EVALUATION OF THE MADHYA PRADESH SAFE CITIES INITIATIVE

Baseline Report

Produced for: DFID India

28 August 2014

Version 1

Authors:
Sally Neville
Lyndsay McLean Hilker
Macartan Humphreys
Sohail Husain
Sarah Khan
Summer Lindsey

With contributions from Kalpana Viswanath, Vimala Ramakrishnan, Jessica Jacobson and Harri Lee

new concept
creativity & collective work transforms

COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

Social Development Direct

Contents

Contents 1
Acknowledgement 5
Evaluation team 6
List of abbreviations 7
Executive summary 9
Part A: Background to the evaluation 9
The Safe Cities Initiative: Programme design and interventions 9
Programme outcomes 10
Evaluation approach 11
Baseline data collection and analysis 11
Part B: Baseline findings 11
Socio-demographic characteristics 11
Primary and secondary outcomes: experience and perpetration of VAW 11
Intermediate outcomes 14
Part C: Conclusions 20
PART A: BACKGROUND AND METHODOLOGY 23
1. Introduction 24
1.1 Overview of the Safe Cities Initiative 24
1.2 Purpose of the evaluation 29
1.3 Purpose of the baseline and of this report 30
1.4 Structure and content of this report 31
2. Evaluation approach 31
2.1 Evaluation hypotheses 32
2.2 Factorial design 33
2.3 Randomisation: method and timing 35
2.4 Discarded designs 37
2.5 Timeframe 37
3. Data collection and analysis 37
3.1 Mixed methods approach 37
3.2 Hypothesis testing 38
3.3 Deeper understanding through qualitative methods 39
3.4 Fieldwork 39
3.5 Sampling for the survey 39
3.6 Analysis of the baseline survey data 41
3.7 Sampling for the FGDs and KIIs 42
3.8 Analysis of the FGDs and KIIs 43
3.9 Programme monitoring data 44

4. Ensuring an ethical approach 45
5. Challenges and Caveats 46
PART B: BASELINE FINDINGS 50
6. Socio-demographic characteristics 51
6.1 Balance of socio-demographic characteristics across treatment arms 51
6.2 Socio-demographic characteristics within beneficiary groups 54
7. Overview of the baseline findings 59
8. Primary and secondary outcomes: experience and perpetration of violence 65
8.1 Physical Intimate Partner Violence 65
8.2 Sexual Intimate Partner Violence 74
8.3 Emotional abuse and controlling behaviours 79
8.4 Violence and harassment in public spaces 83
8.5 Perpetration of violence and harassment 90
9. Intermediate outcomes 96
9.1 Attitudes and beliefs that tolerate VAWG or blame women 96
9.2 Alcohol consumption and alcohol-related violence 105
9.3 Mobility and feelings of safety 112
9.4 Control and decision making 124
9.5 Knowledge and understanding 130
9.6 Reporting, support and action 136
PART C: CONCLUSIONS 149
Evaluation of the Safe Cities Initiative: Appendices to the baseline report 153
Appendix 1: References 154
Appendix 2: Ethical guidelines for the evaluation 157
Appendix 3: Discarded designs 163
Appendix 4: Hypotheses, outcomes and survey questions 165
Appendix 5: Qualitative measures at baseline 167
Appendix 6: Strategies to address attrition and noncompliance 168
Appendix 7: KIIs conducted at baseline 169
Appendix 8: Means and standard deviations on correlates for each beneficiary group 171
Appendix 9: Measures of slum fractionalisation 173
Appendix 10: Description of information provided in the 'Measures at a glance' 175
Appendix 11: Definitions of correlates 178
Appendix 12: Distribution of responses for primary outcome measures 182
Appendix 13: Enumerator effects 187
Appendix 14: Comparisons with NFHS-3 data 190
Appendix 15: Comparison of conditional and unconditional ICC 192
Appendix 16: Minimum detectable effects 195
Appendix 17: Implications for measures at endline 199
Appendix 18: Correlation matrix of outcome variables 208

Tables

Table 1 - Secondary outcomes for the Safe City Initiative 26
Table 2 - Secondary outcomes for the Safe City Initiative 26

Table 3 - Hypotheses to be tested through the RCT 32
Table 4 - Factorial Design for the evaluation of the Safe Cities Initiative 34
Table 5 - The six treatment arms under the factorial design 34
Table 6 - Comparisons of interest within the factorial design 35
Table 7 - Selection and random assignment 36
Table 8 - Data collection methods at baseline and endline 38
Table 9 - Age ranges for direct and indirect beneficiaries 40
Table 10 - Distribution of survey respondents per slum 41
Table 11 - Comparison of target and actual survey sample at baseline 41
Table 12 - Focus group discussions conducted at baseline 42
Table 13 - Socio-demographic characteristics across the six treatment arms 52
Table 14 - Likelihood of participation in the Safe Cities Initiative 54
Table 15 - Bivariate correlations of variables with 'direct beneficiary' status 55
Table 16 - Controlling behaviours experienced by women in the last 12 months 80
Table 17 - Ethical guidelines for the evaluation of the Safe Cities Initiative 157
Table 18 - Alternative designs considered for the RCT 163
Table 19 - Mapping of hypotheses outcomes and survey questions 165
Table 20 - Qualitative measures at baseline 167
Table 21 - KIIs conducted at baseline 169
Table 22 - Distribution of socio-demographic characteristics across beneficiary groups 171
Table 23 - Components of slum fractionalisation 174
Table 24 - Description of 'measures at a glance' 175
Table 25 - Descriptions of slum and individual level correlations with VAW 176
Table 26 - Definition of correlates 178
Table 27 - Forms of physical IPV experienced in the last 12 months 182
Table 28 - Forms of sexual IPV experienced in the last 12 months 183
Table 29 - Forms of violence and harassment in public spaces experienced in the last 12 months 183
Table 30 - Forms of violence and harassment perpetrated in the last 12 months 185
Table 31 - Proportion of variation in outcome measures explained by enumerator effects 187
Table 32 - Comparison of baseline and NFHS-3 data for currently married/ cohabiting women 190
Table 33 - Comparison of conditional and unconditional ICCs 192
Table 34 - Minimum detectable effects 196
Table 35 - Implications of the baseline findings for the outcome measures 199
Table 36 - Pairwise correlation matrix of outcome variables (individual level) 209

Figures:

Figure 1 - Age distribution of female beneficiaries 57
Figure 2 - Age distribution of male beneficiaries 57
Figure 3 - Explanation of how to read 'measures at a glance' 64
Figure 4 - Prevalence of physical IPV in the last 12 months 71
Figure 5 - Prevalence of frequent physical IPV in the last 12 months 72
Figure 6 - Prevalence of severe physical IPV in the last 12 months 73
Figure 7 - Prevalence of sexual IPV in the last 12 months 77
Figure 8 - Prevalence of frequent sexual IPV in the last 12 months 77
Figure 9 - Prevalence of emotional IPV in the last 12 months 81

Figure 10 - Controlling behaviours by an intimate partner 82
Figure 11 - Prevalence of violence and harassment in public spaces in the last 12 months 88
Figure 12 - Prevalence of frequent violence and harassment in public spaces in the last 12 months. 89
Figure 13 - Perpetration of violence and harassment in the last 12 months 94
Figure 14 - Perpetration of severe forms of violence in the last 12 months 95
Figure 15 - Perception that women are to blame for harassment in public spaces 99
Figure 16 - Perception that sometimes women deserve to be beaten by their husbands 103
Figure 17 - perception that it is a wife's obligation to have sex with her husband 104
Figure 18 - Frequent alcohol consumption among men 110
Figure 19 - Prevalence of alcohol-related IPV in the last 12 months 110
Figure 20 - Women's mobility inside their slum during the day 114
Figure 21 - Women's mobility inside their slum after dark 114
Figure 22 - Women's mobility outside their slum 116
Figure 23 - Women needing permission to leave their home 117
Figure 24 - Women's feelings of safety in public spaces 122
Figure 25 - Women's feelings of safety in their home 123
Figure 26 - Women earning their own income 127
Figure 27 - Women's control of their income 127
Figure 28 - Women's role in household decision making 129
Figure 29 - Knowledge of women's legal rights 132
Figure 30 - Understanding that IPV has emotional consequences for women 134
Figure 31 - Perception that social tolerance is a cause of IPV 135
Figure 32 - Women reporting IPV to the police 143
Figure 33 - Women reporting violence or harassment in public spaces to the police 143
Figure 34 - Women reporting IPV to SHGs 145
Figure 35 - Women receiving support from SHGs to deal with IPV 146
Figure 36 - Women receiving support from NGOs or women's organisations to deal with IPV 147
Figure 37 - Actions taken to prevent or respond to VAW 148

Boxes:

Box 1 - Explanation of the use of 'VAW' or 'VAWG' in the baseline report 8
Box 2 - Guidance on reading the baseline findings 63

Annexes:

Annex 1: Original terms of reference for the evaluation of the Madhya Pradesh Safe Cities Initiative
Annex 2: Baseline survey instrument
Annex 3: Example focus group discussion guide
Annex 4: Example focus group discussion guide manual
Annex 5: Example key informant interview guide
Annex 6: Theory of change for the Safe Cities Initiative

Acknowledgement

The baseline study for the Madhya Pradesh Safe Cities Initiative and the production of this report have only been possible because of the valuable contributions from a broad range of individuals and organisations. We would like to thank everyone who has been involved.

We owe particular thanks to those who participated in data collection: respondents to the household survey and participants in the focus group discussions (FGDs) and key informant interviews (KIIs). Without their generosity in terms of the time they gave, and their willingness to be asked questions on a sensitive subject, this evaluation would not be possible. We also thank the large team of enumerators and research assistants who worked long hours, over festival season, to conduct the survey and collect the qualitative data.

We are also grateful for the support and cooperation of the Urban Development and Administration Department (UADD) within the Government of Madhya Pradesh (GoMP), in particular Mr Sanjay Shukla IAS, Commissioner Urban Administration and Development and Project Director for MPUIIP, Mr Sunil Singh, Deputy Director (Planning) MPUIIP and the cluster teams and Nodal Officers in the Municipal Corporations in Bhopal, Gwalior, Indore and Jabalpur. We also thank the implementation partners at GHK/IPE Global who are working to deliver the Safe Cities Initiative, in particular, Richard Slater, Manisha Telang, Asmita Basu and Shahzad Khan.

We would also like to thank staff at Jagori for their crucial support in training field teams to respond to the sensitivities associated with conducting research on violence against women and girls (VAWG), and to Virginia Morrow at Oxford University and Mary Ellsberg at The George Washington University for their advice and wisdom on the ethical considerations we needed to respond to in relation to this work. Also to Joe Holden for his support in defining our approach to analysing value for money in relation to the Safe Cities Initiative and to Tara Beattie at the London School of Hygiene and Tropical Medicine (LSHTM) for her advice on analysis of the report findings. The invaluable learning from each of these contributions has significantly enriched our evaluation approach, methods and analysis. We also thank Maureen Seguin for her help with coding a huge volume of qualitative data and Sophia Gore for her help in formatting this report.

We are grateful to the members of the peer review group for this evaluation, who have helped to shape the evaluation design and methods - including Zoe Stephenson, Shireen Jejeebhoy, Sambit Rath and Rajib Acharya. In particular, we have greatly benefited from discussions with colleagues at the Population Council who generously shared their experiences from the studies they are conducting on VAWG in Bihar.

Finally, we thank the Department for International Development (DFID)-India for commissioning this work, with the intention of making a valuable contribution to the evidence base about what works to prevent violence against women. Our particular thanks go to Arundhuti Roy Choudhury and Peter Evans.

Evaluation team

Social Development Direct (SDDirect)

SDDirect is a leading international provider of social development research, evaluation and consultancy services. Established in 1999, SDDirect is committed to the eradication of poverty, global inequality and injustice and works with development partners in the north and south to this end. Over the past 14 years SDDirect has established an international reputation for high quality services to clients particularly through expertise in the fields of social inclusion, gender and citizen voice. Sally Neville from SDDirect's Social Evidence and Research Unit is the Team Leader for the evaluation, working alongside Lyndsay McLean Hilker, Sohail Husain, Kalpana Viswanath, Harri Lee, Jessica Jacobson and Naomi Barnard.

Columbia University

Macartan Humphreys, Sarah Khan and Summer Lindsey of Columbia University's Center for the Study of Development Strategies (CSDS) are leading the quantitative and experimental components of the study. CSDS focuses on the design and implementation of Randomised Control Trials (RCTs) and in the analysis of experimental data and has supported projects examining development interventions in a wide range of settings including Uganda, Congo, Liberia and Indonesia.

New Concept Information Systems (NCIS)

NCIS is an Indian consultancy firm that specialises in social development. It brings particular expertise in social evidence, research, impact assessment and monitoring and evaluation. They have over 25 years' experience of working in the development sector with central and state governments, UN agencies, NGOs and the corporate sector. They have worked for 100+ clients across India, including the Government of India, state governments, UN agencies, multi-lateral and bi-lateral donors, institutions and corporations. New Concept has delivered over 200 evaluation projects including work on this baseline study for the Safe Cities Initiative in Madhya Pradesh. The team for this study was Sanjay Tiwari, Pravin Ramteke, Sheena Chaddha, Nirmala Mathew, Jyotsna Rai, Swati Srivastava, Ahmadul Bari, Lalita Sahu and a large number of field researchers from the four cities. Vimala Ramakrishnan was the senior resource person.

List of abbreviations

BPL	Below Poverty Line
CSO	Civil Society Organisation
DFID	Department for International Development
FD	Female Direct (Beneficiary)
FGD	Focus Group Discussion
FI	Female Indirect (Beneficiary)
GoMP	Government of Madhya Pradesh
ICC	Intra-Cluster Correlation
IP	Implementing Partner (GHK/IPE Global)
IPV	Intimate Partner Violence
KII	Key Informant Interview
LSHTM	London School of Hygiene and Tropical Medicine
MD	Male Direct (Beneficiary)
MDE	Minimum Detectable Effect
MFIG	Micro-Finance Institution Group
MI	Male Indirect (Beneficiary)
MIO	Male Indirect Older (Beneficiary)
MIY	Male Indirect Younger (Beneficiary)
MP	Madhya Pradesh
MPUIIP	Madhya Pradesh Urban Infrastructure Investment Programme
MPUSP	Madhya Pradesh Urban Services Programme
NCIS	New Concept Information Systems
NFHS	National Family Health Survey
NGO	Non-Government Organisation
OBC	Other Backward Classes
PDA	Personal Digital Assistant (Device)
RAY	Rajiv Awas Yojna (National Housing Scheme for the Urban Poor)
RCT	Randomised Control Trial
SC	Scheduled Caste
SD	Standard Deviation
SDD	Social Development Direct
SHG	Self Help Group
ST	Scheduled Tribe
UADD	Urban Administration and Development Department
ULB	Urban Local Body
VAW	Violence Against Women
VAWG	Violence Against Women and Girls

Box 1 - Explanation of the use of 'VAW' or 'VAWG' in the baseline report

Throughout this report there are references to either 'VAW' (violence against women) or 'VAWG' (violence against women and girls). This is based on a deliberate effort to make a distinction between the two. The overall aim of the Safe Cities Initiative is to reduce VAWG through engagement with groups of boys and young men and with women in SHGs. Girls are not directly targeted through the Programme but it is intended that they will benefit indirectly from the interventions. The evaluation does not therefore involve data collection with girls. This means that many of the baseline findings relate specifically to VAW only as only women's views and experiences were directly captured. However, the qualitative data does present views that were expressed more broadly on VAWG, as focus group participants often gave their perceptions on violence and harassment experienced by girls in their community. Furthermore, male survey respondents and focus group participants were asked about the perpetration of violence and harassment against women and girls. The Programme also seeks to encourage women, men and boys to take action to prevent and respond to VAWG in their communities.

Executive summary

Part A: Background to the evaluation

DFID-India is currently working with the Government of Madhya Pradesh (GoMP) to deliver the Madhya Pradesh Urban Infrastructure Investment Programme (MPUIIP). As part of the MPUIIP, DFID is also funding the Safe Cities Initiative (referred to as 'the Programme') which is being delivered in 250 slums across four cities: Bhopal, Gwalior, Indore and Jabalpur. The design and development of the Safe Cities Initiative started in 2013 and delivery will run until December 2015. Unlike many other programmes, **the Safe Cities Initiative is designed to reduce the prevalence of both intimate partner violence (IPV) and violence and harassment against women and girls in public spaces** in urban slums.

In addition to programme delivery, **the Safe Cities Initiative has also been designed to generate robust evidence on what interventions work** – and do not work - to reduce violence against women (VAW). In June 2013, SDDirect was commissioned to lead an independent impact evaluation of the Safe Cities Initiative in partnership with Columbia University in New York and New Concept Information Systems (NCIS) in Delhi. The evaluation design seeks to contribute to both programme accountability and programme learning.

The Safe Cities Initiative: Programme design and interventions

The Programme includes activities and interventions at both the slum level and the city/ state level. At the city and state level, activities are intended to strengthen longer-term support and more widespread action to address VAWG. At the slum level, where it is anticipated that there will be the greatest impact in the Programme timeframe, three intervention packages are being implemented – and these are therefore the main focus of the impact evaluation.

- **SHG Strengthening Module:** This intervention aims to strengthen existing and nascent women's Self-Help Groups (SHGs). The main activities include training of SHG members in SHG formation, organisation and strengthening and record and bookkeeping; and will link SHG members with financial institutions, other training opportunities and services. This module also includes basic gender training.
- **VAW Module:** Building on the first intervention, this module aims to increase the capacity of women's SHGs and their members to understand the root causes and trigger factors related to VAWG and to take action to prevent and respond to them. It will deliver training to SHG members on gender and VAWG, further training on helping skills and on mobilisation for community action. The VAW Module will be linked to a range of community level activities and events including community-level safety audits and action plans, where SHGs will be encouraged to engage with boys and men in the slum. This intervention will also support a series of interface meetings with existing service providers to connect the SHGs and their members with services to prevent and respond to VAWG.
- **Life Skills Module:** This intervention started with the formation of groups of adolescent boys and young men (aged 15-25 years), who were recruited by the Implementing Partner (IP) through community meetings and individual conversations with boys and young men. A youth ambassador will now be identified from each group who, after receiving training, will take

forward a programme of life skills training, awareness raising and events on gender, VAWG and alcohol abuse with the others in the group. As with the VAW Module, the Life Skills Module will be accompanied by a range of community level activities and events, and if invited by the women's groups, these boys' and men's groups may also take part in the community safety audits.

The Programme aims to create spaces where groups of women and groups of boys and men can learn skills, increase their awareness and understanding of women's rights and the causes and consequences of VAWG. There is also an emphasis on these groups engaging with others, especially with their own communities. This creates four distinct beneficiary groups within the Programme:

- Women direct (FD) beneficiaries who are members of the SHGs
- Women indirect (FI) beneficiaries who are members of the wider community within the slum
- Boys/ men direct (MD) beneficiaries who are members of the boys'/men's groups
- Boys/ men indirect (MI) beneficiaries who are members of the wider community within the slum.

Programme outcomes

Drawn from the Programme's theory of change, the Programme is designed to effect change in relation to four **primary outcomes** focused on reduced prevalence of VAW:

- Experience of physical IPV
- Experience of sexual IPV
- Experience of violence and harassment in public spaces
- Male perpetration of violence and harassment against women and girls.

A further seven prevalence-related **secondary outcomes** have also been identified:

- Women's experience of emotional abuse by an intimate partner
- Women's experience of controlling behaviours by an intimate partner
- Women's experience of frequent physical IPV
- Women's experience of frequent sexual IPV
- Women's experience of frequent violence and harassment in public spaces
- Women's experience of severe forms of physical IPV
- Male perpetration of severe forms of violence

In mapping out the theory of change for the Programme, an additional set of **intermediate outcomes** were identified along the intended pathways to reducing VAWG, which are important in terms of signalling progress as foreseen in the theory of change. These intermediate outcomes relate to the following key elements of the theory of change:

- Male alcohol consumption and alcohol-related IPV
- Women's control and decision making in the home
- Women's mobility and feelings of safety
- Women's knowledge, attitudes and action

Evaluation approach

The purpose of the evaluation is not only to seek evidence of the effects of the Programme overall, but to attribute these effects to specific interventions or combinations of interventions (i.e. to the three modules). To enable this attribution, the evaluation is based on a cluster Randomised Control Trial (RCT). Given the focus of the Safe Cities Initiative on working with women's SHGs and groups of boys and men at slum-level, **the slum was identified as the most logical unit of analysis**. A set of evaluation hypotheses linked to the primary, secondary and intermediate outcomes – and to the existing VAW evidence base will be tested through the RCT.

The RCT is based on **a factorial design** to enable the effects of individual interventions and various intervention combinations to be identified. Through this design, the SHG Strengthening Module and the VAW Module can be tested in combination with the boys'/ men's Life Skills Module. The 250 slums have been randomly assigned to one of the six treatment arms, which include various combinations of these interventions plus a 'pure' control group of slums which will receive no interventions at all.

Baseline data collection and analysis

A **mixed-methods approach** was used at baseline. Quantitative data was collected through a household survey of a sample of 7,486 male and female direct and indirect beneficiaries. In addition, **Qualitative data was collected** through 72 FGDs and 35 KIIs conducted across the four cities. As well as providing broader contextual information, the qualitative data enabled triangulation with and interpretation of the survey data and crucial analysis of 'how and why' questions.

In order to ensure the minimisation of risks for both research participants and field researchers, a **detailed set of ethical guidelines and procedures** were developed for this evaluation.

Part B: Baseline findings

Socio-demographic characteristics

The baseline provided information on the evaluation sample in terms of key socio-demographic characteristics, with a particular focus on:

- **Assessment of balance across the six treatment arms** in order to identify whether any adjustments are needed in calculating treatment effects at endline.
- **Consideration of differences between direct and indirect beneficiaries** in order to enable future assessment of the broader relevance of the evaluation findings at endline and whether these interventions will be effective if employed within the general population.

Primary and secondary outcomes: experience and perpetration of VAW

Experience of physical IPV

According to the baseline data, **on average one in every eight women surveyed (13%) reported that they had experienced IPV in the previous 12 months**. This is a similar level to that found in the 2005-6 National Family Health Survey (NFHS-3) for Madhya Pradesh, where the figure was approximately 15%. However, **findings from the qualitative data suggested considerably higher rates of IPV**. Underreporting of personal experience of IPV is a widely recognised problem in prevalence surveys, and can be particularly acute in certain contexts. The qualitative data pointed to

a set of possible factors that could have led to underreporting in the survey, including strong socio-cultural norms that meant that IPV was viewed as 'a family matter' and something that women were expected to endure as a 'normal' part of married life. The risk of punishment or rejection by husbands and in-laws as a consequence of reporting IPV was also raised, as was stigmatisation in the community.

Nevertheless, consistent relationships have still emerged from the data, which yield important findings about women's experience of IPV. The data clearly pointed to **certain women being more vulnerable to IPV than others: those who had displeased their husbands or in-laws by bringing insufficient dowry to the marriage, those who had experienced violence as children** and had perhaps learnt to 'normalise' it, **those who worked for an income, and those whose husbands regularly drank alcohol.**

Experience of sexual IPV

According to the data, **on average three in every one hundred women (3%) reported being forced to have sexual intercourse and/or to perform a sexual act by an intimate partner in the previous 12 months**. However, as with physical IPV, the qualitative data strongly suggested a likelihood of widespread underreporting on this by women. In almost all of the FGDs, **the majority of women were clearly very uncomfortable talking about sexual violence in marriage.** Some participants said that forced sexual intercourse was simply not possible within marriage; other said that women were often not in a position to refuse sexual intercourse or to make a fuss, especially when living in a small house with children close by and in close proximity to other houses. There was also an over-riding view that sexual intercourse within marriage – whether forced or consensual – was a private matter.

Despite baseline levels being lower than expected, a number of relationships still emerged. **Women whose husbands regularly drank alcohol** were more likely to have reported experiencing sexual IPV in the last 12 months, and to have reported experiencing it on a frequent basis**. For indirect beneficiaries (FIs), women who had been exposed to violence as a child**, **those who had a disability, and those whose husbands or in-laws were dissatisfied with the dowry payment they brought to the marriage were all more likely to have recently experienced sexual IPV.** However, these factors were not significant among direct beneficiaries (FDs). There was also some indication that women from economically better off households were less likely to have reported experiencing sexual IPV.

Experience of violence and harassment in public spaces

Almost one in every four women surveyed (23%) had experienced some form of violence or harassment in a public space in the previous 12 months and those who had experienced it tended to do so on a frequent basis. Again, **the qualitative data pointed to underreporting of women's experience of violence and harassment in public spaces** related to the presence of strong socio-cultural norms which tended to blame women and girls for 'provoking' violence or harassment by how they dressed or how they behaved. The qualitative data also suggested that women who spoke out about such violence risked their parents, in-laws or husbands reacting by placing significant constraints on their mobility.

Perhaps unsurprisingly, **women with greater levels of mobility were more likely to have experienced violence or harassment in public spaces**. However, it was clear from the baseline data

that simply 'being in public' was not the strongest predictor of experience of violence and harassment. The data also suggested targeting by boys and men of women who were perceived to be more 'vulnerable' or who were seen as 'getting ahead'. **Younger women, women without the 'protection' of a husband, and women who were better educated** were all more likely to have been attacked or harassed in public.

Perpetration of violence and harassment

Almost half of all men and boys surveyed at baseline (43%) reported that they had perpetrated some form of violence in the last 12 months (which included IPV and violence and harassment in public spaces).

Boys and men were significantly **more likely to have reported perpetrating violence or harassment if they had experienced or witnessed violence or aggressive behaviour as children.**

There was some evidence of **a relationship between perpetration and alcohol**, with boys and younger men (15-25 year olds) who reported perpetrating violence or harassment being more likely to have reported drinking alcohol on a regular basis.

Boys and men reported perpetration of violence or harassment were more likely to hold gender inequitable attitudes including the belief that women 'sometimes deserved to be beaten' by their husbands and that women were obliged to have sex with their husbands 'even if they didn't feel like it'. There was also a possible suggestion from the survey data that **boys' and men's attitudes could be influenced by prevailing social norms**: they were considerably more likely to believe that women deserved to be beaten or were obliged to have sex with their husbands if they lived in slums where these negative attitudes were widespread.

In discussions about the causes of IPV in the FGDs, two 'types' of boys/men were thought to be the most common perpetrators: **those who drank alcohol - in particular those who were unemployed and drank - and those who were influenced by social pressures to be a 'proper man'.** Importantly, **slum level measures of perpetration of VAWG in the survey appeared to be unrelated to the slum level measures of experiences of either IPV or violence and harassment in public spaces.** This suggests the possibility that women may tend to experience violence and harassment outside their home slum and conversely that boys and men may tend to perpetrate violence and harassment outside their home slum.

Emotional abuse and controlling behaviours

Women were asked whether their husbands or partners had either insulted them or made them feel bad about themselves, or had threatened to hurt or harm them or someone close to them. Using this measure **21% of women – one in every five surveyed - reported a recent history of emotional abuse but in some slums the figure rose to almost 100%.**

Not surprisingly, **emotional abuse was strongly correlated with physical IPV at the individual level**. In terms of correlations with other individual and slum-level characteristics, **the suggested relationships with emotional abuse were similar to those for physical and sexual IPV.** The strongest correlation was with the spouse's alcohol consumption, followed by women's exposure to violence and abuse during childhood and women whose husbands and in-laws were dissatisfied with the amount of dowry paid. FIs who worked for income were also more likely to have experienced

emotional abuse, as were women with disabilities. Women from scheduled castes or tribes, or Other Backward Classes (OBC) in the FD group were less likely to have experienced emotional abuse.

In addition, **women were asked whether they experienced controlling behaviour from their husbands.** The number of controlling behaviours reported by currently married or cohabiting women was generally low: the average of slum level values was 0.47 out of a maximum of 6. This equated to 22% of women reporting having experienced at least one controlling behaviour in the previous 12 months more often than 'rarely'. **The level of controlling behaviours correlated strongly with exposure to both IPV and violence and harassment in public spaces at slum and individual levels**, and with male reported perpetration of violence and harassment at slum level.

Intermediate outcomes

Attitudes to violence and harassment in public spaces

A number of questions were used in the survey to gauge whether respondents held attitudes and beliefs, which suggested that they tolerated or condoned VAW and/or blamed women for the violence or harassment they experienced. A majority of **82% of respondents believed that one of the main causes of the harassment of women in public spaces was the way women dressed or walked in public** or because they 'encouraged' men. Women were only slightly less likely to blame women for harassment than men or boys.

Women who hadn't experienced harassment in public spaces were *more* likely to blame women for the harassment they experienced. The FGD data suggested this could be because they believed that they had successfully avoided harassment themselves by behaving 'appropriately' in public. **Boys and men who reported perpetrating violence were more likely to blame women**, perhaps suggesting that they justified their behaviour by thinking women were provoking them.

In the FGDs, one of the main reasons participants gave for harassment in public spaces was women's own behaviour. Most commonly, **women were blamed because of the way they dressed, especially younger women and adolescent girls**. Women were as likely as men to blame younger women. Beyond the clothes they wore, there was a **wider tendency to blame women and girls' 'attitudes' and 'behaviours'**, suggesting they encouraged harassment by the way they walked, whom they spoke to, or by being too confident or outspoken, "too cheap" or "too smart".

Nonetheless, **several focus group participants – mostly women, but also a significant number of men – also blamed men and boys for not behaving properly**. Most commonly, they said that men and boys that harassed women were poorly educated, lacked proper morals or values, had "faulty thinking" or "bad habits". In several FGDs, **women spoke explicitly about gender relations**, saying that men did not understand or respect women or that men and boys behaved like this to demonstrate their masculinity or to ensure that women did not progress too far.

Attitudes to IPV

Strikingly, on average **just over half of all respondents (52%) agreed that there were times when a woman 'deserves to be beaten by her husband'**, and in some slums almost all respondents agreed with this statement. Approximately one in every three respondents (32%) agreed that it 'is a wife's obligation to have sex with her husband even if she does not feel like it'. Both of these findings reinforce the likelihood of underreporting in relation to the IPV measures in the survey.

Women who had recently experienced physical or sexual IPV were *more likely* to agree that 'wives deserve to be beaten' or are 'obliged to have sex' with their husbands. This is consistent with the qualitative data, which shows a clear tendency among some women to 'normalise' IPV and to blame themselves for provoking it. **Boys and men who had recently perpetrated VAWG were also more likely to believe that 'women deserved to be beaten'** or that 'wives are obliged to have sex with their husbands', which again suggests a tendency to justify their violent behaviour. The survey data also suggests that boys and men were heavily influenced by social norms, with **individual boys or men being far more likely to conform to prevalent views within their slums.**

In the majority of FGDs participants believed that women were at least in part to blame for the physical IPV they experienced. Most commonly, participants – men and women – said that husbands beat their wives because they **made some form of mistake and/or failed to meet their expectations.** There were a number of other 'failures' that a minority of participants blamed on women, which related to both their husband's expectations and the expectations of their in-laws. These included not producing a child, or specifically a son, and not bringing an adequate dowry to the marriage.

Alcohol consumption and alcohol-related violence

Obtaining accurate data on alcohol consumption is a recognised challenge, given that it relies on respondents being honest in admitting how much and how often they drink. There was an even greater challenge for this evaluation given that a large proportion of the baseline sample were below the legal drinking age in Madhya Pradesh. Providing information on how often or how much they drank would therefore mean they were admitting to breaking the law. According to the baseline survey data, **relatively low levels of alcohol consumption were reported by boys and men: just 10% reported drinking alcohol at least a 'few times a month'** in the previous three months.

Nevertheless, significant, **strong and consistent relationships have been found across the data in terms of this measure of alcohol consumption**. At the individual level, boys and men who reported drinking more than a couple of times a month were **more likely to have reported perpetrating VAWG in the last 12 months** and at slum level, slums where drinking alcohol on a regular basis was common among boys and men tended to have higher prevalence of IPV.

Alcohol-related IPV

Of the 13% of women who reported experiencing physical IPV in the past 12 months, over half believed alcohol was a contributory factor.

When FGD participants were asked about the causes of IPV, **alcohol consumption was by far the most common perceived cause cited by both male and female respondents across all four cities.** However, it was clear from the discussions was that **very few participants explained the relationship between alcohol and IPV in simple cause and effect terms**. Instead, alcohol was seen as a symptom of deeper problems, in particular un/under-employment and poverty, as well as a contributing factor to these problems.

Participants also linked alcohol and IPV with **gendered and relational dynamics**. First, they highlighted the frustrations that men often felt at their inability to fulfil the socially expected sole breadwinner role. Indeed, there was a suggestion that for some men, drinking was an outlet for their frustrations and feelings of inadequacy. In turn, several participants described how the anger and

frustration felt by many men was magnified when they perceived women to be 'getting ahead' or doing well.

Men's expenditure on alcohol was also highlighted by participants as a key source of anger and frustration for many women, particularly if scarce household resources were being spent on alcohol, and especially where women had earned that income themselves. They stressed that this frequently led to arguments and tensions within the household, and on occasion to physical violence, particularly in relationships where couples lacked good communication.

Nonetheless, despite a common emphasis on the role which alcohol often played in triggering violence or making it more brutal, a minority of focus group participants stressed that **some men who were not drunk or did not drink at all also beat their wives**.

Mobility and feelings of safety

To assess mobility inside their home slum, **women survey participants were asked how many public places from a list of ten they had visited or passed during the previous week**. On average, women reported visiting or passing just over four out of ten places. However, there was a wide range of responses: close to one quarter had been to none or just one of the sites in the last week, most had visited between two to seven of them, but a sizeable proportion had been to all ten. **After dark, there was a notable contraction in the number of places women tended to go**: the overall average across all slums dropped to just over two places out of ten, with well over half of women having been to none or only one of the locations after dark in the previous week.

As previously noted, the data suggested that women who were more mobile were more likely to have **experienced violence and harassment.** The data also suggested a correlation at slum level: slums with higher levels of mobility among women also had higher prevalence of violence and harassment in public spaces. However, women's mobility was negatively correlated with boys'/ men's reported perpetration of violence or harassment, again raising the possibility that men and boys tend not to perpetrate violence or harassment in their home slum and/or that women were more exposed to such behaviours elsewhere.

On average across the slums, women surveyed tended to travel *outside* their slum 'once or twice a week', but there was again considerable variation: more than a quarter reported that they travelled outside 'most days', but more than a third reported that they did this only 'once or twice a month' or less. A small minority said they never left their home slum. Mobility outside the slum was positively correlated at the individual level with both IPV and violence and harassment in public spaces, indicating that **women who travelled more frequently outside the slum experienced higher levels of violence both inside and outside the home**.

In-line with the Programme's theory of change, the FGDs pointed to a complex two-way relationship between mobility and VAW. **Increased mobility was felt to lead to increased exposure to and experience of violence and harassment in public spaces; yet, in many cases, experiences of violence or harassment in public spaces resulted in restrictions on women and girls' mobility,** either because these were self-imposed, or imposed by their relatives. As well as avoiding – or trying to avoid - certain places due to the perceived risk of harassment (especially at night), participants emphasised that some women stayed at home most of the time because of social norms around the expected role of women and it was occasionally implied (mainly by men) that 'good' women or girls

stayed at home where they were safe. This suggests that survey data on women's mobility needs to be interpreted with care at endline.

Women needing permission to leave the home

Responses to questions that assessed women's freedom to leave the home varied widely. On average, women needed permission to go to at least two places from a list of six. These were places where they either needed permission to go alone or with someone else, or were not permitted to go to at all. However, around one quarter of women did not need permission to go to any of the places on the list and some needed permission to go to all six. **Needing permission to leave the home was positively correlated with IPV, meaning that women who reported suffering violence at home were also more likely to report having their movements constrained.**

Younger women and women whose husbands or in-laws were not satisfied with the dowry were more likely to need permission to go to more places listed in the survey. So too were women whose husbands frequently drank alcohol. Again, these findings are consistent with those above where men exhibit control over their wives in both physically and emotionally violent ways.

Feelings of safety in public spaces

In the survey, women were asked whether they felt safe to work in their slum during the day, leave their home and go out alone in the slum after dark, and leave their home with someone else to go out in the slum after dark. **On average women reported feeling safe to do 1.66 out of 3 actions**, with a quarter of women reporting feeling safe to do all, and about a half feeling safe to do only one of these (generally, going to work).

Women's views on their (lack of) safety in public spaces were similar across the four cities, although women reported feeling slightly less safe in Indore. There was an **unexpected lack of correlations at the individual or slum level between women's feelings of safety and reported levels of VAW in public spaces**. This challenges the premise of the Programme's theory of change that safety is a direct function of levels of public violence and suggests that this measure could be difficult to interpret at endline.

Feelings of safety in the home

In the survey, women were also asked about their feelings of safety in their own home. **Unexpectedly, almost all women (98%) said they either felt 'safe' or 'very safe' in their own home**. In some slums, all women surveyed said they felt safe or very safe. This was despite the fact that 13% of women said they had experienced IPV in the previous 12 months. This may have been caused through measurement error and respondents' interpretation of the question (e.g. external threats rather than threats from other household members). Given the lack of variation and incredibly high levels at baseline, it will not be possible to detect positive treatment effects at endline using this measure.

Control and decision making

According to the survey data, **28% of the women in the sample were working for pay, either in cash or in kind.** However, there was considerable variation across slums, with no women working for payment in some slums, and most women working in others. Unlike many other measures included in the baseline, there was a marked difference between FDs and FIs, with FDs (i.e. SHG members)

nearly twice as likely to report working for payment. **Individual women who earned their own income were more likely to have experienced IPV in the last 12 months** (although there was no correlation at slum level).

Individual women who earned and controlled their own income were also significantly more likely to report experiencing violence or harassment in public spaces. These findings could indicate that women who were more economically empowered were more likely to report the IPV or violence and harassment they had experienced. **However, at the slum level, the opposite relationship was found. In slums where women work and control their own income, women are less likely to report experiencing recent violence or harassment.** The qualitative data suggested that perpetrators of violence and harassment sometimes targeted women who were more confident or seen as 'getting ahead'. Given the difficulties in interpreting this finding, further qualitative work to understand these relationships would be helpful.

Women's role in household decision making

Married and cohabiting women were asked about decision making within their household. Respondents were asked who in their household made decisions in relation to a list of seven issues. On average, **women said they were either the joint or primary decision maker for over half (4.5 out of 7) issues**. The data indicated clear contrasts among women: while many were involved in all seven areas of decision making, some were not involved in any, including decisions about their own healthcare and visits to their parental family.

The data suggested that women who had greater decision-making power were less likely to experience IPV. This confirms assumptions in the Programme's theory of change that women with less decision-making power in the home (and the weak negotiating position and lack of respect this implies) are at greater risk of experiencing IPV. The baseline data also suggested that women who had greater decision making power were also less likely to experience violence or harassment in public spaces, which could suggest a wider empowerment among these women, although it is also likely, at least in part, to be because they tended to be older and older women were less likely to have experienced public harassment according to the data.

Women who were older, had more children, lived in a nuclear family and earned their own income were all more likely to have greater decision making power within the home. Conversely, women who got married at a younger age, were from economically better off households and whose families were dissatisfied with the amount of dowry paid were all *less likely* to be involved in household decision-making.

Knowledge and understanding

Male and female **survey respondents were read five statements about women's legal rights under Indian law and on average 95% of respondents answered correctly** that each item was a crime. Despite the low overall variation, the variation that existed was patterned. **Women who were knowledgeable about their rights were less likely to have experienced IPV in the previous 12 months, and men and boys who were knowledgeable about women's rights were significantly less likely to have perpetrated VAW in the last 12 months.**

While the baseline results for this measure could be a positive sign that knowledge of women's rights was widespread across slums. It is likely that rather than capturing actual knowledge; this

measure simply captured acquiescence or agreement bias. This measure will either need to be redesigned at endline, or excluded from the list of outcomes.

Understanding emotional consequences of IPV

On average 86% of respondents understood that IPV had emotional consequences for women. There was also little variation between male and female respondents, with men and boys only slightly less likely to understand that IPV has emotional consequences than women.

The data also suggested relationships between understanding of emotional consequences and experiences of VAW. **Unsurprisingly, women who had experienced IPV were significantly more likely to have identified the emotional consequences than women who had not**. However, at the individual level there was no significant relationship between men and boys understanding the emotional consequences and reported perpetration. Contrary to these individual level correlations, **at slum level**, slums where there was widespread understanding of the emotional consequences of IPV tended to have lower prevalence of both IPV and perpetration of VAW, possibly suggesting a positive effect of widespread understanding of their consequences on levels of IPV.

However, despite some expected patterns emerging from the data, **agreement bias is likely to be strong for this measure** and enumerator fixed effects account for about 50% of the variation in the responses given to this question. Given this, and the lack of a significant relationship between men and boys understanding of emotional consequences and reported perpetration of VAW, this measure should not be used at endline. This is supported by the qualitative data, which suggests not only that understanding of the emotional consequences is already widespread at baseline, but also that there are no clear indications that having this understanding discourages perpetration.

Reporting to the police

The overwhelming majority of women who had experienced VAW had not reported it to the police. Despite the fact that 13% of women had reported experiencing IPV in the last 12 months, only 1% of women reported experiencing IPV and then reporting this violence to the police. Similarly, 23% of women reported experiencing violence or harassment in a public space, but again only 1% of women said they had experienced this and then reported it to the police.

The overriding reason given by FGD participants and key informants for **why women tended not to report violence to the police was that it would have negative consequences for women, in particular by bringing shame on them and their families**. Furthermore, **there was a firmly held view expressed by many participants that IPV was a "family matter", which should be kept private and not discussed with others**, including the police. Participants suggested that there was significant social pressure for women to 'bear' the violence, to manage any problems within the household and to stay with their husbands despite being physically abused. **As a result, there was a belief that reporting to the police might make the violence worse or result in women being ostracised**.

Police inaction was discussed in almost all of the groups as one of the main disincentives for reporting. In addition, participants argued that the common expectation of bribes meant that women and girls with little money or few political connections knew they were unlikely to benefit from reporting violence to the police.

Reporting and support

Significantly for the Programme, **the baseline survey data suggested that women were no more likely to report IPV to an SHG than they were to report it to the police** (again, on average just 1% of women surveyed, despite IPV prevalence rates of 13%). The slum average for women receiving support from an NGO or women's organisation to deal with IPV was even lower than for SHG support – just 11 women (meaning a slum average of 0%). Hardly any focus groups respondents were aware of any specific NGOs or women's rights organisations providing local support services for women who had experienced VAW.

Action to prevent and respond to violence and harassment

One in five of the survey respondents said they had taken some action in the last three months to prevent or respond to VAWG. Surprisingly, this included boys and men who had themselves reported perpetrating violence or harassment, perhaps when they felt that others had 'over-stepped a mark'. While this was mainly direct interventions by individuals in specific cases of violence or harassment, this is a hopeful starting point for the Safe Cities Initiative and something which the Programme could potentially build on by developing these efforts into more formal, collective campaigns targeted at violence prevention.

Part C: Conclusions

The baseline has confirmed the need for both the Safe Cities Initiative and a robust impact evaluation. It has produced a wealth of valuable data and findings, which can be used to inform decisions about endline data collection and analysis**,** as well as to inform delivery of the Safe Cities Initiative – and the development of other VAWG programmes. Any evaluation approach will have strengths and limitations – especially in a sensitive area like VAWG. This baseline has provided greater clarity on the strengths and limitations of the overall impact evaluation design and pointed to conclusions about where and how to refine the evaluation approach.

The target sample for the survey was achieved, with the final distribution of respondents across beneficiary groups extremely close to the targets set. **The random allocation of the 250 slums into the six treatment arms was also effective** – with considerable balance across the treatment arms in terms of key socio-demographic characteristics and the primary, secondary and intermediate outcomes.

Differences between the direct and indirect beneficiaries were less pronounced than expected, increasing confidence in the likelihood that any treatment effects found for direct beneficiaries might also be obtainable for broader populations.

Overall, the baseline presented a coherent picture, with a clear set of relationships consistently emerging from the data, including those between certain demographic characteristics and outcome variables – and between the outcome variables themselves. However, the baseline has also highlighted that **a number of measures, methods and aspects of the theory of change need to be revised before endline.**

The baseline has clearly signalled a need **to reduce the overall number of intermediate outcomes and measures used in the evaluation**. Investment in **a team of highly skilled enumerators with**

specialist skills in collecting sensitive data on VAW and the **development of a broader range of data collection methods**, including anonymous techniques will also be required.

In addition, **two key issues have emerged from the baseline which pose considerable challenges for the evaluation** and warrant particular attention ahead of the endline.

First, weak correlations between boys' and men's reported perpetration and women's reported experience of violence and harassment have consistently emerged from the survey data. This challenges the assumption that boys and men often perpetrate violence and harassment in their home slum and has implications for the Programme strategy and the evaluation, both of which focus on 'the slum' as the treatment site. This weak correlation may in part be due to the specific survey questions used. Nevertheless, **these findings still prompt further consideration of *who* the female indirect beneficiaries of the boys' and men's Life Skills Module are likely to be** and whether women and girls who live in their slum would feel any effects from the intervention in terms of experience of violence and harassment in public spaces. This places an emphasis on including more questions in the endline survey, which ascertain more precisely *where* violence and harassment is being perpetrated and experienced. In-depth qualitative work ahead of the endline to develop a clearer understanding of where men and boys tend to perpetrate violence and harassment will also be of considerable value.

Second, levels of VAW (both IPV and violence and harassment in public spaces) detected at baseline were considerably lower than expected. As discussed above, this is likely to be due to **underreporting by women in general in the baseline survey due to prevalent social norms**, a conclusion supported by other survey responses and the qualitative data. The under-reporting could also be due to a widespread inability among enumerators to create a trusting environment in which women felt comfortable speaking to a stranger about their experiences.

