Challenge timeline](#) section in this handbook for further details.

The total duration of projects should cover all project activities including any adaptation/development, implementation, monitoring and evaluation, as well as sharing learning and uptake. It is acceptable to combine funding for this Challenge with that of existing programmes as long as the funding requested responds to the aims of this Challenge. We are unable to offer any project extensions, so applicants should be conservative in their planning and leave space to allow for flexibility should changes or delays occur, where possible.

Please note that the funding amount requested at EoI stage can be indicative. Detailed budget plans will be requested at the Full Proposal stage. See the [Application and evaluation process](#) section in this handbook for details on the two assessment stages.

ELIGIBILITY CRITERIA

To be eligible to apply for the Challenge, your application must meet the following requirements:

- The lead applicant organisation must be a **legally registered entity** (ie, academic/research institution, government, international non-governmental organisation, national non-governmental organisation, private company, Red Cross/Red Crescent movement, United Nations agency or programme, or civil society organisation). Applicants are expected to provide relevant evidence (eg, registration document) at the EoI stage.
- Your application must include a partnership with **an operational humanitarian organisation and a local organisation with experience providing services that specifically support women and girls (either organisation could be the lead, or a single organisation could represent both)**.

Local organisations with experience providing services that specifically support women and girls could be offering a diverse range of services including, but not limited to, GBV services, maternal and sexual reproductive health programmes, safe space programmes, after-school programmes or economic empowerment.

You are not expected to have confirmed partnerships in place for the EoI stage, but you will be expected to provide evidence to demonstrate partnerships by the Full Proposal stage – such as a [Memorandum of Understanding \(MoU\)](#) or similar.²³

Our portfolio of funded innovations reflects the wider bias in the humanitarian sector where funding is mainly allocated to larger, international organisations, likely to be based in places not usually affected by emergencies. To address this imbalance, we are working to better localise our funding and support, and to increase the number of grants we award to organisations with headquarters in regions affected by crisis and especially to women-led civil society organisations. With this in mind, we strongly encourage applications from and partnerships with women-led organisations and organisations based in regions affected by crisis to apply and to reach out to us with any questions.

- The proposed duration of and the requested funding for your project must be within the parameters set out for the Challenge: projects should last between 12 and 21 months and all project **activities should complete by 30 November 2022** (no extensions permitted). Projects are expected to have an approximate budget between 50,000 and 175,000 GBP, with a maximum of 500,000 GBP available in total for the Challenge.

²³ We know that good partnerships take time and investment and want you to get off to the best start for this project. While an MoU isn't legally binding, it can help agree common ground and we encourage you to use one as a foundation to build an equitable partnership from.

- Your application must focus on an IPV response intervention in a **humanitarian setting**. Where safe, ethical and relevant, we particularly encourage applicants to focus on acute humanitarian settings where the contributing factors to IPV are most exacerbated. We also encourage applicants to consider the existing activities in any given context and the potential burden on stakeholders when choosing project location.
- Your application must propose an **innovative IPV response intervention** that meets the needs of and maintains the safety and security of women and girls. Proposed IPV interventions can be either new interventions or adaptations of interventions from development settings to humanitarian settings. To be considered innovative, interventions must contain new elements that represent an improvement on existing practice. You will be expected to outline the key hypotheses that your innovation makes, and test these over the grant period.
- You will be expected to **generate learnings on the effectiveness of your intervention** and/or improved performance compared to current practice by the end of the funding period. Given the project timelines, this can be indicative effectiveness. This means that, while we expect projects to be at different levels of development when applying (eg, from early stage ideas to existing interventions in need of adaptations), you will be expected to justify how you will be able to speak to the (indicative) effectiveness of your IPV intervention by the end of the grant period.

ASSESSMENT CRITERIA

Eligible applications will be assessed based on the following key criteria:

1. DRIVEN BY WOMEN & GIRLS

IPV response interventions should be driven by women and girls, meaning that they are meaningfully involved in decision-making in all phases of your project where relevant and ethical. This includes during design,²⁴ development, implementation, evaluation and/or maintenance of the proposed IPV response interventions over the grant period. Women and girls should lead on defining their needs as well as the objectives of the proposed intervention. They should also define what a safe, secure and effective IPV response intervention looks like from their perspective. See **EFFECTIVE** criterion for details.

