DFID India VAW strategy

1. Catalysis
2. Analysis
3. Strategies

Dr Peter Evans,
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DFID India
1. Catalysis

India’s Domestic Violence Act (2005)
- (some) legal ambiguity cleared up

3rd National Family Health Survey (05-06)
- State by state data on VAWG prevalence (Bihar and MP worst)

DFID’s ‘evidence revolution’
- Impact Evaluation, RCTs, theories of change
- Ambition: evidence based approach to complex social problems.
- Q: What would evidence based VAW strategy look like?

Critical review of DFID global VAW projects
- Globally; 90+ VAWG projects; little reference to evidence or results
- India; Oxfam ‘We Can’ campaign

Opportunity: to include VAW strategy in Bihar health/social sector programme (~ £145 m)
Percent of married women who have ever experienced spousal violence (all forms) NFHS3
2. Analysis

a) Review of risk factors in India
   – NFHS3 regression analysis
   – Review of Indian research

b) ‘What works?’ evidence review
   – Strength of evidence: WHO scale
   – Relevance: India / S Asia/ LIC/ World
2. Analysis – VAW risk factors

- **Wealth quintile**: 50%
- **12 years of education**: 50%
- **Marriage after age 20**: 40%

Birth - Childhood - Adolescence - Marriage

- **Mothers experience of violence**
- **No/short education**
- **Husband drinks frequently and gets drunk**
- **Makes decisions alone**

- **Risk factors**: 300% 300%

- India has wide variety of policies, programmes, activities.
- Most research is experience based, observational.
- Useful, but not impact evaluation (no clear outcome measure; no counterfactual) and does not provide clear evidence of which interventions are most effective.
- DFID’s review limited itself to evidence of impact on VAW (not ‘best practice’, documentation, anthropology etc)

<table>
<thead>
<tr>
<th>Strong evidence of impact (rigorous method; outcome measures include violence).</th>
<th>Green</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some evidence, but less rigorous methods and/or measures limited to attitudes.</td>
<td>Orange</td>
</tr>
<tr>
<td>Weak or no evidence of impact following rigorous evaluation.</td>
<td>Red</td>
</tr>
<tr>
<td>Intervention</td>
<td>Typical components</td>
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<tr>
<td>--------------------------------------------------</td>
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<tr>
<td>School based communication (‘safe dates’) (USA - RCT)</td>
<td>10 session curriculum plus campaign and materials</td>
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<tr>
<td>Community based communication (USA - RCT)</td>
<td>Community meetings, leaflets, posters</td>
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<tr>
<td>Mass media campaigns (South Africa - RT)</td>
<td>Series 4 of ‘Soul City’</td>
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<tr>
<td>Exposure to mass media (India – quasi experimental)</td>
<td>New access to cable TV – no specific content</td>
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<tr>
<td>Micro Finance approaches (South Africa - RCT)</td>
<td>Micro Finance with training intervention on IPV</td>
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<td>Routine screening in ante-natal clinics (USA)</td>
<td>Screening to ID victims, offer support.</td>
<td>Several months later victims reported lower levels of violence</td>
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<tr>
<td>Advocacy (counseling) (SR)</td>
<td>Non-directive counseling</td>
<td>Lower physical abuse 1-2 years after intervention</td>
</tr>
<tr>
<td>Advocacy for pregnant women (USA)</td>
<td>Pre-natal clinic Screening &amp; counseling</td>
<td>Screening &amp; brief intervention most effective</td>
</tr>
<tr>
<td>Home visit to victim’s HH by police &amp; social worker (USA)</td>
<td>10 to 30 minute targeted home visit</td>
<td>No impact on frequency or severity of new violence</td>
</tr>
<tr>
<td>Counseling for male perpetrators and couples (USA, RCT)</td>
<td>Group sessions – couples; group sessions – male perpetrators;</td>
<td>Repeat violence (‘recidivism’) low in all three groups (3%) – but also in control (4%)</td>
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## 2. Analysis – what works? Addressing problem drinking (as an intermediate factor correlated with higher VAW incidence)

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<td>Brief interventions in primary health settings (developed countries, SR of RCTs)</td>
<td>Proactive inquiry by health workers; advice to encourage self help.</td>
<td>Significant reduction in alcohol consumption after 1 year. Longer counseling has little addl. benefit.</td>
</tr>
<tr>
<td>Behavioral Couples Therapy (USA. Observational, longitudinal)</td>
<td>Counseling of couples to support abstinence. 12-20 sessions over 3-6 months.</td>
<td>For target couples, significant reduction in incidence of violence 2 years after intervention; incidence reduces to population mean.</td>
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</tbody>
</table>
2. Analysis – what works?
3. Strategy

**Risk review**

**Evidence review**

**Bihar Health Sector Programme**

**Govt of Bihar VAW strategy**

- **Short term:** Recruit, train, support Protection Officers; Strengthen help lines
- **Long term:** design & implement evidence based VAW prevention

**Bihar VAW Research & Evaluation Partnership**

- 4+ RCTs; allied research and policy advice
  - ante natal screening
  - school intervention;
  - Self Help Groups / MF

**M&E**

- Evidence based approach to ‘Safe Cities’
  - Design, implement, Evaluate

**Global:** DFID strategy & global evidence gap

**National:** Policy advocacy VAWG prevention DVA implementation

**Madhya Pradesh & Bihar Urban Programmes**

**Evidence based approach to “Safe Cities”**

- Design, implement, Evaluate

**Review existing VAW portfolio eg Oxfam India ‘We Can’ campaign**

**Baseline & end line using experience of VAW as outcome measure**
Strategy: Bihar Research & Evaluation Partnership

Year 0 - 1
Inception Phase
purposive research &
detailed design

Year 1-2
Baseline survey

Year 3 - 4
End line survey

Ongoing qualitative & quantitative research, policy advice

4+ Impact Evaluations / RCTs in 2 pilot districts

Self Help Groups
School based
Ante natal screening
Help lines
Bihar exploratory study:

Men’s view on wife beating
1. it is therapeutic, keeps them from straying
2. Helps to allay men’s own insecurity
3. Show of masculinity, non beaters are eunuchs
4. Society and God created men to dominate women in every way.

“Dhol, sudra, pashu, nari sab taran ke adhikari”

“in order to emit sound from the drum, get work done from low caste people, control animals and women, they had to be beaten”.

_Tulsidas_