This probable underreporting not only affects the ability to detect treatment effects, but also presents challenges in terms of interpreting any changes at endline. The Programme aims to influence social norms, including those which influence whether respondents are prepared to acknowledge and report experiences and perpetration of VAWG. For example, positive shifts in social norms may influence women to be more open about their experiences of VAWG and thus make underreporting *less* common among female respondents. This would mean that reporting would increase and reporting bias would move in the *opposite* direction to intended treatment effects (i.e. to reduce prevalence of VAW). While this would imply a high degree of confidence in any reductions that *were* detected at endline, it also means that treatment effects would be underestimated. Conversely, positive shifts in social norms, which mean that VAWG is considered less acceptable among community members, could cause underreporting to *increase* among boys and men, as it becomes less socially acceptable to admit to perpetrating violence or harassment. If so, reporting bias would move in the *same* direction as the desired treatment effects (i.e. both registering in the survey as reductions in reported perpetration). Perpetration levels could therefore decrease in the survey without any real effect on actual levels of violence or harassment.

This places heavy emphasis on strengthening ability to interpret changes at endline, for example through the use of additional questions in the endline survey which seek respondents' own views on *changes* between baseline and endline, the use of anonymous data collection techniques (which are less sensitive to reporting biases) and including measures to provide a better understanding of whether – and how - social norms are shifting between baseline and endline. Further qualitative

work will also help to better understand how the Programme is interacting with - and influencing - social norms which either encourage or discourage disclosure of certain experiences or behaviours.

Delivery of the Safe Cities Initiative began in a limited number of slums from March 2014. Formal roll out then started in Jabalpur and Bhopal in June 2014 and is due to start later in 2014 in Indore and Gwalior. The Programme will end in December 2015 and endline data collection will begin in November 2015 and continue into 2016, with the endline report delivered in June 2016.

PART A: BACKGROUND AND METHODOLOGY

1. Introduction

1.1 Overview of the Safe Cities Initiative

Since 2006, DFID-India has worked with the GoMP to deliver poverty reduction programmes in urban slums. The Madhya Pradesh Urban Services for the Poor Programme (MPUSP) was initiated across 100 slums between 2006 and 2012. A second phase – the MPUIIP - started in 2013 and is running until 2015.

As part of the MPUIIP, DFID is also funding the Safe Cities Initiative ('the Programme'), which is being delivered in 250 slums across four cities in Madhya Pradesh: Bhopal, Gwalior, Indore and Jabalpur. The design and development of the Safe Cities Initiative started in 2013 and delivery will run until December 2015. Unlike many programmes which are designed to reduce either the prevalence of IPV or violence and harassment in public spaces, the Safe Cities Initiative is intended to address both. It is also unlike many other violence prevention programmes, particularly in India, in that it is focussed on urban slums rather than rural communities.

As part of the overall MPUIIP, the Safe Cities Initiative is being delivered through a partnership between the GoMP and the implementing partner (IP), GHK and IPE Global. On the ground delivery of the interventions will be through a number of local agencies, which are currently being - or have been recently - recruited.

In addition to programme delivery, the Safe Cities Initiative has also been designed to generate robust evidence on what interventions work – and do not work - to reduce violence against women, which is the main reason why this impact evaluation has been commissioned.

Programme design and interventions

The Safe Cities Initiative has been designed to include activities and interventions at both the slum level and the city/ state level:

- At **slum level** with women's SHGs and with boys'/ men's groups to raise awareness, challenge gendered norms and support efforts to prevent and respond to VAWG. The groups will be encouraged to engage with others in their communities in order to promote positive change in terms of attitudes and behaviours;
- At **city and state level** with Urban Local Bodies (ULBs) and interdepartmental platforms by focusing on improving the capacity of state institutions to respond to and address VAWG, and encourage engagement with communities on violence prevention.

While activities and engagement at the city and state level are intended to strengthen longer-term support and more widespread action to address VAWG, it is anticipated that during the programme timeframe, the Safe Cities Initiative will have most impact at slum level through the three intervention packages outlined below. The main focus of the evaluation is therefore on estimating the effects of these slum level interventions (see section 2 for further information on this).

SHG Strengthening Module

This intervention aims to strengthen existing and nascent women's SHGs[1]. The main activities include training of all SHG members (10-15 per group) in SHG formation, organisation and strengthening; training a selection of SHG members in record and book-keeping; and engaging SHG members in linking with financial institutions and undertaking exposure visits. There will be initial training for SHG members across these areas and then a programme of training and practical activities through regular weekly meetings. Efforts will also be made to signpost members of the SHGs to other training opportunities and services, in particular those which could support their economic empowerment. This module also includes basic gender training.

VAW Module

This module builds on the first intervention and aims to increase the capacity of women's SHGs and their members to understand the root causes and trigger factors related to VAWG and to take action to prevent and respond to them. It will deliver training to SHG members on gender and VAWG and further training on helping skills, plus a series of interface meetings with existing service providers to connect the SHGs and their members with services to prevent and respond to VAWG. There will be initial training for selected SHG members and then a programme of training and mobilisation for community action through regular monthly meetings and a range of community level activities and events. The VAW Module will be linked to community-level safety audits, which will be conducted with support and facilitation from the programme implementation team. Each SHG will undertake a safety audit of their slum and identify actions that might be taken to improve the safety of certain areas. All SHGs, including slums where there are boys'/men's interventions, and where there are not, will be encouraged to engage with boys and men in the community to jointly conduct the audits.

Life Skills Module

This intervention started with the formation of groups of adolescent boys and young men (aged 15-25 years), who were recruited by the IP through community meetings and individual conversations with boys and young men. A youth ambassador will now be identified from each group who, after receiving training, will take forward a programme of life skills training, awareness raising and events on gender, VAWG and alcohol abuse with the others in the group. As with the VAW Module, the Life Skills Module will be accompanied by a range of community level activities and events, and if invited by the women's groups, these boys'/ men's groups may also take part in the community safety audits.

Beneficiary groups

As outlined above, the Programme aims to create spaces where groups of women and groups of boys and men can learn skills, increase their awareness and understanding of women's rights and the causes and consequences of VAWG. There is also an emphasis on these groups engaging with others, especially with their own communities to encourage learning, reflection and dialogue. This essentially creates four distinct beneficiary groups within the Programme:

[1] While many of these groups are SHGs, in slums where these did not exist, kitty groups or women's microfinance institution groups (MFIGs) were selected instead. For simplicity, these are referred to as 'SHGs' throughout the report. The strength of all three of these types of groups varies considerably, both in terms of how often they meet and how effectively they are run. In some cases, these groups currently exist only on paper.

- Women direct beneficiaries who are members of the SHGs;
- Women indirect beneficiaries who are members of the wider community within the slum;
- Boys/ men direct beneficiaries who are members of the boys'/men's groups;
- Boys/ men indirect beneficiaries who are members of the wider community within the slum.

Primary, secondary and intermediate outcomes

During the inception phase for this evaluation, the evaluation team spent time with the IP to co-produce a theory of change for the Programme and to identify the main areas in which it is intended to effect change. A diagram of the theory of change is included in annex 1. Based on the theory of change, the ultimate aim of the Programme is to reduce the prevalence of Intimate Partner Violence (IPV) and the prevalence of violence and harassment against women and girls in public spaces. The four **primary outcomes** for the Programme are therefore the reduction in prevalence of:

- Experience of physical IPV
- Experience of sexual IPV
- Experience of violence and harassment in public spaces
- Perpetration of violence and harassment against women and girls.

In addition to these four primary outcomes, there are also seven secondary outcomes which the Programme is designed to influence. These are linked to the primary outcomes, with a focus on the frequency and severity of violence and harassment. They also include emotional abuse and controlling behaviours by an intimate partner. It is intended that the Programme will reduce prevalence in relation to the seven **secondary outcomes** outlined in table 1.

Table 1 - Secondary outcomes for the Safe City Initiative

Types of violence	Frequency of violence	Severity of violence
• Experience of emotional abuse by an intimate partner • Experience of controlling behaviours by an intimate partner	• Experience of Frequent physical IPV • Experience of Frequent sexual IPV • Experience of frequent violence and harassment in public spaces	• Experience of severe forms of physical IPV • Perpetration of severe forms of violence

In mapping out the theory of change for the Programme, a further set of outcomes were identified along the intended pathways to reducing VAWG, which the Programme also intends to influence. A limited number of these were identified as being particularly important in terms of signalling progress along the theory of change and were therefore identified as **intermediate outcomes**. These are outlined in table 2, along with an indication of the direction of change expected as a result of the Programme.

Table 2 - Intermediate outcomes for the Safe City Initiative

Components of the theory of change	Selected intermediate outcomes and expected direction of change as a results of the Safe Cities Initiative
Alcohol consumption and alcohol-related IPV	• Alcohol consumption by men (intended to decrease) • Experience of IPV believed to be alcohol-related (intended to decrease)
Control and decision	• Women earning their own income (intended to increase)

making in the home	• Women's control of their income (intended to increase) • Women's role in household decision making (intended to increase)
Mobility and feelings of safety	• Women's mobility inside their slum during the day and after dark (intended to increase) • Women's mobility outside their slum (intended to increase) • Women needing permission to leave their home (intended to decrease) • Women's feelings of safety in public spaces (intended to increase) • Women's feelings of safety in their home (intended to increase)
Knowledge, attitudes and action	• Knowledge of women's legal rights (intended to increase) • Understanding that IPV has emotional consequences for women (intended to increase) • Perception that social tolerance is a cause of IPV (intended to increase) • Perception that women are to blame for the harassment they experience in public spaces (intended to decrease) • Perception that sometimes women deserve to be beaten by their husbands (intended to decrease) • Perception that it is a wife's obligation to have sex with her husband even if she does not want to (intended to decrease) • Women reporting IPV to the police (intended to increase) • Women reporting violence or harassment in public spaces to the police (intended to increase) • Women reporting IPV to SHGs (intended to increase) • Women receiving support from SHGs to deal with IPV (intended to increase) • Women receiving support from NGOs or women's organisations to deal with IPV (intended to increase) • Actions taken to prevent or respond to VAWG (intended to increase)

The rationale for the inclusion of each of these intermediate outcomes is derived from the Programme's theory of change (see annex 6) and is summarised below:

Alcohol consumption and alcohol-related IPV[2]

Within the theory of change, alcohol consumption is not viewed as a *cause* of VAWG, but as a trigger factor, both in relation to IPV and to violence and harassment in public spaces. Through direct work with boys'/ men's groups, and broader engagement with communities, the Programme aims to encourage boys and men to reflect on, discuss and address their attitudes and behaviours towards women and girls. As part of this process, boys and men will be encouraged to consider the role which drinking plays in triggering violence. Although the Programme does not include counselling or other programmes to directly address alcohol abuse, it is hoped that the Programme will help boys and men to consider the situations in which violence takes place, and as part of a broader effort to

[2] See for example: Abramsky, T. et al. (2011). 'What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence.' BMC Public Health. 11:109.

take responsibility for their actions, reduce their alcohol consumption and change their behaviour when they are drunk. If this spreads beyond the direct beneficiaries to the wider community, it should lead to a reduction in the number of women who report that they are experiencing violence when their husbands are drunk and the level of harassment which women are experiencing in public spaces.

Control and decision making in the home

Based on the theory that poverty and financial stress within the household increase the likelihood of violence in the home, and that women who lack economic independence have fewer options in terms of seeking help or leaving abusive relationships, the Programme aims, through women's SHGs, to strengthen women's skills and help connect them to existing livelihood schemes, which should not only lead to an increase in their ability to earn an income, but also their skills to negotiate greater control of their income within the household. However, existing evidence suggests that the relationship between women's income and their control of that income on the one hand and the levels of violence they experience on the other are complex and multidirectional[3]. For example, women who are economically active outside the home are possibly at greater risk of experiencing violence and harassment in public spaces, and there is some evidence that they are also, at least in the short term, more likely to experience violence in the home if men perceive their own breadwinner role to be under threat. Through training and awareness raising for women, the Programme aims to strengthen women's empowerment and autonomy and ability to positively negotiate new roles within the family, demonstrated through increased control of their income and increased decision-making in the household.

Mobility and feelings of safety

Boys' and men's perpetration of violence and harassment in public spaces not only affects those who directly experience it, it also has a more widespread impact in terms of increasing women's fear for their safety, which in itself can negatively impact on their lives. Women's own fear can lead to self-imposed restrictions on mobility. Other people's perceptions of women's safety, in particular husband's perceptions, can also lead to women's actions and freedom of movement being controlled by others. This is likely to manifest itself not only in terms of reduced mobility among women, but also women needing to seek permission from others before they can leave the home, particularly when they are unaccompanied. Through awareness raising and discussion, the Programme is intended to challenge communities' perceptions of women's safety and, through community safety audits, to encourage reflection on alternative actions to address safety instead of restricting women's mobility.

[3] See for example: Vyas, S. and C. Watts. (2008). 'How does economic empowerment affect women's risk of intimate partner violence in low and middle income country settings? A systematic review of published evidence'. *Journal of International Development*. 21:5, 577-602.

Knowledge, attitudes and action

The Programme's theory of change is based on the assumption that a lack of action to prevent and respond to VAWG is a result of widespread tolerance of it and social and cultural sanctions[4], fuelled by a lack of awareness of girls' and women's rights, understanding of what constitutes VAWG and information about what can be done to prevent it. The Programme aims, through work with groups, to increase awareness and understanding in order to reduce tolerance and promote positive action, including access to support from relevant services. The ultimate aim is that encouraging boys and men to challenge their own beliefs and behaviours will lead them to not *want* to be violent, and that raising awareness among communities, reducing tolerance of violence and encouraging action will mean that boys and men also feel they cannot 'get away' with violent behaviour, either because they have reduced opportunities to be violent, or because they fear social consequences.

1.2 Purpose of the evaluation

In June 2013, SDDirect was commissioned to lead an independent impact evaluation of the Safe Cities Initiative in partnership with Columbia University in New York and NCIS in Delhi. The evaluation design seeks to contribute to both Programme accountability and Programme learning. The evaluation is therefore designed with a dual purpose**:**

- **To conduct a scientifically robust impact evaluation**, which will assess the achievement of key results and the extent to which these can be attributed to Programme interventions;
- **To generate learning and insights** into complex processes of change, 'what works and why', in order to inform on-going and future Programme development.

The evaluation has therefore been designed to achieve the following four objectives[5]:

- To assess a number of core Programme results and the extent to which any observed changes are attributable to the Programme interventions;
- To generate data on a number of intermediate results and indicators which will provide greater insight into the processes of change and answer 'how' and 'why' questions;
- To generate data on the broader contextual factors that influence the lives, opportunities and levels of violence experienced by women and girls and how these relate to the Programme;
- To make a broad assessment of the relevance, cost-effectiveness, unintended consequences and sustainability of the Programme.

As such, the evaluation is not intended to simply generate evidence of any effects which can be attributed to the Programme overall, but more specifically to identify which of the Programme's interventions (if any) are most effective – and why. This is reflected in **the selected design for the evaluation: a cluster RCT** (outlined in section 2). In addition to the RCT, a secondary element of the evaluation will assess the broader relevance and effectiveness of the Programme, drawing on *OECD*

[4] See for example: Heise, L, L. (2011). 'What Works to Prevent Partner Violence: An Evidence Overview' *What Works: To Prevent Violence Against Women and Girls.* DFID.

[5] The terms of reference for the evaluation can be found in annex 1.

DAC Principles for the Evaluation of Development Assistance[6]. The additional qualitative data needed for this will be collected at endline, in addition to programme monitoring data.

Dissemination activities of the evaluation findings at endline will be targeted at audiences in India and internationally in order to further the evidence base of 'what works' in preventing violence against women, with an emphasis on informing future investments in programming.

1.3 Purpose of the baseline and of this report

The most robust measurement of impact for the RCT will be through comparison of outcome measures across control and treatment areas at endline. Nevertheless, the baseline study also plays an important role and will:

- Enable sampling frames, measures and methods for data collection and analysis to be assessed and amended ahead of endline;
- Improve precision in terms of estimating effects;
- Enable assessment of trends over time;
- Enable characterisation of the study population;
- Allow balance across treatment and control groups to be checked and to determine whether adjustments are necessary to address imbalances at endline;
- Provide useful data and information for the IP to fine-tune the interventions.

This baseline report has been written with the above objectives in mind. It is not intended that this report should be used as the main output for communicating the findings of the baseline to policy makers and practitioners. While this report does include information on the findings themselves, this is primarily in order that comments can be made on issues such as balance and the efficacy of measures. A separate, much shorter summary report will be produced, which will be used to communicate the baseline findings to policy makers.

This baseline report therefore provides the following information:

- An explanation of the evaluation design and a description of the activities that have taken place during the baseline phase;
- An overview of the socio-demographic characteristics of the study population;
- Baseline results for each of the outcome measures and an explanation of any implications for the endline;
- An explanation of whether the measures, methods and approaches used at baseline have worked and a description of any changes needed at endline;
- Commentary on whether the findings are consistent with the theory of change for the Safe Cities Initiative (see annex 6) and any implications for the programme implementers.

The secondary element of the evaluation which relates to the broader relevance and effectiveness of the Programme, will be addressed at endline only and is therefore not covered in this baseline report.

[6] Development Assistance Committee (DAC). (1991). 'DAC Principles for Evaluation of Development Assistance'. Organisation for Economic Cooperation and Development (OECD).

Dissemination of baseline results

In addition to having direct relevance to this evaluation and to the Programme, it is hoped that the baseline findings will make a contribution to the evidence base in Madhya Pradesh, and in India more widely, on the prevalence of VAW and the linkages between violence and other dimensions of people's lives.

Decisions relating to the design of the evaluation and communication of findings from it have been – and will continue to be - guided by an understanding that evidence needs to be relevant and useable by policy makers and programme implementers. Dissemination activities following submission of this baseline report will therefore be designed accordingly, and will include additional targeted outputs aimed at audiences within GoMP and elsewhere. This will include a short summary report, a workshop with GoMP officials, newspaper articles and a You Tube video in which the baseline findings are presented.

1.4 Structure and content of this report

This report is divided into three parts: Part A provides an introduction to the Safe Cities Initiative and the evaluation and provides information on the evaluation design and the quantitative and qualitative methods of data collection and analysis used. It also outlines the ethical considerations addressed and the quality assurance processes that have been put in place.

Part B provides detail on the evaluation findings. It begins with a presentation of the socio-demographic characteristics of the evaluation sample, including assessment of any imbalances across treatment and control groups and between direct and indirect beneficiaries. An overview of the baseline findings is then provided, followed by more detailed findings in relation to each of the outcome measures. Part C provides overall conclusions and highlights the implications of the baseline findings for the endline.

2. Evaluation approach

This section provides information on the evaluation design, including the hypotheses to be tested and the methods of data collection used. It also provides a summary of the ethical considerations which have informed all aspects of the baseline.

As outlined in section 1.2, the purpose of the evaluation is to seek evidence of the effects of the Programme and to attribute these to specific interventions or combinations of interventions. In order to enable this attribution, the evaluation is based on a cluster Randomised Control Trial (RCT), with treatment effects estimated through the analysis of a mix of quantitative and qualitative data collected at baseline and again at endline (see section 3 below for further information on data collection and analysis).

Randomisation provides significant benefits for assessing causal effects since it means there are no systematic differences between treatment and control areas, at least in expectation.[7] This enables

[7] Imbalances can arise in practice which can produce "conditional bias." In the analyses such imbalances have been addressed on observables using regression techniques on pre-specified covariates.

changes in outcomes to be attributed to Programme interventions, as opposed to other factors. Given the focus of the Safe Cities Initiative on working with women's SHGs and groups of boys and men at slum-level, the slum was identified as the most logical unit of analysis. This also made sense given that it meant using pre-existing geographically defined areas, which were already recognised politically and by community members themselves. This meant that all 250 slums involved in the MPUIIP – and therefore also in the Safe Cities Initiative – could be randomly assigned to treatment and control groups (further explanation is given in section 2.3).

2.1 Evaluation hypotheses

As described, the evaluation does not simply seek to estimate differences in effects between a treatment group which receives the Programme and a control groups which does not. Rather, the evaluation is designed to assess which of the Programme's three interventions – or combinations of these interventions - are most/least effective. Based on the three interventions the Programme will deliver, the primary, secondary and intermediate outcomes the Programme intends to influence, and existing VAWG literature, a set of evaluation hypotheses have been developed which will be tested through the RCT. These are outlined in table 3.

Table 3 - Hypotheses to be tested through the RCT

Hypothesis no.	Hypothesis
H1	Building the capacity of SHGs (treatment 'S') and their members leads to a reduction in reported experience of IPV and violence and harassment in public spaces by SHG members (direct beneficiaries) and by women who live in their slum (indirect beneficiaries)
H2	Building SHG members' understanding of – and ability to respond to - VAW (treatment 'V') leads to a reduction in reported experience of IPV and violence and harassment in public spaces by SHG members (direct beneficiaries) and by women who live in their slum (indirect beneficiaries)
H3	Building boys'/men's capacity to understand and advocate against VAW (treatment 'L') leads to a reduction in reported perpetration of violence and harassment by members of the boys' and men's groups (direct beneficiaries) and by boys and men who live in their slum (indirect beneficiaries)
H4	Building boys'/men's capacity to understand and advocate against VAW (treatment 'L') is *as effective* as building the capacity of SHGs and their members and building their understanding of – and ability to respond to - VAW (treatments 'S' and 'V')
H5	The combination of these three interventions (joint effects of treatment S + treatment V + treatment L) leads to a reduction in reported perpetration of violence and harassment by members of the boys' and men's groups (direct beneficiaries) and by boys and men who live in their slum (indirect beneficiaries) and a reduction in reported experience of IPV and violence and harassment in public spaces by SHG members (direct beneficiaries) and by women who live in their slum (indirect beneficiaries)
H6	These three interventions (treatment S, treatment V, treatment L) are most effective when applied in combination (i.e. positive interactive effects)
H7	These three interventions (treatment S, treatment V, treatment L) lead to women SHG members (direct beneficiaries) and women who live in their slum (indirect beneficiaries) feeling safer in the home and/or in public spaces

H8	These interventions (treatment S, treatment V, treatment L) lead to SHG members (direct beneficiaries) and women who live in their slum (indirect beneficiaries) having greater mobility and use of public spaces, especially at night
H9	These interventions increase SHG members (direct beneficiaries) engagement with livelihood schemes[8]
H10	These interventions increase SHG members' income levels and control over their income
H11	These interventions lead to a reduction in the consumption of alcohol by members of the boys' and men's groups (direct beneficiaries) and boys and men who live in their slum (indirect beneficiaries), as well as the proportion of SHG members (direct beneficiaries) and women who live in their slum (indirect beneficiaries) who cite alcohol as a cause of the IPV they have experienced
H12	These interventions lead to increased autonomy among SHG members (direct beneficiaries) and women who live in their slum (indirect beneficiaries) in terms of freedom of movement and decision making in the home
H13	These interventions lead to a decrease in attitudes among SHG members and members of the boys' and men's groups (direct beneficiaries) and women and men in who live in their slum (indirect beneficiaries) which blame women and girls for violence and harassment
H14	These interventions expand knowledge among SHG members and members of the boys' and men's groups (direct beneficiaries) and women and boys and men who live in their slum (indirect beneficiaries) of women's legal rights and the causes and consequences of VAWG
H15	These interventions lead to SHGs and their members and members of the boys' and men's groups (direct beneficiaries) and women and men in who live in their slum (indirect beneficiaries) becoming engaged in actions to prevent and respond to VAWG
H16	These interventions lead to increased reporting of VAWG and greater access to support for responding to IPV among SHG members (direct beneficiaries) and women who live in their slum (indirect beneficiaries)

2.2 Factorial design

Given these hypotheses, a factorial design was selected for the RCT. Factorial designs not only enable the effects of individual interventions to be identified, but also the effects of various combinations of these interventions. There are two types of intervention which relate to the SHGs: the SHG Strengthening Module and the VAW Module. In order to test the effectiveness of these interventions, two SHGs in each of the 250 slums would receive one of the following:

- The SHG Strengthening Module on its own (categorised as treatment type 'S')
- The SHG Strengthening Module plus the VAW Module (categorised as treatment type 'V')
- No intervention at all (categorised as treatment type 'N')

There is just one intervention which the boys' and men's groups could receive: the life skills training. The men and boys group in each of the 250 slums could therefore receive one of following:

[8] Note: H9 will be captured through endline measures only. No baseline data will be collected to test this hypothesis as it is not yet clear which schemes the Safe Cities Initiative will be supporting participants' access to.

- The Life Skills Module (categorised as treatment type 'L')
- No intervention at all (categorised as treatment type 'N')

In order to enable comparisons of the various combinations of the three possibilities for SHGs and the two possibilities for the boys' and men's groups, a 3x2 factorial design is being used, as outlined in table 4.

Table 4 - Factorial Design for the evaluation of the Safe Cities Initiative

		Men and boys' groups		
		No Life Skills Module	**Life Skills Module**	**Total**
SHGs	**No SHG intervention**	41 slums 'Pure' control (Type 'NN')	41 slums Life Skills Module only (Type 'NL')	82 slums No SHG intervention (Type 'TC')
	SHG Strengthening Module	42 slums SHG Strengthening Module only (Type 'SN')	42 slums SHG Strengthening Module plus Life Skills Module only (Type 'SL')	84 slums SHG Strengthening Module (Type 'TS')
	SHG Strengthening Module + VAW Module	42 slums VAW Module and SHG Strengthening Module only (Type 'VN')	42 slums All three modules (Type 'VL')	84 slums SHG Strengthening Module and VAW Module (Type 'TV')
	Total	125 slums No Life Skills Module (Type 'TN')	125 slums Life Skills Module (Type 'TL')	**250 slums** **(Total)**

The 3x2 factorial design produces six treatment groups (from now on referred to as 'treatment arms'). These are outlined in table 5.

Table 5 - The six treatment arms under the factorial design

Treatment arm	Interventions	Type	Number of slums	Programme delivery
Treatment Arm 1	'Pure' control	NN	41	In these slums no interventions will be delivered
Treatment Arm 2	Life Skills Module only	NL	41	In these slums no interventions will be delivered to the SHGs but the Life Skills Module will be delivered to the boys' and men's group
Treatment Arm 3	SHG Strengthening Module only	SN	42	In these slums two SHGs will receive the SHG Strengthening Module but no intervention will be

				delivered to boys' and men's group
Treatment Arm 4	SHG Strengthening Module + Life Skills Module only	SL	42	In these slums, two SHGs will receive the SHG Strengthening Module and the Life Skills Module will be delivered to the boys' and men's group
Treatment Arm 5	SHG Strengthening Module + VAW Module only	VN	42	In these slums, two SHGs will receive the SHG Strengthening Module plus the VAW Module but no intervention will be delivered to the boys' and men's group
Treatment Arm 6	SHG Strengthening Module + VAW Module + Life Skills Module	VL	42	In these slums, two SHGs will receive the SHG Strengthening Module plus the VAW Module and the Life Skills Module will be delivered to the boys' and men's group
Total slums			250	

A key advantage of the factorial design is that data from each of the cells within table 5 can be used for multiple comparisons. Thus for example slums in the NL group feature among treated slums the effects of the livelihoods intervention are examined, but feature among control slums when the effects of the VAW Module are examined. It is important to note that power is higher for comparisons of the individual interventions/ modules, rather than combinations. The set of priority comparisons are detailed in Table 6. Further detail on power can be found in appendix 15.

Table 6 - Comparisons of interest within the factorial design

Comparison	Number of slums
TS-TC	Data from 166 slums can be used to assess the effect of the SHG Strengthening Module, compared to no SHG intervention at all.
TV- TS	Data from 168 slums can be used to assess the effect of the VAW Module, conditional on the SHG Strengthening Module.
TV-TC	Data from 166 slums can be used to assess the effect of the SHG Strengthening Module plus the VAW Module compared to no SHG intervention at all.
TL-TN	Data from all 250 slums can be used to assess the overall effect of the boys'/men's Life Skills Module.

2.3 Randomisation: method and timing

The sample of 250 slums included in the evaluation were pre-selected because they had been previously identified for inclusion in the larger MPUIIP programme, of which the Safe Cities Initiative is just a small part[9]. The IP then selected two SHGs in each of the 250 slums, and identified men and

[9] The 250 MPUIIP slums had been selected as those which would not be affected by relocation or redevelopment under the

boys who were invited to form one boys'/men's group in each slum. These 250 slums (and therefore the groups located within them) were then randomly assigned to the six treatment arms. This approach provides particular strength in terms of internal validity. External validity would have been enhanced somewhat if these 250 slums were themselves randomly sampled from a larger population of slums but this was not possible given that the MPUIIP was already underway.

The level at which random assignment took place is summarised in table 7.

Table 7 - Selection and random assignment

Cities	Slums	SHGs	Boys'/men's groups
Four cities were selected by DFID and GoMP for inclusion in the Safe Cities Initiative.	250 slums were pre-selected as part of the broader MPUIIP. These slums were then randomly assigned to the six treatment arms.	Two SHGs were selected by GoMP and the IP in each of the 250 slums[10].	Boys and men were invited by the IP to form one new boys'/men's group in each of the 250 slums, through a mix of community meetings and conversations with individual men and boys[11].

Using a random assignment scheme meant there was no way to predict in advance whether any particular slum would receive a given type of intervention or not. However, the randomisation was set up using a blocking approach to make sure that the *distribution* of treatment and control slums was *balanced* in various ways. The most important dimensions of balance were:

- By city: each of the intervention combinations was distributed approximately equally across cities
- By slum characteristics, including:
  (a) Slum baseline levels of VAW (experience of IPV and experience of violence and harassment in public spaces);
  (b) Slum size;
  (c) Type of women's groups for the SHG treatments - whether they were pre-existing SHGs, microfinance groups or kitty groups;
  (d) Slum involvement in the previous MPUSP;
  (e) Slum Below Poverty Line (BPL) score.

The randomisation procedure was conducted in the following two stages[12]:

Rajiv Awas Yojna (RAY) National Housing Scheme for the Urban Poor.

[10] Where more than two SHGs existed in a slum, the two strongest SHGs were selected. Where no SHGs were present, kitty groups or MFIGs were selected instead. The strength of these groups varies considerably, and some are not currently operational and will need to be reactivated by the Safe Cities Initiative.

[11] In some cases, men and boys who were on the list of direct beneficiaries were not contactable during the survey. In these cases, the field research team identified additional boys or young men to take part in the evaluation and the baseline. The IP then added these boys and men to the list of direct beneficiaries to participate in the Programme.

[12] Random assignment was implemented by a computer using an **R** script with a fixed seed to allow replication.

- In the first stage, blocks with six slums each were created in each city that were as similar as possible across dimensions (a) to (e) above (where 'similarity' was defined using Mahalanobis distance);[13]
- In the second stage, the six slums within each set of matched slums were assigned to one of the six treatment arms.

The randomisation took place immediately after the baseline data collection for two reasons. First, the most important variables for blocking were the slum level prevalence of IPV and violence and harassment against women in public spaces at baseline. Using this data required implementing the randomisation after the baseline data was gathered, cleaned and analysed in order to ascertain baseline prevalence levels. Second, it was important that baseline findings were not affected by the assignment and in particular that respondents at baseline were in a similar position vis-a-vis the programme. This avoided the possibility that respondents in treatment slums could respond differently to baseline questions than those in control slums simply because of the effects of having been selected for treatment.

2.4 Discarded designs

During the inception phase for this evaluation, many alternative designs for the RCT were examined and considered, each with different benefits and weaknesses. Some elements of alternative designs which were considered are listed in appendix 3, which summarises the main benefits they would have brought and the reasons why they were rejected in favour of the selected design.

2.5 Timeframe

Baseline survey data was collected over a four-month period between September and December 2013. Qualitative baseline data was then collected over eight weeks between January and March 2014.

Delivery of the Safe Cities Initiative began in a limited number of slums from March 2014. Formal roll out then started in Jabalpur and Bhopal in June 2014 and is due to start later in 2014 in Indore and Gwalior. The Programme will come to an end in December 2015 and endline data collection will begin just before then in November 2015 in order to maximise the length of time the Programme has to achieve intended effects. Endline data collection will continue into 2016, with the endline report being delivered in June 2016.

3. Data collection and analysis

3.1 Mixed-methods approach

The data collection strategy for this evaluation is based on a mixed-methods approach designed to collect both quantitative and qualitative data, as outlined in table 8.

[13] Integer issues were dealt with by first randomly sampling 60 slums in each city for which the blocking procedure was implemented; the remaining slums were randomly allocated to treatment directly, ensuring that all slums had equal probabilities of assignment to treatment in each city.

Table 8 - Data collection methods at baseline and endline

Approach	Methods at baseline	Programme Monitoring	Endline
Quantitative	Survey	Ongoing collection of programme data from the SHGs and boys'/ men's groups using monitoring registries to capture activities	Survey
			Anonymous polling technique (to be developed and tested)
			Direct observation measure (to be developed and tested)
Qualitative	Focus group discussions		Focus group discussions
	Key informant interviews		Key informant interviews

3.2 Hypothesis testing

The hypotheses, which have informed the factorial design, will primarily be tested using quantitative data collected through a household panel survey conducted at baseline and again at endline. A survey of male and female direct and indirect beneficiaries was administered at baseline using a survey instrument which had been developed using a range of good practice from previous VAWG-related studies and evaluations, both internationally and specifically in India[14]. The instrument included questions focused on each of the primary, secondary and intermediate outcomes over which the Programme is intended to effect change. Almost all of the questions in the instrument were designed to capture self-reported experiences, attitudes and behaviours. A number of questions were also included as proxies in order to triangulate and test the consistency of the data. The baseline survey instrument was field-tested ahead of the baseline phase, with changes made as a result. See annex 2 for a copy of the complete survey instrument. Appendix 4 provides a mapping of each of the hypotheses on to relevant questions in the survey instrument.

In addition to the questions which asked respondents to report their experiences, attitudes and behaviours, the survey instrument also included an embedded list experiment, intended to provide data on experiences and perpetration of violence without respondents having to directly answer questions about this. Such list experiments have been successfully used in previous studies to gather information on respondents' attitudes and behaviours which they do not readily admit to, for example racist or extremist views[15]. The approach used provides respondents with a predefined list of behaviours and asks them to report *how many* behaviours from the list they have encountered, without specifying which behaviours in particular. Half the respondents receive a *standard* list, so that it can be estimated how many behaviours from the standard list are reported on average. The other half receives a *longer* list that includes both the standard list and the sensitive item (here, experience of VAW). The difference in the average responses to the long list and the short list measures the share of respondents that have encountered the behaviour of interest (VAW). It was

[14] See for example: United Nations Entity for Gender Equality and the Empowerment of Women. (2011). 'UN Women Safe Cities Free of Violence against Women and Girls Global Programme: Impact Evaluation Strategy'. UN.
And: Jagori and UN Women. (2010). 'Safe Cities free of Violence against Women and Girls Initiative: Report of the Baseline Survey Delhi'. UN.

[15] See for example: Corstange, D. (2009). 'Sensitive questions, truthful answers? Modelling the list experiment with LISTIT.' Political Analysis. 17.1: 45-63.

expected to be helpful in estimating levels of under-reporting in the main survey questions. However, despite both training and field-testing, the list experiment was not effectively implemented at baseline and the data from it could not be used for analysis (there was not correct separation of groups into the long list and short list conditions). Further training and testing will be undertaken to ensure it can be used for endline analysis.

3.3 Deeper understanding through qualitative methods

In addition to the survey, two qualitative methods were used at baseline FGDs and KIIs. An example FGD guide and KII guide are included in annexes 3 and 5.

As well as providing broader contextual information, these methods also enabled triangulation of the baseline data through assessment of consistency between quantitative and qualitative findings. They also supported interpretation of the survey data and crucial analysis of 'how and why' questions. Qualitative data collection methods are often more effective at enabling participants to discuss extremely sensitive topics such as IPV and the qualitative data played a crucial role in highlighting areas of possible under-reporting in the baseline survey. A summary of the qualitative measures used at baseline is provided in appendix 5 and analysis of the qualitative data, including discussion on underreporting is included in section 8.

3.4 Fieldwork

Both the qualitative and quantitative fieldwork was managed by a Delhi-based team from NCIS. This team oversaw the selection of enumerators and field supervisors for the survey, who were recruited locally within Madhya Pradesh, primarily from social work institutes. Every member of the field team received an initial week of training, followed by a booster training delivered by NCIS, with specialist inputs from others. These included a session on gender sensitisation and VAWG, led by Jagori, a Delhi-based women's rights organisation, and training on research ethics designed by the team at SDDirect (further detail on this is provided in section 4). A larger number of enumerators than needed was initially recruited and trained in order that those with the strongest skills could be employed during data collection. In addition to field supervision, the NCIS team made regular trips to the field and were permanently on call. All surveys were conducted using a Personal Digital Assistant (PDA) device to prompt questions and record responses to reduce enumerator error.

A smaller team of NCIS staff and associates was trained on the FGD and KII instruments as facilitators and note takers. This included training on ethics and the sensitivities of collecting data on VAWG. Digital recorders were used during the FGDs and KIIs (with the permission of participants) along with hand written notes in order to improve accuracy of the transcripts. The same team of facilitators and note takers then translated the FGDs and KIIs recordings and transcripts from Hindi into English. These translations were quality assured by senior members of the NCIS team in Delhi.

Throughout data collection, regular updates were given to the international team at SDDirect and Columbia University, with input and guidance provided on a regular basis.

3.5 Sampling for the survey

As discussed in section 1, four beneficiary groups have been identified as those most likely to benefit from the Programme:

- Women direct beneficiaries who are members of the SHGs;
- Women indirect beneficiaries who are members of the wider community within the slum;
- Boys/ men direct beneficiaries who are members of the boys'/men's groups;
- Boys/ men indirect beneficiaries who are members of the wider community within the slum.

Including all four of these groups in the evaluation allows for both the immediate effects of the Programme (on direct beneficiaries) and more widespread impact (on indirect beneficiaries) to be assessed.

The age ranges for the direct beneficiaries sampled for the evaluation were dictated by the age groups being targeted by the Programme. Choosing to work through existing SHGs (and MFIGs and kitty groups), means the Programme will reach women over the age of 18 years. For the new boys'/ men's groups, the Programme deliberately targeted a younger age group: those aged 15 to 25 years. The sampling of direct beneficiaries for the evaluation mirrored this, although in-line with other VAW-related research and evaluations in India and elsewhere, an upper age limit of 49 years was set.

Decisions about the age ranges for indirect beneficiaries were based on assumptions about which members of the wider slum population were most likely to be affected by each of the Programme's interventions. Based on the Programme's theory of change, it is expected that the indirect beneficiaries most likely to benefit from the SHG interventions (in particular the VAW Module) will be women and men of a similar age to the direct beneficiaries (i.e. 18 – 49 years). It is also expected that the indirect effects of the boys'/ men's Life Skills Module will be on boys and men of the same age (i.e. 15-25 years). The age groups selected for the direct and indirect beneficiary groups included in the evaluation are outlined in table 9.

Table 9 - Age ranges for direct and indirect beneficiaries

Beneficiary group	Age range
Women direct beneficiaries	18 – 49 years
Boys and men direct beneficiaries	15 – 25 years
Women indirect beneficiaries	18 – 49 years
Boys and men indirect beneficiaries	15 – 49 years

Two different sampling approaches for the survey were developed and used at baseline: one for direct beneficiaries (male and female) and one for indirect beneficiaries (male and female). These are described below:

- Direct beneficiaries were identified from lists provided by GHK of five women from each of the 500 existing SHGs, MFIGs and kitty groups across the 250 slums, and on lists of eight boys and men from each of the 250 newly formed boys'/ men's groups, also from across the 250 slums. In cases in which more names were provided simple random sampling was used to select subjects.
- Selection of indirect beneficiaries was more complex, requiring individuals from three population groups to be identified: boys/young men (15-25), older men (26-49) and women

(18-49). This involved a two-stage process. In the first stage, research teams constructed a map of each slum in which every household was numbered consecutively. Using independent random number tables for each slum, households were then selected for possible inclusion of an occupant from one particular population group. Enumerators then visited the selected households to determine whether there was someone from their target population they could interview. If there was not, the enumerators selected the next household number on the map and repeated the process. In the second stage, random sampling tables (unique for each household) were used to select individual respondents from a list of eligible household members.

Table 10 outlines the intended sample of direct and indirect beneficiaries in each of the 250 slums, with an overall target of 7,500 respondents.

Table 10 - Distribution of survey respondents per slum

	Boys/ young Men (15-25 years)	Older Men (26-49 years)	Women (18-49 years)	Total
Direct beneficiaries from SHG 1			4	4
Direct beneficiaries from SHG 2			4	4
Direct beneficiaries from the Boys'/ Men's group	6			6
Indirect beneficiaries from the wider slum population	4	4	8	16
Total per slum	10	4	16	30
Total for all 250 slums	2500	1000	4000	7500

An actual baseline sample of 7,486 respondents was achieved. These numbers correspond almost exactly to the target sample, as outline in table 11, and matched the planned distribution set out in table 10.

Table 11 - Comparison of target and actual survey sample at baseline

Beneficiary group	Target sample for baseline	Actual baseline sample
Women direct beneficiaries	2,000	1,996
Women indirect beneficiaries	2,000	1,998
Boys/ men direct beneficiaries	1,500	1,500
Boys/men indirect beneficiaries	2,000	1,992
Total	7,500	7,486

3.6 Analysis of the baseline survey data

Simple statistical techniques were used to analyse the baseline data. In all cases, sample average effects are reported rather than population average effects. For the direct beneficiaries, the sample was the population of interest; for the broader populations, sampling was designed to ensure near

uniform weights, with deviations from uniformity within slums arising only for individual level analyses from differences in household size. Deviations in household sampling probabilities arise only due to differences in sizes of slums, but since the treatment units were at the slum level, these were not corrected for. Thus, informally, the unweighted data can be interpreted as providing information on the typical household in a typical slum.

The primary analyses undertaken are reported in "at a glance" tables that describe key features of each of the measures. It is important to note that although the tables provide many correlations, these correlations should not be taken as implying causal relations; rather they simply describe how attributes of the population are associated with each other.

As part of the reporting on each measure, the various indicators regarding the quality of the data and any causes for concern are also highlighted. Some of these relate to data collection, such as missingness (see individual 'measures at a glance' tables in sections 8 and 9), or the extent to which different responses seem to be strongly correlated with the identities of the enumerators (see appendix 13); some relate to question wording that leaves ambiguities or question design, particularly when responses to some items are conditional on responses to others. Finally, any concerns for analysis are also reported, in particular if levels on baseline variables are at a level where there is little room for improvement, or if there is severe imbalance across treatment conditions, or if there is clustering in the data that could weaken statistical power.

3.7 Sampling for the FGDs and KIIs

Focus group discussions

A total of 72 FGDs across 24 slums in the four cities were conducted at baseline. The sample was constructed to include a cross-section of male and female direct and indirect beneficiaries across slums which had been allocated to the six treatment arms. In each city, 18 FGDs were conducted across six slums: one from each treatment arm. The total number of FGDs across the four cities, and their distribution between treatment arms and beneficiary groups, is shown in table 12. In order to have an appropriate spread of FGDs overall, in some slums, FGDs were conducted with all beneficiary groups and in others, just boys'/men's focus groups or just women's focus groups were conducted.

Table 12 - Focus group discussions conducted at baseline

Treatment arm	Female direct beneficiaries	Female indirect beneficiaries	Male direct beneficiaries	Male indirect beneficiaries
Arm 1	4	4	4	4
Arm 2			4	4
Arm 3	4	4	4	4
Arm 4	4	4		
Arm 5	4	4	4	4
Arm 6	4	4		
Total per beneficiary group	**20**	**20**	**16**	**16**

The 24 slums (one of each treatment arm in each city) were formed from one block of six slums in each of the four cities. Sampling was undertaken to ensure that (a) each unit was sampled with equal probability (b) within each city the six slums were similar (in terms of the measures used to construct the sampling blocks; and (c) there was diversity in background conditions across cities. The following approaches were then taken in terms of focus group recruitment:

- Female direct beneficiaries: one of the two SHGs were selected with equal probability and all members of that SHG were then invited to participate in the FGD;
- Male direct beneficiaries: all boys and men listed as intended members of the boys'/ men's group were invited to participate in the FGD;
- Male and female indirect beneficiaries: field teams sought to recruit active members of the community who would be able to offer perspectives about VAWG in their community more widely. In each slum, field teams recruited individuals such as school teachers, social workers, nurses, doctors, members of local community-based organisations, women's groups and women running their own businesses. In each case, the field team double-checked to ensure that none of the selected participants were listed as direct beneficiaries of the programme.

Key Informant Interviews

Interviews were conducted with a range of individuals and representatives of organisations across each city. The target sample for KIIs was 40 (10 in each of the four cities). Despite significant attempts by the field team to secure all of these interviews, some individuals were simply not available or did not respond. As a result, a total of 34 KIIs across the four cities were conducted at baseline (10 in Bhopal and eight each in Gwalior, Indore and Jabalpur). These were mainly conducted as face-to-face semi-structured conversations using a KII question guide (attached in annex 5), with the exception of a minority of interviews which were completed as a written exercise (at the request of the key informant).

The 34 KIIs captured a wider range of views from different stakeholders, including those who were playing a direct role in overseeing or implementing the Programme, managers and providers of key services for women and girls and other individuals with knowledge of and/ or influence over the situation of women and girls in the slums (e.g. UADD Commissioner, individuals from women's organisations, ward councillors, journalists). For a list of the KIIs conducted, see appendix 7.

3.8 Analysis of the FGDs and KIIs

The main approach to the qualitative data analysis at baseline was deductive: grouping and analysing data in line with the outcome areas of interest to the evaluation. However, an inductive approach was also used in order to look for, and explore, other emergent issues and relationships. The qualitative data analysis included the following steps:

Step 1: Organisation and initial review of the data: qualitative data analysis software (NVIVO 10) was used to systematically organise the data and support analysis. An initial broad coding framework was developed based on the primary, secondary and intermediate outcomes of interest to the evaluation plus some additional contextual and exploratory questions included in the FGD and KII question guides. A sample of transcripts were reviewed in order to revisit and refine these codes, including sub-dividing key themes into finer categories.