2. INNOVATIVE

Your intervention must have new elements that offer an improvement on existing IPV response interventions. This might include a more effective intervention, an intervention that targets new factors and includes appropriate cross-sectorial considerations, or an adaptation of an existing intervention from a non-humanitarian setting to a humanitarian one that will require the addition of new elements.

3. HYPOTHESIS-LED

Your application should identify the key hypotheses for your innovative intervention, with a clear vision of what you wish to learn or prove by the end of your grant period (see **HYPOTHESIS** in Glossary). By collecting learnings on the key hypotheses that you have about your intervention, you should have a clear steer as to whether/how your intervention could represent an improvement on existing practice. Either outcome will be valuable for the sector and you will be expected to share your findings.

4. EFFECTIVE

Your intervention should include some assessment or measure of its effectiveness in meeting the needs of women and girls affected by IPV, while reducing the impact or reoccurrence of IPV in your chosen humanitarian setting. Their needs as well as what is considered 'effective' should be defined by women and girls themselves and can include both short-term and long-term impacts. These could include, but are not limited to, improved outcomes on mental health, wellbeing, and ability to participate in the community. Given the timelines of this grant, we acknowledge that it might only be possible to generate indicative measures of effectiveness; these could include preliminary indicators and strategies for measuring effectiveness.

²⁴ Although eligible interventions may be beyond the design stage, it is anticipated that all interventions will need to consult with women and girls on their definition of effectiveness and safety and security and incorporate this in their design in order to fulfill the **DRIVEN BY WOMEN AND GIRLS** criterion.

5. ETHICS & RISKS

You must consider the safety and security of women and girls in the design of your intervention. Measures taken to ensure safety and security should comply with the [WHO safety standards](#). You should also consider the range of ethical implications of your proposed intervention and how you will continuously monitor and mitigate risks throughout the lifecycle of your project. This includes during project design/development, implementation, and dissemination activities as well as during considerations for adoption, replication and scale.

For information on how to ensure the ethical viability of research studies as well as sample ethics reflection questions, please consult our R2HC [Research Ethics Framework](#) and [Tool](#) and the [Principles and Ethics section](#) in our Humanitarian Innovation Guide.

Should your project be successful and require ethical approval, you will be expected to secure this from your organisation, institution or other approved ethical review body. Where relevant, you will also be expected to receive approval from ethical review boards, government committees or equivalent mechanisms in each country that you will be conducting research.

6. SCALABLE & ADAPTABLE

You should have a vision for how your IPV response intervention might scale. This may include an understanding of the ethics of scaling, the core components of the intervention, how transferable these are, and what model could be employed to adapt them to another humanitarian organisation or setting.

7. SUSTAINABLE & MULTI-SECTORAL

You should consider how your intervention will integrate with existing national and local services (eg, police, healthcare, actors responding to humanitarian crises). This is particularly important to ensure the sustainability of the proposed intervention and to ensure it takes into account locally relevant cultural, geographical, political and legal factors. You should seek to build on and respect protection systems and mechanisms where they exist and are effective. Your intervention should seek to utilise and strengthen local capacity to deliver the intervention over the long term.

8. TEAM, WORKPLAN & BUDGET

In addition to these criteria, all applications invited to the Full Proposal stage will have their team, workplan and budget assessed to ensure relevance and feasibility.

EXPECTED ACTIVITIES & DELIVERABLES

If selected, you will be expected to complete the following activities and deliverables:

UNDERSTANDING THE PROBLEM

You will be expected to undertake a needs assessment with women and girls in your identified humanitarian setting to understand what an effective IPV response intervention should look like from their perspective.

DEVELOPMENT OR ADAPTATION OF IPV RESPONSE

You will be expected to develop a novel intervention or adapt an existing intervention to a humanitarian setting, as relevant. This will require meaningful, sustained engagement with women and girls to ensure that the response meets their needs and is appropriate, accessible and safe. You should also engage with local stakeholders to ensure sustainability and a multi-sectoral response.

TESTING/IMPLEMENTATION

Your project will test/implement the intervention in your chosen humanitarian setting. As part of this stage, you will be expected to collaborate with local actors (eg, health workers, protection and law enforcement) – as relevant.

