

Crime & Violence

The Problem

Intimate partner violence (IPV), the most common form of violence experienced by women globally, is defined as sexual, physical and emotional violence by a husband or partner. According to the National Family Health Survey in 2015-16, 29 per cent of Indian women reported experiencing some form of violent behavior by their husband. The most significant response of Government of India has been the enactment of Protection of Women from Domestic Violence Act, 2005 (PWDVA). Despite nearly 10 years of implementation, evidence of the effectiveness of this law is fragmentary.

Andhra Pradesh (AP) has been overall praised by the Law Commission for its progress in implementing the PWDVA. At a substantive level the state has not invested in establishing an infrastructure of Protection Officers (PO) or identified NGOs for support services. In fact, the government has opted to add the role of PO as an additional duty to existing government officials with budget for support personnel. However, the budget allocation has dropped significantly in 2010-11 (Jhamb, 2014: 47).

A unique aspect of Andhra Pradesh (erstwhile and the new state) is commitment to women's empowerment through the expansion of micro-finance programs via the mechanism of Self-Help Groups. In particular, the Government has evolved a holistic monitoring strategy encompassing five themes: Gross Value Added (GVA), Sustainable Development Goals (SDG), Samaaja Vikassam, Kutumba Vikaasam and Key Performance Indicators (KPI).

This paper examines two successful interventions to address IPV in South Africa and Uganda and assesses potential benefit to cost if these interventions were implemented in Andhra Pradesh.

Solutions

Interventions	BCR	Total benefit (INR crore)	Total cost (INR crore)
Self Help Group- Based Intervention for Combating VAW (SHGIVAW)	21.68	3073	141.7
Community Mobilisation-Based Intervention (CMBIVAW)	18.79	3073	163.5

Total costs and benefits are discounted at 5%

The full paper by **Srinivas Raghavendra, Mrinal Chadha & Nata Duvvury** of National University of Ireland Galway, Ireland is available on www.appriorities.com/crime&violence.

Self Help Group-Based Intervention for Combating Violence Against Women (SHGIVAW)

The Problem

According to the National Family Health Survey in 2015-16, 29 percent (2005-06, 37.2 percent) of women in India reported experiencing some form of violent behaviour by their husband. The prevalence of violence in India is higher than the global lifetime average of 1 in 3 women as reported by WHO (2013).

The consequences of IPV are widely known with its deleterious effects on physical and mental health including suicide and premature mortality, reproductive outcomes including sexually transmitted diseases, low birth weight babies and maternal mortality, strong link to malnutrition of children, and impacts on productivity and capability of women.

The Solution

This Intervention is a four-year clustered randomized control trial based on the IMAGE project conducted in South Africa that combines microfinance program with participatory training on domestic violence, gender norms, and sexuality.

The proposed SHGIVAW intervention can be considered by integrating the participatory training and learning component in some of the existing self-help group and/or microfinance schemes such as Streenidi or Vaddi Leni Renualu etc., which are being implemented as part of the Indira Kranthi Patham programme in AP.

The target population of the SHGIVAW intervention is females between 15-59 years, who are below the poverty line. The four-year intervention would be delivered as follows: a two-year trial period involving a certain number of participants followed by a two-year scale-up, which would involve additional participants in the training component.

Costs

The cost of the two-year trial period to reach 855 participants in South Africa stood around \$43 per person and to reach an additional 2,598 clients during the scale-up, the cost was \$13 per person. As this study proposes to target 1.67 million women in Andhra Pradesh we took the cost of scale up in our estimation and is equivalent to INR 847.86 in 2018

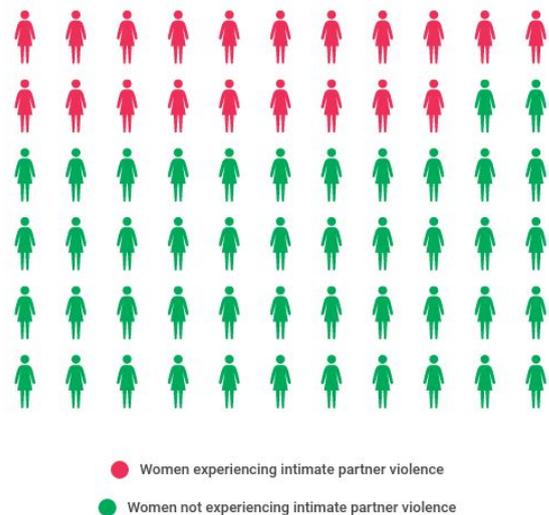
exchange rate per person. The total cost of the intervention is estimated to be INR 141 crores.

Benefits

The evaluation studies of the SHGIVAW intervention estimated a 55% reduction in IPV at the end of the intervention period. Furthermore, the benefits were estimated to last for, at least, another four years. The reduction in IPV leads to both health benefits and economic benefits.

The total benefit is estimated at Rs. 3,073 crores and it includes both the economic and health benefits.

Violence against women the past year



Community Mobilization-Based Intervention for Combating Violence Against Women and Empowerment of Women (CMBIVAW)

The Problem

As per the NFHS 2015-16, 43 per cent of women reported ever experience of spousal violence, an increase of about 8 per cent from the NFHS 2005-06 rate of 35.2 per cent. IPV thus continues to be a serious problem with the state of AP.

The Solution

This intervention is based on the SASA! Project (an acronym for the four phases of the approach—Start, Awareness, Support, Action) of Uganda. It is a community mobilization intervention seeking to change community norms and behaviors that result in gender inequality, violence and increased HIV vulnerability for women.

Through each of these stages, the SASA! materials provide the framework for the delivery of mutually reinforcing messages delivered through both formal and informal sources. Through this process, new ideas, attitudes and norms that promote more equitable relationships diffuse throughout the community and behaviors and community responses to violence are expected to shift.

In Andhra Pradesh this community mobilization intervention can be targeted to women aged 15-59 years who have been in a regular or casual partnership in the past year, and who lived in a census enumeration area in which the intervention is community activist is operating.

Costs

The cost of the CMBIVAW intervention is taken from the economic evaluation study of Michaels-Igbokwe et al. (2016). Michaels-Igbokwe et al. (2016) estimated the average cost per person of community mobilization intervention to be US\$15, which in the current exchange rate translates to cost per person of Rs 978.3 in 2018 exchange rate. The total cost of this intervention is estimated at INR. 163 crores.

Benefits

The evaluation studies of the SASA! intervention estimated a 55% reduction in IPV at the end of the intervention period. Furthermore, the benefits were estimated to last for, at least, another four years. The reduction in IPV leads to both health benefits and economic benefits.

The benefits of the interventions as the reduction in loss to the economy of the state and non-economic loss to women due to a reduction in the incidence rate of IPV because of CMBIVAW. The total benefit is estimated at Rs. 3,073 crores and it includes both the economic and health benefits.