Step 2: Coding of data: Once the coding framework was agreed, the 72 FGD transcripts and 34 KII transcripts were coded. Regular meetings and dialogue between the researchers who were conducting the coding ensured consistency. In addition, regular cross-checking was conducted and approximately 10% of scripts were double-coded by a second researcher to ensure coding consistency.

Step 3: Synthesis of findings: Once the coding was completed, descriptive analysis was undertaken based on the outcome areas of interest. This involved extracting relevant data and citations to draw out key findings and look for points of agreement and disagreement. Significant extracts of the text were coded each time so that when it was analysed, there was adequate context to judge participant responses in light of the facilitator's question and prior discussion. On this basis, decisions were taken about whether to use the data for the analysis without reservation or to use it in a more limited way (e.g. where a leading question had been asked). As is common practice with qualitative data analysis, these assessments of quality were used to make judgements throughout the analysis process about the meaning, validity and consistency of data from different FGDs and KIIs.

Step 4: Interpretive analysis: In-depth interpretive analysis was conducted, drawing out relationships between different outcomes and explaining and contextualising these with reference to wider theory, research and evidence on VAWG, especially in India. Findings were carefully cross-checked, including sharing the analysis with members of the field research team for feedback and validation.

Step 5: Integration of qualitative and quantitative analysis: A systematic comparison of the findings from the qualitative and survey data was conducted, guided by consideration of whether the qualitative data did the following:

- Corroborated or contradicted the survey findings (triangulation)?
- Helped to explain a pattern or correlation picked up in the survey data, including how and why these occurred (explanation)?
- Pointed to new issues, patterns, cause-effect relationships, consequences, impacts and explanations that were not identified in the quantitative analysis (expansion)?

3.9 Programme monitoring data

The primary interest in programme monitoring data from the perspective of the evaluation is based on the need to:

- Track the extent to which programme implementation adheres to the assignment of slums to the six treatment arms;
- Capture the intensity of programme activities within the different treatment groups, including any interruptions to programme delivery;
- Understand any changes in terms of the design or delivery of the Programme, including any changes to the Programme's objectives;
- Understand any particular challenges or opportunities in relation to Programme implementation, which might imply adjustments to the Programme's theory of change.

Programme activities will be captured through a set of monitoring registries for each of the SHGs and boys'/ men's groups. Regular dialogue between the evaluation team and the IP will also be maintained. This will include updates on any other programmes being delivered in the sample of 250 slums. While the existence of other programmes does not, in itself, pose any threat to the evaluation, crucially, there is a need to ensure that slums included in any other programmes are not being targeted *because* of their status as slums allocated to particular treatment arms for the evaluation of the Safe Cities Initiative (e.g. a programme targeted only at slums where the boys'/ men's groups have been established).

4. Ensuring an ethical approach

Ethics are of the utmost importance in this evaluation. Inadequate consideration of ethical issues and insufficient effort to fully address them in the design and delivery of the evaluation could lead to unacceptable risks for both research participants and field researchers.

As part of the design phase for the evaluation, two international ethics experts were commissioned to review the proposed methodology from an ethical viewpoint and make recommendations to strengthen it. The safety of field researchers and ensuring research participants were not put at increased risk were the overriding priorities for the evaluation team, particularly bearing in mind the risk of retaliatory action by perpetrators. A detailed table outlining the ethical guidelines for the evaluation are included in appendix 2. The core aspects of the approach to ensuring ethics were upheld at baseline and are summarised below:

- **All field researchers were carefully selected and screened** for negative attitudes related to VAWG.
- A**ll field researchers received training on ethics and child protection and on women's rights and VAWG** (the latter was provided by Jagori, a Delhi-based women's rights organisation).
- All interviews and FGDs were conducted/ facilitated by r**esearchers who were the same sex as the participants.**
- **Field researchers were trained to terminate or change the subject of discussion if the interview was interrupted by anyone.** Privacy during interviews and group discussions was particularly difficult to achieve in a heavily built up urban environment. Efforts were made to arrange interviews and group discussions at times that suited participants. However, it often proved incredibly difficult to achieve full privacy given that most interviews were conducted in people's own homes, and there was often an absence of a space where a confidential interview could be held.
- **No more than one member of a household was interviewed** so that other household members would not be aware of the exact content of the survey. Boys/ men who were interviewed for the evaluation were also asked questions about their experiences, mobility and feelings of safety in their slums so that the survey was not obviously specifically focused on VAW.
- **Informed verbal consent was requested from all research participants**. It was not considered appropriate to ask for written consent given likely illiteracy among a number of participants[16]

[16] Illiteracy among women is as high as 30% in the cities from which the sample is drawn. Total literacy rate in Bhopal is 82.3% (male 87.4% and female 76.6%), Gwalior is 87.20% (male 90.85% and female 78.82%) Indore is 87.38% (male 91.84% and Female 82.55%), Jabalpur is 75% (male 79% and female 70%) Indian Ministry of Home Affairs Census Bureau. (2011). 'Census of India'.

and the concern that getting signed consent could deter them from opening up about sensitive subjects. Verbal consent was therefore sought. Consent from parents or caregivers for the participation of those aged 15-17 years was not sought, and the emphasis was instead placed on ensuring that participants had sufficient information to provide consent themselves. A copy of the consent statement read out to participants was not left with them, in case it was read by others.

- **Researchers were trained to detect signs of distress or trauma** and to pause or stop interviews or discussions and provide information on support services when necessary.
- **All participants were given an information card with numbers of local support services**, including those responding to VAW. This card included a range of other services, so it would not arouse suspicion if seen by another family or community member. Researchers pointed one main VAW service provider out on the list to respondents who were illiterate.
- **No names, addresses or other details that could allow identification of participants were recorded in the completed survey or in FGD notes and transcripts.**

5. Challenges and Caveats

The previous section presented the evaluation approach, with an emphasis on the strengths of the factorial design and selected methods in terms of enabling an accurate estimation of treatment effects. However, it is also important to highlight a number of caveats to the evaluation and limitations in terms of the selected approach. These are outlined in the following section. Some of these relate specifically to the evaluation of the Safe Cities Initiative, while others reflect the limitations of VAW evaluations more widely.

Collecting reliable data on VAW is notoriously difficult

It is difficult to get accurate data on VAW, partly because it tends to rely on self-*reported* violence and partly because this reporting relies on people speaking openly about a very sensitive topic. The main data collection method for the RCT, namely the household survey, relies on women telling enumerators about their experiences of violence and men telling them about the violence they have perpetrated. There is a strong possibility that the levels of violence reported will be significantly lower than actual levels. However, these reported levels are still extremely valuable and comparisons at endline will enable differences across the treatment arms to be detected. Nevertheless, an important addition at endline will be the inclusion of a behaviour observation measure which relies less on direct reporting, as well as possible anonymous data collection methods[17]. An embedded list experiment within the survey instrument will also be used to estimate the extent of underreporting. (See section 3.2 for further reference to the embedded list experiment.)

[17] These are still being explored, but could include the use of anonymous polling booths, which have been successfully used in other studies to gather information on sensitive topics. See for example: Beattie, T.S., et al. (2010). 'Violence against Female Sex Workers in Karnataka state, South India: Impact on health and reductions in violence following an intervention program'. *BMC Public Health.*

Interpreting changes in levels of VAW is complex

While the hypotheses for this evaluation are focused on testing for reductions in violence, there is also a possibility that experience of VAW, as reported in the survey, might actually go up in treatment groups at endline. This cannot – and should not – necessarily be interpreted as programme failure: the theory of change for the Safe Cities Initiative is based on raising awareness, promoting discussion and reducing tolerance of violence. In so doing, women in treatment slums may become more willing to categorise some of their experiences as VAW and become more open about sharing their experiences in the survey.

In order to support an accurate interpretation of endline results, the endline survey, and qualitative data collection, will explicitly ask respondents about their views on any differences in their experiences and behaviours between baseline and endline. Further, in addition to the primary and secondary outcome measures, which captured experience of violence in the last 12 months, the baseline survey instrument also included questions on whether women had *ever* experienced violence in their lifetime. Comparison of the results from these 'ever' measures at baseline and endline will help to interpret whether possible increases in reported VAW represent actual increases, or simply changes in women's level of comfort in telling people about the violence they have experienced. If the latter is true, it would be expected that women who are no longer experiencing violence, but who experienced it some time ago (e.g. when they were with a previous partner) would also feel more comfortable in reporting the violence they had experienced. As such, there would be an increase in reporting against the 'ever' measure, not just the measure for the previous 12 months.

Effects in terms of more severe forms of violence are less likely

While this is not strictly a limitation of the evaluation itself, and more a reflection of what the Programme seems likely to achieve, it is important to note that reductions in the prevalence of severe forms of violence, whether IPV or violence in public spaces, are less likely than reductions in more moderate forms of violence and harassment[18]. For this reason, various forms of violence and harassment have been included in the primary and secondary outcome measures, including less severe forms. An assumption in the Programme's theory of change is that it is far less likely that men who have perpetrated extreme forms of violence, including rape, would stop this without intensive one-to-one support, which is not an intervention included in the Programme. The deliberate targeting of adolescent boys and younger men was based on the assumption that attitudes and behaviours among this age group can be positively influenced so that less severe forms of violence and harassment can be stopped before they potentially escalate. It follows that reductions in these less severe forms of violence and harassment are more likely to be detected within the evaluation timeframe.

Spill over effects are likely and need to be understood

The RCT has been designed to capture certain spill over effects which are of particular interest, where, through direct beneficiaries, the programme has an effect on men and women in the wider slum community (defined as the indirect beneficiaries). The rationale for restricting the definition of

[18] Johnson, M.P. (2005). 'The Differential Effects of Intimate Terrorism and Situational Couple Violence: Findings From the National Violence Against Women Survey'. Journal of Family Issues, 26.3: 322–349.

indirect beneficiaries according to existing slum boundaries was described in section 2, and for a number of reasons, 'the slum' is the logical unit of analysis for this evaluation. However, given the fact that many of the 250 slums are in heavily built up areas which are geographically very close to each other, the effects of the Programme in treatment slums could spill over into neighbouring slums.

This is more likely to affect the measures of violence and harassment in public spaces than the IPV measures. Boys and men may already be travelling to neighbouring slums in order to perpetrate violence and harassment. Programme interventions themselves may encourage this to happen, for example if it becomes more difficult for boys and men to perpetrate violence in their own slum, rather than being prevented, the violence and harassment could simply be displaced. This could mean that programme effects may not be discernible: if boys and men reduce the violence and harassment they are committing in other slums, programme effects will be underestimated. Conversely, if violence and harassment is displaced away from home slums, programme benefits may be over-estimated.

In order to address this, direct enquiries with boys and men about the location of violence or harassment they perpetrate will be included in the endline survey in order to gain understanding of its geographical distribution. Qualitative research will also investigate these effects and provide deeper understanding of how, why and where changes have occurred. At endline, information will also be gathered on whether individuals in a given slum were knowledgeable about interventions taking place in neighbouring slums. Finally, GPS data will be used to assess geographic spillover effects directly – for example whether women in one slum were affected by the assignment of treatment to a neighbouring slum.

Attrition, particularly among boys and men in the sample needs to be monitored

As with all evaluations which use panel surveys, there is a risk that participants could drop out of the evaluation for a range of reasons, including that they are no longer willing or able to take part, cannot be located at endline or have moved to another area. However, the risk of attrition for the male direct beneficiaries in this evaluation is particularly high given the approach of the Safe Cities Initiative. While the women direct beneficiaries are members of *existing* SHGs (albeit including ones that may have often only existed on paper until now), the boys and men have been asked if they would join new groups if they were created. Based on their initial interest in doing this, they have then been selected as direct beneficiaries to take part in this evaluation. While it is expected that those in treatment slums will go on to participate in the Programme and in the evaluation, there is a risk that, as this is a new commitment for them, rather than building on work with an established group to which they are committed, they could drop out of the Programme early on. They would therefore have been interviewed at baseline but would no longer be direct beneficiaries. Despite this however, the clustered design of the RCT offers some protection, with the loss of entire slums from the sample of 250 having far greater impact on power than the loss of individual respondents (see appendix 6 for further detail on this).

Adherence to allocated treatment arms is essential

The evaluation is dependent on the Programme being implemented in a particular way and adherence to this is crucial if treatment effects are to be accurately estimated at endline. In particular, the factorial design depends on programme interventions being delivered according to the random allocation of slums into the six treatment arms. This means that the intensity of

programme delivery must not be reduced in treatment areas, or additional interventions delivered in control areas. If this were done, it would interfere with comparisons between treatment and controls and negatively impact on the value of the evaluation. There is a risk that political considerations could result in control slums getting 'compensated' with other interventions which might not be directly linked to VAWG (for example general slum improvement programmes) but which could still indirectly impact on VAWG and other outcomes of interest in this evaluation. As previously noted, there is also a risk that other donors, NGOs or government agencies could decide to target interventions according to the allocation of treatment arms. This could result in treatment effects being overestimated and an inability to conclude whether or not observed effects are attributable to the Safe Cities Initiative. Considerable emphasis is therefore being placed on effective monitoring to track how the Programme is being delivered in reality, and on effective communication with other organisations working in the four cities in Madhya Pradesh to minimize the risk of problems occurring. At endline, survey questions will also be used to assess respondents' exposure to interventions (e.g. whether indirect beneficiaries were aware of programme activities).

PART B: BASELINE FINDINGS

A large amount of data was collected at baseline, both from the survey and from the FGDs and KIIs. It is not possible to report everything from these data sets in this baseline report. Part B of this report presents the main findings from the data, with a focus on the primary, secondary and intermediate outcomes of interest (as outlined in section 2.1). Findings which are directly relevant to the implementation of the Programme and/ to the endline have been prioritised.

Part B starts with section 6, which provides an outline of the socio-demographic characteristics of the evaluation survey sample, with particular attention to balance across the treatment arms and any differences between the direct and indirect beneficiary groups. Section 7 then presents an overview of the baseline findings, which looks across the outcome areas of interest to give a sense of the overall 'picture' emerging from the baseline data. In sections 8 and 9, detailed analysis of the baseline data for each primary, secondary and intermediate outcome is presented, including findings from the survey and from the FGDs and KIIs.

6. Socio-demographic characteristics

This section provides information on the evaluation survey sample in terms of key socio-demographic characteristics. Clarifying which populations the sample of 250 slums represent will help to inform future considerations about the generalisability of the evaluation findings. With relevance to analysis of the endline findings and the estimation of treatment effects, particular attention is paid to any imbalances across the six treatment arms and differences between the direct and indirect beneficiary groups.

6.1 Balance of socio-demographic characteristics across treatment arms

An important role of the baseline is to enable assessment of any imbalances in terms of sample socio-demographic characteristics across the six treatment arms. Although the random allocation of the 250 slums included 'blocking' on a limited number of slum level characteristics, imbalances in terms of a broader range of characteristics could have arisen by chance, for example certain social groups may be over represented in certain treatment arms and underrepresented in others. With knowledge of the nature and scale of any imbalances, informed decisions can be made about any adjustments needed in the calculation of treatment effects at endline.

Table 13 below highlights imbalances in relation to selected socio-demographic characteristics. The table shows the differences between each of the treatment arms compared to treatment arm 1 (the 'pure' control group). The presence or absence of a '–'sign indicates whether average levels on a given measures are lower or greater than levels in the 'pure' control group. Where there is a deviation of at least 0.2 between any two or more treatment arms, this is marked in red. These imbalances do not introduce the possibility of unconditional bias; but they do introduce the possibility of conditional bias. To limit the possibility of conditional bias, where appropriate, all baseline levels of all flagged measures as well as the lags of all outcome variables will be controlled for in the final analyses.

Table 13 - Socio-demographic characteristics across the six treatment arms

	WOMEN						MEN					
COVARIATE	**SHG**	**SHG+ VAW**	**MEN**	**SHG+ MEN**	**ALL**	**MAX DEV**	**SHG**	**SHG+ VAW**	**MEN**	**SHG+ MEN**	**ALL**	**MAX DEV**
Access to Sanitation	-0.15	-0.03	0.01	-0.06	0.01	0.16	-0.05	-0.05	0.14	-0.06	-0.08	**0.22**
Age	-0.04	0.01	-0.05	-0.02	-0.07	0.08	0.03	0	0.02	-0.04	0	0.08
Age at Marriage	0.03	-0.03	-0.04	0.01	-0.08	0.11	0.07	0.15	0.1	0.03	0.05	0.15
Age Difference from Husband	0	-0.01	-0.08	-0.14	-0.1	0.14						
Attitude to VAW	-0.02	0.01	0.13	0.04	0.2	**0.22**	-0.05	-0.01	0.09	0.01	-0.05	0.14
Childhood Exposure to Violence	0	0.04	-0.11	0.06	0.01	0.17	-0.19	-0.06	0.02	0.01	-0.17	**0.21**
Disability	-0.01	0	-0.03	0.08	0.09	0.12	-0.14	-0.19	-0.11	-0.07	-0.15	0.19
Dowry Paid and Not Satisfied	0.1	-0.09	-0.04	-0.05	-0.05	0.19						
Dowry Paid and Satisfied	0.05	0.18	0.13	0.21	0.28	**0.28**						
Ever Given Birth to a Son	-0.05	0.05	-0.08	-0.05	-0.08	0.12	0.01	-0.02	-0.02	-0.08	0.04	0.11
From MP	0.01	0.05	-0.02	-0.04	-0.01	0.09	-0.01	0.09	0.11	0.07	0.05	0.12
Household Wealth	-0.14	-0.1	-0.13	-0.11	-0.04	0.14	0	-0.12	0	-0.09	-0.05	0.12
Husband's Alcohol Use	0.12	0.03	0.07	0.05	0.05	0.12						
Level of Education	0.03	0.02	0	-0.02	-0.06	0.09	-0.07	-0.12	-0.04	-0.1	-0.09	0.12
Main Religious Group	-0.38	-0.29	-0.13	-0.23	-0.18	**0.38**	-0.32	-0.28	-0.11	-0.25	-0.07	**0.32**
Marital Status	-0.02	0	0	0.06	0.02	0.08	0.09	-0.01	-0.02	0	0	0.11

Nuclear Family	-0.06	0.05	0.09	-0.05	-0.02	0.14	-0.13	-0.1	0.08	0	-0.04	**0.21**
Number of Children	0.03	0.06	-0.02	0.04	0.08	0.1	0	-0.03	-0.03	-0.06	0.03	0.1
Number of Unions	0.05	0.06	-0.02	0.08	0.04	0.1	0.12	-0.01	-0.01	-0.01	0	0.13
Own Alcohol Use(Men)							-0.05	-0.05	0.01	0.05	-0.04	0.1
Pregnant	0.01	-0.03	0.03	0.06	0.08	0.11						
Scheduled Caste/Tribe/OBC	0.26	0.05	0.15	0.17	0.13	**0.26**	-0.09	-0.09	0	-0.03	0.02	0.12
Spouse Work Status	0.04	0.08	0.05	0.05	-0.01	0.09	-0.06	0.01	-0.06	-0.03	0.06	0.12
Spouse's Education Level	-0.04	0.03	0.01	-0.02	-0.06	0.09	0.11	-0.05	-0.11	-0.06	-0.07	**0.22**
Working for Income	-0.14	-0.14	-0.12	-0.08	-0.08	0.14	0.07	0.07	-0.01	0.05	-0.04	0.12

6.2 Socio-demographic characteristics within beneficiary groups

Defining direct beneficiary status

As outlined in section 3.5, the baseline data contains information on 7,486 individuals of which 47% are defined as direct beneficiaries. The definition of individual respondents as 'direct beneficiaries' was based on lists compiled by the IP for the purpose of sampling for the survey.

All female respondents were also asked in the baseline survey whether they were members of the two selected SHGs (or kitty groups or MFIGs) in each of the 250 slums (i.e. to determine whether they defined themselves as 'direct beneficiaries'). In some cases, female respondents who were on the list as direct beneficiaries answered that they were not members of the selected group. Conversely, some women who were not on the list of direct beneficiaries said that they were members. There are a number of plausible reasons for this. Most simply, this could reflect enumerator error. It is also possible that some women that were sampled from the general population were also members of the selected SHGs and so in fact were direct beneficiaries. Furthermore, as previously noted, there is considerable variation in terms of the current status of the selected groups: while some are very active, others exist only on paper. This may have produced some uncertainty as to whether respondents were - or recognised themselves to be - 'members' of groups which had stopped functioning or which never really started in the first place. It is also likely that membership of the groups – especially those which are not part of a formal programme – is likely to be quite fluid. While some women might not be formal members, they might have attended some meetings. They could also have joined in the weeks between the lists being generated and the survey being conducted. Given these explanations, the original lists provided by the IP are likely to be more accurate and have therefore been used in the analysis of baseline findings. At endline, further questions will be asked of respondents to ascertain their direct beneficiary status.

A further consideration at baseline is the likelihood that direct beneficiaries will actually go on to participate in the Programme. The IP had asked all direct beneficiaries, prior to the random assignment of slums into treatment arms, whether they would be interested and willing to participate in the Programme and in the evaluation. This was asked of direct beneficiary respondents again in the survey. Table 14 outlines responses in terms of how likely respondents said it was that they would actually take part in the Programme if it was delivered in their slum.

Table 14 - Likelihood of participation in the Safe Cities Initiative

Likelihood of participating	Male direct beneficiaries	Female direct beneficiaries
Very likely	60%	60%
Somewhat likely	21%	30%
Not likely	18%	8%
Refused/ don't know	1%	2%

These figures show that the vast majority of direct beneficiaries said they were at least 'somewhat likely' to participate in the Programme. However, it also suggests that the IP will need to invest in further engagement with some direct beneficiaries who said it was unlikely that they would take part in the Programme. This applies to a larger proportion of boys and men direct beneficiaries than women.

Differences between direct and indirect beneficiaries

Knowing how the direct and indirect beneficiary samples differ is important for assessing the broader relevance of the evaluation findings at endline. While the indirect beneficiaries were randomly sampled from the general slum population, the direct beneficiaries were either women who were members of existing SHGs, or young men and adolescent boys who were approached by the IP to take part in the Programme and who flagged an interest in doing so. Ultimately there will be interest in knowing whether these interventions will be effective if delivered to the general population rather than the specific beneficiary pool selected here. The analysis will benefit from understanding whether and how the beneficiaries differed from the general population.

Table 15 provides information on the differences between direct and indirect beneficiaries at baseline. It illustrates whether direct beneficiaries were more or less likely to have certain characteristics (again, indicated by the absence or presence of a '–' ''sign, with '-'indicating that they were *less* likely).

Table 15 -Bivariate correlations of variables with 'direct beneficiary' status [19]

Correlates	Married /cohabiting Females	Unmarried Females	All Females	Male Youths (age 15-25)
Scheduled Caste/Tribe/OBC	-0.047	0.057	-0.032	0.054
Main Religious Group	0.003	0.061	0.015	-0.012
Household Wealth	0.009	0.007		
Disability	0.063	0.03	0.05	-0.065
Childhood Exposure to Violence	-0.004	-0.019		0.001
From MP	0.003	0.251***	0.017	0.131*
Level of Education	-0.002	-0.014	-0.006	0.007
Age in Years	0.012***	0.012***	0.013***	-0.002
Working for Income	0.207***		0.202***	-0.009
Number of Unions	0.03	0.238***		
Pregnant	-0.134**			
Number of Children	0.043***			
Ever Given Birth to a Son	0.183***			
Age at Marriage	-0.012***			
Dowry Paid and Not Satisfied	-0.054*			
Dowry Paid and Satisfied	0.005			

[19] Refer to appendix 11 for an explanation of how these correlates are coded. The variable 'direct' is coded 0 if a respondent was surveyed as an indirect beneficiary and 1 if surveyed as a direct beneficiary.

Spouse's Education Level	-0.007			
Spouse's Alcohol Use	0.035			
Nuclear Family	0.067***			
Spouse Work Status	-0.013			
Spousal Age Difference	0.004			
Access to Sanitation			0.01	0.027*
Married or Cohabitating			0.104***	-0.057
Slum Alcohol Use			-0.001	0.028
Slum Pct. Below Poverty Line			-0.003	-0.004
Slum Fractionalisation			0.002	0.005
Slum Number of Households			0	0.001
Slum Male Unemployment			0	-0.015
Slum Attitudes on VAW			0	0.001
Attitudes on VAW				-0.004
Alcohol Use				-0.094*
Indicators for statistical significance: * for 0.1, ** for 0.05, and *** for 0.01				

Table 15 suggests that women direct beneficiaries were more likely to be older, married/cohabiting, to live in a nuclear family and have more children than women indirect beneficiaries. They were also more likely to work for income, but were marginally less likely to be educated. By contrast, male direct beneficiaries tended to be younger and were slightly more likely to have higher levels of education than indirect beneficiaries (although this was not significant). They were also slightly less likely to report drinking alcohol on a regular basis.

The following two graphs show the age distribution of survey respondents by beneficiary status.

Figure 1 depicts a spread of women direct beneficiaries across the age range of 18-49 years, but with a concentration in their 30s and 40s. Indirect beneficiaries were also spread across the age range of 18-49 years, but were more likely to be in their 20s than the direct beneficiaries. The mean age of women direct beneficiaries was therefore higher than that of indirect beneficiaries.

Figure 1 - Age distribution of female beneficiaries

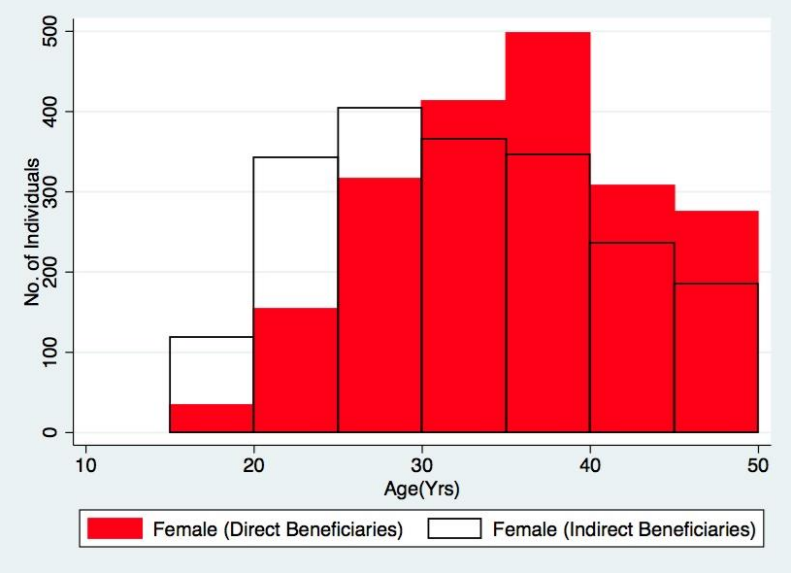
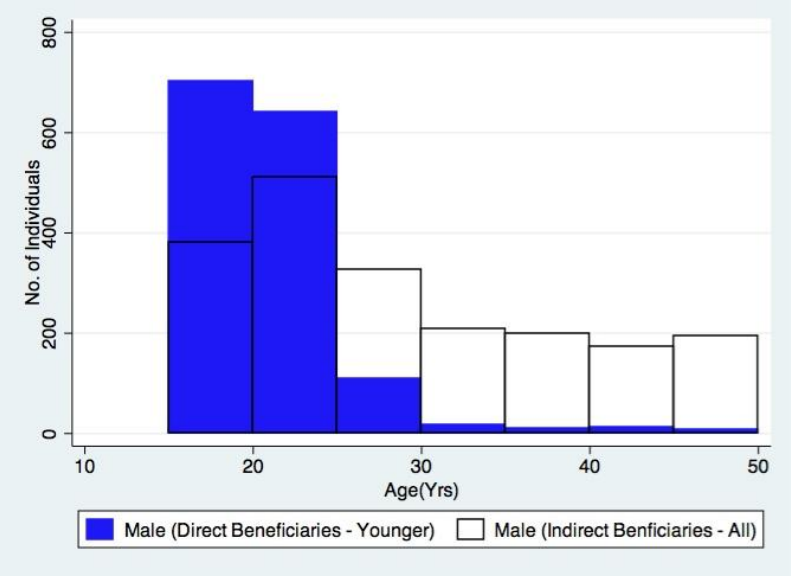


Figure 2 shows the distribution of male direct and indirect beneficiaries. Reflecting the differing sample selection criteria, the vast majority of male direct beneficiaries are aged between 15-25 years, whereas male indirect beneficiaries are spread across a broader age range from 15-49 years.

Figure 2 - Age distribution of male beneficiaries



The following tables provide further comparisons between the direct and indirect beneficiary groups relating to religion and caste.

Table 16 shows the distribution of religious affiliation among survey respondents. The vast majority of those surveyed (86%) were Hindu, with the remainder mostly Muslim. There was very little difference across the beneficiary groups.

Table 16 - Religious affiliation among direct and indirect beneficiaries (%)

	Female Direct Beneficiaries 18-49 years	Female Indirect Beneficiaries 18-49 years	Male Direct Beneficiaries 15-25 years	Male Indirect Beneficiaries 15-25 years	Male Indirect Beneficiaries 26-49 years	Total
Hindu	87.3	86.6	86.3	86.8	86.7	86.8
Muslim	12.0	13.0	12.7	12.4	12.7	12.6
Buddhist	0.3	0.2	0.1	0.1	0.3	0.2
Sikh	0.4	0.1	0.4	0.2	0.2	0.2
Christian	0.0	0.1	0.2	0.2	0.1	0.1
Jain	0.0	0.1	0.3	0.1	0.0	0.1
No Religion	0.0	0.0	0.0	0.1	0.0	0.0
Other	0.1	0.0	0.1	0.0	0.0	0.0
Refused	0.0	0.0	0.1	0.0	0.0	0.0
Total	100	100	100	100	100	100

Table 17 shows the distribution of respondents according to caste. The overwhelming majority of respondents (83%) reported belonging to a scheduled caste (SC), scheduled tribe (ST) or Other Backward Caste (OBC). These figures are fairly well balanced across the beneficiary groups.

Table 17 - Caste affiliation among direct and indirect beneficiaries (%)

	Female Direct Beneficiaries 18-49 years	Female Indirect Beneficiaries 18-49 years	Male Direct Beneficiaries 15-25 years	Male Indirect Beneficiaries 15-25 years	Male Indirect Beneficiaries 26-49 years	Total
	Women (Direct beneficiaries)	Women (Indirect beneficiaries)	Young Men (Direct beneficiaries)	Young Men (Indirect beneficiaries)	Older Men (Indirect beneficiaries)	Total
Scheduled Caste	27.2	25.6	29.7	26.7	30	27.6
Scheduled Tribe	9.2	12.1	11.6	12.2	10.8	11.1
OBC	46.1	46.6	42.8	42	41.2	44.4
None	15.6	13.7	14.5	17.6	16.6	15.3
Refused	0.6	0.5	0.1	0.2	0	0.3
Don't Know	1.3	1.5	1.3	1.3	1.4	1.4
Total	100	100	100	100	100	100

7. Overview of the baseline findings

This section provides an overview of the main findings from the baseline. It draws on data from the survey, FGDs and KIIs and is focused on the primary outcomes for the evaluation: reported experience of IPV and violence and harassment in public spaces and reported perpetration of violence and harassment by boys and men. Findings relating to the secondary and intermediate outcomes are also included where they present strong and consistent relationships with the primary outcomes. The overview is intended to provide an overall picture of the baseline before detailed findings are presented in sections 8 and 9. Overall, the baseline findings suggest a largely coherent picture, with the relationships outlined below consistently emerging from the data.

Experience of intimate partner violence

According to the baseline data, on average one in every eight women surveyed (13%) reported that they had experienced IPV in the previous 12 months. This is a similar level to that found in the most recent National Family Health Survey (NFHS-3) for Madhya Pradesh, where the figure was closer to 15% (see appendix 14 for further analysis). However, findings from the FGDs suggested considerably higher rates of IPV. Underreporting of personal experience of IPV is a widely recognised problem in prevalence surveys, and can be particularly acute in certain contexts. The qualitative data pointed to a set of possible factors that could lead to underreporting in the survey, including strong socio-cultural norms that meant that IPV was viewed as 'a family matter' and something that women were expected to endure as a 'normal' part of married life. The risk of punishment or rejection by husbands and in-laws as a consequence of reporting IPV was also raised in FGDs, as was wider stigmatisation in the community.

Nevertheless, consistent relationships have still emerged from the data, yielding important findings about women's experience of IPV. The data clearly pointed to certain women being more vulnerable to IPV than others: those who had displeased their husbands or in-laws by bringing insufficient dowry to the marriage, those who had experienced violence as children and had perhaps learnt to 'normalise' it, and those whose husbands regularly drank alcohol. This suggests that it would be wise for the implementers of the Programme to engage with each of these issues as part of their work with groups and communities.

Any empowering effects of women earning their own income did not seem to provide individual women with any protection from IPV. In fact, women who worked for income were *more likely* to have experienced IPV in the last year than women who did not. It is possible that this could at least partly be explained by more economically 'empowered' women being more likely to report the violence they had experienced. However, the qualitative data from the baseline suggested two further reasons. First, men viewing their wives' employment as a reminder of their own 'inadequacies' in providing for their families – and feeling increased anger and resentment as a result. And second, greater tensions in households where women had stronger views on how *their* income is spent, leading to arguments which sometimes turned violent.

The baseline survey data also showed that women were much more likely to have experienced IPV if their husbands or partners drank alcohol on a regular basis. Approximately half of women who reported to have experienced physical IPV believed that the recent IPV they had experienced was

because their husbands were drunk. But importantly, the other half of women did not. The qualitative data pointed to a complex inter-relationship between alcohol and other factors thought to contribute to women's experience of IPV. Pressures linked to men's unemployment, limited household income and tensions over how income was used, as well as social expectations around gender roles and relations, could all contribute to men's feelings of frustration and inadequacy. These factors may have been reasons why men consumed more alcohol, but they were also described as creating significant tensions between couples which men often dealt with through violence – and this in turn was believed to be more likely when men had drunk alcohol.

Women whose husbands or in-laws were dissatisfied with the amount of dowry brought to the marriage were more likely to have experienced IPV. They were also more likely to have experienced controlling behaviours by their husbands, including needing permission to leave the home. Conversely, women whose husbands and in-laws were satisfied with dowry payments were less likely to have experienced IPV in the last year. Women who were involved in making household decisions were also less likely to have experienced IPV than other women.

Women who either directly experienced violence or aggressive behaviour as children, or who witnessed others experiencing it were more likely to have recently suffered IPV than women who had not. There was also evidence from the FGDs of a tendency among women to blame themselves for the violence they had experienced. The survey data supported this, with women who had recently experienced IPV being more likely to think that women 'sometimes deserve to be beaten' by their husbands.

Both the survey and the qualitative data revealed that few women reported IPV to the police, SHGs or to NGOs or women's organisations. Indeed, the focus group data strongly suggested that many women tended not to tell anyone about the violence they had experienced, for a number of reasons: not wanting to risk angering their husbands or in-laws which might prompt further violence, lacking alternative options for them and their children and worrying about the backlash they could face by going against the prevalent norm which firmly dictated that IPV was a 'private matter'.

Experience of violence and harassment in public spaces

Almost one in every four women surveyed (23%) had experienced some form of violence or harassment in a public space in the previous 12 months and those who had experienced it tended to do so on a frequent basis. Again, the qualitative data pointed to underreporting in the survey. This also seemed to be related to the presence of strong socio-cultural norms which tended to blame women and girls for 'provoking' violence or harassment by what they wore or how they behaved. The qualitative data suggested that women who spoke about such violence risked their parents, in-laws or husbands reacting by placing significant constraints on their mobility.

Perhaps unsurprisingly, women with greater levels of mobility (either inside or outside their home slum) were more likely to have experienced violence or harassment in public spaces. However, it was clear from the baseline data that simply 'being in public' was not the strongest predictor of experience of violence and harassment. The data suggested a considerable degree of targeting by boys and men of women who were either perceived to be more 'vulnerable' or who were seen as 'getting ahead'. Younger women, women without the 'protection' of a husband, and women who were better educated were all more likely to have been attacked or harassed in public.

Younger women were considerably more likely to have experienced public violence in the last year than women who were older (the oldest women in the survey were 49 years old). In fact, the qualitative data suggested that adolescent girls were considered to be among the most likely to have experienced violence in public spaces. However, the baseline survey only captured the experiences of those over the age of 18 years.

Individual women who earned and controlled their own income were also significantly more likely to report experiencing violence or harassment in public spaces. These findings could indicate that women who were more economically empowered were more likely to report the IPV or violence and harassment they had experienced. However, at the slum level, the opposite relationship was found. In slums where women work and control their own income, women are less likely to report experiencing recent violence or harassment.

The survey data suggested that women who were not married or cohabiting were more likely to have recently experienced violence or harassment in public. It is likely that this relationship is partly explained by the association with age since unmarried women tend to be younger, but the qualitative data indicated that this is also because these women were seen as not having the 'protection' provided by a husband or partner. Some of the FGD data also pointed to women and girls who had migrated to the city from rural areas being targeted as they were seen as more 'vulnerable' and 'naïve'. Some focus group participants also suggested that women of lower castes were sometimes targeted by higher caste boys and men, as they were unlikely to speak out against them. In a few slums, it was suggested that specific women and girls were also targeted as part of wider dynamics, for example because they were the related to a boy or man involved in local inter-communal tensions.

Although the data suggested that educated women did not have greater levels of mobility, they were more likely to have experienced violence and harassment in public spaces. While this may have in part been due to many educated women being younger, and perhaps more likely to report violence and harassment than other women, the qualitative data gave some indication that this could also have been due to boys and men targeting women who are seen as 'getting ahead' and challenging traditional gender norms[20].

As with IPV, there was little evidence from either the survey or the FGDs that many women reported public violence or harassment to the police, SHGs, or to NGOs or women's organisations. In fact, the qualitative data suggested that women often told no one about the violence or harassment they had experienced in public because they were worried about having restrictions placed on their mobility if their families found out. The long-term implications for women who could lose out on education, employment and other opportunities as a result were clear. The focus groups suggested this was more pronounced for younger women, who, according to the survey, were more likely to need permission to leave the home anyway. There was a strong sense from the focus groups that such restriction was not only about keeping women and girls 'safe', but also about blaming them for 'inappropriate' behaviour which might have provoked an attack. In some cases, focus group

[20] See for example: Roychowdhury, P. (2014). 'Gender Based Violence: An index of "tradition" or social Change?' Gender and Society: *Sociologists for Women in Society website.*

participants said that women and girls could experience physical or emotional violence in the home as a punishment for behaving 'incorrectly'. The survey – and FGDs – suggested that the belief that women were to blame for the harassment they experienced was very widespread amongst women as well as men. 82% of survey respondents believed that women were to blame, something which women were more likely to think if they had *not* had recent first-hand experience of violence or harassment themselves.

Perpetration of violence and harassment

Almost half of all men and boys surveyed (43%) reported that they had perpetrated some form of violence or harassment either in the home or in a public space in the last 12 months.

Boys and men were significantly more likely to have reported perpetrating violence or harassment if they had experienced or witnessed violence or aggressive behaviour as children.

There was some evidence of a relationship between perpetration and alcohol, with boys and younger men (15-25 year olds) who reported perpetrating violence or harassment being more likely to have reported drinking alcohol on a regular basis. However, this was not the case with 26-49 year old men.

Those who reported perpetration were more likely to believe that women 'sometimes deserved to be beaten' by their husbands and also more likely to believe that women were obliged to have sex with their husbands 'even if they didn't feel like it'. There was also a possible suggestion from the survey data that boys' and men's attitudes could be influenced by prevailing social norms: they were considerably more likely to believe that women deserved to be beaten or were obliged to have sex with their husbands if they lived in slums where these negative attitudes were perceived by respondents to be widespread. It is likely that the effectiveness of the Programme will heavily rest on being able to successfully challenge these views and encourage boys and men to take responsibility for their actions.

Action to prevent and respond to violence and harassment

One in five of the survey respondents said they had taken some action in the last three months to prevent or respond to VAWG. Surprisingly, this included boys and men who had themselves reported recently perpetrating violence or harassment, perhaps intervening when they felt that others had 'over-stepped a mark'. While this was mainly direct interventions by individuals in specific cases of violence or harassment, this is a hopeful starting point for the Safe Cities Initiative and something which the Programme could potentially build on to harness such efforts into more formal, collective campaigns targeted at violence prevention.

Box 2 - Guidance on reading the baseline findings

The following sections of this report present detailed findings from the baseline. Discussion of the findings related to the primary and secondary outcomes (in section 9) and intermediate outcomes (in section 10) have been clustered together in order to avoid repetition and to reflect the connections between the various measures.

Each subsection begins with a narrative outlining the findings from the survey data relating to a particular outcome. Key statistics are then presented in a 'measures at a glance' graphic, including the overall mean for the outcome, distributions across cities and beneficiary groups and balance across the treatment arms. Correlations with a range of variables are also provided. All correlations referred to in the narrative are statistically significant unless otherwise stated. Implications for power are noted on the 'measures at a glance', but are not discussed in the narrative. A separate table outlining implications for power is included in appendix 15. An annotated example of the 'measures at a glance' is provided in figure 3 below and further explanation is provided in appendix 10. The distribution of responses for the survey measures for each of the primary outcomes is included in appendix 12.

Following the survey narrative, the main findings from the qualitative data are presented (where available). Given that the FGDs and KIIs needed to be kept to a reasonable length, qualitative data was only collected for a selection of the outcome measures, not all. The primary outcomes and a selection of intermediate outcomes were prioritised. The qualitative results presented in sections 8 and 9 have been developed with particular attention to the following two questions: a) whether they confirm or challenge the Programme's theory of change and b) whether they confirm or challenge the results from the survey and help with interpretation. The analysis presented aims to give a sense of the consensus or disagreement among FGD participants and any marked variation in responses or findings between cities, boys/men or women participants, by age or by marital status.

'Slums' were referred to as 'colonies' in the survey questions and in the FGDs, and the term 'colony' is included in quotes and examples of survey questions throughout sections 8 and 9.

Figure 3 - Explanation of how to read 'measures at a glance'

Name of outcome **measure**

Definition: An explanation of how the outcome measure is constructed, including name of variable in dataset, relevant sample of respondents (e.g. all men, married and cohabiting females), coding (e.g. binary, ordinal, count) and question(s) in the survey instrument from which it is drawn.

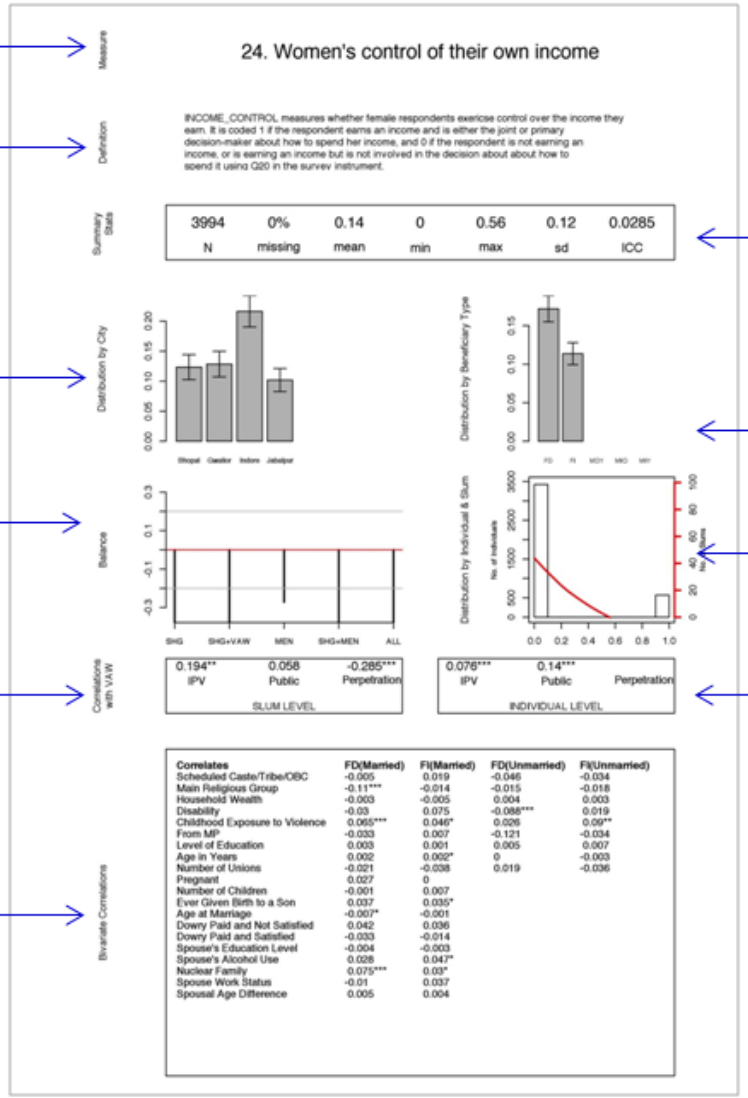
Mean value of measure by **city** with confidence bars at 2 standard deviations

Deviation from from the mean for the 'pure' controlgroup (treatment arm 1) of treatment groups in standard deviations of the control mean

Correlation of measure at slum level with key VAW outcome measures: namely women's experience of IPV, Women's experience of violence and harassment in public spaces, and men/boys' perpetration of violence and harassment

Coefficient from bivariate regression of measure regressed upon a constant and each theoretical predictor variable. These are broken down by beneficiary status. Significance levels are calculated using clustered standard errors. The list of predictors vary according to whether the outcome measure primarily relates to 'private' behaviours and experiences in the home or 'public' behaviours and experiences outside the home.