MONITORING & EVALUATION

As part of the implementation stage, you will be expected to assess the effectiveness of your intervention in your chosen setting. Effectiveness should be defined by women and girls. On an ongoing basis, you are also expected to collect learnings against your learning objective/hypothesis. At the end of the grant, you should be able to provide at least an indication of whether your intervention represents (or has the potential to represent) an improvement on existing practice, and any other key findings from the grant period. We acknowledge that, given the timelines for this grant, measures of effectiveness might only be indicative.

SHARING LESSONS LEARNED

You are expected to write-up your project learnings and outcomes and have these readily available for public dissemination by the end of the grant (ie, 30 November 2022). The format for dissemination is open for you to decide on but should be accessible and appropriate for target audiences, and easy for other practitioners to learn from, use and/or adapt to different humanitarian settings. Any other dissemination activities before/after the end of the grant are encouraged.



If successful in your application, you will be required to report on your progress via written reports, verbal conversations, communication outputs and/or through possible monitoring visits. Details on the reporting requirements and timings will be shared at the contracting stage, as well as details of our Incident Prevention and Management Policy procedures and feedback mechanisms.

CHALLENGE TIMELINE

APPLICATION



- 8 July 2020**
Challenge launch

The Challenge launches on 8 July 2020. There will be a pre-recorded guidance video on the [Challenge webpage](#) for those interested in applying.
- 7 August 2020**
Eol deadline

The deadline for Eols is 7 August 2020 at 23:59 BST. Apply via the [Common Grant Application platform](#).
- Week commencing (w/c) 17 August 2020**
Eols shortlisted

Eols will be reviewed against the eligibility criteria outlined in this handbook.
- 24 August 2020**
Full Proposals open

All shortlisted projects will be invited to submit Full Proposals from 24 August 2020.
- 1 September 2020**
Mandatory webinar

Shortlisted projects will receive general feedback via a group webinar on 1 September 2020. There will be two webinars (AM/PM UK time) to suit different time zones. **Attending the webinar is mandatory for qualifying for the Full Proposal stage. Please hold this date in your diary.**
- 18 September 2020**
Full Proposals deadline

The deadline for Full Proposals is 18 September 2020 at 23:59 BST. Full Proposals will be reviewed by independent technical reviewers. The final project selection will be made by the HIF’s independent Funding Committee.
- November 2020**
Project(s) selected

Successful projects will be informed in November 2020.
- November 2020–January 2021**
Due diligence

Due diligence and contracting is expected to take place between November 2020 and January 2021. Please see the [FAQs](#) on our website for more information.

PROJECT PHASE (12–21 MONTHS)

Feb 2021
Projects start

Feb 2021–Nov 2022
Project activities ongoing

30 Nov 2022
Projects complete



February 2021
Projects start

The projects are expected to start in February 2021.

**February 2021–
November 2022**
Project activities
ongoing

Grantees will have between 12 and 21 months to carry out all the activities described in their projects (including any dissemination activities).

30 November 2022
Projects complete

All projects must be completed by 30 November 2022 without the possibility of extension.

APPLICATION & EVALUATION PROCESS

To apply for this Challenge, register via our [Common Grant Application platform](#). For more information and guidance on our grant application process see our [Application Guidance & Support](#) page.

We know that the global COVID-19 pandemic has impacted ‘business as usual’ operations in many humanitarian settings, and for many humanitarian organisations and responders. We’re confident that the problems set out in this Innovation Challenge are still relevant, solutions are still needed and that progress towards developing them can still be made. We encourage you to share any specific considerations or potential adaptations to your approach in response to the current global context in your application.

The application and evaluation process for this Challenge will include the two stages – **Expression of Interest (Eoi) stage** and **Full Proposal stage**.

At the Eoi stage, you will be asked to submit details about your project and explain how it meets a selection of the criteria outlined in this handbook. Our ambition is to keep the Eoi application stage as succinct as possible while still ensuring we have sufficient information about your project and proposed innovation and the extent to which it aligns with the Challenge criteria. Eoi appraisal will include a review against the eligibility criteria outlined in this handbook (see [Eligibility criteria](#) section). To help you assess whether this funding opportunity is suitable for you, there will be a guidance video and a FAQ section available on our [Challenge website](#). Please get in touch with our team (hif@elrha.org) to clarify any points not covered by this handbook.

