

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 behaviour by their husband. The most significant response of Government of India has been the enactment of Protection of Women from Domestic Violence Act, 2005. Despite nearly 10 years of implementation, evidence of the effectiveness of this law is fragmentary.

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 Rajasthan.

Solutions

Interventions	BCR	Benefit (INR Crores)	Cost (INR Crores)
Self Help Group-Based Intervention for Combating Violence Against Women (SHGIVAW)	10.77	1717.3	159.4
Community Mobilisation-Based Intervention for Combating Violence Against Women and Empowerment of Women (CMBIVAW)	9.33	1717.3	183.9

All figures assume a 5 percent discount rate.

The full paper by **Srinivas Raghavendra, Mrinal Chadha & Nata Duvvury** of National University of Ireland is available on www.rajasthanpriorities.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 randomised 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 Priyadarshni model SHG scheme, Women SHG Institute, or the new Bhamashah scheme that will give new bank accounts in the name of women for 1.5 crore families.

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.

Violence against women the past year



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 1.88 million women in Rajasthan the cost of scale up has been considered in the estimation and is equivalent to INR 847.86 in 2018 exchange rate. The total cost of the intervention is estimated to be INR 159 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. 1,717 crores and it includes both the economic and health benefits.

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

The Problem

In Rajasthan, at the existing IPV prevalence rate the total loss, both economic and non-economic, to the economy of the state due to violence against women is about 0.11 percent of GSDP in 2018 prices.

The main reason why the issue of IPV (or violence against women, in general) does not enter the policy discourse is the lack of quantitative translation of the individual specific micro level costs that arise in the incidents of violence to the macroeconomic level.

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 mobilisation intervention seeking to change community norms and behaviours 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 behaviours and community responses to violence are expected to shift.

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 mobilisation intervention to be US\$15, which in 2018 exchange rate translates to cost per person of Rs 978.3. The total cost of this intervention is estimated at INR. 183 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 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. 1,717 crores and it includes both the economic and health benefits.