Statistical significance indicators:
0.10 * 0.05 ** 0.01 ***



Summary statistics:

N	number of respondents
missing	% of responses missing
mean	mean of cluster-level means
min	minimum cluster-level mean
max	maximum cluster-level mean
sd	cluster level standard deviation from the cluster-level mean
ICC	intra-cluster correlation - proportion of variation in measure explained by within-cluster variance

Mean value of measure by **beneficiary type** with confidence bars at 2 standard deviations (see codes below)

Distribution of responses at **individual and slum levels**

Correlation of measure at individual level with key VAW outcome measures: namely women's experience of IPV, Women's experience of violence and harassment in public spaces, and men/boys' perpetration of violence and harassment

Codes for beneficiary types:

FD	Female direct
FI	Female indirect
MD	Male direct
MI	Male indirect
MIY	Male indirect younger (15-25 years)
MIO	Male indirect older (26-49 years)

8. Primary and secondary outcomes: experience and perpetration of violence

The following section presents the baseline results which relate to women's experience and boys'/men's perpetration of violence, harassment and abuse. This includes all of the primary and secondary outcome measures, which are clustered together as follows:

- Experience of physical IPV (and on a frequent basis and in severe forms);
- Experience of sexual IPV (and on a frequent basis);
- Experience of emotional abuse and controlling behaviour;
- Experience of violence and harassment in public spaces (and on a frequent basis);
- Perpetration of violence and harassment (and in severe forms).

Looking at three distinct categories of IPV (physical, sexual and emotional) helps to focus on the different types of violence and abuse which women are experiencing. However, in reality women's experiences are not compartmentalised in this way and women often suffer more than one type of violence. The different types of violence experienced by women are also heavily inter-related e.g. physical and sexual violence also have an emotional impact.

8.1 Physical Intimate Partner Violence

Findings from the survey data on physical IPV

Survey data was gathered from 3,480 currently married or cohabiting women on the prevalence of non-sexual physical IPV committed against them in the previous 12 months. This was defined as women answering 'yes' to having experienced at least one of the following at least once in the last 12 months:

- Being pushed, shaken or having something thrown at them
- Being slapped
- Having their arm twisted or hair pulled
- Being punched with a fist or hit with something that could hurt them
- Being kicked, dragged or beaten up
- Being choked or burnt on purpose
- Being threatened or attacked with a knife, gun or other weapon.

Survey evidence suggests that on average, across all 250 slums, approximately:

- **13% of married or cohabiting women – approximately one in eight - reported having suffered at least one form of physical violence perpetrated by an intimate partner in the last 12 months.**
- 9% of married or cohabiting women reported having experienced physical violence perpetrated by an intimate partner on a frequent basis (defined in the survey as either 'sometimes' or 'often').
- 5% of married or cohabiting women reported having experienced severe forms of physical violence perpetrated by an intimate partner, defined as being kicked, dragged, beaten, choked, burnt or threatened or attacked with a weapon.

However, as previously noted, it is likely that these figures are lower than actual prevalence rates due to under-reporting for a variety of reasons. Although underreporting is something which is a global challenge for research and evaluations on VAWG, the fact that the survey data was collected in dense urban areas where privacy was difficult to achieve is likely to have compounded the challenge of getting accurate prevalence data. The difficulty in achieving privacy was particularly problematic when mothers-in-law were present in the household. Even though enumerators asked them to leave the room, given that houses tended to be very small, they often stayed in close proximity. Despite enumerator efforts, this could have discouraged many women from speaking about the IPV they had experienced. Given this, it will be important to explore alternative quantitative data collection methods beyond the household survey at endline (see findings from the qualitative data for further discussion on underreporting).

The prevalence figure for experience of physical IPV in the last 12 months is comparable to that from the most recent NFHS data for Madhya Pradesh[21]. The NFHS data shows a prevalence rate of 15% for physical IPV[22] in urban slums in Madhya Pradesh (the overall state average for MP is approximately 28%). However, there is a much larger difference between the Safe Cities Initiative baseline data and the NFHS data on prevalence of physical IPV *ever* experienced by women. While this is not an outcome measure being used in the evaluation, it is another important indication of underreporting in the baseline survey (see appendix 14 for further comparison with the NFHS data).

The baseline data show that reported **prevalence, frequency and severity of physical IPV all varied quite considerably across the four cities**, with the greatest differences between Bhopal and Jabalpur. In fact, the figures for prevalence of IPV, severe IPV and frequent IPV for Jabalpur were all approximately twice as high as those for Bhopal.

In developing the theory of change for the Safe Cities Initiative with the programme implementation team, there was an assumption that women direct beneficiaries (who were all members of SHGs) would be more empowered and therefore *less* likely to experience violence than women in the general slum population (indirect beneficiaries). The baseline data shows that the differences between direct and indirect beneficiaries appear less pronounced than expected. **Prevalence, frequency and severity are only marginally lower for direct beneficiaries than for indirect beneficiaries.**

The data also suggests that **experience of physical IPV is strongly correlated with individual level reports of violence and harassment in public spaces**. This means that women who had reported experiencing physical IPV in the last 12 months were more likely than other women to also say they had experienced violence or harassment in a public space. This makes sense in terms of women who were prepared to talk about their experiences of violence in the home also being prepared to talk about their experiences of violence outside the home. However, the qualitative data suggested that some women who experienced harassment or violence in public spaces were punished physically by their husbands, who accused their wives of provoking this harassment through 'inappropriate' behaviour. It is possible that this relationship is being picked up here.

[21] Indian Ministry of Health and Family Welfare. (2005-06). 'National Family Health Survey'. (NFHS-3).

[22] This figure is for slums in urban areas in Madhya Pradesh, but is not specifically for the four cities included in the baseline for the Safe Cities Initiative.

Somewhat surprisingly, women's reported experience of physical IPV and boys' and men's reported perpetration of VAWG were only weakly correlated at slum level. However, reported perpetration of VAWG in the survey was not directly comparable with women's reported experience, since perpetration of IPV and perpetration of violence and harassment in public spaces were combined in one measure. This possibly contributed to the weak correlations between the experience and perpetration measures (which also applied to other outcome measures discussed later in this report). This strongly suggests that changes are needed to the endline perpetration measures so that a distinction can be made between IPV and violence and harassment perpetrated in public spaces.

The survey data suggested that prevalence, frequency and severity of IPV were correlated with a number of variables, in particular husbands' alcohol consumption, dowry dissatisfaction, women's childhood exposure to violence and women earning their own income.

For both direct beneficiaries and indirect beneficiaries, **IPV – and frequent and severe forms of IPV – were strongly correlated with husbands drinking at least a couple of times a month.** The qualitative data suggested a complex and nuanced relationship between men's alcohol consumption and IPV, rather than one based on simple cause and effect (for further detail on the findings related to alcohol and violence, see section 9.2). Underlying factors including un/ under employment, poverty, a sense of inadequacy and inability to perform expected 'male' roles - and frustrations association with each of these – were described as important factors. The qualitative data also suggested that men's anger and sense of inadequacy was often compounded when their wives worked and were seen to be 'getting ahead'. Crucially, and in-line with this, **the survey data suggested that women who worked for an income were significantly more likely to have experienced IPV – and to have experienced it on a frequent basis and in more severe forms - than women who do not.**

According to the baseline data, the prevalence, frequency and severity of physical IPV also appeared to be higher among women in marriages in which a dowry was paid, but the husband and his family were dissatisfied with what they received. Conversely, where husbands and in-laws were satisfied with the amount of dowry paid, women were significantly less likely to have experienced IPV in the last year.

The data also suggests that women who experienced or witnessed violence or aggressive behaviour themselves as children were more likely to have experienced physical IPV in the last 12 months. Exploration of the possible relationship between the experience or witnessing of violence as a child and the experience of IPV as an adult is beyond the scope of this evaluation. However, existing evidence from a range of studies across multiple developing and middle income country contexts suggests that such exposure plays an important role in terms of socialisation, with many women then growing up to believe that violent behaviour by husbands is the 'norm'. While this will of course not apply to all women, some will then grow up to expect and perhaps tolerate violence when they are adults[23].

Findings from the qualitative data on physical IPV

In the FGDs, women were not directly asked about their own individual experiences of violence in the home, but about their perception of the extent and nature of physical IPV experienced by women and girls

[23] See for example: Kishor, S. and K. Johnson. 'Profiling domestic violence: A multi-country study.' Macro International. Calverton. Maryland.(2004).

in their slum. These discussions revealed several important findings about women's understanding of what constituted IPV and about how willing they were to talk about it. **The focus group data strongly suggested an initial reluctance among many women to talk about IPV**. In many of the FGDs, women initially denied that *any* women in their slum faced physical IPV. Crucially, however, after further discussion, *all* of these groups did gradually open up and admit that they believed some women in their slum *had* experienced IPV. This initial reluctance appeared to stem from a combination of the following:

- **A desire by women to protect the reputation of *their* slum**, linked to wider concerns that other people might already view their slum unfavourably and that this could worsen the image of people who lived there;
- **A firm belief that IPV was a 'family matter**' and that it was not appropriate for it to be openly discussed;
- For some women, **a sense of shame and/or fear of discussing IPV** which they had personally suffered.

  "Yes many are like this. They would be beaten, but when they would come out they would smile. They won't tell others." (Woman, age 35, Indore)

  "One has to say good things only to hide the internal matter of the home." (Woman, age 28, Indore)

- **A tendency by women to trivialise or normalise IPV** by referring to 'minor issues' of abuse, including slapping and beating, which they believed happened normally in households between husbands and wives. Some women had 'normalised' violence to such an extent that they not only viewed it as acceptable or expected behaviour by husbands, but that they didn't really consider it to be violence at all.

  "Well, small small things (chhoti moti cheezein) keep happening in the home… Very light beating (halke phulke)" (Woman, age 30, Bhopal)

  "Even if they get beaten up, nothing can be done. The small trivial fights happens on a daily basis, but not something serious, so what do we say?" (Woman, age 38, Jabalpur)

Despite an initial reluctance among some women to speak about IPV**, in many cases, participants *were eventually* open about the physical violence that women suffered in their homes**, often explaining that it was widespread.

"There are very few who do not get beaten, who have not been beaten till now. There are many who get beaten… Because, always, the man comes, if you say one little thing, open your mouth a little bit, any woman, then he will give her a slap" (Woman, age 29, Bhopal)

"Yes, sometime or the other, with someone or the other, beating has happened. With great difficulty, you will be able to find someone who has not been beaten." (Womn, age 25, Bhopal)

In some cases, women spoke about cases of VAW they knew about in their slum or family and/or about the violence they had personally suffered. **In most cases, women spoke about violence by husbands, but in some cases also by other family members, especially mothers-in-law.**

During the FGDs, women were also asked to complete a participatory exercise in which they separated beads into piles to indicate how many women out of ten living in their slum they estimated had been hit by their husbands in the last 12 months. Although similar to the survey measure in that the 12 month timeframe was the same, it differed in terms of being very specifically focused on women being 'hit' and

that it did not ask women about their own experiences of IPV, but for their *perceptions* of what other women in their slum were experiencing.

The responses to the bead exercise were quite varied and ranged – even within just one group - from perceptions of as few as one in ten women being hit by their husbands, right up to ten out of ten. However, most focus group participants tended to argue for a figure between five to nine women in ten. Translated into 50-90%, and this would seem to indicate either considerable under-reporting by women in the survey or that it was such an established social norm that women in the FGDs tended to perceive IPV to be more prevalent than it actually was. A combination of both of these factors is perhaps most likely.

The bead exercise was primarily intended as a warm up exercise to stimulate discussion during the FGDs. However, the quantitative data generated by the exercise was analysed to see if it could shed any light on the possible extent of underreporting in the survey. For a selection of slums, figures from the bead exercise were compared with data from the survey but negative correlations were found. It is not possible to fully explain these, but it is important to note that individual participants often came up with a broad range of different figures within the FGDs and it was often not possible given the range of views and the time available to reach a truly 'consensus' figure.

Nevertheless, the results of the bead exercise, the discussion in the FGDs and the difficulties in achieving privacy during the survey data collection all suggest the likelihood of considerable underreporting in the survey. This is not completely unexpected, and survey instruments are widely acknowledged to suffer from underreporting when collecting data on sensitive subjects such as VAW. However, it will be important to address this at endline in a number of ways, including investment in highly skilled enumerators and considering additional data collection methods to the household survey. Furthermore, given the consistent gap in the estimates from the bead exercises and the survey data and the negative correlations between the data from the survey and the bead exercise, conducting further validity testing of the survey measures ahead of endline with a randomly selected subset of survey respondents would be valuable.

Which women are most affected by physical IPV?

In many of the FGDs with women and with men, **participants insisted that *any* married woman could suffer violence, irrespective of her identity**. For example, views about whether or not educated women were any more or less likely to experience IPV were mixed. Many believed that uneducated/ less educated women were more likely to face physical IPV than educated women**.** They variously said that this was because they lacked the knowledge or confidence to challenge violence or the economic or social resources to change their situation. However, not all participants agreed and in a small number of FGDs, women said that educated women could actually face *greater* levels of IPV because they were outspoken and challenged their husbands.

It is plausible that both dynamics are at work, but given that the survey data suggested that women who earned an income were more likely to have experienced IPV, this is worth further exploration in the FGDs at endline.

FGD participants expressed the view that women whose husbands drank alcohol were particularly 'at risk' of IPV. This was a widespread and strongly held belief, and a perception which was strongly supported by the survey data. As previously noted, bound up in these discussions were more deep rooted issues such as un/ underemployment , financial strain, men's sense of inadequacy and poor communication skills and

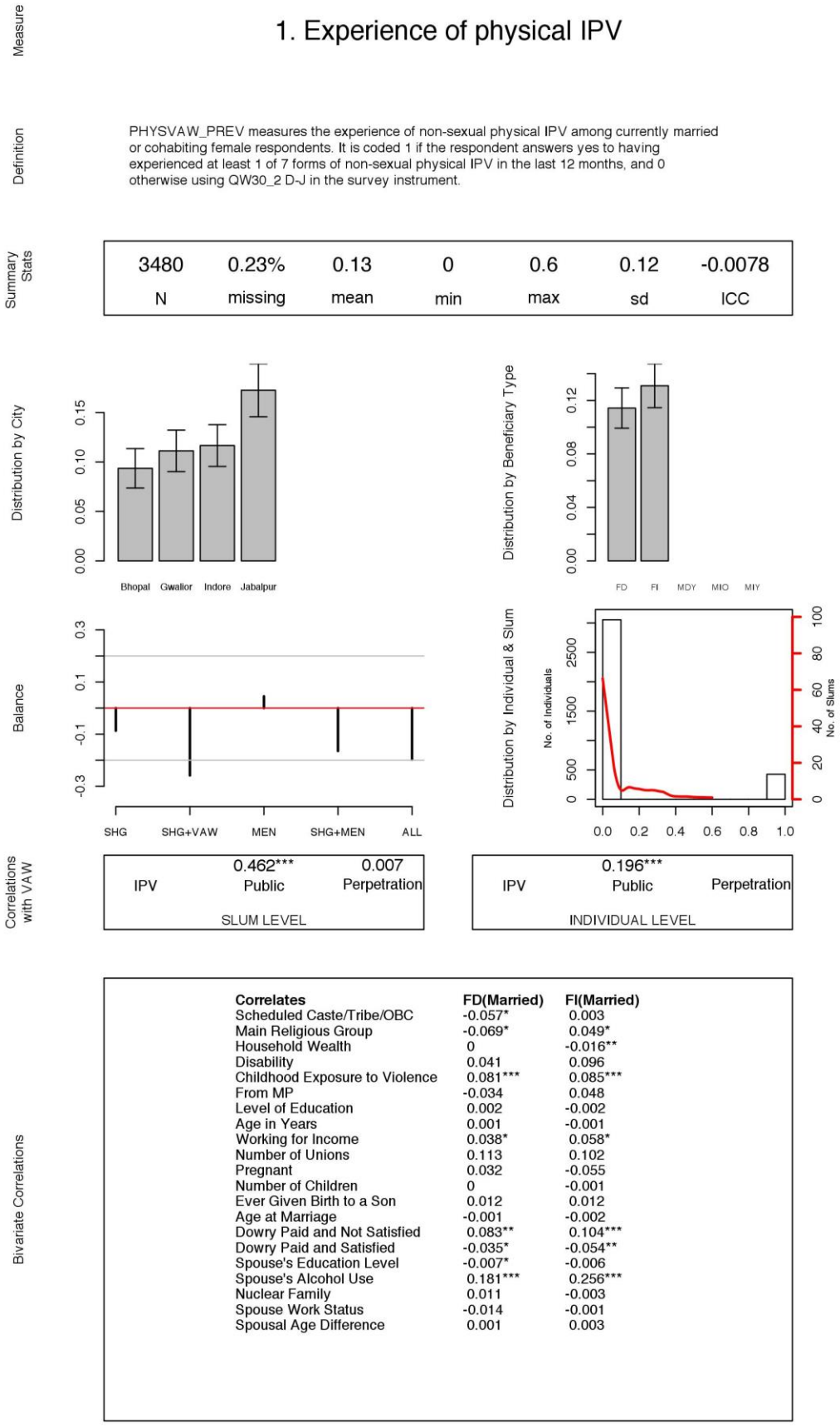
lack of trust between husbands and wives. Resentment about wives seen as 'getting ahead', particularly in terms of employment were also part of this complex picture.

Women who failed to meet their **husbands' or in-laws' expectations** were perceived to be particularly vulnerable to IPV by some FGD participants. These 'failures' included not producing a child, or specifically a son; not bringing adequate dowry to the marriage; and not fulfilling domestic tasks in the way expected by the husband or his in-laws. The relationship with the husband's family could be highly significant. Indeed, in two FGDs, participants said that disagreements between a woman and her in-laws were a key reason why husbands beat their wives.

> *"If a woman is not able to give birth to a child, she is tortured."* (Woman, indirect beneficiary, age 18, Gwalior)
>
> "*It could also happen if a woman is not able to bear children. All family members complain to the woman, including his family members. Sometimes if a woman only gives birth to a girl child then she is harassed at home."* (Woman, direct beneficiary, age 27, Gwalior)

The relationship between dissatisfaction with dowry payments and reported IPV was confirmed by the survey, and if anything, this relationship appeared stronger in the survey data than was suggested by the number of FGDs in which it was discussed. This could indicate that dissatisfaction with dowry payments plays a more significant role than is currently perceived. It could also be that dissatisfaction with a dowry payment at the point of marriage was not explicitly restated at the time of the survey as a cause for anger by husbands and in-laws, but that it implicitly influence the way they perceive and treat their wives/ daughters-in-law.

Figure 4 - Prevalence of physical IPV in the last 12 months



Correlates	FD(Married)	FI(Married)
Scheduled Caste/Tribe/OBC	-0.057*	0.003
Main Religious Group	-0.069*	0.049*
Household Wealth	0	-0.016**
Disability	0.041	0.096
Childhood Exposure to Violence	0.081***	0.085***
From MP	-0.034	0.048
Level of Education	0.002	-0.002
Age in Years	0.001	-0.001
Working for Income	0.038*	0.058*
Number of Unions	0.113	0.102
Pregnant	0.032	-0.055
Number of Children	0	-0.001
Ever Given Birth to a Son	0.012	0.012
Age at Marriage	-0.001	-0.002
Dowry Paid and Not Satisfied	0.083**	0.104***
Dowry Paid and Satisfied	-0.035*	-0.054**
Spouse's Education Level	-0.007*	-0.006
Spouse's Alcohol Use	0.181***	0.256***
Nuclear Family	0.011	-0.003
Spouse Work Status	-0.014	-0.001
Spousal Age Difference	0.001	0.003

Figure 5 - Prevalence of frequent physical IPV in the last 12 months

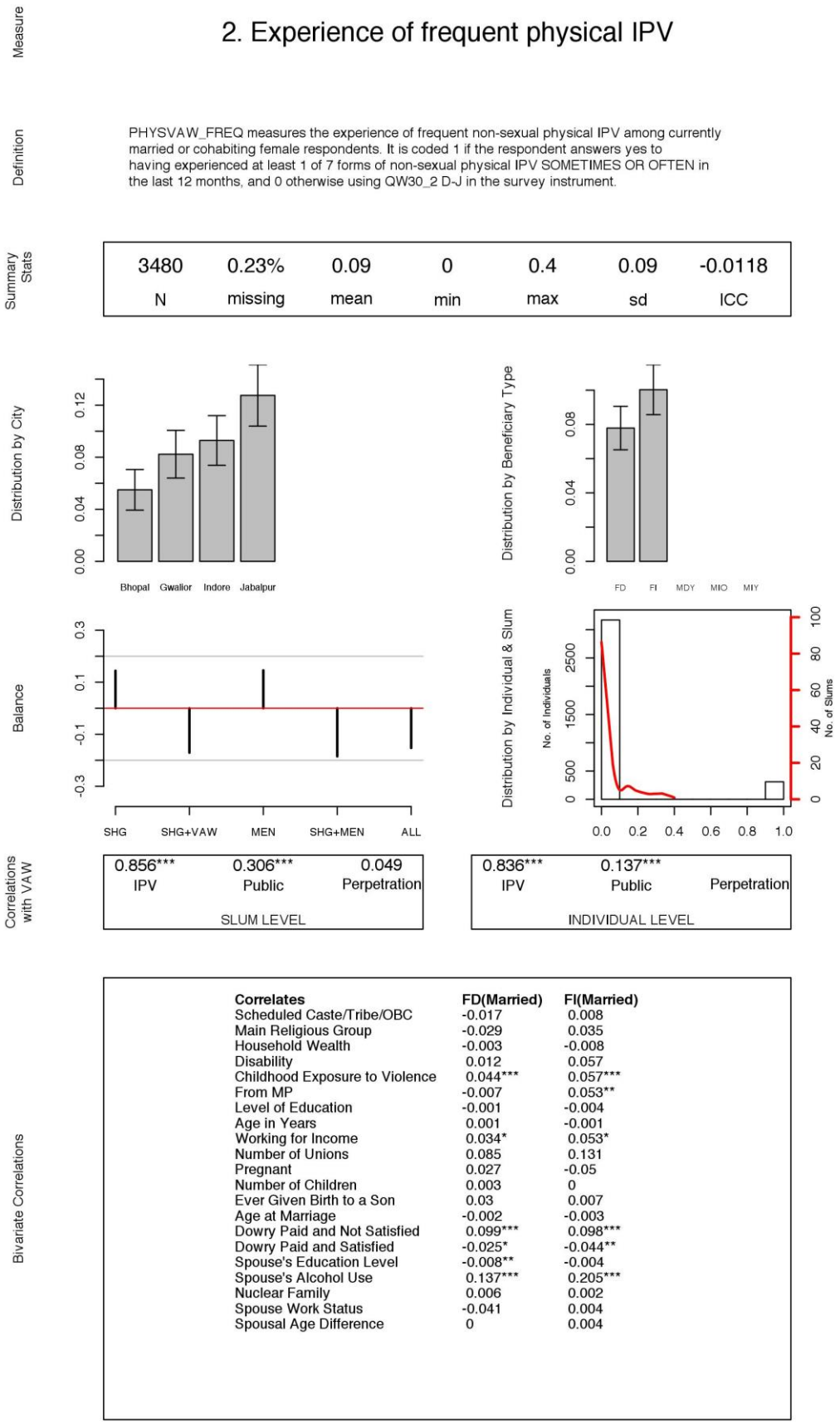
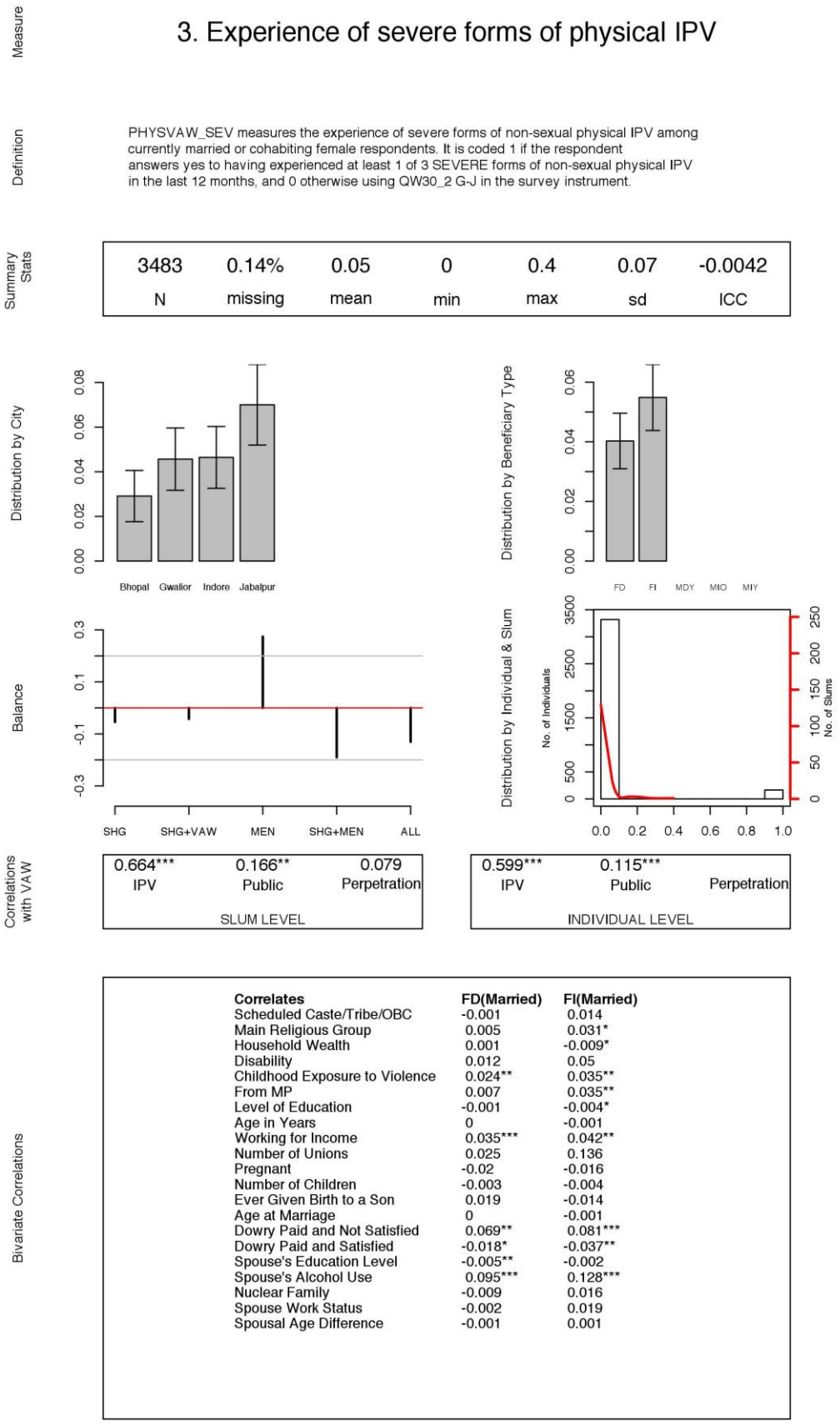


Figure 6 - Prevalence of severe physical IPV in the last 12 months



Correlates	FD(Married)	FI(Married)
Scheduled Caste/Tribe/OBC	-0.001	0.014
Main Religious Group	0.005	0.031*
Household Wealth	0.001	-0.009*
Disability	0.012	0.05
Childhood Exposure to Violence	0.024**	0.035**
From MP	0.007	0.035**
Level of Education	-0.001	-0.004*
Age in Years	0	-0.001
Working for Income	0.035***	0.042**
Number of Unions	0.025	0.136
Pregnant	-0.02	-0.016
Number of Children	-0.003	-0.004
Ever Given Birth to a Son	0.019	-0.014
Age at Marriage	0	-0.001
Dowry Paid and Not Satisfied	0.069**	0.081***
Dowry Paid and Satisfied	-0.018*	-0.037**
Spouse's Education Level	-0.005**	-0.002
Spouse's Alcohol Use	0.095***	0.128***
Nuclear Family	-0.009	0.016
Spouse Work Status	-0.002	0.019
Spousal Age Difference	-0.001	0.001

8.2 Sexual Intimate Partner Violence

Findings from the survey data on sexual IPV

The survey provided data on the prevalence and frequency of sexual IPV for 3,479 women who were currently married or cohabiting. Prevalence of sexual IPV was calculated as the proportion of women answering 'yes' to having been forced to

- have sexual intercourse when she did not want to; and/or
- perform any sexual acts when she did not want to by their husband or intimate partner in the previous 12 months.

According to the data, **on average three in every one hundred women (3%) reported being forced to have sexual intercourse and/or to perform a sexual act by an intimate partner in the previous 12 months**. However, as with physical IPV, the qualitative data strongly suggested the likelihood of widespread underreporting in the survey for a number of reasons, explained in the section on qualitative findings below.

Despite the fact that in reality prevalence of sexual IPV could have been considerably higher than the survey data suggested, the baseline finding for this measure means it will be difficult to detect reductions in sexual IPV at endline. It therefore makes sense for the physical and sexual IPV measures to be combined at endline, and for alternative data collection methods to be explored, including anonymous collection techniques, especially to gather data for sexual IPV.

Despite baseline levels being lower than expected, a number of patterns and relationships still emerged. The data suggested **some variation between the four cities, with slightly higher prevalence of reported sexual IPV in Jabalpur and Gwalior**. The data also suggested that women indirect beneficiaries, those sampled from the wider slum population, were more likely to report having experienced sexual IPV, and more frequently, than women direct beneficiaries.

Not surprisingly, **sexual IPV was strongly correlated with other forms of violence at both individual and slum level.** As such, women who reported experiencing sexual IPV were also more likely to have reported experiencing other forms of IPV, and more likely to have experienced violence or harassment in public spaces. However, as with the data on physical IPV, **there was only a weak correlation at slum level between women's reported experience of sexual IPV and boys' and men's reported perpetration of VAWG**. As previously noted, this could in part be due to these measures not being directly comparable, and reinforces the need to ensure the perpetration measure is constructed differently at endline.

In terms of correlations with other individual and household characteristics, **women whose husbands regularly drank alcohol were more likely to have reported experiencing sexual IPV in the last 12 months, and to have reported experiencing it on a frequent('sometimes' or 'often' responses) basis. For indirect beneficiaries, women who had been exposed to violence as a child**, those who had a disability, and those whose husbands or in-laws were dissatisfied with the dowry payment they brought to the marriage were all more likely to have recently experienced sexual IPV. However, these factors were not significant among direct beneficiaries. There was also some indication that women from households which were economically better off were less likely to have reported experienced sexual IPV.

Findings from the qualitative data on sexual IPV

As with the facilitated discussions on physical IPV, FGD participants were asked about the prevalence of sexual IPV in their slum. The initial reluctance by many women to talk about physical IPV was even more evident in the discussions about sexual IPV. In almost all of the FGDs, **the majority of women were clearly very uncomfortable talking about sexual violence in marriage,** which is a taboo subject in India, as in many other contexts, and not something which is currently recognised in Indian law[24]. Several women were keen to state that this had never happened to them personally. The following overriding views were expressed during many of the discussions:

- **Forced sexual intercourse was not possible within marriage**. Some women participants insisted that sexual intercourse within marriage was, by definition, always consensual. The question of 'force' was therefore not considered to be relevant and it was firmly believed to be a wife's duty to have sexual intercourse with her husband whenever he wanted it.

  "How can anyone force a physical relationship with his own woman?" (Woman, direct beneficiary, age 30, Jabalpur)

  "We will have to honour the relationship and live with it." (Woman, indirect beneficiary, age 40, Gwalior)

- **Even if they wanted to, women were often not in a position to refuse sexual intercourse or to make a fuss, especially when living in a small house with children close by** and in close proximity to other houses in a densely populated urban environment. The idea at least of physical 'force' rarely arose.
- **That sexual intercourse within marriage – whether forced or consensual – was a private matter, which should not be discussed with anyone else**, so it was not possible for other people to know if it is happening. Many FGD participants therefore felt it was not possible for them to comment on prevalence within their community.

  "Even if it happens how can we come to know?" (Man, indirect beneficiary, age 46, Bhopal)

However, although many FGD participants initially denied that sexual IPV occurred within marriage, **in some groups there were one or more participants willing to speak about sexual violence and admit that this can – and does – happen to women in their slum**, even sharing their personal experience of this. This sometimes turned the conversation and encouraged other women in the focus groups to speak about it too.

"No, I agree that things like this happen as well. Force too. Like for something, if ladies do not feel like it, but he is the man, so he forces her saying, "No, I want this right now." This happens, no one says it out of shame but I agree that this too happens." (Woman, direct beneficiary, aged 25, Bhopal)

"This can very well happen. Nothing happens as per the will of the woman. It all happens according to the will of the man. This can very well happen." (Woman, indirect beneficiary, age 40, Bhopal)

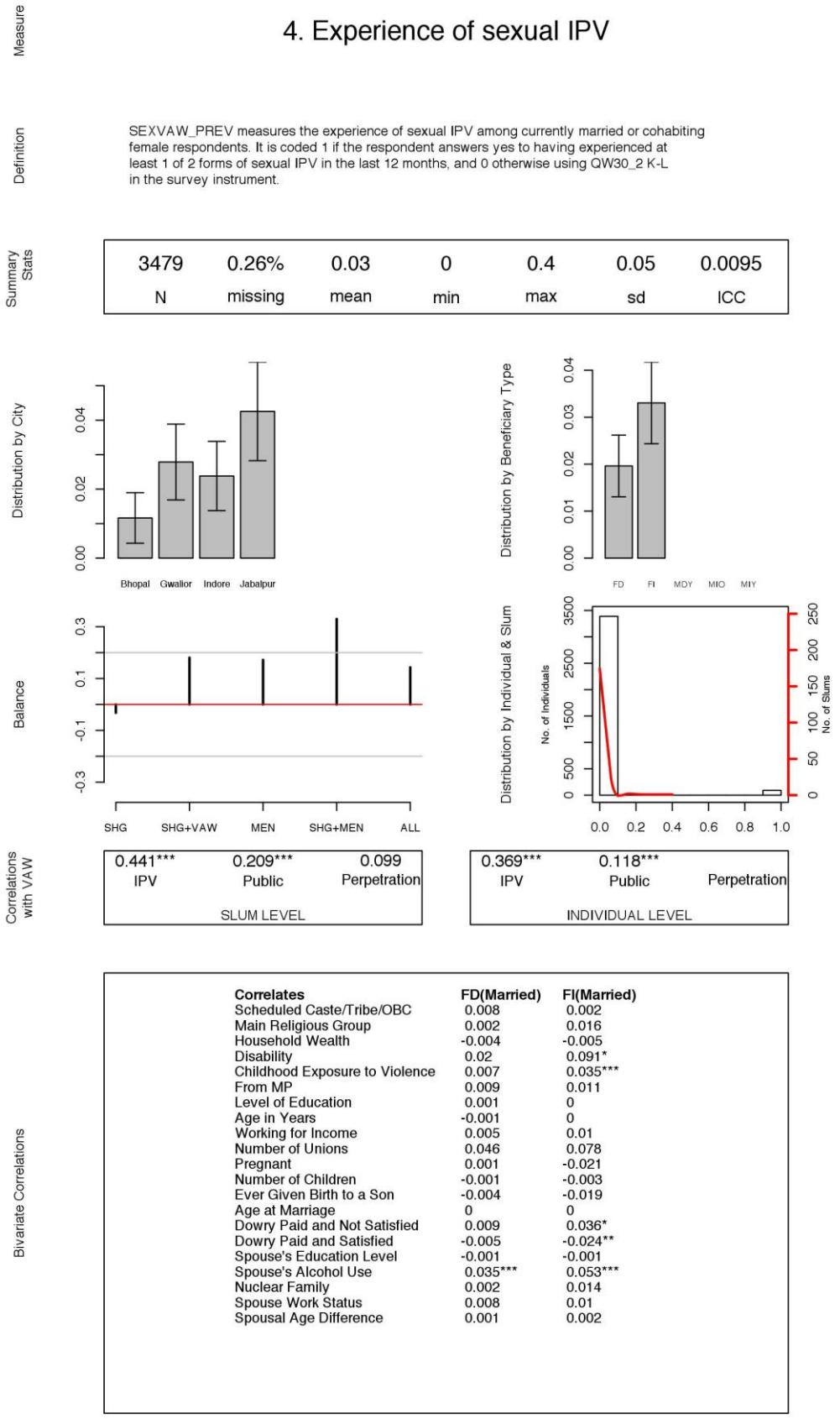
The bead exercise used for physical IPV was repeated in the FGDs for sexual IPV, but significantly, many participants in the groups refused to take part so a consensus figure could often not be reached.

[24] The Indian Penal Code prohibits sexual intercourse without consent, but there is an exception with respect to non-consent in the case of a husband and wife. This has also been upheld in various judgments, although under the India Domestic Violence Act, all forms of sexual abuse against wives is a civil wrong.

Participants who did take part in the exercise tended to say that they believed between three in ten and nine in ten women would have experienced sexual IPV in the last 12 months, far higher than the figures suggested in the survey, again either emphasising high levels of underreporting in the survey and/or a perception among some women that sexual violence in marriage is far more prevalent than it actually is.

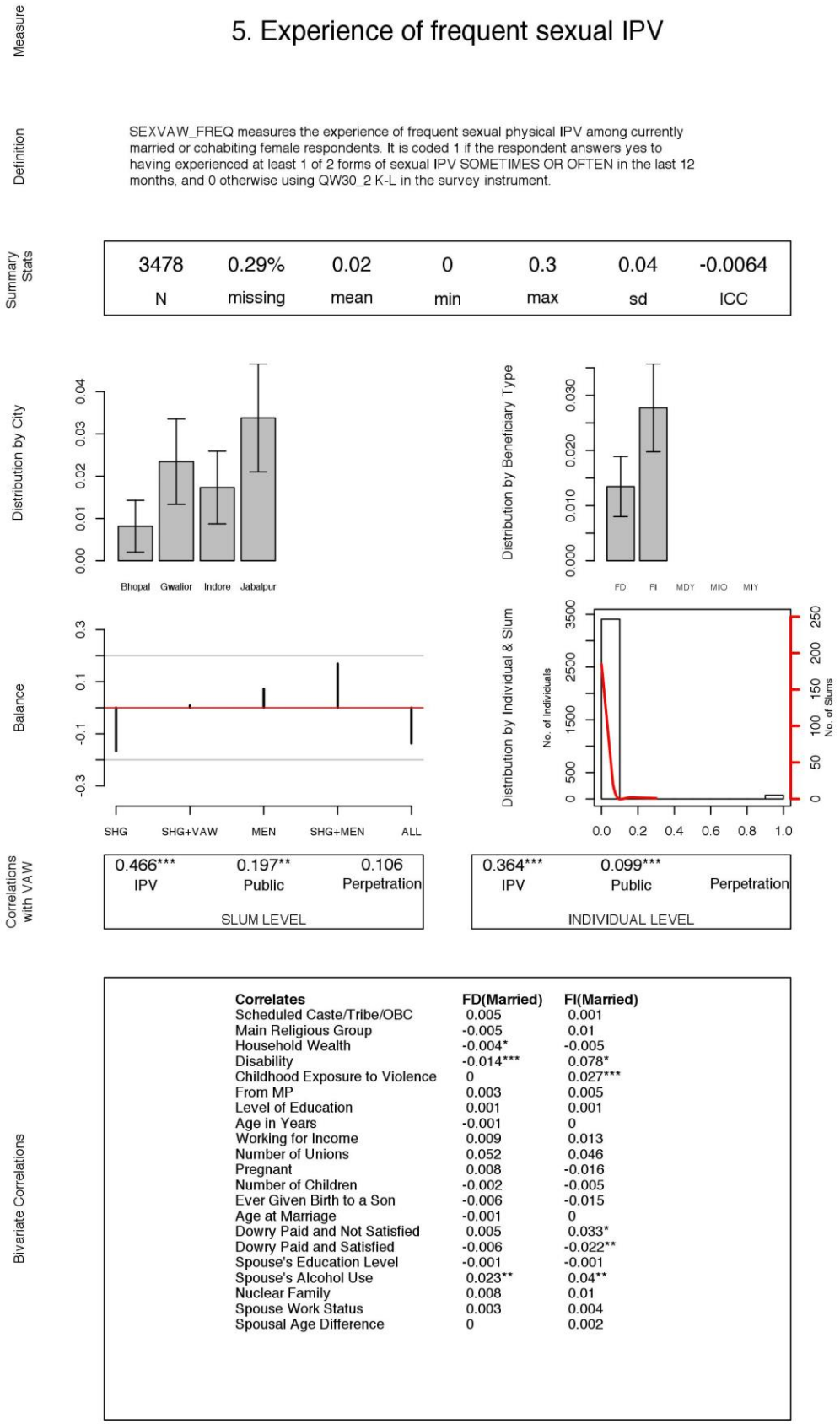
The extent to which many women refused to talk about sexual IPV, and the widespread view that the issue of 'force' or 'consent' was simply not relevant within marriage, strongly suggests that underreporting in the survey is likely. This is not surprising given the sensitivity of the topic and the known limitations of a survey instrument to successfully overcome entrenched taboos to the extent that women would be willing to tell a stranger about their experiences. However, as with the physical IPV measure, it will be important to address this at endline through the use of enumerators with specialist skills in this form of data collection and through the development of additional data collection techniques.

Figure 7 - Prevalence of sexual IPV in the last 12 months



Correlates	FD(Married)	FI(Married)
Scheduled Caste/Tribe/OBC	0.008	0.002
Main Religious Group	0.002	0.016
Household Wealth	-0.004	-0.005
Disability	0.02	0.091*
Childhood Exposure to Violence	0.007	0.035***
From MP	0.009	0.011
Level of Education	0.001	0
Age in Years	-0.001	0
Working for Income	0.005	0.01
Number of Unions	0.046	0.078
Pregnant	0.001	-0.021
Number of Children	-0.001	-0.003
Ever Given Birth to a Son	-0.004	-0.019
Age at Marriage	0	0
Dowry Paid and Not Satisfied	0.009	0.036*
Dowry Paid and Satisfied	-0.005	-0.024**
Spouse's Education Level	-0.001	-0.001
Spouse's Alcohol Use	0.035***	0.053***
Nuclear Family	0.002	0.014
Spouse Work Status	0.008	0.01
Spousal Age Difference	0.001	0.002

Figure 8 - Prevalence of frequent sexual IPV in the last 12 months



Correlates	FD(Married)	FI(Married)
Scheduled Caste/Tribe/OBC	0.005	0.001
Main Religious Group	-0.005	0.01
Household Wealth	-0.004*	-0.005
Disability	-0.014***	0.078*
Childhood Exposure to Violence	0	0.027***
From MP	0.003	0.005
Level of Education	0.001	0.001
Age in Years	-0.001	0
Working for Income	0.009	0.013
Number of Unions	0.052	0.046
Pregnant	0.008	-0.016
Number of Children	-0.002	-0.005
Ever Given Birth to a Son	-0.006	-0.015
Age at Marriage	-0.001	0
Dowry Paid and Not Satisfied	0.005	0.033*
Dowry Paid and Satisfied	-0.006	-0.022**
Spouse's Education Level	-0.001	-0.001
Spouse's Alcohol Use	0.023**	0.04**
Nuclear Family	0.008	0.01
Spouse Work Status	0.003	0.004
Spousal Age Difference	0	0.002

8.3 Emotional abuse and controlling behaviours

In order to keep FGDs to a reasonable length, qualitative data was not consistently collected for these measures and so qualitative findings are not presented in this section.

Findings from the survey data on emotional abuse

Women were asked in the survey whether their husbands or partners had either insulted them or made them feel bad about themselves, or had threatened to hurt or harm them or someone close to them in the previous 12 months. Using this measure **21% of women – one in every five surveyed - reported a recent history of emotional abuse but in some slums the figure approached 100%.** There was again considerable variation across the four cities, with prevalence in Bhopal approximately one third the rate in Jabalpur.

Not surprisingly, emotional abuse was strongly correlated with physical IPV at the individual level. It was also correlated with violence and harassment in public spaces at the individual level. However, at the slum level, women's experience of emotional abuse was negatively correlated with reported perpetration of VAWG by boys and men, emphasising again the need for more precise measures of perpetration at endline.

In terms of correlations with other individual and slum-level characteristics, the suggested relationships with emotional abuse were similar to those for physical and sexual IPV. The strongest correlation was with spouses' alcohol consumption, followed by women's exposure to violence and abuse during childhood and women whose husbands and in-laws were dissatisfied with the amount of dowry paid. Conversely, women whose husbands and in-laws were satisfied with the dowry payment were less likely to have been insulted or threatened by their husbands. Women indirect beneficiaries who worked for income were also more likely to have experienced emotional abuse, as were women with disabilities (whether they were direct or indirect beneficiaries). Women from scheduled castes or tribes, or OBC in the direct beneficiary group were less likely to have experienced emotional abuse.

Findings from the survey data on controlling behaviour

In addition to the two measures of emotional abuse, women were also asked about controlling behaviour by their husbands. This outcome measure was constructed as a scale (i.e. the number of controlling behaviours experienced from a list of six, rather than a binary measure) in order to increase ability to detect treatment effects at endline.

The number of controlling behaviours reported by currently married or cohabiting women was generally low: the average of slum level values was 0.47 out of six. This equated to 22% of women reporting having experienced at least one controlling behaviour in the previous 12 months more often than 'rarely'.

Table 16 shows the breakdown of responses across the six controlling behaviours, highlighting that the most common were husbands insisting on knowing where their wives were at all times and not trusting them with money.