If your application is eligible, you will be invited to submit a **Full Proposal**. This will request additional information about how your intervention is innovative and will be driven by women and girls, its adaptability and scalability, and how sustainability and a multi-sectoral response will be ensured. You will also be invited to attend a **mandatory webinar on 1 September 2020** that will give general feedback on the Eoi stage and more information on the requirements for the Full Proposal (at least one member from each selected project must attend).

Full Proposals will first be reviewed by our HIF team to ensure they remain within the parameters of the Challenge. Full Proposals that are within the Challenge parameters will then be evaluated by at least two independent technical reviewers based on the assessment criteria (see [Assessment criteria](#) section).

Our HIF team will shortlist the strongest ranked applications following the independent technical reviews. Guided by these technical reviews, our independent Funding Committee will assess the shortlist and make the final funding decisions.

GLOSSARY

ACUTE HUMANITARIAN PHASE

The acute phase begins immediately after disaster strikes. During this phase, humanitarian organisations begin to respond, focusing on providing critical services such as food, water, sanitation, primary healthcare and shelter.²⁵

ADAPTATION

A stage of the humanitarian innovation process that involves identifying the changes that are required to adapt an existing solution to a new context. Adaptation of a solution entails significant rethinking of certain elements. See [Innovation Process](#) section in our Humanitarian Innovation Guide for details.

GENDER-BASED VIOLENCE

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (ie, gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.²⁶

HUMANITARIAN SETTING

Refers to different phases of humanitarian response (eg, rapid response, protracted emergencies, acute emergencies), site (eg, camp, urban), geography, environmental conditions, type of humanitarian crisis (including natural hazard-related disasters, conflicts, or complex emergencies, either at the regional, national or sub-national levels, within lower- or middle-income countries). Also considers social norms, religion, demographics and political situation in that setting.

HYPOTHESIS

A hypothesis is a statement to be tested, which helps the project team to better understand the assumptions made about a given innovation. Innovations are almost always based on assumptions as there is an inherent level of uncertainty associated with trying something novel or different to achieve better results. Knowing this, hypotheses should be set in order to test the assumptions for an innovation and generate evidence on how and whether it achieves the desired result.

25 Anderson M, Gerber M. (2018) "[Health in humanitarian emergencies](#)" Cambridge; Cambridge University Press, pp. 1-8

26 Inter-Agency Standing Committee (2015) "[Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery](#)" p. 5

INNOVATION

Humanitarian innovation can be defined as an iterative process that identifies, adjusts and diffuses ideas for improving humanitarian action. See [Innovation basics](#) section in our Humanitarian Innovation Guide for details.

An intervention is considered innovative if it is a new intervention that improves on current practice, or an intervention that introduces new elements that offer an improvement on an existing intervention.

IPV RESPONSE

IPV interventions provided during or immediately after a humanitarian crisis that aim to reduce the short or long-term impact of IPV or its reoccurrence.

INTIMATE PARTNER VIOLENCE (IPV)

Any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship.²⁷ IPV is one of the most common forms of GBV in both non-humanitarian and humanitarian settings, with emerging research clearly demonstrating that IPV perpetrated against women and girls is more prevalent than non-partner sexual violence, even in humanitarian settings.²⁸ Factors that explain this high prevalence include conflict, displacement, accompanying shifts in gender roles and responsibilities, breakdown in family and community protection mechanisms and poverty.²⁹

MULTI-SECTORAL RESPONSE

A holistic and coordinated approach aimed at harmonising and correlating programmes and actions developed and implemented by a variety of institutions (but not limited to these) in the areas of psychosocial welfare, law enforcement (police, prosecutors and justice departments) and health.³⁰

27 WHO (2012) "[Intimate partner violence](#)" p. 1

28 What Works to Prevent Violence (2018) "[What works to prevent violence against women and girls in conflict and humanitarian crisis](#)" p. 8

29 AoR helpdesk (2020) "[Why we need to talk more about intimate partner violence in emergencies](#)"

30 UNFPA EECARO (2015) "[Multisectoral response to GBV](#)" p. 5



WE LOOK FORWARD TO RECEIVING YOUR APPLICATIONS!

Apply for the Challenge via our [Common Grant Application platform](#) by 7 August 2020 at 23:59 BST.

For any questions that are not covered by this handbook or our [Application Guidance](#) page, please email us at hif@elrha.org referencing 'IPV Response Challenge' in the subject line.