Table 16 - Controlling behaviours experienced by women in the last 12 months (as percentages)

	Direct Beneficiaries	Indirect beneficiaries	Total
A: He (is/was) jealous or angry if you (talk/ talked) to other men?	0.05	0.08	0.07
B: He (accuses/accused) you of being unfaithful?	0.05	0.07	0.06
C: He (tries/tried) to stop you from seeing your female friends?	0.04	0.06	0.05
D: He (tries/tried) to limit your contact with your natal family?	0.05	0.06	0.05
E: He (insists/insisted) on knowing where you (are/were) at all times?	0.09	0.11	0.1
F: He (does/did) not trust you with any money?	0.11	0.11	0.11

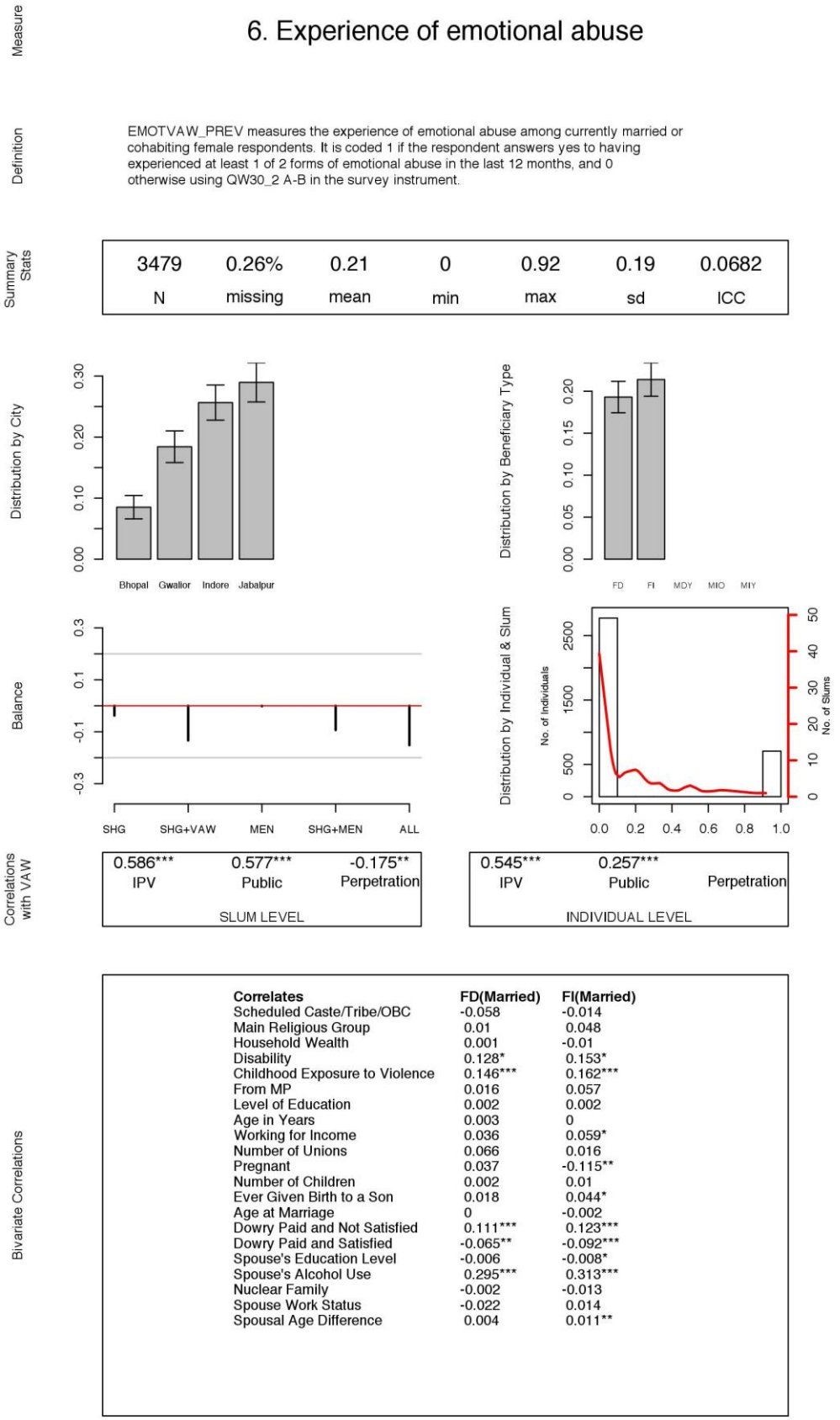
Overall, fewer direct beneficiaries had experienced controlling behaviours than indirect beneficiaries. The highest levels were reported in Jabalpur and Gwalior.

The level of controlling behaviours experienced was strongly correlated with experience of both IPV and violence and harassment in public spaces at slum and individual levels, and with male reported perpetration of violence and harassment at slum level. This means that in slums where men were more controlling, women experienced more violence in the home, were exposed to more harassment and violence outside it, and men admitted to committing more violence in the area. This combination of relationships highlights that women who faced increased risk in one facet of their lives were exposed to heightened risk in multiple other contexts at the same time.

Experience of controlling behaviours was also associated with other measures for which there are plausible explanations. A positive relationship existed between women who had experienced controlling behaviours and women's childhood exposure to violence, understandable if controlling behaviour in the home was considered to be the 'norm'. Women who reported having a disability were also more likely to have reported experiencing controlling behaviours by their husbands. Women belonging to the main religious group (Hindu) were also more likely to have been subjected to greater control.

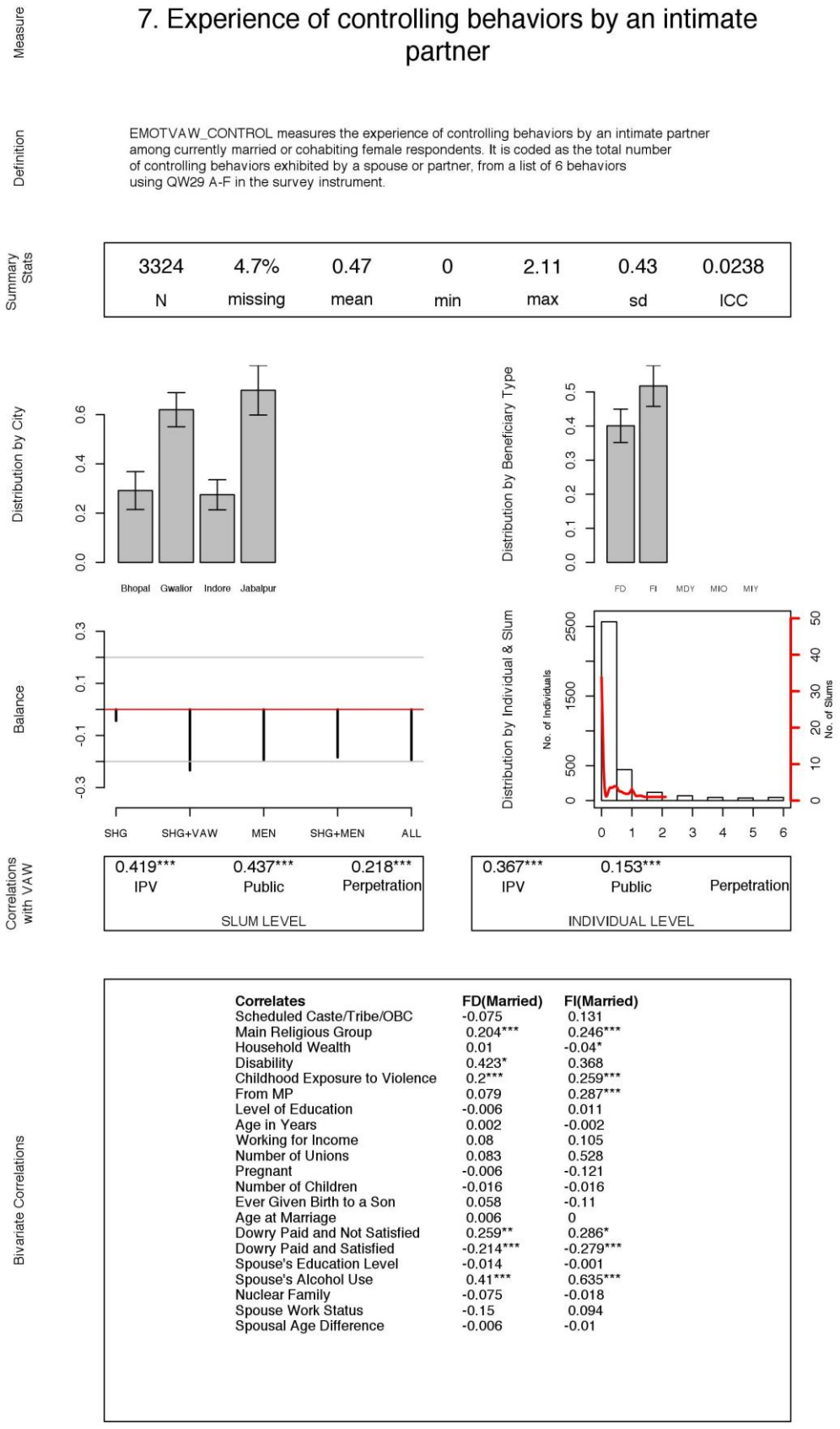
Women whose husbands regularly drank alcohol and women whose husbands and in-laws were dissatisfied with their dowry payment were also more likely to have experienced controlling behaviours. Conversely – and in line with the findings in relation to other outcome measures – women whose husbands and in-laws were satisfied with their dowry payment were less likely to have experienced controlling behaviours.

Figure 9 - Prevalence of emotional IPV in the last 12 months



Correlates	FD(Married)	FI(Married)
Scheduled Caste/Tribe/OBC	-0.058	-0.014
Main Religious Group	0.01	0.048
Household Wealth	0.001	-0.01
Disability	0.128*	0.153*
Childhood Exposure to Violence	0.146***	0.162***
From MP	0.016	0.057
Level of Education	0.002	0.002
Age in Years	0.003	0
Working for Income	0.036	0.059*
Number of Unions	0.066	0.016
Pregnant	0.037	-0.115**
Number of Children	0.002	0.01
Ever Given Birth to a Son	0.018	0.044*
Age at Marriage	0	-0.002
Dowry Paid and Not Satisfied	0.111***	0.123***
Dowry Paid and Satisfied	-0.065**	-0.092***
Spouse's Education Level	-0.006	-0.008*
Spouse's Alcohol Use	0.295***	0.313***
Nuclear Family	-0.002	-0.013
Spouse Work Status	-0.022	0.014
Spousal Age Difference	0.004	0.011**

Figure 10 - Controlling behaviours by an intimate partner



8.4 Violence and harassment in public spaces

Findings from the survey data on violence and harassment in public spaces

Women survey respondents were asked about their personal experiences of violence and harassment in public spaces in the previous 12 months. This was specified as any public space outside their home, not necessarily in their own slum. The questions covered 12 specific behaviours, including verbal (e.g. comments, whistling), visual (e.g. gestures, staring, flashing) and physical (e.g. touching, stalking, assault, rape) forms of harassment and violence. For each type experienced, information was gathered on the frequency of incidents. As well as assessing the prevalence of such experiences amongst all women, further analysis was conducted of those women reporting the frequent occurrence of such events (defined as exposure to incidents 'sometimes' or 'often' in the past 12 months) and also those who had experienced any form of severe violence (defined as grievous assault, actual or attempted rape, or other sexual or physical assault).

On average, **23% of women surveyed – almost one in four - had suffered at least one incident of violence or harassment in a public space outside their home in the previous 12 months, and approximately one in six women (16%) reported that they experienced this violence or harassment on a frequent basis**. Although to a far lesser extent, the qualitative data again suggests some degree of underreporting (see qualitative section below).

There was considerable variation across the cities with prevalence highest – at approximately one in three - in Jabalpur, the city that also had the highest rates of IPV. The rate was substantially lower in the other cities - closer to one in six in Bhopal and Indore. In some slums nearly all women reported experiencing some public violence or harassment in the last 12 months.

As previously noted, the data suggested a **strong correlation at the individual level between women who reported violence and harassment in public spaces and those who reported experiences of IPV**.

However, as with the IPV measures, **the relationship between women's reports of violence or harassment in public spaces and reports from men and boys on the perpetration of VAWG was weak**. Although this can be at least partly explained by the experience and perpetration measures not being directly comparable, other factors may also be relevant: the violence or harassment encountered by women may not have occurred in their home slum and may not have been perpetrated by men or boys from their home slum either (qualitative data supports this, as presented in section 8.5). Indeed, analysis of other questions in the survey which are not part of this measure suggest that almost three quarters of reported incidents of violence and harassment in public spaces had taken place outside slum boundaries.

Given the focus of the Programme and the evaluation on 'the slum' as the treatment site, this could pose challenges in terms of capturing treatment effects, and highlights the need to adapt endline measures so that a distinction can be made between violence and harassment experienced and perpetrated inside the slum and violence and that experienced or perpetrated outside slum boundaries (see section 8.5 on perpetration for further detail on this).

In addition, the weak correlations between experience and perpetration may also reflect the structure of violence and harassment: the observed patterns could arise if in some places many women experienced violence or harassment that was perpetrated by a small number of boys and men. It is also possible that

much of the violence and harassment reported by boys and men was actually experienced by girls aged under 18 (there is some evidence from the qualitative data that younger girls were deliberately being targeted, as explained in sections 8.4 and 8.5). These experiences would not have been picked up in the survey of women, all of whom were over the age of 18.

Prevalence and frequency of violence and harassment in public was also strongly correlated with some individual and slum level characteristics, in particular, **educated women, younger women and single women were all significantly more likely to be exposed to violence and harassment in public and to experience it more often than other women.** This resonates with the qualitative data, which suggests that younger women, women who are 'getting ahead' and women who are without 'protection' from a husband were particular targets for violence and harassment.

However, **in contradiction to comments made in FGDs, and in contrast to the measures on IPV, there was only an inconsistent relationship with women in employment**: a positive correlation at the individual level with women who earn and control their own income more likely to report experiencing violence or harassment in public spaces. However, at the slum level the relationship is the opposite. So in slums where women work and control their own income, women are less likely to report experiencing recent violence or harassment.

Likewise, in contrast to the qualitative data which emphasised that male un/under employment was a cause of VAWG, according to the survey, experience of **violence and harassment in public spaces was not significantly correlated with male unemployment.** As previously noted, this could be due to men and boys perpetrating violence away from their home slum and/ or women experiencing violence away from their home slum. Both of these possibilities were reiterated in the qualitative data. Less easy to interpret was a weak negative correlation with slum poverty: the higher the proportion of population below the poverty line, the lower the level of reported violence and harassment in public places.

Interestingly, a number of survey respondents (male and female) gave unprompted responses to indicate the importance of mobile phone related harassment of women. This was not included in the baseline measure, and something which could be included as a form of harassment at endline (although difficulties in terms of capturing experience or perpetration within slum boundaries will need to be considered). It is also something which the implementers of the Safe Cities Initiative could address through the Programme[25].

Findings from the qualitative data on violence and harassment in public spaces

The FGDs highlighted a widespread and significant reluctance amongst participants to talk openly about violence and harassment in their own slums. Ina quarter of the focus groups participants initially denied that violence or harassment occurred at all in their slum. Rather, in their view, such harassment took place outside on main roads beyond the slum boundaries, on public transport, in neighbouring slums, or in the

[25] 224 respondents answered "other" to Q105 *"What do you think are the main causes of harassment of women in the street and public spaces?"* Of these a large proportion (70 respondents) mentioned mobile phones and/or the internet.

wider city. Analysis of the discussions suggests that this was rooted in very similar attitudes to the denial about IPV explained in section 8.1. These include:

- **Not wishing to give a bad impression of where they live** in a socio-political context where slums are often seen by authorities and other residents as undesirable places inhabited by lower class/caste people. In some instances, this manifested itself in some focus group respondents telling others to stop talking when they started to refer to incidents of violence.
- **Wanting to avoid the blame, shame and stigmatisation** that women can suffer if they acknowledge personal experience of harassment (see section 9.1 on attitudes and section 9.6 on reporting to the police for more detail on this).
- **Differing conceptions of what constitutes harassment or VAW**. In several FGDs, male and female participants' denial that harassment ever occurred was because they viewed 'minor incidents' of commenting, gesturing and "eve-teasing" (ched-chad) as normal everyday occurrences, which, as with less severe forms of IPV, did not warrant attention.

The different 'geography' of slums and varying interpretations of which spaces were within and outside it was also a factor which seemed to affect whether or not violence or harassment was perceived to take place in 'their' slum. Geography affected the kinds of public spaces located within the boundaries (or what residents considered to be the boundaries) as opposed to just outside the slum. This applied to a number of places which were identified as major sites of harassment, including: open areas, wooded areas or railway tracks used for defecation, main roads leading to slums, slum entrances, schools, colleges and workplaces. This suggests the need for further consideration of whether and how to define slum boundaries in the endline survey.

As discussions continued, however, participants in 12 of the 18 groups that initially denied any local harassment mentioned various forms occurring inside their slums. Although some women remained reluctant to admit they were ever personally harassed, several women nonetheless spoke out about their personal experiences, as well as other cases in their area.

The perceived level of violence and harassment in public spaces was explored in the FGDs with women and men using the participatory bead exercise already described in relation to IPV (see section 8.1). Participants were asked to discuss how many women out of ten living in their slum they estimated had been harassed by men in a public space in their slum in the last 12 months.

In some slums the exercise proved to be extremely successful in stimulating debate and through facilitated negotiation a consensus was reached. This actual level varied greatly between groups, but most figures were in the range of four to seven women in ten. Elsewhere the exercise worked less well because participants started to discuss harassment of women in the wider city or had not yet acknowledged the problem existed locally. Much caution is needed in making comparisons between these figures and survey data, not least because the bead exercise focused on public violence within slums, while the survey questions were not location specific. As noted, the latter is something which will need to be addressed in the survey at endline by asking more specific questions about the locations where violence occurred. Nevertheless, the FGDs do suggest some underreporting in the survey on this measure.

Men and women FGD participants were also asked whether certain women or girls tended to experience violence or harassment in public spaces more than others. In line with the survey findings, the most common response from both male and female respondents across all cities was that **younger women were the most common target in public spaces. Adolescent girls on their way to school or college, as well as women in their 20s, especially but not only those that were unmarried, were seen to be particularly at risk.**

There was also a strongly held and widespread perception among participants that **women (especially younger women) and girls who dressed or behaved a certain way in public were more likely to be harassed or attacked**. There was some emphasis on girls and young women who behaved confidently in public, or were too 'smart' or outspoken. Discussions in Indore emphasised that girls and women travelling for education or employment might not just be exposed to greater levels of harassment and violence because of their increased mobility, but that they might actually be targeted out of jealousy by those who resented them 'getting ahead'. (Further discussion on this finding can be found under section 9.1 on attitudes.)

> *"If some girl is getting educated, others can't see her moving ahead. They are jealous, they think 'how come this girl's is moving ahead?' They will harass her or tell her parents that your girl is being harassed. So, this way, parents stop sending their girls out."* (Woman, indirect beneficiary, Indore)

However, in some **groups participants maintained that any woman or girl who went out of her home, and particularly went out of the slum, could face violence or harassment**. In these discussions, emphasis tended to be placed on women being mobile and therefore in spaces where it was possible to be harassed. This included women who went out to get water or to defecate, and professional women who went out to work and girls and young women who go to school or college. Indeed, a number of participants believed that educated and professional women suffered more violence and harassment because they were more mobile. (See section 9.3 for further discussion of how mobility and exposure to violence).

In contrast to the view that more confident or outspoken girls or young women were often targeted, there was also discussion in several groups about how **men and boys who perpetrated violence and harassment tended to pick on girls and women who were perceived to be weaker or more vulnerable**. This also came through from the survey data in terms of those who were younger and unmarried being more like to experience violence or harassment in public.

> "*The one who is smart, they can't do anything, the ones who are quiet and meek, they harass them, they are the ones who can't raise their voices and tell anyone*" (Woman, direct beneficiary, Jabalpur)

In a minority of focus groups, certain population groups were perceived to suffer violence and harassment more than others. Most frequently mentioned were '**new arrivals' to the slum**. They tended to come from rural areas and were seen as naïve and not street-wise, often lacking social connections and security in the slum.

> ***"****Women and girls who are new or 'of different type'* [are commonly harassed]" (Woman, direct beneficiary, Gwalior)

The survey data captured whether or not women were originally from the state of Madhya Pradesh, and suggested that women who were from Madhya Pradesh were actually *more* likely to have experienced violence or harassment in public spaces. However, it did not capture whether women who had migrated to the state were originally from rural areas. This is something which could be included in the survey at endline.

Furthermore, in a minority of focus groups, **participants stressed that lower-caste women were particularly targeted**, especially by higher-caste boys or boys 'with connections'. It was explained that lower caste women were sometimes targeted because they were more vulnerable and unlikely to speak out or report against more powerful higher-caste boys and men due to a fear of not being believed or negative consequences.

> *"In our colony, in our lane, none of our sisters, daughters or any woman is safe… It is all women, but more with women from lower castes… About the Kori community… girls from our community are totally unsafe. They are not even 1% safe. Even if they have to go to the coaching centre they will have to go in pairs. They cannot go alone"* (Man, indirect beneficiary, Gwalior)

> *"Once they see that a woman is from a different community [i.e. caste, in this case mulavi caste] then they want to suppress her"* (Woman, direct beneficiary, age 30, Indore)

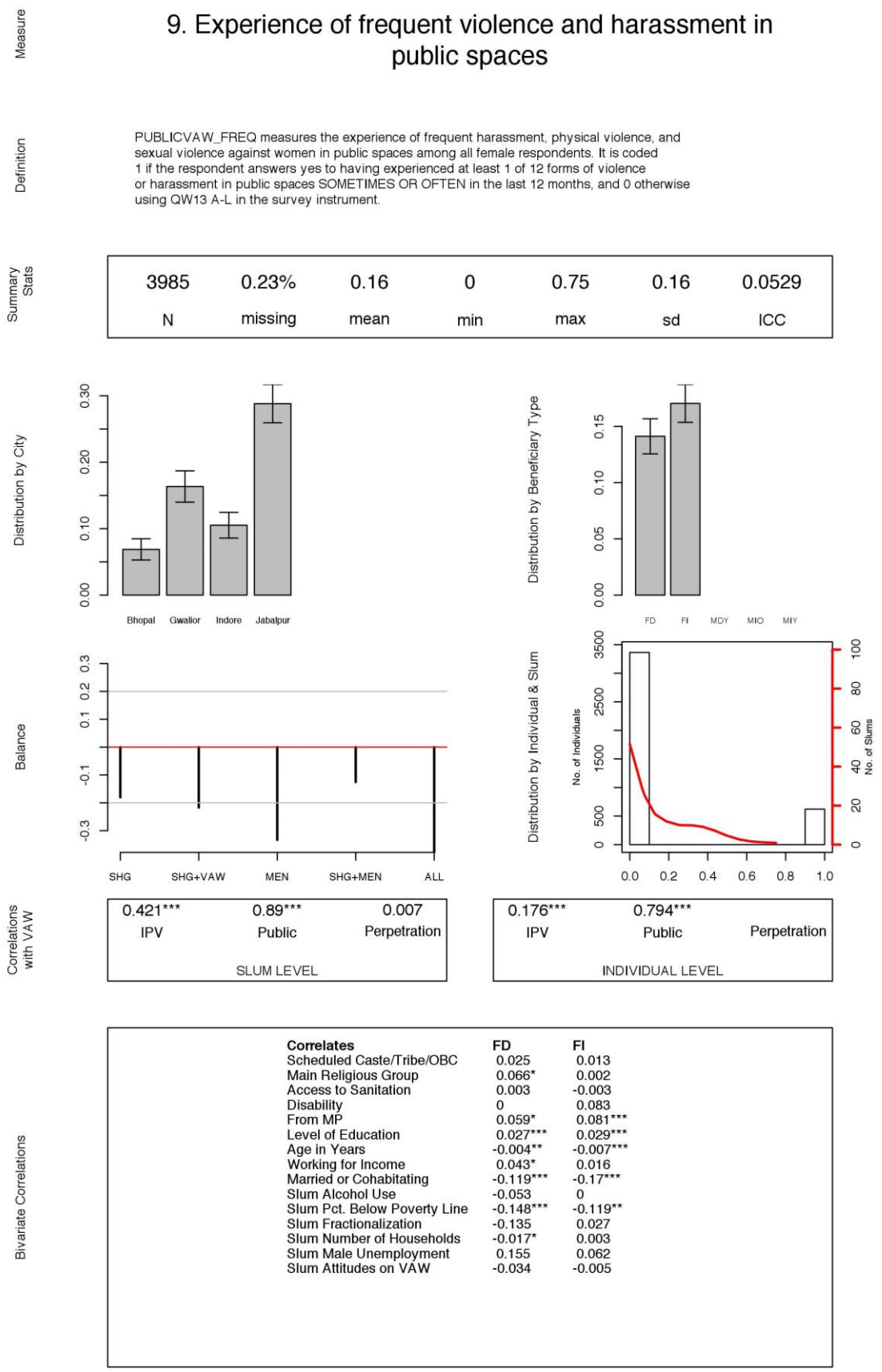
Indeed in two of these slums, **both male and female focus group participants linked violence against - or harassment of - women to wider tensions and dynamics in the slums,** usually communal tensions (inter-caste or inter-religious) or rivalry between groups of young men. In these environments, it seemed that VAW was perceived to be particularly brutal. Focus group participants explained that women were targeted strategically as part of these wider tensions because they were the sisters of specific boys or from a certain caste or religious group).

> *"In our colony, goons come and bang on the doors of people and ask girls to come out. They shout abuse: 'come out or I will have sex with your mother'; 'come out or I will shoot your brother or your relatives'. So girls are obliged to come out… Then they drink, smoke, take drugs and abuse the girls... After two-three hours they return... they abuse everyone in the colony in these lanes"* (Man indirect beneficiary, Gwalior)

According to the survey data, there was not a significant correlation between caste and experiences of violence or harassment in public spaces, possibly because caste-related violence was a more prominent issue only in certain slums. This perhaps warrants further exploration at endline.

Figure 11 - Prevalence of violence and harassment in public spaces in the last 12 months

Figure 12 - Prevalence of frequent violence and harassment in public spaces in the last 12 months



8.5 Perpetration of violence and harassment

Findings from the survey data on perpetration of VAWG

The measure of perpetration in the survey draws from a range of questions which relate to both IPV and violence and harassment in public spaces. **Strikingly, a very large share of men and boys surveyed – some 43% - reported perpetrating violence or harassment in the last 12 months. In some slums, all 14 of the men and boys surveyed reported that they had perpetrated some form of violence or harassment, whether in the home or public spaces.**

In addition to the overall perpetration measure, three in every one hundred (3%) boys and men said they had perpetrated severe forms of VAWG[26] in the previous 12 months, either at home or in public spaces, with the highest rates in Gwalior (the same city where women reported the highest rates of severe forms of violence).

Perpetration rates were nearly identical for the direct beneficiaries (who were aged 15-25 years) and for the same age group of indirect beneficiaries, indicating that the direct beneficiaries were no more or less likely to engage in acts of violence and harassment. However, perpetration rates were lower among older men indirect beneficiaries (aged 26-49 years).

There was a relatively large variation across the cities however, with reported levels of perpetration close to 50% in all areas except Indore, where reported levels were below 20%. While Indore also had low levels for the measure of reported experience of violence and harassment by women, so too did Bhopal, which on this measure appeared to have perpetration levels close to those in Jabalpur. As previously noted, there are several possible reasons for slum level measures of perpetration of VAWG appearing to be unrelated to the slum level measures of experiences of either IPV or violence and harassment in public spaces.

In terms of correlations with individual or slum level characteristics, **boys and men were significantly more likely to have reported perpetrating violence or harassment if they had experienced or witnessed violence or aggressive behaviour as children. They were also more likely to have reported perpetrating violence or harassment if they personally held negative attitudes in relation to VAW**. Boys and men who lived in slums in which negative attitudes to VAW were widespread were also more likely to report perpetrating violence or harassment, suggesting a strong role for social norms in encouraging or discouraging perpetration – or at the very least, openness in reporting it to others. This highlights the need to captures shifts in social norms at endline.

Alcohol consumption also appeared to play an important role among boys and young men aged 15-25, but not among older men aged 26 – 49. However, there appeared to be some other correlations relating to men in this age group: if they were younger, unmarried, originally from Madhya Pradesh and had access to sanitation (indicating some degree of relative household wealth), they were more likely to have perpetrated violence or harassment.

[26] This was defined as being punched, kicked, dragged, beaten up, someone trying to burn or choke on purpose, being threatened or attacked with a weapon, being forced to have sexual intercourse or being forced to perform a sexual act.

There were inconsistent correlations between perpetration of severe forms of violence and other characteristics of boys/men and the characteristics of slums. Among the direct beneficiaries, reported perpetration of severe forms of VAWG was greatest among those with lower education attainment and those with more permissive views on VAWG. Among indirect beneficiaries, severe forms of violence were reported more commonly by younger men and those who consumed alcohol on a regular basis.

Findings from the qualitative data on perpetration of IPV

In the FGDs, women were asked about which kinds of men commonly perpetrated VAWG in both the home and public spaces. Much of the qualitative data which relates to this section has already been covered in the previous sections on women's experience of IPV.

In discussions about the causes of IPV, two 'types' of boys/men emerged from the FGDs as those who were thought to be the most common perpetrators: **those who drank alcohol, and in particular those who were unemployed and drank, and those who were influenced by social pressures to be a 'proper man'.**

The relationship between unemployment, alcohol consumption and IPV were heavily emphasised in the focus groups, including the stress and frustration which not being able to provide for their families created in men. This, coupled with poor communication between husbands and wives, was believed to cause arguments, which could turn violent, particularly when a man was drunk. (This is discussed in more detail in section 9.2 on alcohol consumption and alcohol-related violence.)

> *"Those who do not beat are engaged in work the whole day. They have income, they have dignity, they understand these things. So those people do not beat."* (Female, direct beneficiary, age 40, Bhopal)

> *"They are nice men and there is good communication between husband and wife… They have good coordination between them. Both wife and husband shares good understanding…. If both of them will go hand in hand then it won't be a fight."* (Male, direct beneficiary, age 19, Gwalior)

A smaller number of focus group **participants said that some community members would mock or question men who didn't beat their wives**, implying that they were dominated by their wives or not 'proper men'.

> "*Arre, they make fun of him, do they not? "Look, he is such a slave of his wife* (joru ka ghulaam)*!" It happens like this, of course. 'His wife is going and he is standing there saying nothing. Look, he is such a slave to his wife.'"* (Female, direct beneficiary, age 35, Bhopal)

> *"He is henpecked* (lugai ka bhadu hai) *who cannot even beat his wife.|* [many laugh at the statement] (Male, indirect beneficiary, age 46, Bhopal)

> *"People think that he is a slave/submissive to his wife* (bibi ka chamcha) *and under the control of his wife* (Bibi ka gulam)" (Male, indirect beneficiary, Gwalior)

> *"The community men call such a man a fool* (chutiya) *..They say he is running after his wife..."* (Female, direct beneficiary, age 26, Indore)

However, in addition to husbands perpetrating violence against their wives, a **number of FGD participants said that married women could also suffer physical violence from their in-laws**, mostly perpetrated by mothers-in-law, but also fathers-in-law and brothers-in-law too.

> *"In most of the homes the fights are between wife and husband but in some of the homes there are problems with mother-in-law and daughter-in-law"* (Male, indirect beneficiary, age 21, Gwalior)
>
> *"This happens between the ladies, mother-in-law and daughter-in-law"* (saas bahu ki ladai) (Male, direct beneficiary, age 45, Bhopal)
>
> *"Ma'am, no one else does. It happens between the husband and wife only.* "(Female, direct beneficiary, age 36 M, Bhopal)

This finding is not supported by the survey data, which suggested that approximately 1% of women had experienced violence inflicted by their mothers-in-law, and a little less than half a percent of married or cohabiting women reported violence by fathers-in-law. Further exploration of violence by other members of the household is beyond the scope of this evaluation but, given the frequency with which this came up in the FGDs, it perhaps warrants further investigation elsewhere.

Findings from the qualitative data on perpetration in public spaces

Men and women FGD participants were also asked which men and boys most commonly harassed women and girls. The most common perception (among male and female participants) across all cities was that **younger men and adolescent boys were the most common perpetrators** of violence and harassment in public spaces. In contrast, other participants stressed that ***all* types of men, including older men**, harassed and perpetrated VAWG.

It was very common for male participants **to blame harassment within their own slum on boys from 'outside' the slum or from a specific neighbouring slum.** Only in eight focus groups in four slums did participants explicitly say that men and boys from *their own* slum perpetrated violence and harassment. It was quite common for participants to specifically mention **'boys on motorbikes' who hung around on the access roads** and followed girls and women home. In a minority of cases, some FGD participants said that men and boys who did not join in and harass women might be ridiculed by their peers.

Participants also commonly **blamed men and boys who drank or were 'drunkards'** and in a minority of discussions men and boys who were drug users were also cited as perpetrators. However, several participants explicitly said that it was not only men and boys who were drunk who did this. There were also some references to men and boys who were 'ruffians', 'scoundrels', 'hooligans' or '*awaara*' (vagabonds).

Another significant reason **cited in several women's FGDs - and a few with boys and men - was men's un/under employment.** Participants spoke about young men who were idle and had nothing to occupy them, so they hung around in and near the slums harassing women to keep themselves amused. Interestingly, no one mentioned this is Bhopal, it was mentioned most **frequently in Indore and Gwalior** (discussed in further detail in section 9.2 on alcohol consumption and alcohol related violence). As a binary measure was used in the survey to distinguish between those who worked either for income or in kind, and those who did not, it was not possible to capture under employment which, according to the FGDs, is likely to be a more widespread issue than not doing any work at all, even for payment in kind. This should be reflected in revised measures at endline.

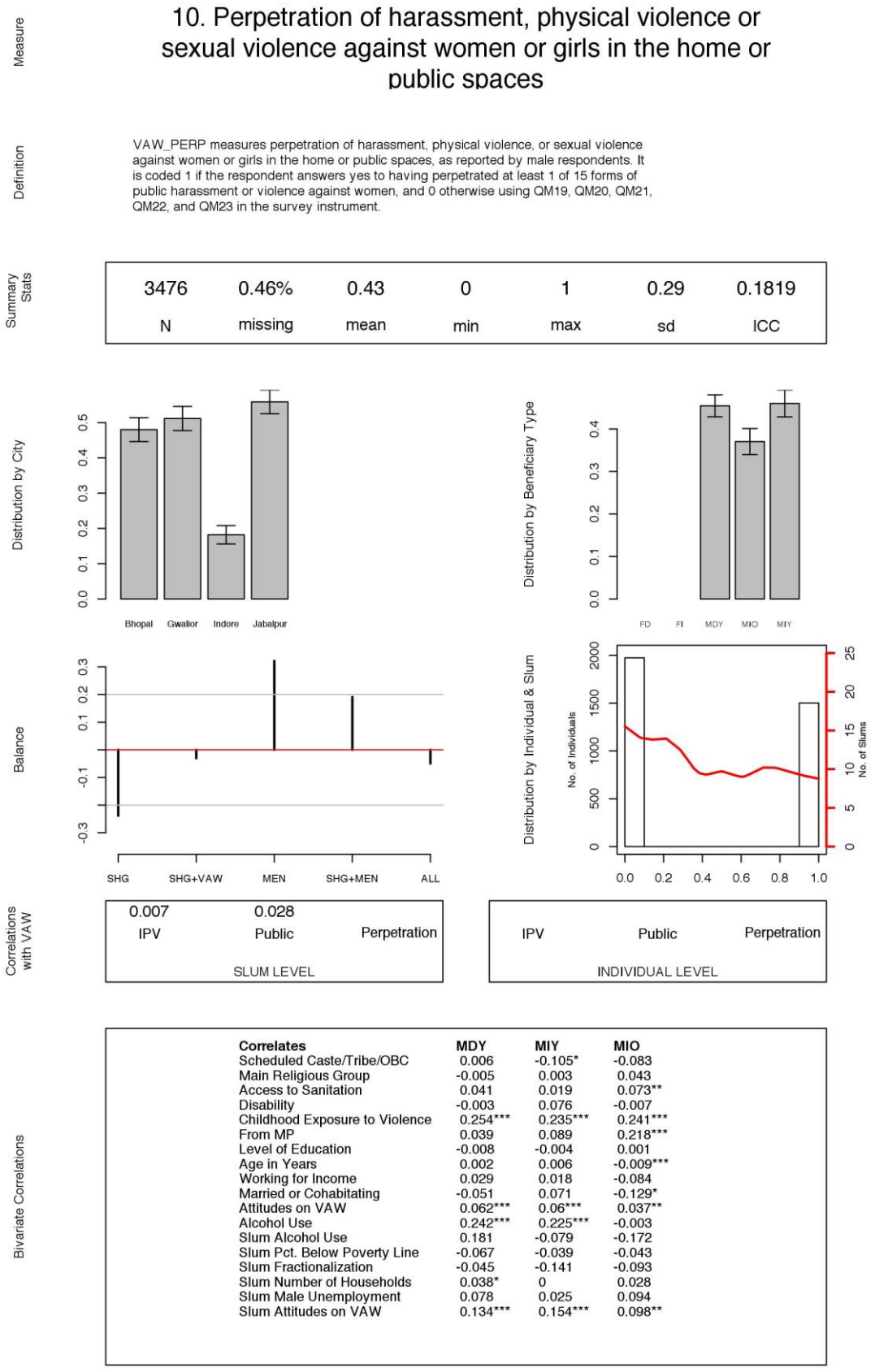
In some slums however, **students and college boys** or **boys from higher caste or well-connected families** were considered to be the main perpetrators. These views were strongly held by those who expressed them and what came through in some discussions was a sense that **caste-based violence and VAWG in public spaces in some slums were heavily entwined.** It was felt that in slums with high levels of caste-

based tensions, VAWG could be particularly frequent, brutal and specifically targeted at women and girls from lower caste families. As previously noted, this was not something which was highlighted in the survey data and further in-depth exploration is beyond the scope of the evaluation.

> *"People come from outside, they gamble and drink wine. Then they hit and do bad things when girls pass. They control the police too. It is mainly boys from Thakur families and Gargaya… they own the community and are in power… they come in groups and have small weapons like pistols and knives"* (Man, indirect beneficiary, Gwalior)

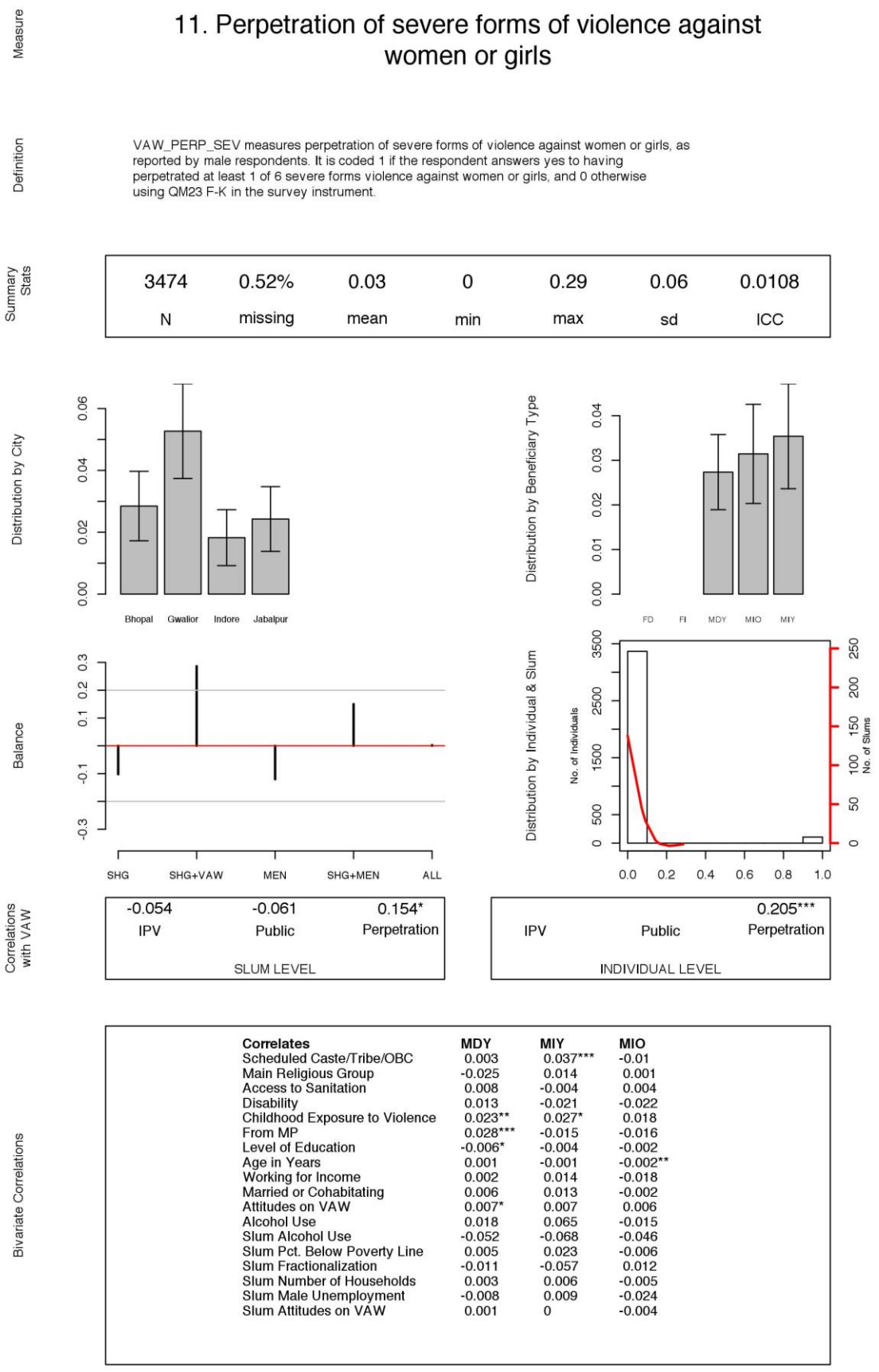
> *"The ones with connections higher up do these things as they know they will be released after arrest"* (Man, indirect beneficiary, Indore)

Figure 13 - Perpetration of violence and harassment in the last 12 months



Correlates	MDY	MIY	MIO
Scheduled Caste/Tribe/OBC	0.006	-0.105*	-0.083
Main Religious Group	-0.005	0.003	0.043
Access to Sanitation	0.041	0.019	0.073**
Disability	-0.003	0.076	-0.007
Childhood Exposure to Violence	0.254***	0.235***	0.241***
From MP	0.039	0.089	0.218***
Level of Education	-0.008	-0.004	0.001
Age in Years	0.002	0.006	-0.009***
Working for Income	0.029	0.018	-0.084
Married or Cohabitating	-0.051	0.071	-0.129*
Attitudes on VAW	0.062***	0.06***	0.037**
Alcohol Use	0.242***	0.225***	-0.003
Slum Alcohol Use	0.181	-0.079	-0.172
Slum Pct. Below Poverty Line	-0.067	-0.039	-0.043
Slum Fractionalization	-0.045	-0.141	-0.093
Slum Number of Households	0.038*	0	0.028
Slum Male Unemployment	0.078	0.025	0.094
Slum Attitudes on VAW	0.134***	0.154***	0.098**

Figure 14 - Perpetration of severe forms of violence in the last 12 months



Correlates	MDY	MIY	MIO
Scheduled Caste/Tribe/OBC	0.003	0.037***	-0.01
Main Religious Group	-0.025	0.014	0.001
Access to Sanitation	0.008	-0.004	0.004
Disability	0.013	-0.021	-0.022
Childhood Exposure to Violence	0.023**	0.027*	0.018
From MP	0.028***	-0.015	-0.016
Level of Education	-0.006*	-0.004	-0.002
Age in Years	0.001	-0.001	-0.002**
Working for Income	0.002	0.014	-0.018
Married or Cohabitating	0.006	0.013	-0.002
Attitudes on VAW	0.007*	0.007	0.006
Alcohol Use	0.018	0.065	-0.015
Slum Alcohol Use	-0.052	-0.068	-0.046
Slum Pct. Below Poverty Line	0.005	0.023	-0.006
Slum Fractionalization	-0.011	-0.057	0.012
Slum Number of Households	0.003	0.006	-0.005
Slum Male Unemployment	-0.008	0.009	-0.024
Slum Attitudes on VAW	0.001	0	-0.004

9. Intermediate outcomes

9.1 Attitudes and beliefs that tolerate VAWG or blame women

Findings from the survey data on attitudes to harassment in public spaces

A number of questions were used in the survey to gauge whether respondents held attitudes and beliefs, which suggested that they tolerated or condoned VAW and/or blamed women for the violence or harassment they experienced.

82% of respondents believed that one of the main causes of the harassment of women in public spaces was the way women dressed or walked in public or because women 'encouraged' men. In some slums, all respondents surveyed believed that at least one of these was a cause of harassment. There was very little variation across the cities, or between direct and indirect beneficiaries. W**omen were only slightly less likely to blame women for harassment than men or boys**.

Women who hadn't experienced harassment in public spaces were *more* likely to blame women for the harassment they experienced. The FGD data suggested this could be because they believed that they had successfully avoided harassment themselves by behaving 'appropriately' in public. Conversely, when women had experienced harassment, they were less likely to blame women, suggesting that first-hand experience had influenced women's views of how and why harassment happens. This is also reflected at slum level: in slums which had relatively low levels of perpetration of harassment, a greater proportion of survey respondents – men and women – expressed the view that women were to blame for 'provoking' harassment. Women were also more likely to blame women if they were less educated and older (especially older and married/cohabiting) – which again is supported by the FGD findings

First-hand experience of perpetrating harassment among boys and men appeared to have a different effect: they were more likely to blame women, perhaps suggesting that they justified their behaviour by thinking women were provoking them. Other correlations between individual and slum level characteristics and men and boys blaming women for harassment were less consistent. There were some indications from the survey data that boys and men were more likely to blame women if they were less educated (although this was not significant among younger indirect beneficiaries) and if they were not Hindu (comprised mainly of Muslims), although, this effect was only significant among older indirect beneficiaries. **Boys and younger men appeared to be more likely to blame women if they worked for income and if they lived in slums where attitudes suggested tolerance of VAWG and which blamed women were prevalent**, perhaps suggesting their personal attitudes were influenced by prevailing social norms (although this is only significant among the direct beneficiary group).

Findings from the qualitative data on attitudes to harassment in public spaces

In the FGDs, participants were asked to give their views on the main reasons that some boys and men harass women in public spaces. Alongside boys'/men's consumption of alcohol (see section 9.2), the other main reason participants gave for harassment in public spaces was women's own behaviour. Women – and girls - were blamed for provoking harassment or violence in public spaces by participants in just over half of the FGDs. This included men blaming women and women blaming other women. It was often suggested that women and girls could avoid violence and harassment if they behaved correctly and did as men and

boys expected. Even where participants did not themselves directly blame women, they often agreed that it was common for others in their community to do so.

The most common response was **that women were blamed because of the way they dressed, especially younger women and adolescent girls**. **Women were as likely as men to blame younger women** and most (but not all) women who criticised younger girls were married and over the age of 30. Both men and women mentioned girls wearing 'jeans and tops', 'tight-fitting clothes' and clothes that revealed a woman's neck or stomach. A prominent view in the FGDs was that if a young woman or girl went out dressed like that, she was essentially "inviting" or "provoking" harassment and that boys and men couldn't be blamed for "getting excited" and harassing her.

> *"Now, many children wear such clothes that boys get excited. That also depends on us, in what way we walk, what we should wear"* (Woman, direct beneficiary, age 36, Bhopal)
>
> *"The main reason is that our women are forgetting about our Indian culture. E-Western culture is overpowering our youth: TV, fashion, dressing style is making a lot of difference. 70% of the problem is due to dressing style"* (Man, direct beneficiary, Bhopal)
>
> *"Women these days dress themselves in such a way that they attract boys towards themselves. Girls compel boys to comment on them, they would entice and then crimes are done by boys"* (Man, indirect beneficiary, Gwalior)

Perhaps surprising **was how few people defended young women and girls and the way they dressed** or said that this could not be seen as a reason why men harassed them. There were only a few examples of individual men or women objecting to these assertions.

> *"I don't agree that the way a girl dresses is the reason for eve-teasing. Men are always on the look out to tease any girl or woman who is all alone. Nowadays we hear it in the news as well, that such harassment is happening because of the clothes women wear. But what about women who wear saris and are all covered up. We still get teased, so clothes don't matter"* (Woman, direct beneficiary, age 34, Gwalior)

Beyond the clothes they wore, there was a **wider tendency to blame women and girls' 'attitudes' and 'behaviours'**, suggesting they encouraged harassment by the way they walked, who they spoke to, or by being too confident or outspoken, too "cheap" or too "smart". However, there was some notable contradiction in the FGDs between blaming girls who wore attention grabbing clothes and acted too confidently in public on the one hand, and a perceived targeting of younger women and girls who seemed to be "weaker", more "vulnerable" and "naïve" on the other. These contradictions suggest the need for further in-depth qualitative data collection ahead of endline to understand more precisely the attitudes and social norms which the Programme is likely to influence and for this to be reflected in revised survey measures at endline.

> *"If girls do not encourage the boys, they would not do it as well… if some men are staring at you and teasing you, if you look at them back and give them attention, they will tease even more… don't just blame boys; sometimes it is a girl's fault as well"* (Woman, indirect beneficiary, age 42, Jabalpur)

Even where FGD participants explained that **community members often harshly judged or criticised women and girls who experienced violence or harassment.** In a couple of cases, there were stories about

other community members purposely exaggerating the extent of violence, spreading rumours or reporting it to a girl's family in order that she be blamed.

> *"She is blamed saying she must have done something to attract attention"* (Man, direct beneficiary, Indore)
>
> *"The family, the relatives say the girl is wrong and that her character is not good"* (Woman, direct beneficiary, age 22, Indore)
>
> *"It is only the girl that is defamed nowadays. Whatever the boy does, even if the girls does not do anything, but the girl will be defamed" (*Woman, indirect beneficiary, age 29, Bhopal)
>
> *"If any woman faces any such incident, then she will be moving in the colony, then other women will look down on her with a heinous eye. They will highlight the issue"* (Woman, indirect beneficiary, Gwalior)

Following on from this, FGDs also revealed that it was not uncommon to blame parents **for not educating girls and young women correctly** or not controlling or policing their behaviours effectively e.g. for letting them go out alone, not accompanying them, not marrying them at a young age or not policing the way they dressed.

> *"It is not only the girl's mistake, it is also her parents' mistake. If the girl is going on that route, her mother and father should stop her. They should control the boy also… if the boy is young and the girls is young and then she has to go out like this on risky routes, then she should be married"* (Woman, indirect beneficiary, Indore)
>
> *"The girls should be educated before marriage. She should control her dressing. They should not dress in a way that men get provoked"* (Man, direct beneficiary, age 25, Indore)

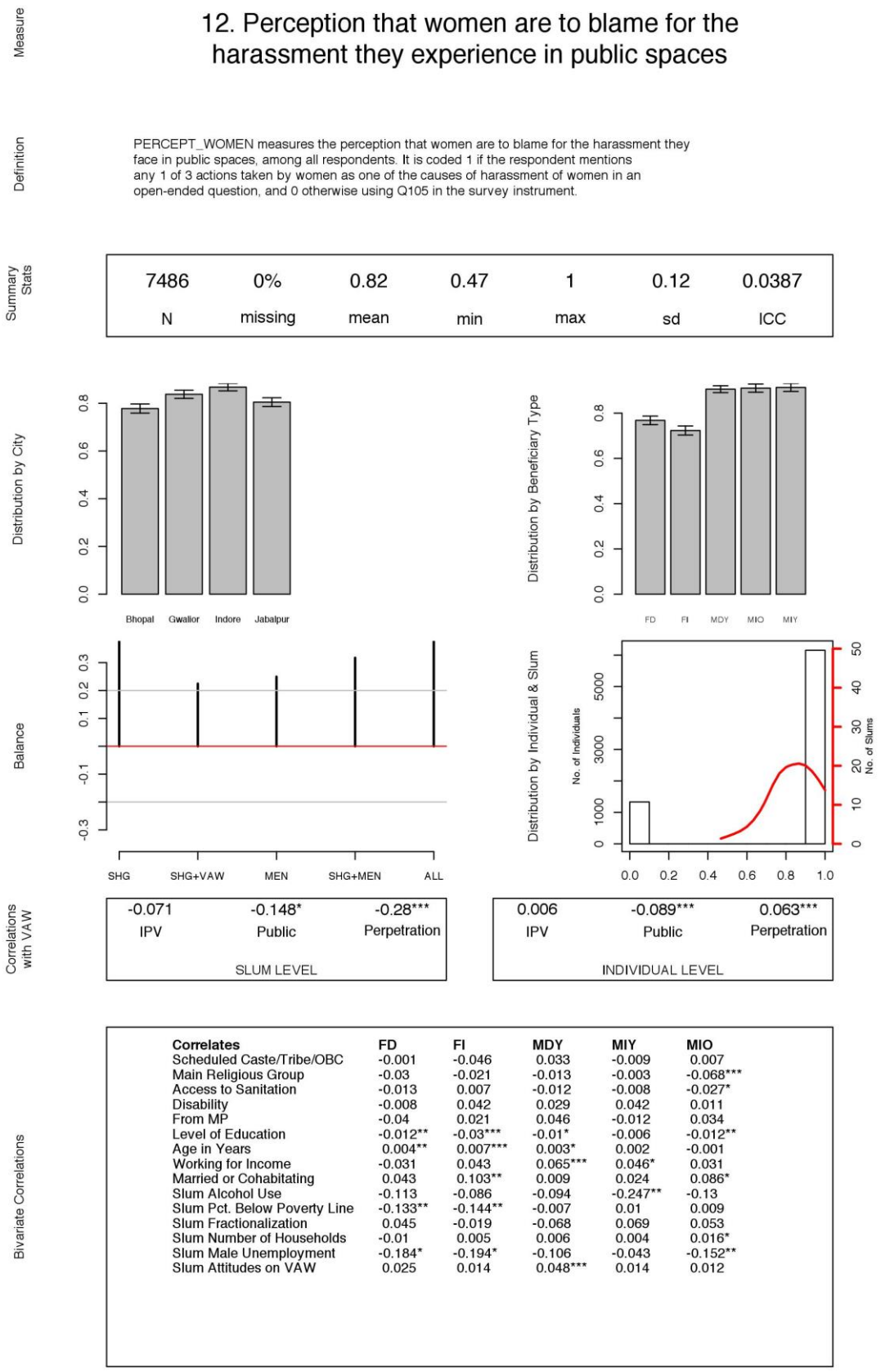
These findings confirmed many of the findings from the survey. They also reinforced findings presented earlier about likely reasons for underreporting in the survey, including a sense of shame on the part of many women, reinforced by a perception among others in the community that women (and girls) must have done something to provoke the violence or harassment they experienced. The consequences of this blame in terms of women's mobility and restrictions to women's movements are presented in section 9.3, and in terms of reporting to the police in section 9.6.

Nonetheless, **several FGD participants – mostly women, but also a significant number of men – also blamed men and boys for not behaving properly**. Most commonly, they said that men and boys that harassed women were poorly educated, lacked proper morals or values, had "faulty thinking" or "bad habits". In several focus groups, **women spoke explicitly about gender relations**, saying that men did not understand or respect women or that men and boys behaved like this to demonstrate their masculinity or to ensure that women did not progress too far.

Boys and men tended to focus more than women on **social influences on boys'/ men's behaviour – both peer influence and the influence of television and other media.**

> *"If you see the mobile clips of 75% of boys, there will be porno clips on their mobile cards. I can say with 99.9% guarantee that you will find such clips"* (Man, indirect beneficiary, Bhopal)

Figure 15 - Perception that women are to blame for harassment in public spaces



Correlates	FD	FI	MDY	MIY	MIO
Scheduled Caste/Tribe/OBC	-0.001	-0.046	0.033	-0.009	0.007
Main Religious Group	-0.03	-0.021	-0.013	-0.003	-0.068***
Access to Sanitation	-0.013	0.007	-0.012	-0.008	-0.027*
Disability	-0.008	0.042	0.029	0.042	0.011
From MP	-0.04	0.021	0.046	-0.012	0.034
Level of Education	-0.012**	-0.03***	-0.01*	-0.006	-0.012**
Age in Years	0.004**	0.007***	0.003*	0.002	-0.001
Working for Income	-0.031	0.043	0.065***	0.046*	0.031
Married or Cohabitating	0.043	0.103**	0.009	0.024	0.086*
Slum Alcohol Use	-0.113	-0.086	-0.094	-0.247**	-0.13
Slum Pct. Below Poverty Line	-0.133**	-0.144**	-0.007	0.01	0.009
Slum Fractionalization	0.045	-0.019	-0.068	0.069	0.053
Slum Number of Households	-0.01	0.005	0.006	0.004	0.016*
Slum Male Unemployment	-0.184*	-0.194*	-0.106	-0.043	-0.152**
Slum Attitudes on VAW	0.025	0.014	0.048***	0.014	0.012

Findings from the survey data on attitudes to IPV

Strikingly, on average **just over half of all respondents (52%) agreed that there were times when a woman 'deserves to be beaten by her husband'**, and in some slums almost all respondents agreed with this statement. Approximately one in every three respondents (32%) agreed that it 'is a wife's obligation to have sex with her husband even if she does not feel like it'. Both of these findings reinforce the likelihood of underreporting in relation to the IPV measures in the survey.

In both cases, figures were fairly consistent across the four cities, although they were slightly lower in Gwalior. **Women were only slightly less likely to hold these views than men and boys** and there was again little variation between the direct and indirect beneficiaries.

In contrast to the survey finding that women with first-hand experience of violence and harassment in public spaces were *less likely* to blame women for the violence and harassment they experienced, **women who had recently experienced physical or sexual IPV were *more likely* to agree that 'wives deserve to be beaten' or are 'obliged to have sex' with their husbands.** This is consistent with the qualitative data, which shows a clear tendency among some women to 'normalise' IPV and to blame themselves for provoking it.

Correlations with other individual and slum level characteristics were more mixed. Married/cohabiting women and women from households with no access to their own sanitation (an indication of being in a relatively poorer household) were more likely to think that women deserved to be beaten – as were women with less education (although this is only significant among the indirect beneficiary group).

Women from scheduled castes/ tribes/ OBC were more likely to believe that it's a wife's obligation to have sex (although this was not the case among lower caste boys and men). Women with disabilities were also more likely to believe that women are obliged to have sex with their husbands (they were also more likely to believe that wives deserve to be beaten, but this was only significant among indirect beneficiaries). There was also some indication that women who were older, less educated and who lived in slums where male unemployment was high were all more likely to believe wives were obliged to have sex with their husbands.

As with harassment in public spaces, boys and men who had recently perpetrated VAWG were also more likely to believe that 'women deserved to be beaten' or that 'wives are obliged to have sex with their husbands', which again suggests a tendency to justify their violent behaviour. The survey data also suggests that boys and men (both direct and indirect beneficiaries) were heavily influenced by social norms, with **individual boys or men being far more likely to conform to prevalent views within their slums.**

In addition to being influenced by the prevailing social norms around them, **boys and men were less likely to believe that wives deserved to be beaten if they were better educated. Younger boys and men were less likely to believe that wives deserved to be beaten if they lived in slums which were more diverse** (defined as those with a greater mix of religions, castes and people who had migrated from elsewhere in India).

Findings from the qualitative data on attitudes to IPV

FGD participants were asked to give their views on the main reasons that some men beat or hit their wives in their slum and to rank these reasons in terms of the top three. In addition to men's consumption of

alcohol and unemployment and poverty (See section 9.2), some participants in the overwhelming majority of FGDs (61 out of 72 FGDs) blamed women in one way or another, and this was one of the top three reasons in a third of the groups.

Most commonly, participants – men and women – said that husbands beat their wives because they **made some form of mistake and/or failed to meet their expectations.** Indeed, in 13 FGDs, 'women not obeying their husbands and/or answering back' was ranked as one of the top three causes of IPV. This was spread evenly among male and female participants. There were also a number of more specific reasons given, for example women not fulfilling domestic duties (cooking food, washing clothes) in the way expected, women refusing sexual intercourse with their husbands and women going out without permission.

> "*Even if the husband beats, then there is some fault of the wife in that as well*" (Woman, direct beneficiary, age 36, Bhopal)
>
> *"It only happens when wife answers back to the husband, otherwise nothing happens to her"* (Woman, direct beneficiary, age 25, Jabalpur)
>
> *"Didi, they do not listen to their husband's views. If someone did not do some work in their house - like if he said "Do this work" and we did not listen then beating happens. Like if we do it [whatever the husband wants], then that's it, they become happy"* (Woman, indirect beneficiary, age 19, Bhopal)
>
> *"The husband said something, the wife did not obey, beating can happen due to that… If we agree with the husband* (haan mein haan milayenge), *then things will be all right. Disagree…(bursts out laughing) we will have to face a beating."* (Woman, direct beneficiary, age 31, Bhopal)
>
> *"In my house I even quarrel with my wife on what vegetable is cooked. I don't like watery vegetables."* (Man, indirect beneficiary, age 28, Indore)

There were a number of other 'failures' that a minority of participants blamed on women, which related to both their husband's expectations and the expectations of their in-laws. This included not producing a child, or specifically a son, and not bringing adequate dowry to the marriage.

> *"Many women have been burnt, who haven't given any dowry for their wedding. The in-laws say things like 'your family didn't give anything', 'your parents have sent you empty-handed'. There is violence because of that. The husband troubles the wife because of this, and this is also the main reason why husbands beat up their wives."* (Woman, indirect beneficiary, Gwalior)
>
> *"If a woman is not able to give birth to a child, she is tortured."* (Woman, indirect beneficiary, age 18, Gwalior)
>
> "*It could also happen if a woman is not able to bear children. All family members complain to the woman, including his family members. Sometimes if a woman only gives birth to a girl child then she is harassed at home."* (Woman, direct beneficiary, age 27, Gwalior)

A predominant social expectation described in some of the FGDs was that men should control their wives. This was evidenced further by another reason FGD participants gave as a key cause of men beating their wives: **men's suspicions about their wives' fidelity and proper behaviour around other men.** In 18 of the FGDs – equal numbers of men and women – said that men's suspicions about their wives' behaviour towards other men was among the key causes of their perpetration of IPV. In some cases, women in particular were very explicit that men beating their wives was related to their desire to control women.

"Arre, if we go out somewhere, then they think, "Where had she gone? I hope she had not gone anywhere else (to another man)." (Female, direct beneficiary, age 35, Bhopal)

"*Coming late from outside… again suspicion (*shak*)"* (Man, direct beneficiary, age 19, Indore)

These findings from the FGDs reinforce the finding from the survey which suggested that it was commonly believed that women sometimes 'deserve to be beaten'. However, the emphasis in the FGDs on men's controlling behaviour being the 'norm' was not supported by the survey data, which suggested that a relatively small proportion of women had experienced controlling behaviours by their husbands (see section 8.3).This could suggest measurement error which will need to be further explored ahead of endline.

Figure 16 - Perception that sometimes women deserve to be beaten by their husbands

Measure

13. Perception that sometimes women deserve to be beaten by their husbands

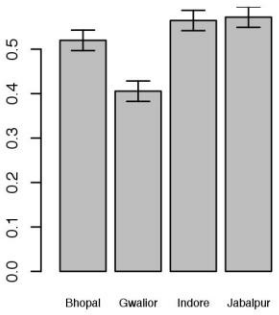
Definition

ATTITUDE_PHYSVAW measures opinions about the acceptability of physical violence in married life, among all respondents. It is coded as a 1 if the respondent agrees or partially agrees with the statement that there are times when a women deserves to be beaten by her husband, using Q73 in the survey instrument.

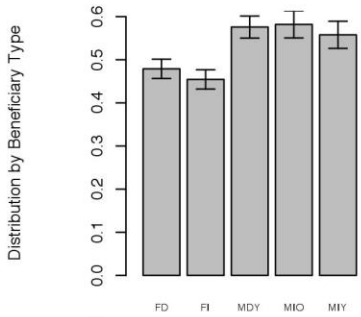
Summary Stats

7468	0.24%	0.52	0.1	0.9	0.17	0.0504
N	missing	mean	min	max	sd	ICC

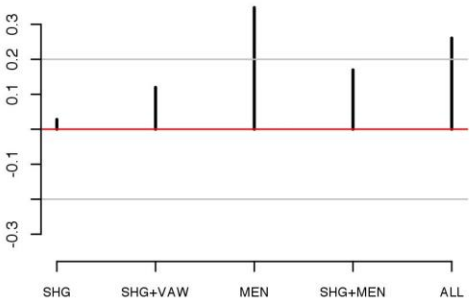
Distribution by City



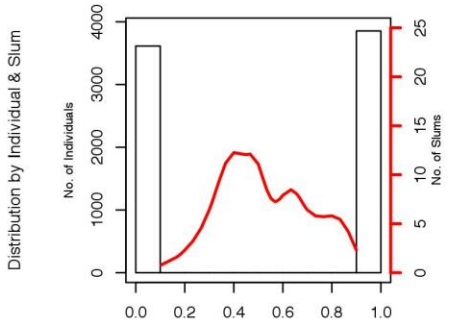
Distribution by Beneficiary Type



Balance



Distribution by Individual & Slum



Correlations with VAW

0.014	-0.096	0.241***
IPV	Public	Perpetration

SLUM LEVEL

0.068***	-0.004	0.2***
IPV	Public	Perpetration

INDIVIDUAL LEVEL

Bivariate Correlations

Correlates	FD	FI	MDY	MIY	MIO
Scheduled Caste/Tribe/OBC	-0.074*	-0.033	0.045	-0.059	-0.019
Main Religious Group	-0.076	0.013	-0.056	-0.04	-0.028
Access to Sanitation	-0.054**	-0.063**	0.006	-0.024	-0.011
Disability	0.033	0.129*	-0.003	0.116	-0.028
From MP	-0.053	-0.076	0.106	-0.018	-0.042
Level of Education	-0.001	-0.016***	-0.025***	-0.017*	-0.026***
Age in Years	0.003	0.002	0	-0.002	-0.002
Working for Income	0.029	0.049	0.08**	0.043	0.045
Married or Cohabitating	0.103**	0.076*	0.018	0.076	0.06
Slum Alcohol Use	0	-0.103	-0.061	-0.189	0.282
Slum Pct. Below Poverty Line	0.055	-0.005	-0.04	-0.017	-0.057
Slum Fractionalization	0.152	0.043	-0.268**	-0.241*	-0.183
Slum Number of Households	-0.013	-0.016	0.009	-0.001	-0.018
Slum Male Unemployment	-0.091	-0.078	-0.008	0.043	0
Slum Attitudes on VAW	-0.024	-0.029	0.131***	0.162***	0.17***

Figure 17 - perception that it is a wife's obligation to have sex with her husband

Measure

14. Perception that it is a wife's obligation to have sex with her husband

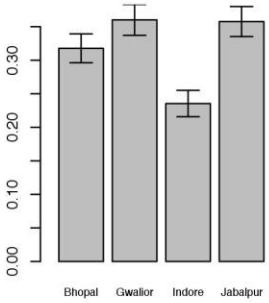
Definition

ATTITUDE_SEXVAW measures opinions about the acceptability of sexual IPV, among all respondents. It is coded 1 if the respondent agrees or partially agrees that it is a wife's obligation to have sex with her husband even if she does not feel like it and 0 otherwise using Q83 in the survey instrument.

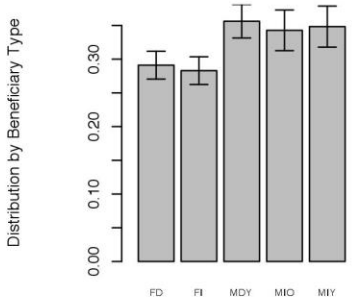
Summary Stats

N	missing	mean	min	max	sd	ICC
7326	2.14%	0.32	0	0.77	0.15	0.0425

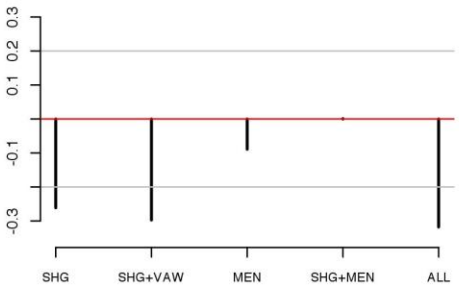
Distribution by City



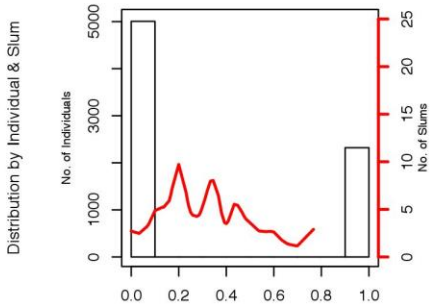
Distribution by Beneficiary Type



Balance



Distribution by Individual & Slum



Correlations with VAW

IPV	Public	Perpetration	
-0.067	0.034	0.262***	SLUM LEVEL

IPV	Public	Perpetration	
0.003	-0.021	0.105***	INDIVIDUAL LEVEL

Bivariate Correlations

Correlates	FD	FI	MDY	MIY	MIO
Scheduled Caste/Tribe/OBC	0.073*	0.077**	0.014	-0.023	0.002
Main Religious Group	0.061	0.044	-0.15***	-0.099*	-0.085
Access to Sanitation	-0.002	-0.053**	0.07**	0.091***	0.032
Disability	0.105	0.233***	0.074	0.196**	0.01
From MP	0.014	0.031	0.194*	-0.091	-0.127
Level of Education	-0.018***	-0.017***	-0.016*	-0.002	-0.024***
Age in Years	0.002	0.003*	0.002	0.006	0.001
Working for Income	-0.051*	0.005	0.098***	0.061	-0.073
Married or Cohabitating	0.058	0.086**	0.044	0.093	0.02
Slum Alcohol Use	-0.147	-0.283*	0.132	0.183	0.543**
Slum Pct. Below Poverty Line	-0.024	-0.036	-0.088	-0.089	0.008
Slum Fractionalization	-0.167	-0.079	-0.185	-0.025	-0.137
Slum Number of Households	-0.004	0.001	0.007	0	0.013
Slum Male Unemployment	0.149	0.179	-0.063	-0.17	-0.113
Slum Attitudes on VAW	-0.024	-0.033	0.2***	0.209***	0.208***

9.2 Alcohol consumption and alcohol-related violence

Findings from the survey data on alcohol consumption

Obtaining accurate data on alcohol consumption is a recognised challenge for many studies and evaluations given that it relies on respondents being honest in admitting how much and how often they drink. This was recognised as an even greater challenge for this evaluation given that a large proportion of the baseline sample was below the legal drinking age of 21 years in Madhya Pradesh. Providing information on how often or how much they drank would therefore mean they were admitting to breaking the law.

According to the baseline survey data, relatively low levels of alcohol consumption were reported by boys and men: just 10% reported drinking alcohol at least a 'few times a month' in the previous three months[27] (although in some slums this figure was considerably higher). Very small numbers of respondents admitted to drinking more on a weekly or daily basis or drinking in anything but modest quantities. These figures seem implausibly low and do not accord with comments made, by women in particular, in FGDs. Nevertheless, in the absence of other data, this low threshold ('a few times a month' or higher) was adopted as the measure of 'regular' alcohol consumption. However, it seems highly probable that the figures understate the scale o consumption and, if these low levels were repeated at endline, it would make it extremely unlikely that any treatment effects could be detected.

Nevertheless, significant, strong and consistent relationships were found across the data in terms of this measure of alcohol consumption and it could provide valuable information as a *control* variable at endline. Ideally, though, alternative methods need to be developed to ensure more reliable data on alcohol consumption is collected. If that proves to be impossible, there may be little benefit in retaining alcohol consumption as an *outcome* measure.

In terms of the measure used at baseline, the spread across the four cities was fairly even, with the exception of Gwalior where it was closer to 7%. However, the difference between age groups was striking: older men aged 26-49 (i.e. those in the indirect beneficiary group) were far more likely to report drinking on a regular basis than younger men and boys aged 15-25. This was not unexpected, both in terms of likely actual alcohol consumption levels among the different age groups, but also in terms of likely reporting, given that the legal drinking age in Madhya Pradesh is 21.

At the individual level, boys and men who reported drinking more than a couple of times a month were more likely to have reported perpetrating VAWG in the last 12 months and at slum level, slums where it was perceived that drinking alcohol on a regular basis was common among boys and men tended to have higher prevalence of IPV.

Drinking at least a couple of times a month was more common among those who had less education, were older, Hindu, worked for income and held negative attitudes in relation to VAW.

[27] At endline, this needs to be changed to the previous 12 months to be brought in line with the other measures

Findings from the survey data on alcohol-related IPV

According to the survey data, 7% of women had experienced IPV in the previous 12 months which they think had – at least in part – been related to their husbands being drunk. This meant that more than half of the women who had reported experiencing physical IPV in the last 12 months (13%) believed alcohol was a contributory factor.

There was some variation across the cities, with the prevalence of alcohol-related IPV closer to 4% in Bhopal and closer to 10% in Jabalpur (the city which consistently has the highest rates of reported IPV and violence and harassment in public spaces). Women direct beneficiaries were only slightly less likely to have experienced alcohol-related IPV.

In keeping with earlier findings, women who had experienced alcohol-related IPV were also more likely to have experienced violence or harassment in public spaces and were also more likely to live in slums with high prevalence rates.

Not surprisingly, **women whose husbands drank alcohol on a regular basis were more likely to have experienced alcohol-related IPV.** Women were also more likely to have experienced alcohol-related IPV if their husbands were less educated and if their husbands and in-laws had been dissatisfied with the amount of dowry brought to the marriage. As with the other IPV measures, women were also more likely to have experienced alcohol-related IPV is they were exposed to violent or aggressive behaviour in childhood. As with the measure for IPV, there were indications of a relationship between alcohol-related IPV and women working for income (although this was not significant among direct beneficiaries).

Findings from the qualitative data on alcohol consumption and IPV

FGD participants and key informants described alcohol consumption among boys and men as a widespread issue across all four cities, both in terms of excessive drinking and its role in exacerbating violence in the home and violence and harassment in public spaces. Participants in all slums said that alcohol was readily available, either in their own slum, or in a nearby slum, which was never more than three kilometres away. Alcohol shops were stated as the most common places where alcohol was purchased, although several groups also referred to people selling 'raw alcohol' (illegal home-brewed alcohol) from their homes.

When FGD participants were asked about the causes of IPV, **alcohol consumption was by far the most common perceived cause cited by both male and female respondents across all four cities.** In total, men's alcohol consumption was mentioned as one of the top three reasons for men beating their wives in 65 of the 72 FGDs. This was in-line with findings from the survey, which suggested a strong correlation between spouse's alcohol consumption and the prevalence, frequency and severity of IPV.

However, what was clear from the discussions was that very few participants explained the relationship between alcohol and IPV in simple cause and effect terms. Instead, alcohol was seen as a symptom of deeper problems, in particular un/ under-employment and poverty, as well as a factor that in turn exacerbated these problems. Male un/ under-unemployment, poverty, peer pressure and unhappiness at home, including wives not satisfying their husbands' needs, were all cited as reasons for men's excessive alcohol consumption. Rather than being separate factors, the FGDs emphasised the intertwining of these factors in explaining why men beat their wives.

> *"Earlier many people used to drive auto rickshaw, now even that is getting lesser because of the shuttle bus services. So these men who do not have work gets drunk sit at home and abuses their wives. What will she do"* (Woman, direct beneficiary, age 38, Jabalpur)

> *"The main reason [why men beat their wives] is alcoholism and economic conditions. They vent their frustration by drinking alcohol and beating their wives"* (KII, Male Freelance Journalist, Jabalpur).

> *"When they do not have enough money or they are poor, they vent out the frustration on women."* (Woman, indirect beneficiary, age 38, Indore)

Participants also linked these **reasons with gendered and relational dynamics**. First, they highlighted the frustrations that men often felt at their inability to fulfil the socially expected sole breadwinner role of providing for their family. Indeed, there was a suggestion that for some men drinking served as an outlet for their frustrations and feelings of inadequacy. In turn, several participants described how the anger and frustration felt by many men was magnified when they perceived women to be 'getting ahead' or doing well. There was a belief among some in the FGDs that when men saw their wives working, this acted as a constant reminder to them that they were failing to provide for their family. Indeed, where men were unable to achieve socially accepted masculinity through recognised routes (e.g. earning an adequate income and supporting their family), control and "disciplining" of their wives may seem like a viable option.

Men's expenditure on alcohol was also highlighted by participants as a key source of anger and frustration for many women, particularly if scarce household resources were being spent on alcohol, and especially where women had earned that income themselves. They stressed that this frequently led to arguments and tensions within the household, and in turn to physical violence, particularly in relationships where couples lacked good communication skills.

> *"If he earns and comes home drunk, the wife asks him money for running the household, he would beat her up"* (Woman, direct beneficiary, age 27, Gwalior)

> *"It happens that when the husband is earning 5000 and he brings home only 2000, the wife questions him about the remaining 3000. If the husband doesn't want to be accountable for it, he would beat his wife."* (Woman, direct beneficiary, age 37, Jabalpur)

> *"When we tell them to go to work. Then they taunt us back saying that we always pester them to 'go for work, go for work'. They do not go to work. They get irritated and then they start beating. That's it."* (Woman, indirect beneficiary, age 23, Bhopal)

Indeed, in a minority of FGDs, **participants placed emphasis on the specific dynamics within relationships between husband and wife**, explaining that the way that couples handle tensions and communicate also played a role in determining whether physical violence occurs.

Findings from the focus groups resonate strongly with the Programme's theory of change and the wider literature on VAW in which men's alcohol consumption is considered a trigger for violence, with underlying structural factors and relationship dynamics playing a causal role in leading to both excessive alcohol

consumption and violent behaviour. In line with this, **alcohol was described in the FGDs as playing a role as an *amplifier***: sparking IPV and making existing violence worse than it otherwise might be.

> *"Even good people beat their wife, and when they drink they beat them even more"* (Woman, direct beneficiary, age 40, Jabalpur)

> *"Sometimes, when he comes after drinking, then if he gets very angry, then he will beat so hard."* (Woman, direct beneficiary, age 35, Bhopal)

Nonetheless, despite a common emphasis on the role which alcohol played in triggering violence or making it more brutal, a minority of focus group participants stressed that **some men also beat their wives when they are not drunk or do not drink at all**.

> *"It is not necessary that only those who drink beat their wife, sometimes men who do not drink beat up their wife as well"* (Woman, direct beneficiary, age 38, Jabalpur)

This was more strongly emphasised in the survey data, which suggested that approximately half of the women who reported experiencing IPV in the last 12 months did *not* believe this had been caused by their husbands being drunk.

Findings from the qualitative data on alcohol and violence in public spaces

As well as gathering data on alcohol consumption and the relationship between alcohol and IPV, the FGDs and KIIs went beyond the survey to explore the relationship between alcohol and violence and harassment in public spaces.

When asked about the main causes of the harassment of women and girls in public spaces, by far the **most common reason cited by both male and female FGD participants was alcohol consumption**. This reason was given by one or more participants in 54 of the 72 FGDs.

> *"First thing is alcohol. It begins with alcoholism…As we are sitting now without drinking we are not doing any of those activities. However, if we would have been drunk we would have done some disruptive activities"* (Man, indirect beneficiary, Jabalpur)

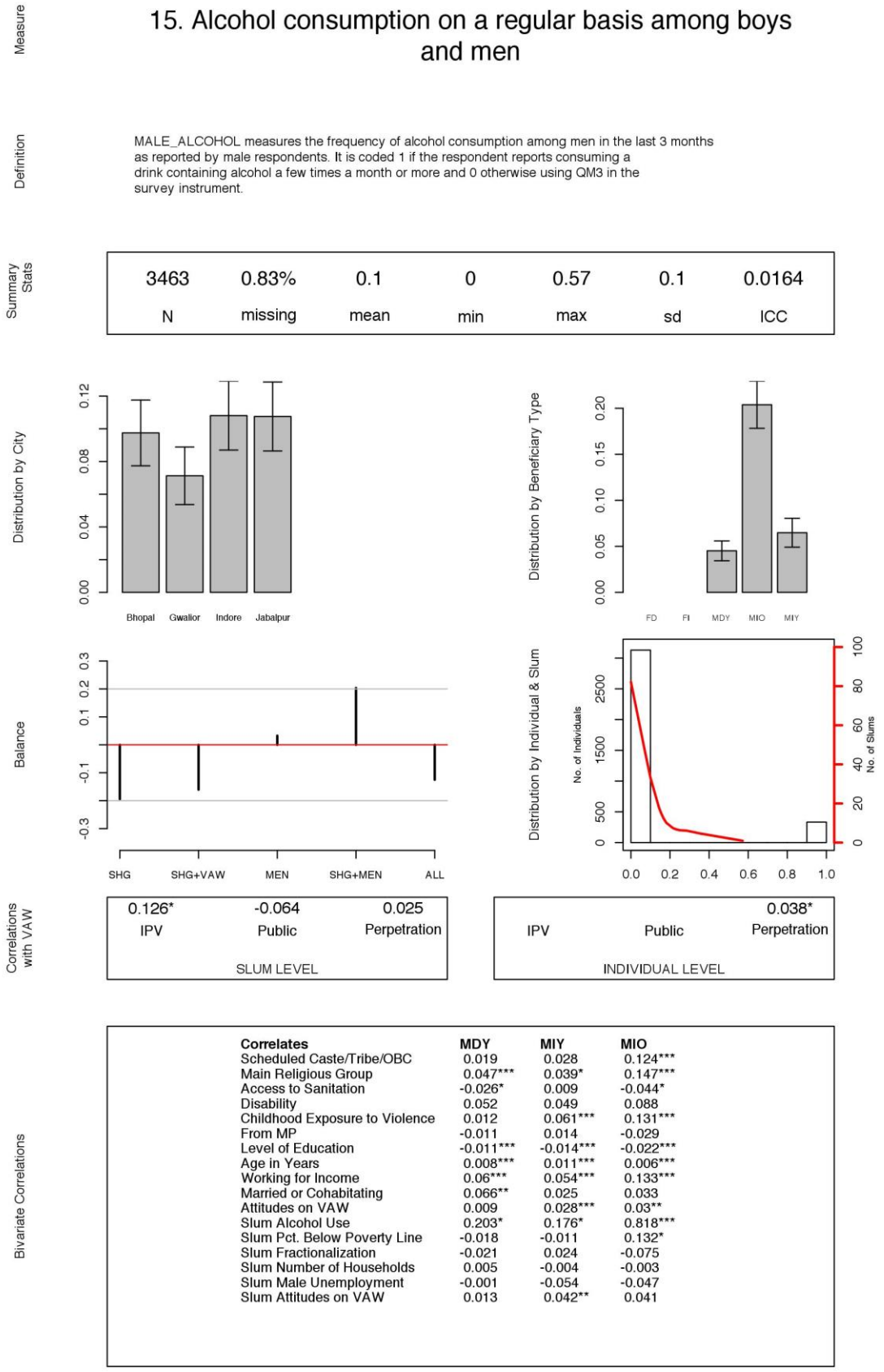
Again, participants frequently stressed the relationship between alcohol consumption and other more deep rooted factors in explaining why men and boys harassed women in public spaces. For example, participants often said that boys' and men's un/under employment led to idleness and frustration about not being able to fulfil socially expected male roles at home or in public - and in turn to excessive alcohol consumption. Again, some participants linked this to men's reactions to women and girls who were seen to be transgressing their social roles, for example through the way they dressed, the education or training they were receiving or the jobs they were doing. In this context, violence and harassment were sometimes described as something which made men and boys feel manly and powerful – and in some cases, participants said that women who were seen as 'getting ahead' (by being educated or going to work) were specifically targeted for harassment. These linkages will need to be further explored at endline.

> *"Some girls also act smart and show off; they think too much of themselves*" (Man, direct beneficiary, age 20, Indore)

However, the FGDs and KIIs did not present an entirely uniform view on the significance of alcohol consumption in relation to violent behaviour towards women and girls in public spaces. As with IPV, some respondents and participants, especially women, stressed that boys and men who had not been drinking also harassed women and girls. While many participants considered alcohol to have played an important role in many cases, it was *not* viewed as an essential precondition: it was argued that many men and boys harassed women and girls without being drunk or even drinking at all. This is also supported by the survey data.

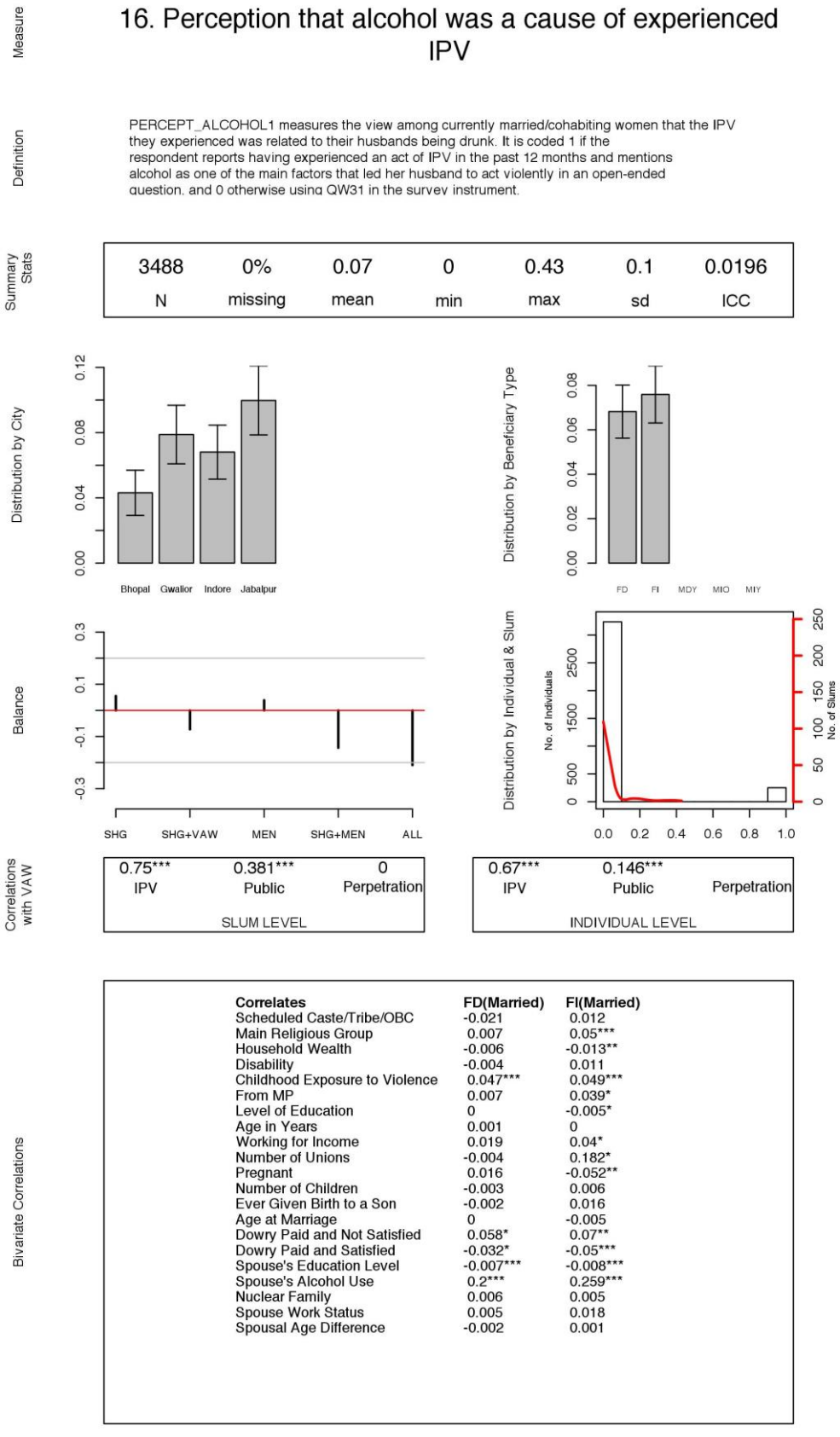
"Without drinking, they do this… fit and fine people do this" (Woman, indirect beneficiary, Bhopal)

Figure 18 - Frequent alcohol consumption among men



Correlates	MDY	MIY	MIO
Scheduled Caste/Tribe/OBC	0.019	0.028	0.124***
Main Religious Group	0.047***	0.039*	0.147***
Access to Sanitation	-0.026*	0.009	-0.044*
Disability	0.052	0.049	0.088
Childhood Exposure to Violence	0.012	0.061***	0.131***
From MP	-0.011	0.014	-0.029
Level of Education	-0.011***	-0.014***	-0.022***
Age in Years	0.008***	0.011***	0.006***
Working for Income	0.06***	0.054***	0.133***
Married or Cohabitating	0.066**	0.025	0.033
Attitudes on VAW	0.009	0.028***	0.03**
Slum Alcohol Use	0.203*	0.176*	0.818***
Slum Pct. Below Poverty Line	-0.018	-0.011	0.132*
Slum Fractionalization	-0.021	0.024	-0.075
Slum Number of Households	0.005	-0.004	-0.003
Slum Male Unemployment	-0.001	-0.054	-0.047
Slum Attitudes on VAW	0.013	0.042**	0.041

Figure 19 - Prevalence of alcohol-related IPV in the last 12 months



9.3 Mobility and feelings of safety

Findings from the survey data on women's mobility inside their slum

To assess mobility inside their home slum, women survey participants were asked how many public places from a list of ten they had visited or passed during the previous week[28]. On average, women reported visiting or passing just over four out of ten places. However, there was notable diversity among women: close to one quarter had been to none or just one of the sites in the last week, most had visited between two to seven of them, but a sizeable proportion had been to all ten. **After dark, there was a notable contraction in the number of places women tended to go**: the overall average across all slums dropped to just over two places out of ten, with well over half of women having been to none or only one in the previous week.

Women's mobility during the day was spread fairly evenly across the four cities, with the exception of Bhopal where women tended to be more mobile. However, for the 'after dark' measure there was far greater variation, with women having greatest mobility in Gwalior and the lowest in Indore. Mobility was also slightly higher, both during the day and at night, among direct beneficiaries than indirect beneficiaries.

As previously noted, the data suggested that women who were more mobile were more likely to have **experienced violence and harassment.** The data also suggested a correlation at slum level: slums with higher levels of mobility among women also had higher prevalence of violence and harassment in public spaces. However, women's mobility was negatively correlated with boys'/ men's reported perpetration of violence or harassment, emphasising the possibility that men and boys tend not to perpetrate violence or harassment in their home slum.

Women were more likely to have been mobile during the day if they did not have access to sanitation facilities in their own home, were older, worked for income and lived in slums which were poorer, larger and where male unemployment was higher. Lower caste women were also more likely to be mobile (although this was only significant for indirect beneficiaries).

Findings from the survey data on women's mobility outside their slum

On average across the slums, women surveyed tended to travel outside their slum 'once or twice a week'. There was however quite considerable variation: more than one quarter of women reported that they travelled outside their slum 'most days' but more than one third of women reporting that they did this only 'once or twice a month' or even less often. **A small minority of women said they never left their home slum.**

There was very little variation across the four cities and women direct beneficiaries tended to travel outside their slum only slightly more often than women indirect beneficiaries.

Mobility outside the slum was positively correlated at the individual level with both IPV and violence and harassment in public spaces, indicating that **women who travelled more frequently outside the slum**

[28] These were: a) Public water tap / pump, b) Public toilets, c) Pan / cigarette shop(s), d) Alcohol shop, e) Religious place (temple, mosque), f) Community hall, g) Garbage dump, h) Open area, i) Wooded area, j) Auto / bus stop.

experienced higher levels of violence both inside and outside the home. Whilst as previously noted, the relationship with violence and harassment in public places could at least in part be explained by the amount of time spent in those spaces, the relationship with IPV is possibly a reflection of the higher rates of IPV among women who work for income (discussed in section 8.1 on IPV). Indeed, in terms of correlations with individual and slum level characteristics, **women who were older and who worked for income were more likely to leave their slum on a more frequent basis**.

Findings from the survey data on women needing permission to leave the home

Mobility reflects in part women's own activities and personal decisions, but it may also reflect the actions of other people, such as fathers or husbands. To assess the degree to which restrictions on movement were imposed, married and cohabiting women were asked in the survey about whether they needed permission to leave the home. The measure was based on a scale in order to maximise chances of detecting effects at endline.

Responses to questions that assessed women's freedom to leave the home without restriction varied widely. On average, women needed permission to go to at least two places from a list of six. These were places where they either needed permission to go alone or with someone else, or were not permitted to go to at all. However, there was considerable variation among respondents with around one quarter of women not needing permission to go to any of the places on the list and some needing permission to go to all six. Bhopal and Jabalpur stood out as the cities with the greatest regulation of such movements for women. **Needing permission to leave the home was positively correlated with IPV, meaning that women who reported suffering violence at home were also more likely to report having their movements constrained.**

Younger women and women whose husbands or in-laws were not satisfied with the dowry brought to the marriage were more likely to need permission to go to more places listed in the survey. So too were women whose husbands frequently drank alcohol.

Figure 20 - Women's mobility inside their slum during the day

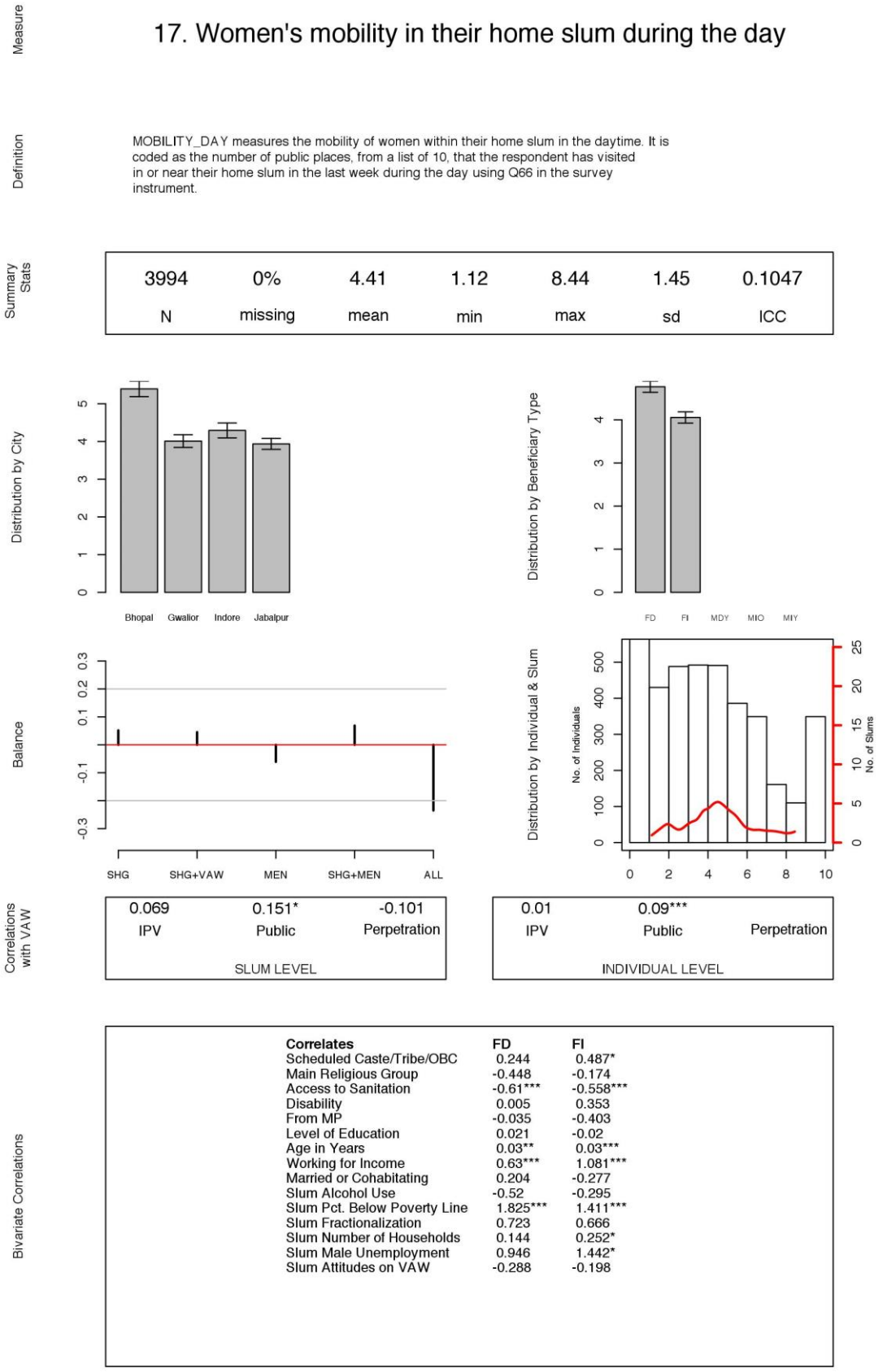
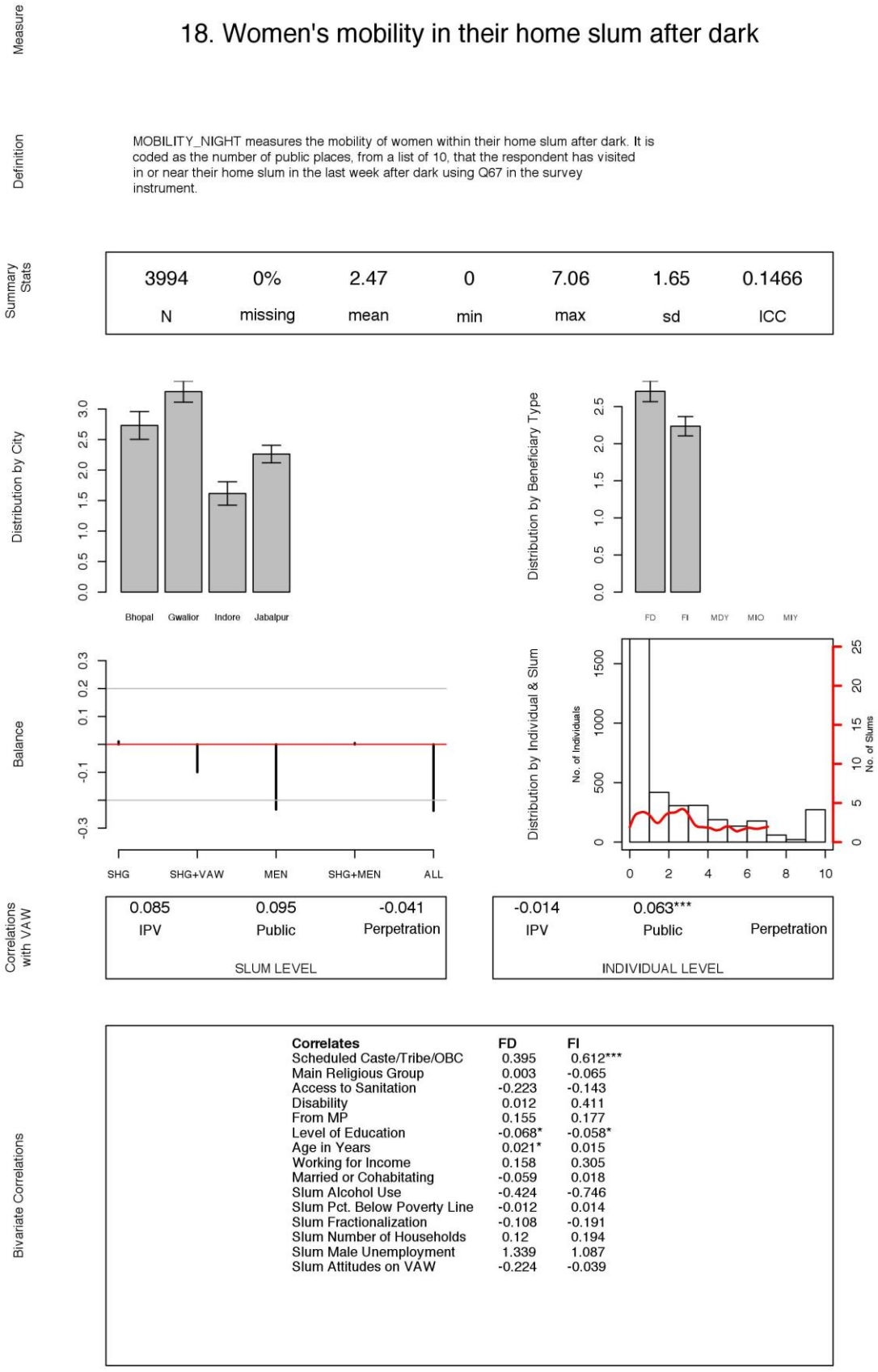


Figure 21 - Women's mobility inside their slum after dark



Correlates	FD	FI
Scheduled Caste/Tribe/OBC	0.395	0.612***
Main Religious Group	0.003	-0.065
Access to Sanitation	-0.223	-0.143
Disability	0.012	0.411
From MP	0.155	0.177
Level of Education	-0.068*	-0.058*
Age in Years	0.021*	0.015
Working for Income	0.158	0.305
Married or Cohabitating	-0.059	0.018
Slum Alcohol Use	-0.424	-0.746
Slum Pct. Below Poverty Line	-0.012	0.014
Slum Fractionalization	-0.108	-0.191
Slum Number of Households	0.12	0.194
Slum Male Unemployment	1.339	1.087
Slum Attitudes on VAW	-0.224	-0.039

Figure 22 - Women's mobility outside their slum

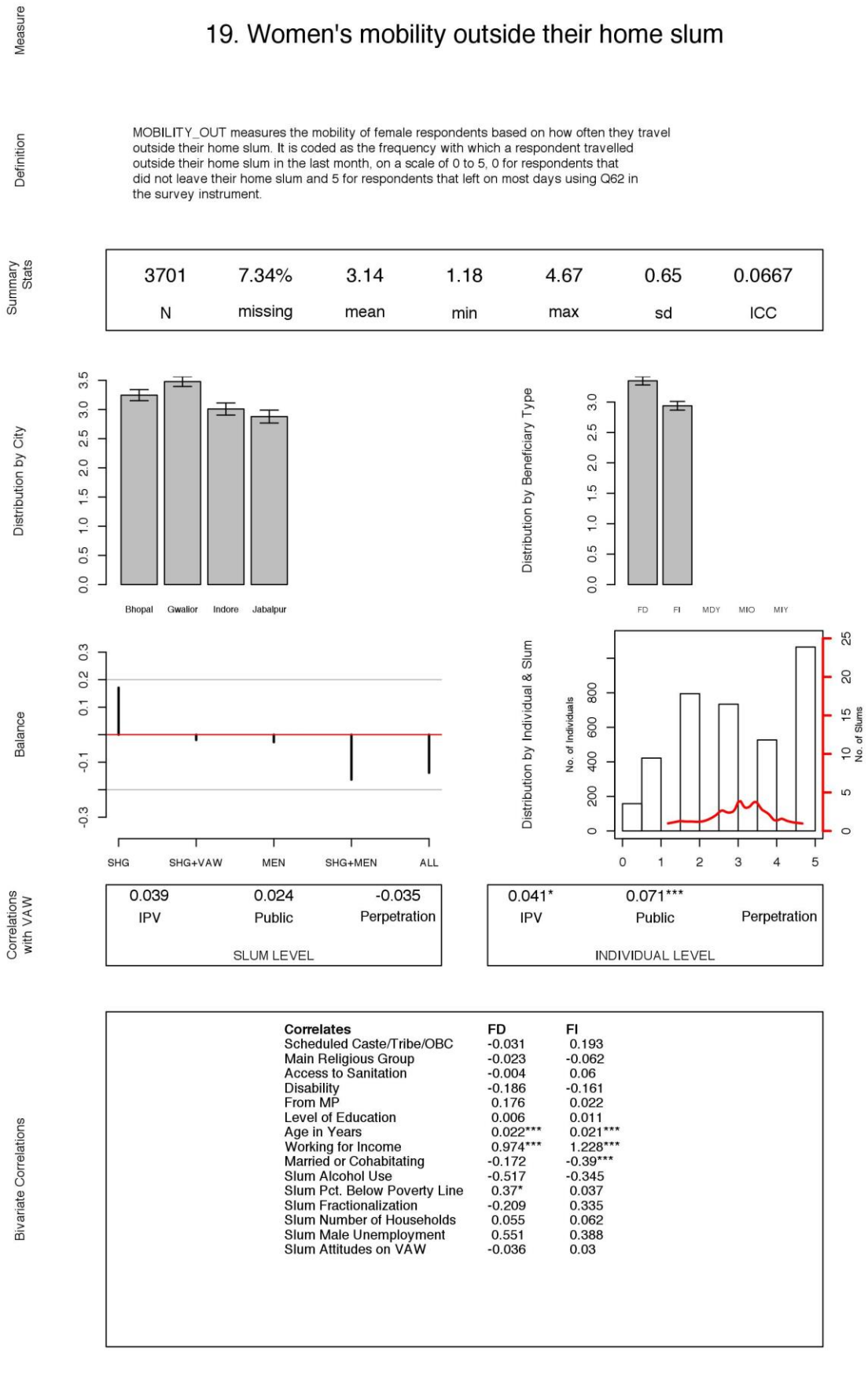
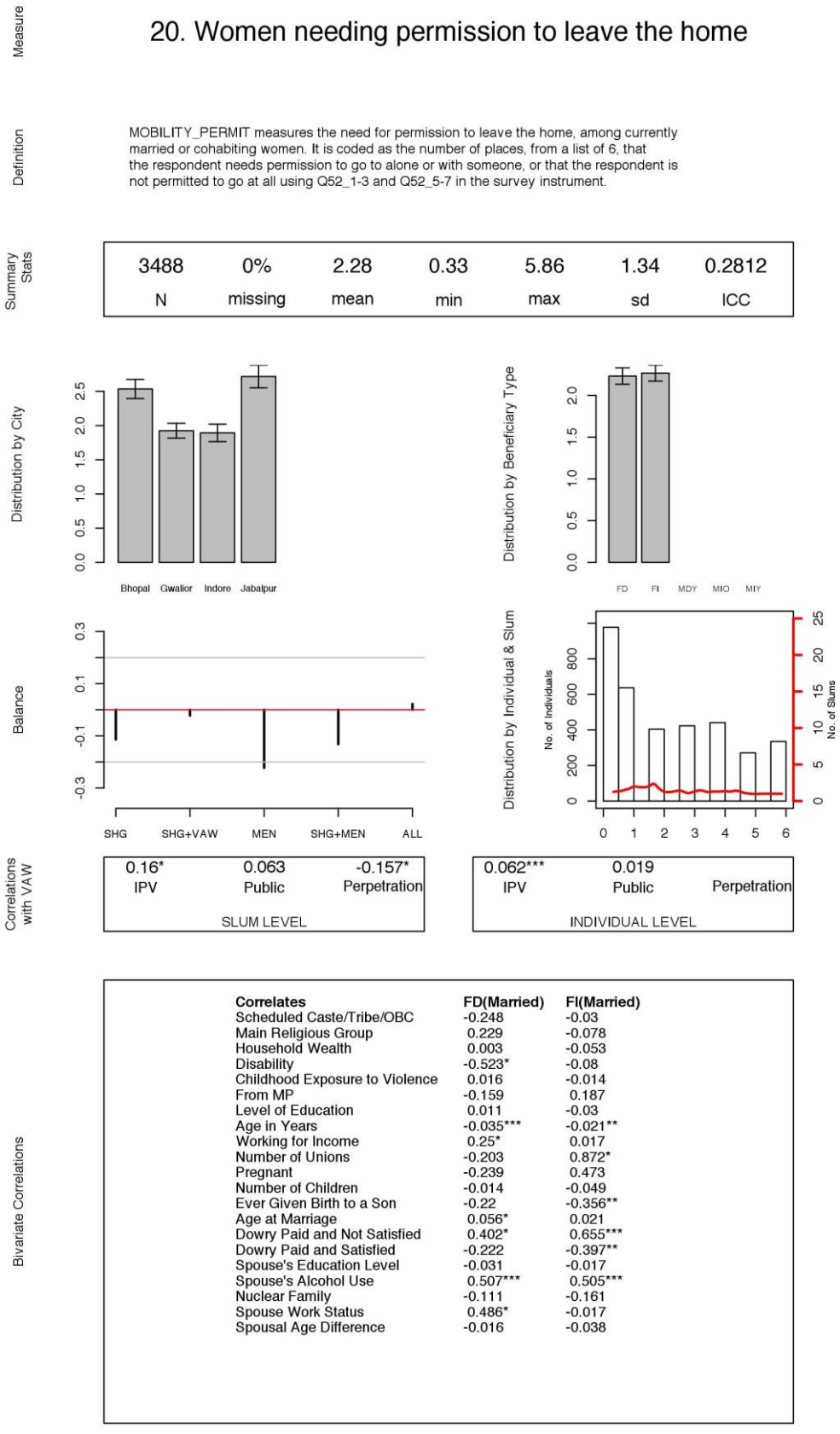


Figure 23 - Women needing permission to leave their home



Correlates	FD(Married)	FI(Married)
Scheduled Caste/Tribe/OBC	-0.248	-0.03
Main Religious Group	0.229	-0.078
Household Wealth	0.003	-0.053
Disability	-0.523*	-0.08
Childhood Exposure to Violence	0.016	-0.014
From MP	-0.159	0.187
Level of Education	0.011	-0.03
Age in Years	-0.035***	-0.021**
Working for Income	0.25*	0.017
Number of Unions	-0.203	0.872*
Pregnant	-0.239	0.473
Number of Children	-0.014	-0.049
Ever Given Birth to a Son	-0.22	-0.356**
Age at Marriage	0.056*	0.021
Dowry Paid and Not Satisfied	0.402*	0.655***
Dowry Paid and Satisfied	-0.222	-0.397**
Spouse's Education Level	-0.031	-0.017
Spouse's Alcohol Use	0.507***	0.505***
Nuclear Family	-0.111	-0.161
Spouse Work Status	0.486*	-0.017
Spousal Age Difference	-0.016	-0.038

Findings from the survey data on feelings of safety in public spaces

In the survey, women were asked whether they felt safe to do the following: work in their slum during the day, leave their home alone in the slum after dark and leave their home with someone else in the slum after dark. On average women reported feeling safe to do 1.7 actions out of 3; with about a quarter reporting feeling safe to do all, and about a half feeling safe to do only one (generally, going to work).

Women's views on their safety or lack of safety in public spaces was fairly consistent across the four cities, although women reported feeling slightly less safe in Indore. This was surprising given that it was one of the cities with the lowest levels of reported violence and harassment in public spaces and had much lower levels of reported perpetration of violence than any other city. In fact, there was an unexpected lack of correlation at the individual or slum level between women's feelings of safety and reported levels of VAW in public spaces. For example, there was no correlation between women feeling unsafe in public and their experience of violence or harassment in public spaces. The absence of these relationships do not support the notion, implicit in the Programme's theory of change, that feeling safe is a direct function of levels of public violence and suggests that this measure could be difficult to interpret at endline.

Despite this, women from lower castes, younger women and those who were born in Madhya Pradesh were all less likely to feel safe in public spaces than other women. Unexpectedly however, women from larger slums tended to feel safer, and surprisingly, so too did women who earned their own income. This is despite the finding that women who worked were more likely to experience violence and harassment in public spaces than women who didn't (at least among the direct beneficiary group).

Findings from the survey data on feelings of safety in the home

In the survey, women were also asked about their feelings of safety in their own home. Unexpectedly, almost all women (98%) said they either felt 'safe' or 'very safe' in their own home. In some slums, all women surveyed said they felt safe or very safe. This was consistent across all four cities and among direct and indirect beneficiaries. This is despite the fact that 13% of women said they had experienced IPV in the previous 12 months. This is possibly caused through measurement error and respondents' interpretation of the question in terms of external threat rather than threats to safety from other household members. Given the lack of variation and incredibly high levels at baseline, it will not be possible to detect positive treatment effects at endline.

Findings from the qualitative data on mobility and feelings of safety

To build a picture of women's mobility, all FGD participants initially undertook a participatory mapping exercise, where they worked together to draw a map of their slum and used 'bindis' to mark the places where women and men could be found in the daytime and after dark, whether alone or in groups. The mapping exercise and related discussion **confirmed that many women tended to be mobile within and outside their slum, but movement varied considerably by time of day, work, familial and school obligations, and previous experiences of violence.**

During the day, many women in the FGDs revealed that they were highly mobile[29], particularly within their slum, and believed that many other women in their slum were too. However, in several groups, women

[29] It is important to bear in mind that women who agreed to take part in the FGDs, which involved being away from their home for a couple of hours, were unlikely to be among those with the greatest restrictions to their mobility.

reflected that there were other women in their slum who rarely left the home. For example, in a number of discussions, participants suggested that, apart from going to nearby hills, jungle or open ground for open defecation, most non-working women and out-of-school girls rarely ventured far outside their slum.

As expected, the mapping and discussions of the mapping suggested that women's mobility declined after dark and the range of places visited narrowed considerably, echoing the survey results. In all 72 slums where FGDs took place, participants said that the majority of women and girls tended not to go out at all after dark unless they had to. Those who routinely needed to go out after dark were women on shift work and girls/young women who returned late from school or coaching classes – and in some cases women said that mothers went out to meet their daughters from college and escort them home. Indeed, both male and female participants said that women generally tried to ensure that they did not walk around alone after dark. The main reason given for this was fear of harassment and attack.

> *"No, in the outside world, in truth, these times are not for girls to go outside"… "if she goes coaching, we go to pick her up at 7pm because it gets dark then... we have to protect ourselves"* (Woman, direct beneficiary, Bhopal)
>
> *"This [harassment] is the reason that we don't step out at night; it is only in the daytime [that we go out]"* (Woman, indirect beneficiary, Indore)
>
> "*Our women don't go anywhere without any reason. If they go anywhere, it is with a family member."* (Man, indirect beneficiary, Gwalior)

With only one exception when respondents discussed unsafe places during the day with respect to VAWG, these places were considered unsafe because of the likelihood of verbal harassment and touching or brushing by men, rather than the perceived risk of more severe forms of violence. **At night, however, women tended to talk about unsafe places differently. After dark, fears of harassment widened to include fears of assault and rape.** There was therefore a marked difference in terms of what 'unsafe' meant and therefore a difference in the extent to which they would try to avoid going to them. Women were less likely to be deterred from going out by the risk of less serious forms of violence or harassment. There was also a sense that experiencing less severe forms of violence or harassment was a very normal and expected part of being a woman or a girl who used public spaces - and that there was little point trying to avoid experiencing them.

In every city, participants described places where men and boys gathered in groups as places where women and girls felt they were at risk of harassment. While the exact places where men and boys gathered tended to vary from slum to slum and city to city, three areas were consistently referred to: places where alcohol was consumed or sold, entrances and main roads into slums, and places for open defecation (either the jungle, hills or open fields). The frequency with which these places were mentioned suggests there could be value in adjusting the measure of safety in public spaces at endline so that women's feelings of safety in these specific places is compared across treatment and control areas.

Given that the slum was selected as the unit of analysis for this evaluation, the FGDs tended to discuss the slum itself or places just outside it (for example open defecation areas). However, it was clear from the discussions that many areas where women felt unsafe were outside the slum boundaries, including on public transport, bazaars, and on route to and from work or college.

Participants often felt that men and boys specifically gathered at places where they knew women and girls would have to pass by and which would be difficult for women and girls to avoid. Linked to this, and in contradiction with the survey findings, a common view expressed in the focus groups was that women who worked tended to feel less safe as they were often more mobile and had less choice about avoiding certain public spaces.

However, as well as avoiding – or trying to avoid - certain places due to the perceived risk of harassment (especially at night), FGD participants emphasised that some women stayed at home most of the time because of social norms around the expected role of women; and it was occasionally implied (mainly by men) that 'good' women or girls stayed at home where they were safe. This suggests that survey data on women's mobility and immobility needs to be interpreted with care at endline.

Some FGD participants also spoke about strategies women used to try to reduce their risk of experiencing violence or harassment. This included the use of support networks to enable them to be more mobile. For example women in Gwalior and Indore reported going in pairs or groups to places that were considered unsafe, in particular areas for open defecation. However, these were only mentioned in a few FGDs, so whilst they show important ways in which women support each other, they may not be widespread. However, these may be examples which the Programme might want to draw on in order to stimulate discussions and ideas within SHGs and wider communities.

Findings from the qualitative data on relationships between mobility and VAW

In line with the Programme's theory of change, the FGDs pointed to a complex two-way relationship between mobility and VAW. **Increased mobility was felt to lead to increased exposure to and experience of violence and harassment in public spaces; yet, in many cases, experiences of violence or harassment in public spaces resulted in restrictions on women's and girls' mobility**, either because these were self-imposed, or imposed by their relatives. Some participants commented that women would self-restrict or modify their movements after experiencing violence or harassment – perhaps blaming themselves for what had happened and taking a tactical decision to stay at home or use a different route to avoid further problems. However, far more commonly, male and female participants explained that **other family members would place restrictions on a woman's or girls' mobility if she was being harassed**, either in an effort to keep them safe, or to punish them for what was perceived to be 'inappropriate' behaviour in public. In fact, limits imposed by relatives on the mobility of wives, daughters or daughters-in-law following incidents of harassment against them specifically or other women were **highlighted in almost all focus groups.** This included husbands, parents and parent-in-laws forbidding women or girls from going out at certain times or on their own.

> *"Even before she tells, then the suspicion will rest on her, that she is so (forward), that is why… Even if they tell at home, then they make them [girls] stop their studies that 'Come child, you do not need to go anywhere. Do the household work.' It happens like this. They make children stop their studies"* (Woman, indirect beneficiary, aged 42, Bhopal).
>
> *"Women keep tolerating ill behaviour in fear that their freedom will be affected."* (Woman, indirect beneficiary, age 18, Gwalior)
>
> *"Girls get told "you must be giving encouragement to these men, you must be smiling at them or attracting them to you" - which why she gets locked up in the house and her mobility and freedom gets affected"* (Woman, indirect beneficiary, age 40, Bhopal)

> *"Some husbands will also be like that. He will begin to beat his wife saying that, "you must also have done that, which is why he was making a pass at you". His thinking is like that.. she bathes and gets ready, he says, 'where are you going all dressed up like that?'* (Woman, indirect beneficiary, age 28, Bhopal)

Unsurprisingly, therefore, particpants in all four cities said that many women and girls tended to avoid reporting their experiences of violence or harassment in public spaces to anyone so as not to put at risk their access to opportunities for education, work and community participation. **Many participants spoke of the dilemmas women and girls often face over whether or not to tell anyone about the harassment** for fear of being blamed by their husbands or husbands' families. In a few cases participants said that women might get beaten for this as well as further restrictions placed on their mobility.

> *"If any woman has a job outside… such events are likely to happen on a daily basis… if she complains at home, her family would ask her to leave her job"* (Woman, indirect beneficiary, Jabalpur)

> *"She doesn't want to affect her career. She fears that her family would restrict her and will not to respond to anything or anyone on the way"* (Man, direct beneficiary, Jabalpur)

These restrictions on mobility could have significant consequences for women and, especially girls. In a few FGDs, participants mentioned that women's ability to participate socially, see friends and family or attend community meetings was significantly reduced. **For girls there could be major consequences in terms of her future life prospects.** In many cases, participants mentioned **that parents would prevent their daughters from continuing school** beyond a certain age as she would start to be harassed - or that if their daughter started to be harassed, many parents would withdraw her from school. This was mentioned by men and women in a quarter of FGDs.

> *"The girl's free movement in the colony gets restricted, like she will stop going to the grocery shop or school. Not going to school is the first action taken against the girl"* (Man, direct beneficiary, Bhopal)

Figure 24 - Women's feelings of safety in public spaces

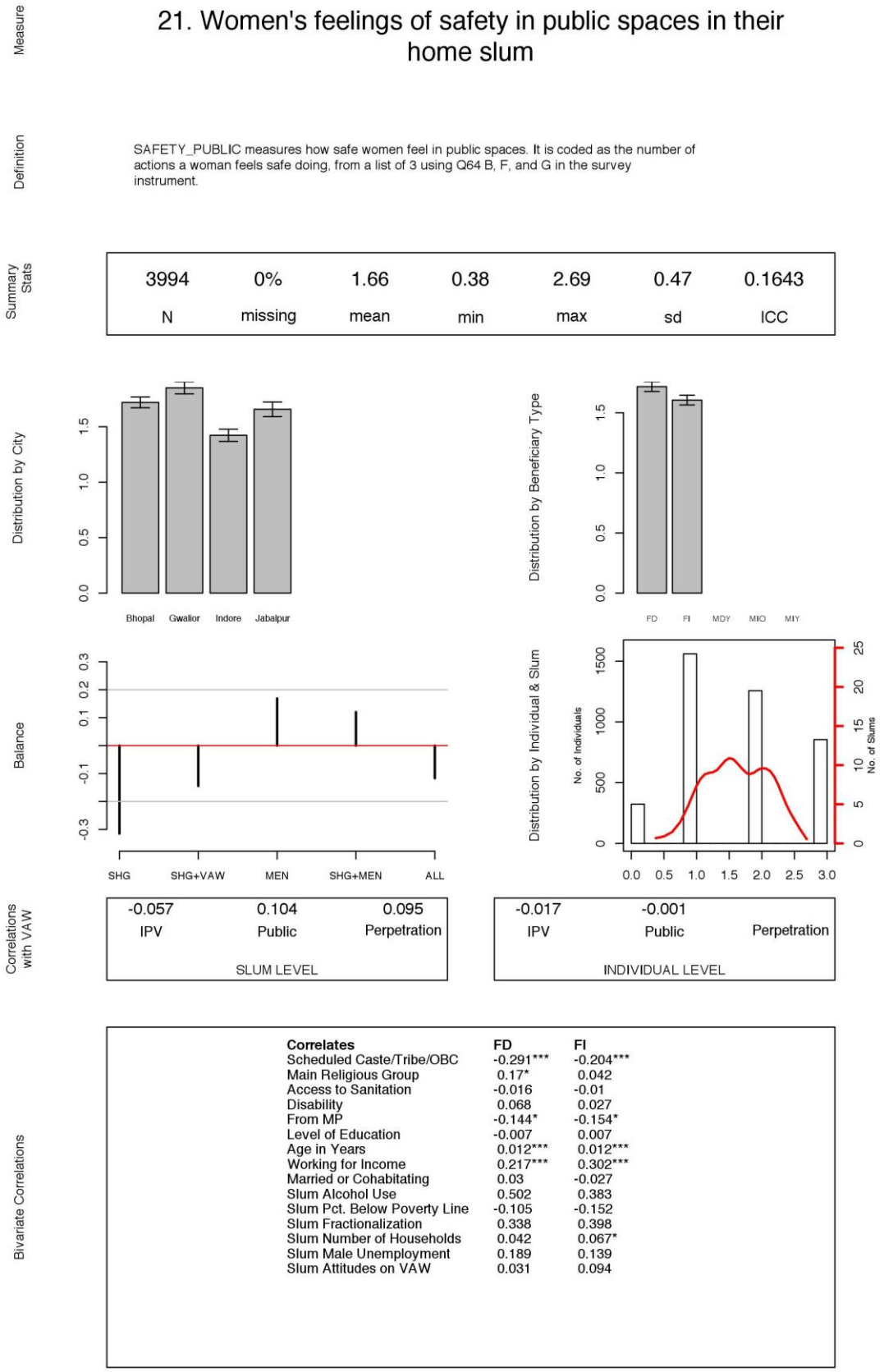
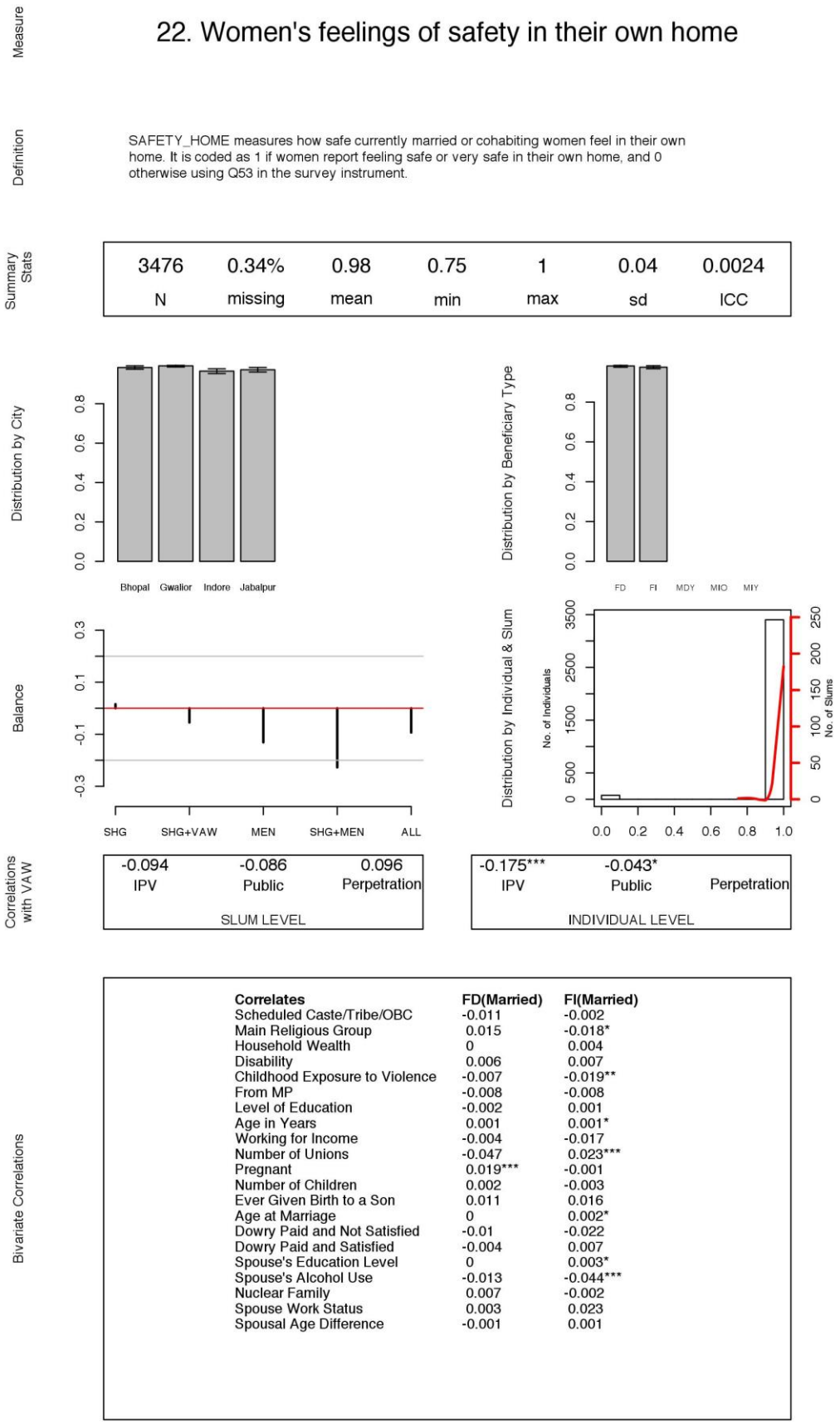


Figure 25 - Women's feelings of safety in their home



Correlates	FD(Married)	FI(Married)
Scheduled Caste/Tribe/OBC	-0.011	-0.002
Main Religious Group	0.015	-0.018*
Household Wealth	0	0.004
Disability	0.006	0.007
Childhood Exposure to Violence	-0.007	-0.019**
From MP	-0.008	-0.008
Level of Education	-0.002	0.001
Age in Years	0.001	0.001*
Working for Income	-0.004	-0.017
Number of Unions	-0.047	0.023***
Pregnant	0.019***	-0.001
Number of Children	0.002	-0.003
Ever Given Birth to a Son	0.011	0.016
Age at Marriage	0	0.002*
Dowry Paid and Not Satisfied	-0.01	-0.022
Dowry Paid and Satisfied	-0.004	0.007
Spouse's Education Level	0	0.003*
Spouse's Alcohol Use	-0.013	-0.044***
Nuclear Family	0.007	-0.002
Spouse Work Status	0.003	0.023
Spousal Age Difference	-0.001	0.001

9.4 Control and decision making

Given time constraints and the decision to ensure in-depth discussion within the focus groups on a number of priority areas, qualitative data was not collected in relation to women's control and decision making. Therefore only findings from the survey data are presented in this section.

Findings from the survey data on women earning their own income

According to the baseline survey data, 28% of the women in the sample were working for pay, either in cash or in kind. However, there was considerable variation across slums, with no women working for payment in some slums, and most women working in others. These rates varied somewhat by city with rates over 30% in all except Gwalior, where it was less than 20%. Unlike many other measures included in the baseline, there was a marked difference between the direct and indirect beneficiaries, with direct beneficiaries (i.e. SHG members) nearly twice as likely to report working for payment.

As presented in section 8.1, **at the individual level, women earning an income is positively correlated with experience of IPV. So, women that earn an income are more likely to report experiencing IPV.** Women who earned their own income and also controlled their income were **more likely to have experienced violence or harassment in the last 12 months**. However, at slum level, in slums where women work and control their own income, women are less likely to report experiencing recent violence or harassment. To some extent, this finding resonates with the wider literature on VAW, which suggests that **the relationship between women's economic empowerment and IPV is complex**. It is often found that in the shorter-term when women start to earn an independent income, this can result in greater tensions at home and backlash, including through increased IPV. However, research also broadly suggests that this changes over the longer-term with women who are economically empowered eventually *less* likely to experience IPV. There may be several reasons for this, including men and women renegotiating relationships, men starting to appreciate women's economic contribution to the household, but also women having greater economic independence to leave abusive relationships[30].

Most of the sample consists of married/ cohabiting women, and **for these women, being older, having more children, living in a nuclear family and having a husband who was less educated were all strong predictors of employment.** Women from lower castes were more likely to work for income (although this was only significant for the direct beneficiaries). Direct beneficiaries were also more likely to work if they were educated, if they were Hindu and if their husband worked. The suggestion in the data that women were less likely to work if their husbands were well educated and if their husbands worked, possibly reinforces the finding from the qualitative data that women tend to work only when their husbands are earning insufficient income. In line with earlier findings, women who worked for income were also more likely to have husbands who regularly drank alcohol (see section 9.2).

Findings from the survey data on women's control of their income

Women who had reported earning their own income in the survey (either in cash or in kind) were then asked whether they exercised control over the use of their income, either as the primary decision maker, or jointly with someone else. **On average 14% of women (only half of all earners) said they either primarily**

[30] See for example: Heise, L.L. (2012). 'Determinants of partner violence in low and middle-income countries : Exploring variation in individual and population level risk'. *London School of Hygiene and Tropical Medicine.*

or jointly controlled their income. Within the four cities, women in Indore had the highest level of earning and controlling their own income. Earning and controlling income was more prevalent among direct beneficiaries than indirect beneficiaries.

There was no correlation between women who earned *and* controlled their own income and experience of IPV or violence and harassment in public spaces at either individual or slum level.

Women who earned and controlled their own income were also significantly more likely to have experienced violence and harassment in public spaces, something which was not suggested in the measure of women earning their own income. These findings could indicate that women who were more economically empowered were more likely to report the IPV or violence and harassment they had experienced. However, the qualitative data suggested two further reasons: First that greater tensions were caused between husbands and wives when women expected greater say in how their money was spent and, second, that perpetrators of violence and harassment sometimes targeted women who were more confident or seen as 'getting ahead'. Given the difficulties in interpreting these findings, further qualitative work to understand these relationships would be helpful.

Other relationships in the data are very mixed, although the survey data suggests that women living in nuclear families were *more likely* to earn and control their own income.

Findings from the survey data on women's role in household decision making

Married and cohabiting women were asked about decision making within their household. Respondents were asked who in their household makes decisions in relation to a list of seven issues. On average, women said they were either the joint or primary decision maker for over half (4.5 out of 7) issues. The data indicated clear contrasts among women: while many were involved in all seven areas of decision making, a considerable number were not involved in any, including decisions about their own healthcare and visits to their parental family.

There was little variation across the four cities, with women tending to have slightly greater household decision making power in Bhopal. Direct beneficiaries also had slightly more decision making power than women indirect beneficiaries.

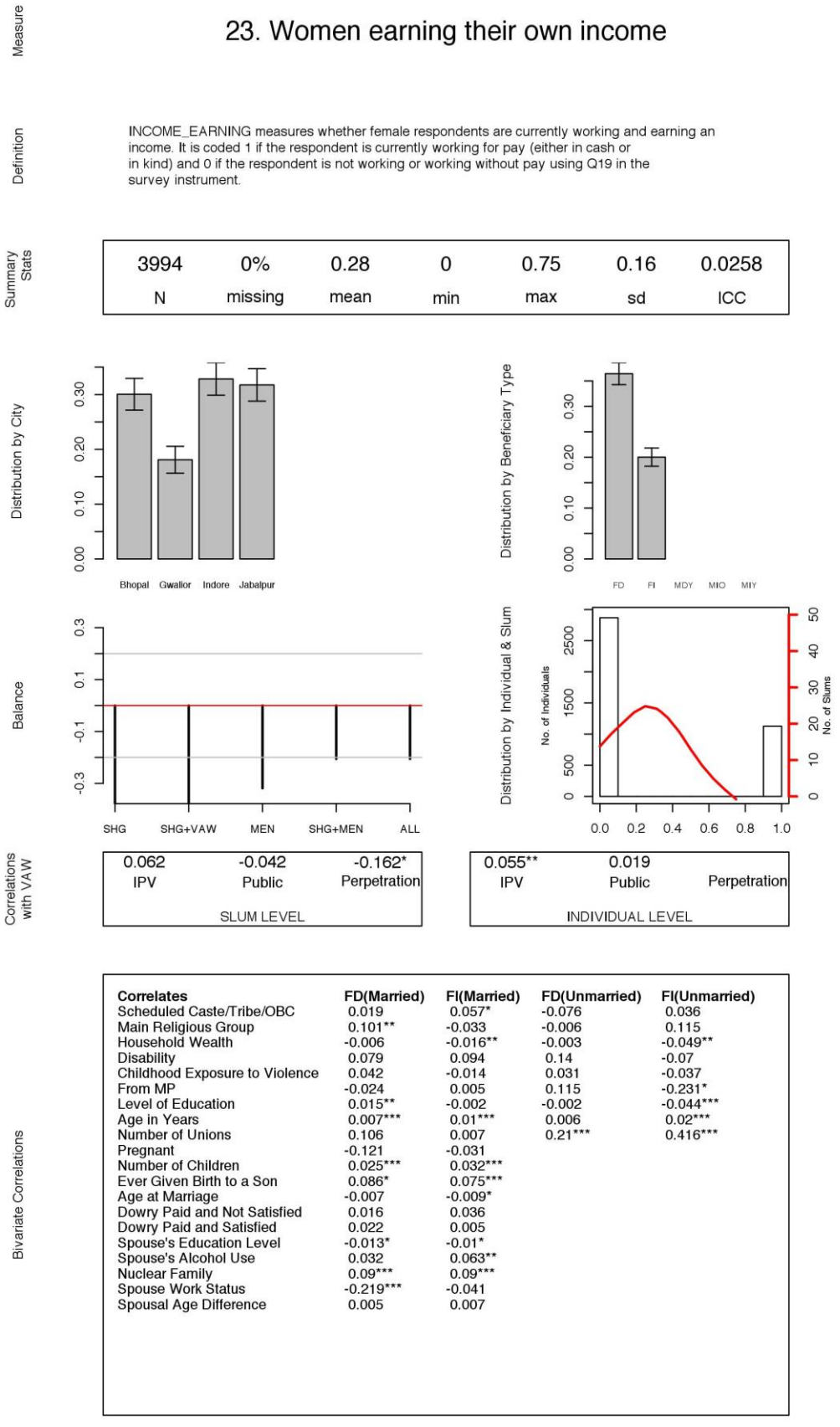
The data suggested that women who had greater decision-making power were less likely to experience IPV. Importantly, this confirms assumptions in the Programme's theory of change that women with less decision making power in the home (and the weak negotiating position and lack of respect this implies) were at greater risk of experiencing IPV. The baseline data also suggested that women who had greater decision making power were also less likely to experience violence or harassment in public spaces. It is likely, at least in part, that this is because they tended to be older and older women were less likely to have experienced public harassment in the previous 12 months according to the data.

Both the relationship with IPV and with violence and harassment in public spaces were mirrored at the slum level: **slums where women tended to have greater decision making power in the home had considerably lower prevalence of IPV and violence and harassment in public spaces**. The strength of these relationships at slum level could indicate the broader effects of a critical mass of women having greater decision making power on the social norms and behaviours within their community. However, women's decision making at the slum level was not correlated with boys' and men's perpetration of VAW. This again

adds weight to the need to change the perpetration measure at endline so that is capable of distinguishing between IPV and violence and harassment in public spaces, and in terms of the latter, capturing where the violence or harassment took place.

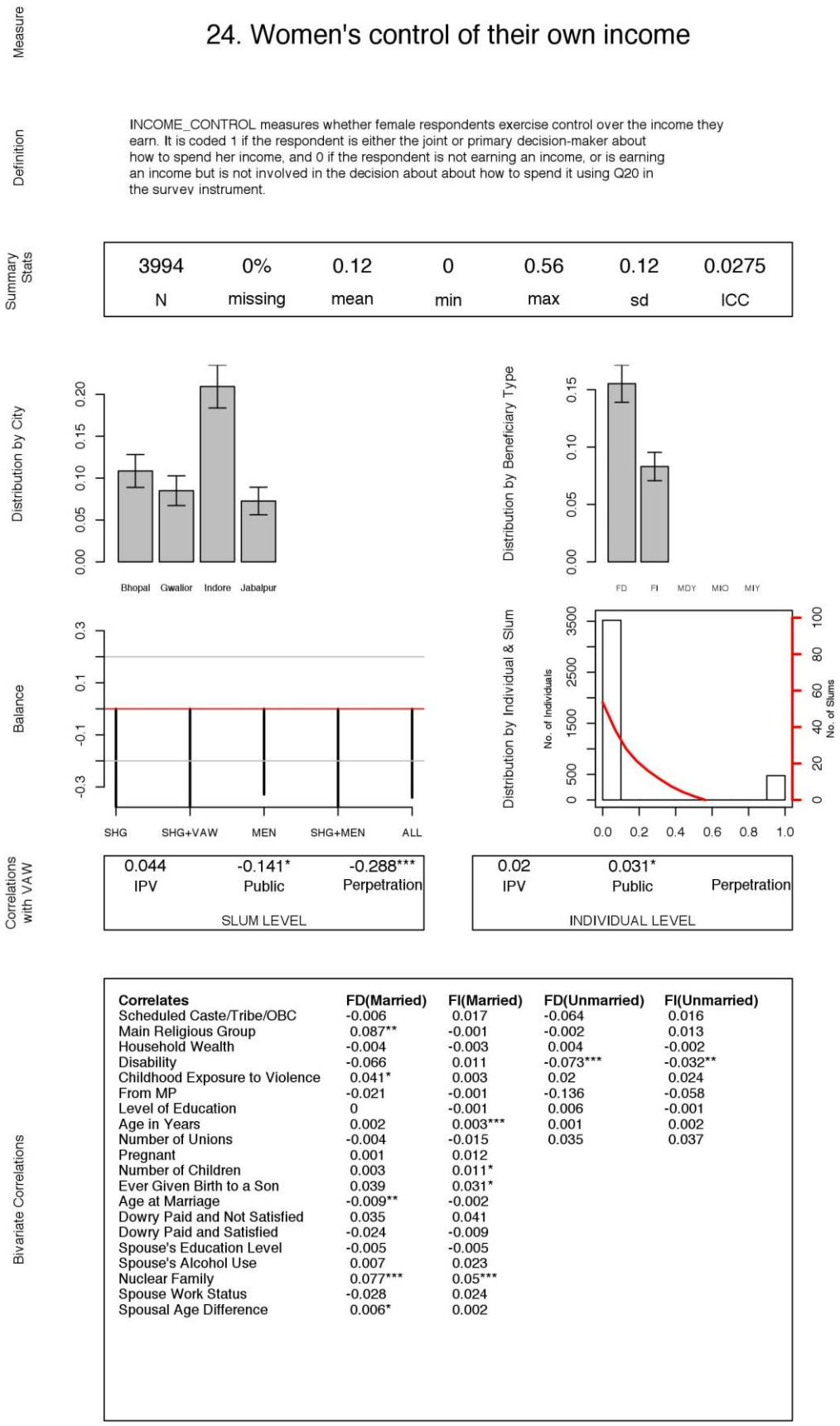
According to the data, women who were older, had more children, lived in a nuclear family and who earned their own income were all more likely to have greater decision making power within the home. Conversely, women who got married at a younger age, were from households which were economically better off and whose families were dissatisfied with the amount of dowry paid were all *less likely* to be involved in household decision making.

Figure 26 - Women earning their own income



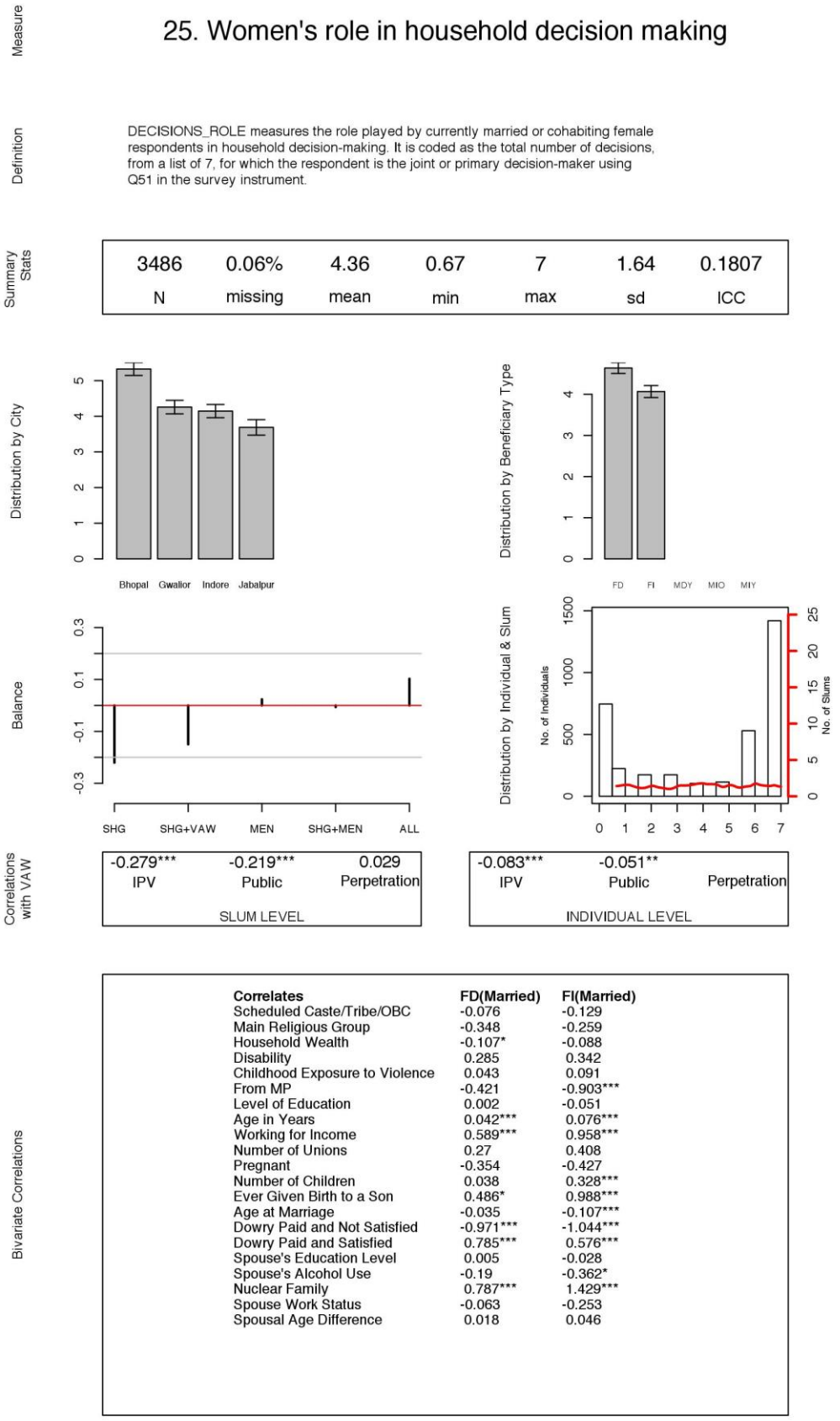
Correlates	FD(Married)	FI(Married)	FD(Unmarried)	FI(Unmarried)
Scheduled Caste/Tribe/OBC	0.019	0.057*	-0.076	0.036
Main Religious Group	0.101**	-0.033	-0.006	0.115
Household Wealth	-0.006	-0.016**	-0.003	-0.049**
Disability	0.079	0.094	0.14	-0.07
Childhood Exposure to Violence	0.042	-0.014	0.031	-0.037
From MP	-0.024	0.005	0.115	-0.231*
Level of Education	0.015**	-0.002	-0.002	-0.044***
Age in Years	0.007***	0.01***	0.006	0.02***
Number of Unions	0.106	0.007	0.21***	0.416***
Pregnant	-0.121	-0.031		
Number of Children	0.025***	0.032***		
Ever Given Birth to a Son	0.086*	0.075***		
Age at Marriage	-0.007	-0.009*		
Dowry Paid and Not Satisfied	0.016	0.036		
Dowry Paid and Satisfied	0.022	0.005		
Spouse's Education Level	-0.013*	-0.01*		
Spouse's Alcohol Use	0.032	0.063**		
Nuclear Family	0.09***	0.09***		
Spouse Work Status	-0.219***	-0.041		
Spousal Age Difference	0.005	0.007		

Figure 27 - Women's control of their income



Correlates	FD(Married)	FI(Married)	FD(Unmarried)	FI(Unmarried)
Scheduled Caste/Tribe/OBC	-0.006	0.017	-0.064	0.016
Main Religious Group	0.087**	-0.001	-0.002	0.013
Household Wealth	-0.004	-0.003	0.004	-0.002
Disability	-0.066	0.011	-0.073***	-0.032**
Childhood Exposure to Violence	0.041*	0.003	0.02	0.024
From MP	-0.021	-0.001	-0.136	-0.058
Level of Education	0	-0.001	0.006	-0.001
Age in Years	0.002	0.003***	0.001	0.002
Number of Unions	-0.004	-0.015	0.035	0.037
Pregnant	0.001	0.012		
Number of Children	0.003	0.011*		
Ever Given Birth to a Son	0.039	0.031*		
Age at Marriage	-0.009**	-0.002		
Dowry Paid and Not Satisfied	0.035	0.041		
Dowry Paid and Satisfied	-0.024	-0.009		
Spouse's Education Level	-0.005	-0.005		
Spouse's Alcohol Use	0.007	0.023		
Nuclear Family	0.077***	0.05***		
Spouse Work Status	-0.028	0.024		
Spousal Age Difference	0.006*	0.002		

Figure 28 - Women's role in household decision making



9.5 Knowledge and understanding

Findings from the survey data on knowledge of women's rights

The theory of change for the Safe Cities Initiative is based on the assumption that increasing knowledge about women's rights is a fundamental early step along the pathway to preventing VAW. Male and female survey respondents were read five statements about women's legal rights under Indian law and on average 95% of respondents answered correctly, agreeing that each item was a crime. There was almost no variation across the cities, among indirect or direct beneficiary groups or between male and female respondents. Only 5% of respondents did not report that it was illegal to marry under the age of 18 or that groping women in public was a crime; approximately 7% did not report that it was illegal for a man to beat his wife. Overall, an average of 4.65 out of five actions were accurately reported as crimes.

Despite the low overall variation, the variation that existed was patterned. **Women who were knowledgeable about their rights were less likely to have experienced IPV in the previous 12 months, and men and boys who were knowledgeable about women's rights were significantly less likely to have perpetrated VAW in the last 12 months.** While the latter relation may reflect the possibility that if men and boys are more knowledgeable about the law, they are less likely to engage in VAW; it may also reflect reporting disincentives: that men and boys are less likely to admit to actions that they know are illegal.

The baseline results for this measure could be taken as a positive sign that knowledge of women's rights was widespread across slums. However, rather than capturing actual knowledge, it is likely that this measure simply captured acquiescence or agreement bias. The questions were all framed such that a 'yes' was the correct answer, which made it impossible to separate agreement bias from actual knowledge. This measure will either need to be redesigned at endline, or excluded from the list of outcomes.

Findings from the survey data on understanding emotional consequences

Two measures were used in the survey to gauge whether respondents had an understanding of some of the causes and consequences of VAW. Respondents were asked whether they believed that, as a result of being beaten by their husbands, women might lose their self confidence or become anxious or depressed.

On average 86% of respondents understood that IPV had emotional consequences for women. In some slums all respondents confirmed this understanding. There was little variation across cities, with levels slightly lower in Jabalpur. There was also little variation between male and female respondents, with men and boys only slightly less likely to understand that IPV has emotional consequences than women.

The data also suggested relationships between understanding of emotional consequences and actual experience of VAW. **Unsurprisingly, women who had experienced IPV were significantly more likely to have identified the emotional consequences than women who had not**. However, at the individual level there was no significant relationship between men's and boys' understanding of the emotional consequences and their self-reported perpetration.

Slum level data contrasted with these individual level correlations. Slums where there was widespread understanding of the emotional consequences of IPV tended to have lower prevalence of both IPV and perpetration of VAW, possibly indicating that an understanding on levels of IPV could have a positive effect on behaviour.

However, despite some expected patterns emerging from the data, agreement bias is likely to be strong for this measure and enumerator fixed effects account for about 50% of the variation in the responses. Given this, and the lack of a significant relationship between men's and boys' understanding of emotional consequences and reported perpetration of VAW, this measure should be redesigned or excluded from endline. This is supported by the qualitative data presented below, which suggested not only that understanding of the emotional consequences was already widespread at baseline, but also that there were no clear indications that having this understanding in itself discouraged perpetration.

Findings from the qualitative data on understanding emotional consequences

Following the discussion about how women respond to being beaten by their husbands, **women and men FGD participants were asked about the consequences of this physical violence for the woman. In about half of the FGDs, women and men participants spoke about the physical harm a woman could suffer as a result of the beating** and in a fifth of FGDs, both men and women participants said that this could then affect women's social participation and engagement in their communities. **Particularly striking was how aware many boys and men were about the negative consequences of harassment for women's emotional wellbeing**. Both women and men showed awareness of the various negative emotional consequences of physical IPV including fear, anxiety, depression[31], shame and self-blame.

> *"She feels ashamed that she has been beaten. If people will see, they will laugh that, 'She has come out. She was beaten only yesterday.' That is why they do not step out for one or two days."* (Woman, indirect beneficiary, age 42, Bhopal)

> *"She develops an inferiority complex… If she tells, she will fear society and her family. If she does not tell, she will suffer it silently and get depressed…"* (Woman, indirect beneficiary, Bhopal)

In a quarter of FGDs, women and men spoke about **how many women who are beaten and trapped consider killing themselves.** Some participants said that it is often only the fact that women have children that stops them from taking their own lives.

> *"Yes she would be sad and depressed and she will have bad thoughts she may think of committing suicide or she would look for someone else."* (Woman, direct beneficiary, Indore)

> *"Many times she may take some medicines, try to hang herself. So many women have done this."* (Woman, indirect beneficiary, age 35, Bhopal)

> *"Many women are frustrated and commit suicide by hanging themselves or take some medicine… Some put kerosene oil."* (Woman, direct beneficiary, age 36, Indore)

It was also striking that in the majority of FGDs, **both women and men highlighted the negative impacts of IPV on the children –** in many cases completely unprompted by the facilitator. Participants talked about children becoming emotionally affected and withdrawn, about their studies suffering and about learning from their parents and then using violence when they grow up. Given the significant emphasis placed on

[31] Perception of consequences of IPV (not conditional on experience): 219 respondents answered "other" to Q110 "What are the main consequences of husbands beating their wives?" Of these 33 respondents mentioned suicide or self-harm.

this, this is something which the Programme could consider as an entry point to discussions about attitudes and behaviours.

> *"Children get scared, they get stifled. They are not able to say anything, if anything is in their heart, then they cannot say anything, because fights will happen."* (Woman, indirect beneficiary, age 30, Bhopal)
>
> *"Because they see their parents fighting so from very beginning they will be mentally troubled. They won't be able to make progress in studies."* (Woman, direct beneficiary, age 21, Gwalior)
>
> *"If parents will fight they will also do the same in their future."* (Woman, indirect beneficiary, age 45, Jabalpur)
>
> "*Children will see that. They will learn that only."* (Woman, direct beneficiary, age 28, Bhopal)

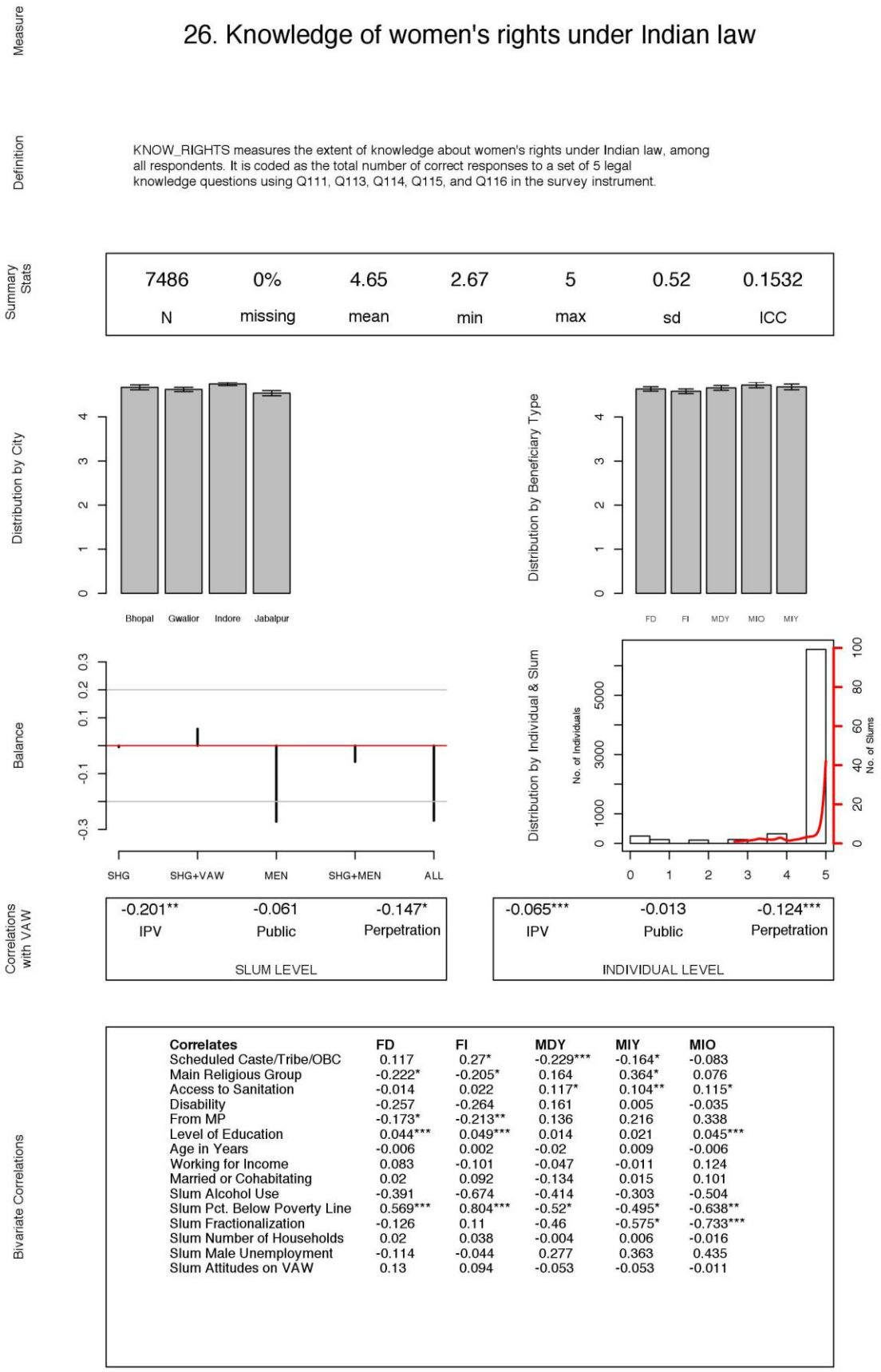
Findings from the survey data on perceptions of social tolerance as a cause of IPV

On average, close to half of respondents (46%) believed that social tolerance of violence, described as 'people thinking it is okay for men to beat their wives', was one of the main causes of husbands being violent. **Women were more likely to believe that social tolerance of IPV played a role (55%) compared to men and boys (37%),** and there was considerable variation across cities, with social tolerance least commonly cited in Jabalpur – the city with the highest levels of violence.

Interestingly, the data also suggested that women who had recently experienced violence were less likely to believe that social tolerance plays a role. Conversely, men and boys who reported perpetrating violence were more likely to believe that social tolerance is – at least in part – a cause of men beating their wives. This is perhaps an indication that they believed their behaviour was influenced by what other people thought, which would support the Programme's theory of change in terms of trying to reduce perpetration of IPV through wider social norm change.

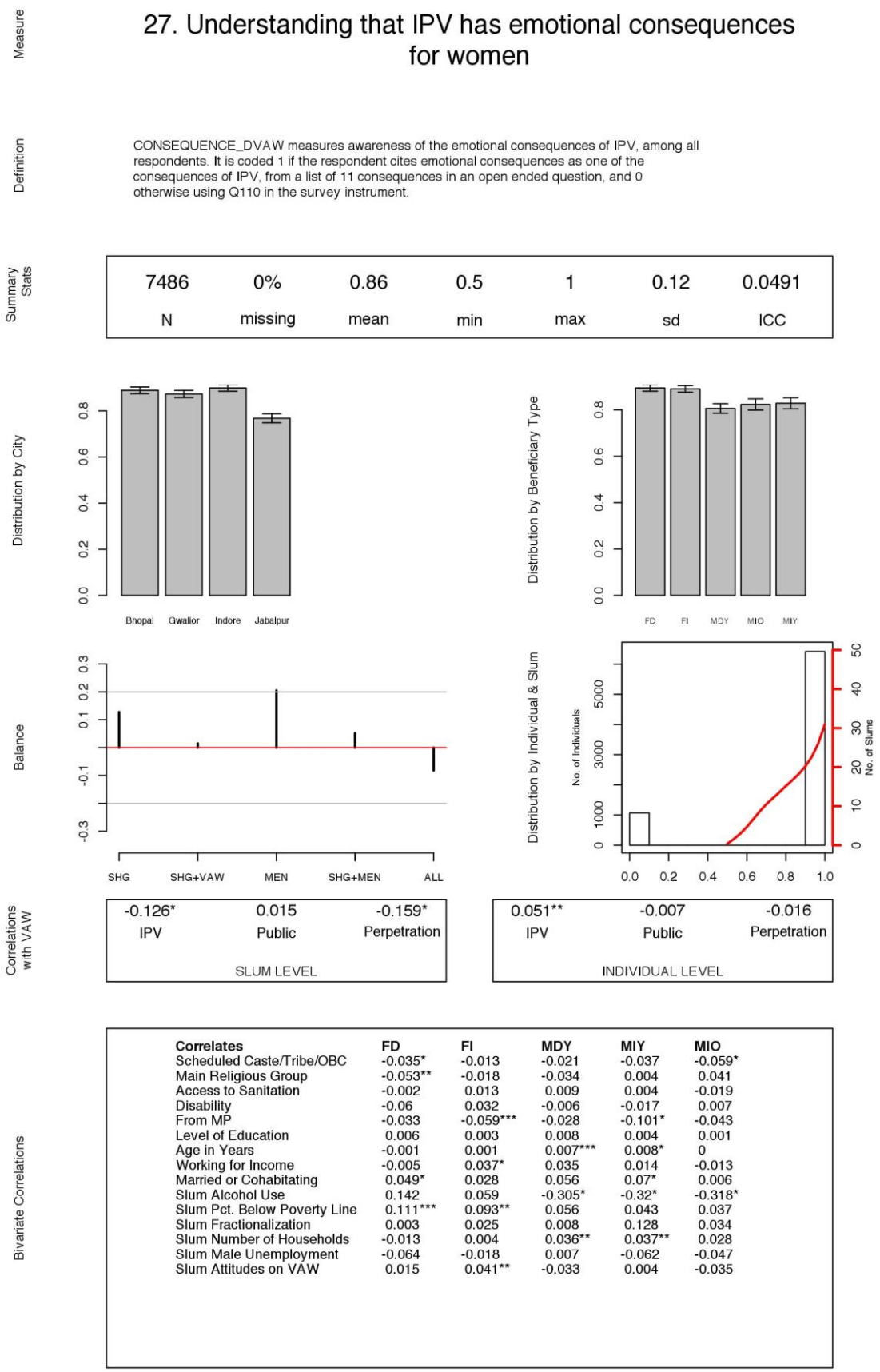
At slum level, slums where it was widely believed that social tolerance is a cause of husbands being violent tended to have lower prevalence of VAW. Reported perpetration also tended to be lower in these slums. This presents rather a mixed picture, with no obvious interpretations. The Programme's theory of change included an assumption that if communities were encouraged to understand that social tolerance was part of the cause of VAW, they would be more likely to challenge and take action against it. However, given the complex patterns emerging from the data in relation to this measure, it is not clear what effects are likely or intended at endline.

Figure 29 - Knowledge of women's legal rights



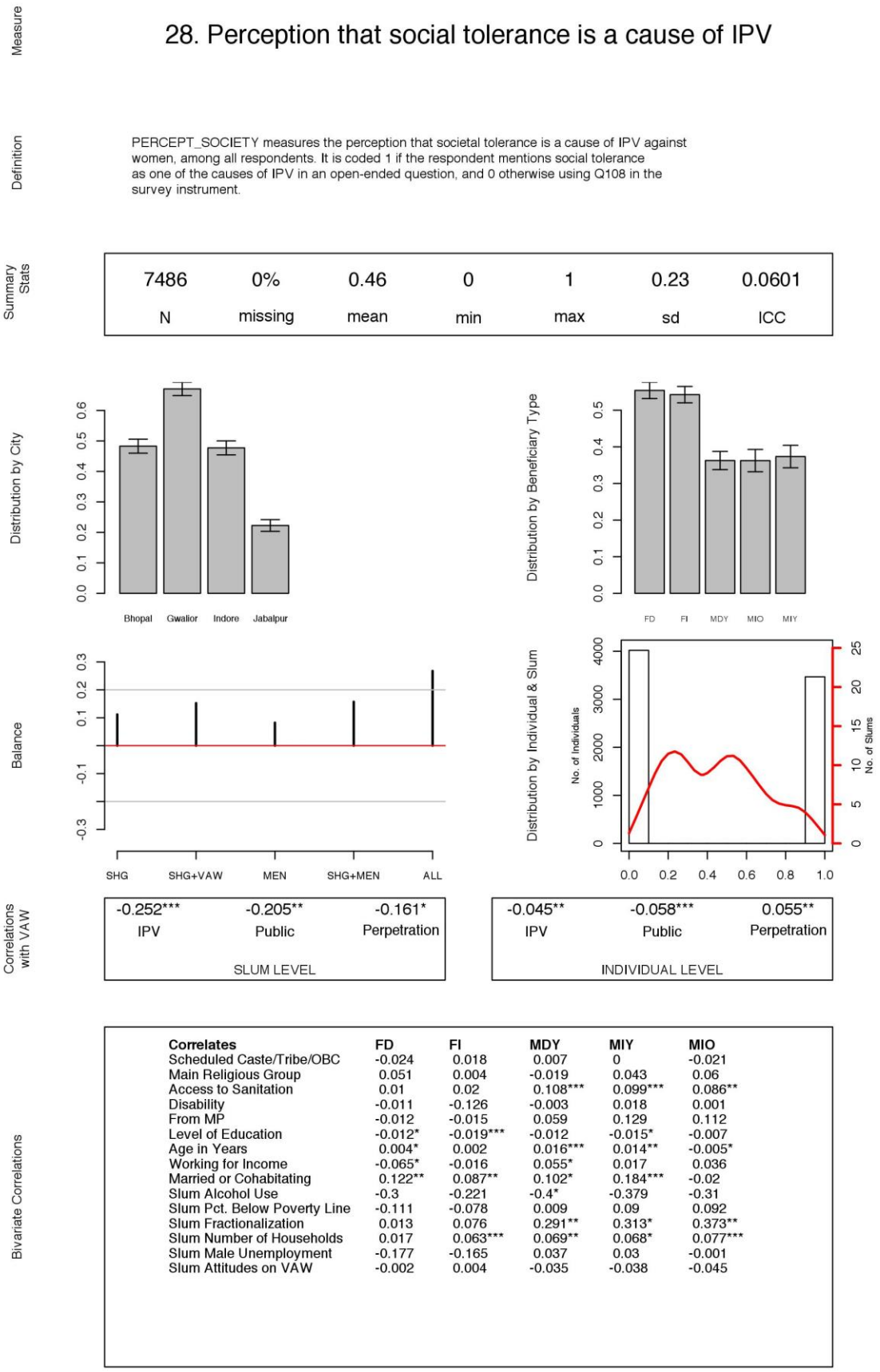
Correlates	FD	FI	MDY	MIY	MIO
Scheduled Caste/Tribe/OBC	0.117	0.27*	-0.229***	-0.164*	-0.083
Main Religious Group	-0.222*	-0.205*	0.164	0.364*	0.076
Access to Sanitation	-0.014	0.022	0.117*	0.104**	0.115*
Disability	-0.257	-0.264	0.161	0.005	-0.035
From MP	-0.173*	-0.213**	0.136	0.216	0.338
Level of Education	0.044***	0.049***	0.014	0.021	0.045***
Age in Years	-0.006	0.002	-0.02	0.009	-0.006
Working for Income	0.083	-0.101	-0.047	-0.011	0.124
Married or Cohabitating	0.02	0.092	-0.134	0.015	0.101
Slum Alcohol Use	-0.391	-0.674	-0.414	-0.303	-0.504
Slum Pct. Below Poverty Line	0.569***	0.804***	-0.52*	-0.495*	-0.638**
Slum Fractionalization	-0.126	0.11	-0.46	-0.575*	-0.733***
Slum Number of Households	0.02	0.038	-0.004	0.006	-0.016
Slum Male Unemployment	-0.114	-0.044	0.277	0.363	0.435
Slum Attitudes on VAW	0.13	0.094	-0.053	-0.053	-0.011

Figure 30 - Understanding that IPV has emotional consequences for women



Correlates	FD	FI	MDY	MIY	MIO
Scheduled Caste/Tribe/OBC	-0.035*	-0.013	-0.021	-0.037	-0.059*
Main Religious Group	-0.053**	-0.018	-0.034	0.004	0.041
Access to Sanitation	-0.002	0.013	0.009	0.004	-0.019
Disability	-0.06	0.032	-0.006	-0.017	0.007
From MP	-0.033	-0.059***	-0.028	-0.101*	-0.043
Level of Education	0.006	0.003	0.008	0.004	0.001
Age in Years	-0.001	0.001	0.007***	0.008*	0
Working for Income	-0.005	0.037*	0.035	0.014	-0.013
Married or Cohabitating	0.049*	0.028	0.056	0.07*	0.006
Slum Alcohol Use	0.142	0.059	-0.305*	-0.32*	-0.318*
Slum Pct. Below Poverty Line	0.111***	0.093**	0.056	0.043	0.037
Slum Fractionalization	0.003	0.025	0.008	0.128	0.034
Slum Number of Households	-0.013	0.004	0.036**	0.037**	0.028
Slum Male Unemployment	-0.064	-0.018	0.007	-0.062	-0.047
Slum Attitudes on VAW	0.015	0.041**	-0.033	0.004	-0.035

Figure 31 - Perception that social tolerance is a cause of IPV



Correlates	FD	FI	MDY	MIY	MIO
Scheduled Caste/Tribe/OBC	-0.024	0.018	0.007	0	-0.021
Main Religious Group	0.051	0.004	-0.019	0.043	0.06
Access to Sanitation	0.01	0.02	0.108***	0.099***	0.086**
Disability	-0.011	-0.126	-0.003	0.018	0.001
From MP	-0.012	-0.015	0.059	0.129	0.112
Level of Education	-0.012*	-0.019***	-0.012	-0.015*	-0.007
Age in Years	0.004*	0.002	0.016***	0.014**	-0.005*
Working for Income	-0.065*	-0.016	0.055*	0.017	0.036
Married or Cohabitating	0.122**	0.087**	0.102*	0.184***	-0.02
Slum Alcohol Use	-0.3	-0.221	-0.4*	-0.379	-0.31
Slum Pct. Below Poverty Line	-0.111	-0.078	0.009	0.09	0.092
Slum Fractionalization	0.013	0.076	0.291**	0.313*	0.373**
Slum Number of Households	0.017	0.063***	0.069**	0.068*	0.077***
Slum Male Unemployment	-0.177	-0.165	0.037	0.03	-0.001
Slum Attitudes on VAW	-0.002	0.004	-0.035	-0.038	-0.045

9.6 Reporting, support and action

It is important to note that all of the measures related to reporting and support relied on women survey respondents recalling the most recent incident of VAW they had experienced, something which many did not do, perhaps because they were unwilling or unable to do so[32]. The findings for these measures are therefore based on a smaller number of women describing their most recent incident compared to the number of women who said they had experienced VAW in the last 12 months.

Findings from the survey data on reporting VAW to the police

Despite the fact that 13% of women had reported experiencing IPV in the last 12 months, only 1% of these women reported this violence to the police. Similarly, only 1% of the 23% of women who reported experiencing violence or harassment in a public space said they had then reported it to the police. In both cases, this meant that **the overwhelming majority of women who had experienced VAW had not reported it to the police.**

There was considerable variation across cities, with women far more likely to report IPV or public violence in Gwalior. Direct beneficiaries were less likely than indirect beneficiaries to report IPV to the police, but more likely to report violence in public spaces to the police.

Correlations between reporting to the police and individual and slum level characteristics were similar to the patterns identified in relation to the prevalence measures. For example, women who earned their own income, whose husbands regularly drank alcohol, and whose husbands and in-laws were dissatisfied with the dowry paid were all more likely to report IPV to the police. This is difficult to interpret, but could simply be a reflection of the fact that they were all more likely to have experienced IPV in the first place.

Findings from the qualitative data on reporting VAW to the police

In line with the survey data, **FGD participants and key informants tended to believe that women rarely reported the violence they experienced to the police, whether it was IPV or violence in public spaces**. Many participants explained that women only went to the police if they considered the violence to "exceed their limit" in terms of the behaviour they expected of men and boys. Given that women tended to accept many forms of violence as being the 'norm', there was a belief that only extreme or particularly brutal violence forms of violence were ever reported.

Beyond the fact that many forms of violence were considered to be 'everyday' occurrences and not worth reporting, the overriding reason given by FGD participants and several key informants for **why women tended not to report violence to the police was that it would have negative consequences, in particular by bringing shame on them and their families**. This was compounded by the belief that, if cases were taken to the police, they tended to heighten this sense of shame by asking intrusive or embarrassing questions, treating women in a disrespectful manner, not treating them or the reports of violence seriously and sometimes even seeking to blame them for the violence they had experienced.

[32] The survey question which asked about the 'most recent incident' was phrased in a way which required women to recognise their experience as 'violence', whereas previous questions had asked them whether they had experienced specific acts, which were not labeled as being 'violent'. This distinction is important and likely to have affected responses.

> *"Yes, the constables turned around and scolded us instead. I was sitting at home and they came and caused a furore"* (Woman, direct beneficiary, age 45)
>
> "*The police, for one, do not help women at all. If you go to the police to write a report, then instead of writing the report, they completely blow our minds (confound us) (*dhajjiyan udaa dete hain*)! "In what way did he keep his hand (on you)? How did he keep his hand (on you)? What were you doing in the dark?"* (Woman, direct beneficiary, age 45, Bhopal)

In a couple of cases, participants suggested that women sometimes felt unsafe at the police station and could be harassed there:

> *"It could also happen that they could be harassed in the Police Station… we have heard about rape cases in the police station itself"* (Woman, indirect beneficiary, Jabalpur)

Furthermore, as previously noted, **there was a firmly held view expressed by many participants that IPV was a "family matter", which should be kept private and not discussed with others**, including to the police. This was thought to be a view also commonly held by the police who tended to believe that IPV did not concern them. Indeed, male and female FGD participants suggested that women were sometimes harshly judged for 'dishonouring' their family by speaking out about IPV. Participants suggested that there was significant social pressure for women to 'bear' the violence, to manage any problems within the household and to stay with their husbands despite being physically abused.

As a result, there was a belief that reporting to the police might actually make the violence worse or result in women being ostracised by their families. Many women also felt there was little point formally reporting IPV as women rarely had anywhere they could go and no choice but to stay with their husbands, especially for the sake of their children. Indeed, there was an overwhelming sense from the discussions of women being trapped and having very few options, other than to suffer the violence.

There was also a sense among participants that women and girls were often blamed for the violence they experienced in public spaces because people believed they must have behaved inappropriately or done something to provoke the attack. Many respondents also described the longer term impact which reporting violence could have on their lives. This mainly focused on reprisals by husbands and in-laws either angered by them reporting violence in the home, or suspicious of their behaviour which might have provoked attacks in public. Participants explained that the latter would often result in restrictions being placed on a women's mobility. See section 9.3 on mobility for further discussion on these findings.

Police inaction was discussed in almost all of the groups as one of the main disincentives for women and girls reporting violence to the police. Both male and female participants perceived the police to be unresponsive and almost all participants who discussed the police described their response, either to IPV or to violence in public spaces, as woefully insufficient. In a small handful of FGDs, mainly with boys and men, the police were defended, with participants arguing that they did respond to violence, but this was very clearly a minority view.

In addition, participants argued that the common expectation of bribes meant that women and girls with little money or few political connections knew they were unlikely to benefit from reporting violence to the police. A few participants also spoke about more severe cases of physical or sexual assault, **in which the woman and sometimes also her family might be bribed or threatened by the perpetrator and his family** to stay quiet and not report the violence.

Nevertheless, in two FGDs respondents (both male and in Indore) shared cases of people resorting to protest and demonstration to get police to pay attention. In both cases, these threats of demonstration resulted in police action. Although this was just a couple of cases, it is in keeping with the Programme's theory of change, which aims to encourage communities to collectively demand action in terms of prevention and response to VAWG. However, given the widespread view that police corruption and inaction act as a barrier to formal action against VAWG, this does emphasise the need for the Programme to engage with the police in order to effect change. Beyond these specific examples, participants, particularly women, believed that the inaction of others – both the lack of response from community members to violence and harassment and/or the inaction or inappropriate action of the police meant that boys and men could - continue to be violent and to harass women and girls without any fear of negative sanction – whether social or legal.

These findings raise important issues for the Programme and the extent to which it is appropriate to encourage women to report VAW to the police when planned engagement with the police appears to be minimal within the Programme. This also has implications for the evaluation and whether this outcome should be included at endline. It is possible that an alternative measure which captures whether women are telling anyone at all about their experiences of VAW might be more appropriate and of greater value in terms of capturing treatment effects.

Findings from the survey data on SHG and NGO support

Significantly for the Programme, the baseline survey data suggested that women were no more likely to report IPV to an SHG than they were to report it to the police (again, on average just 1% of women surveyed, despite IPV prevalence rates of 13%). On average, the same proportion of women had received help from an SHG. This equates to just 25 women receiving support from their own SHG in response to IPV and a further six receiving help from an SHG they were not a member of.

As with reporting to the police, women were more likely to report to an SHG – and to receive support from them - in Gwalior compared to the other three cities. As would be expected, women direct beneficiaries reported violence to SHGs – and received help from them - more often than indirect beneficiaries. The data did not suggest any obvious patterns in terms of women with certain characteristics being more likely to report to an SHG, with correlations mirroring those for women who were more likely to have experienced IPV in the first place. There was, however, an indication that SHGs were more likely to have supported pregnant women from the wider slum community.

These findings suggest that engaging in VAWG will be an entirely new role for many SHGs, which have until now been focused on group lending (if indeed they are functioning at all). Nevertheless, the fact that some women had experienced support from SHGs might suggest there are some potential case studies which the Programme implementers could develop in order to inspire or encourage other groups.

The slum average for women receiving support from an NGO or women's organisation to deal with IPV was even lower than for SHG support – just 11 women (meaning a slum average of 0%). There were a very small number of cases of such support being received, and although this figure was very low a few patterns did emerge: women direct beneficiaries who were Hindu were slightly more likely to have received support whereas women who were pregnant or disabled were slightly less likely to receive support.

Although there was little variation in the measure related to SHG reporting or the measures for support from SHGs, NGOs or women's organisations, this does not preclude picking up effects. Essentially the starting point is one of little or no engagement with these organisations in relation to VAW, so even moderate effects of the programme may be observable at endline.

Findings from the qualitative data on SHG and NGO support

The FGDs confirmed that there was **significant variation in the status of the SHGs (and kitty groups and MFIGs) at baseline and wide variation in terms of their strength and the regularity with which they met.** Some groups were described as barely functional, whereas some met weekly and were thought to function well. However, all of the SHGs, kitty groups and MFIGs referred to were described as being entirely focused on economic activities. No examples of groups organising themselves on women's rights issues were given in the FGDs, and there was no evidence that women either reported VAW to SHGs, or received any support from them in response to any violence or harassment they had experienced. Even when prompted, no woman in the FGDs said that she or any other women she had heard of had talked about IPV with an SHG. Members described group meetings being largely focused on paying instalments and agreeing loans, meaning that meetings tended to be quite short. This has implications for the Programme in terms of the amount of additional time and commitment which Programme activities will require from women members.

In contrast, some of the KIIs with Protection Officers in Indore and Gwalior gave a different picture, saying that some SHGs did address VAWG (although in agreement with the survey data, this appeared to be a small number of cases). One key informant in Indore explained that SHGs were addressing VAWG by giving women a space to share their problems, and through reporting cases of violence to the Madhya Pradesh Department of Women and Child Development.

Support from NGOs and women's rights organisations

Hardly any FGD respondents were aware of any specific NGOs or women's rights organisations providing local support services for women who had experienced VAW. There were a few vague references to organisations which either worked on VAWG but were some distance away, or organisations which worked more broadly on women's empowerment, but these were few and far between. KIIs in the four cities again presented a slightly different picture with descriptions of some NGOs and women's organisations providing services to women who had experienced violence. These were most commonly shelters. Key informants stressed that whilst services were available in city centres, there were far fewer that operated at the slum level, making it more difficult for poor women to access them.

Findings from the survey data on action to prevent and respond to VAW

Survey respondents were asked whether they had taken any actions in the last three months to prevent or respond to VAW from a list of six possible actions (at endline this should be expanded to include actions to prevent or respond to violence against girls too). These ranged from directly intervening when women were being harassed and challenging perpetrators through to taking part in organised campaigns.

Approximately 21% of respondents reported having recently taken at least one action to prevent or respond to VAW in the previous three months[33]. Strikingly, boys and men reported taking more actions

[33] This needs to change to the 'previous 12 months' at endline in order to bring this measure in line with the others.

than women. Table 18 below gives a breakdown of the reported actions, showing that the most common action was an intervention in a public space inside their home slum (14% for women; 16% for men)[34]. Approximately 10% of men and women reported challenging family members, but far fewer reported more public actions either in terms of encouraging complaints or reporting, or being involved in campaigns against VAW.

Table 18 - Recent action taken to prevent or respond to VAW

Action taken to prevent or respond to VAW	Female survey respondents	Male survey respondents
A: Intervened to help a woman/women who was being harassed by men in the street or a public space in this colony	14%	16%
B: Intervened to help a woman/women who was being harassed by men in the street or a public space outside this colony	10%	12%
C: Challenged a member of your family who was violent towards a woman in the family	10%	10%
D: Challenged a neighbour or community member who was violent towards a woman in his family	7%	8%
E: Encouraged a woman who has suffered violence in the home to report this to the authorities	6%	5%
F: Encouraged members of the community to complain about the harassment of women in the colony	7%	6%
G: Taken part in a campaign against violence against women.	6%	4%

The highest reporting of actions taken was in Jabalpur, the city which also had the highest levels of reported violence. Women who had experienced violence were more likely to have taken a recent action than women who had not. Perhaps more surprisingly, men and boys who reported perpetrating VAWG were also *more likely* to claim taking action against it. There was not an obvious interpretation for this, but could perhaps relate to boys and men intervening when they thought someone else's behaviour had gone too far.

Older women and educated women were much more likely to have reported taking action, as were women with a disability. Boys and men who were better educated were more likely to have taken some form of action. Action was less likely in slums which were more diverse (i.e. with a greater mix of people from different religions, castes and people who had migrated from elsewhere in India).

Findings from the qualitative data on action to respond to VAWG

Due to time constraints, only limited data was collected in the FGDs and KIIs on actions taken to address VAWG. The data that was collected focused on individual actions to respond to violence and harassment in public spaces and to IPV.

[34] Note: Slums are referred to as 'colonies' in the survey questions

Individual actions to respond to violence and harassment in public

In terms of women's own response to violence and harassment, both men and women FGD participants said that different women responded in very different ways. In cases of more 'minor' harassment, for example involving comments, whistling, jokes and gesturing, there was widespread agreement among male and female participants that most women would just continue walking, remaining quiet and trying to ignore the harassment; but some women would challenge the perpetrators – in most cases verbally, but in some cases by slapping or hitting them with their '*chappals'* (slippers/sandals). Some also said that women would sometimes go and get help from others in their family or community and then go back to challenge or beat the boys.

> *"They silently go to their homes without any reaction"* (Man, direct beneficiary, Jabalpur)

> *"I do tell them. When I am travelling in a bus, sometimes men try to elbow you and try to touch your breast. I would ask that man to stand properly and scold him"* (Woman, direct beneficiary, age 32, Gwalior)

> *"We are people who beat (maardhaadwale). We do not feel afraid of anyone… a man came up to a woman we know and tried to grope her. She screamed, removed her slipper and everyone gathered and beat him with slippers… If something like this happens then we do not spare him... we can cut him, we can beat him"* (Woman, direct beneficiary, age 45, Bhopal)

There were mixed views about whether or not it was helpful to challenge boys and men who were harassing women or girls. Most participants felt that if a woman or girl responded verbally or physically, this would provoke further harassment (more frequent or more severe); some other participants felt that harassment would reduce if women and girls challenged it. Some said that this depended on who she was, how old she was, how educated she was and whether she was from a more privileged family or group (suggesting older, educated women with higher status might have greater success in challenging perpetrators).

Comments from some participants were sometimes quite judgemental about how women responded, with some expressing admiration for 'educated' women who challenged the perpetrators of harassment and others distinguishing between 'feisty' women who would retaliate and 'nice' women who would not.

> *"I feel very angry, but you feel scared inside that if you answer back, he may do something else. So you just leave the place quietly... by taking on these people, the fight will only increase, will it not?"* (Woman, indirect beneficiary, age 22, Bhopal)

> *"Sometimes women challenge, but the perpetrators threaten her saying they could do this and that to her, so she becomes meek and stays at home"* (Woman, direct beneficiary, age 28, Gwalior)

In terms of **other people's responses to women and girls being harassed or attacked, views among FGD participants were also notably mixed**. However, two overriding explanations stood out in the discussions about why people tended not to take action: the sense that they should 'mind their own business' and a fear for their own safety.

> *"They don't [intervene], people just stand and look. They think she is not from my house, why should I intervene?"* (Woman, direct beneficiary, age 28, Gwalior)

However, there were also **examples across all four cities where participants said that some community members did intervene, for example attempting to step in as mediators** between girls/ women and their families, or by chaperoning/ accompanying girls or young women in public. There were also examples of vigilante responders—sometimes resorting to violent attacks on perpetrators.

Individual actions to respond to intimate partner violence

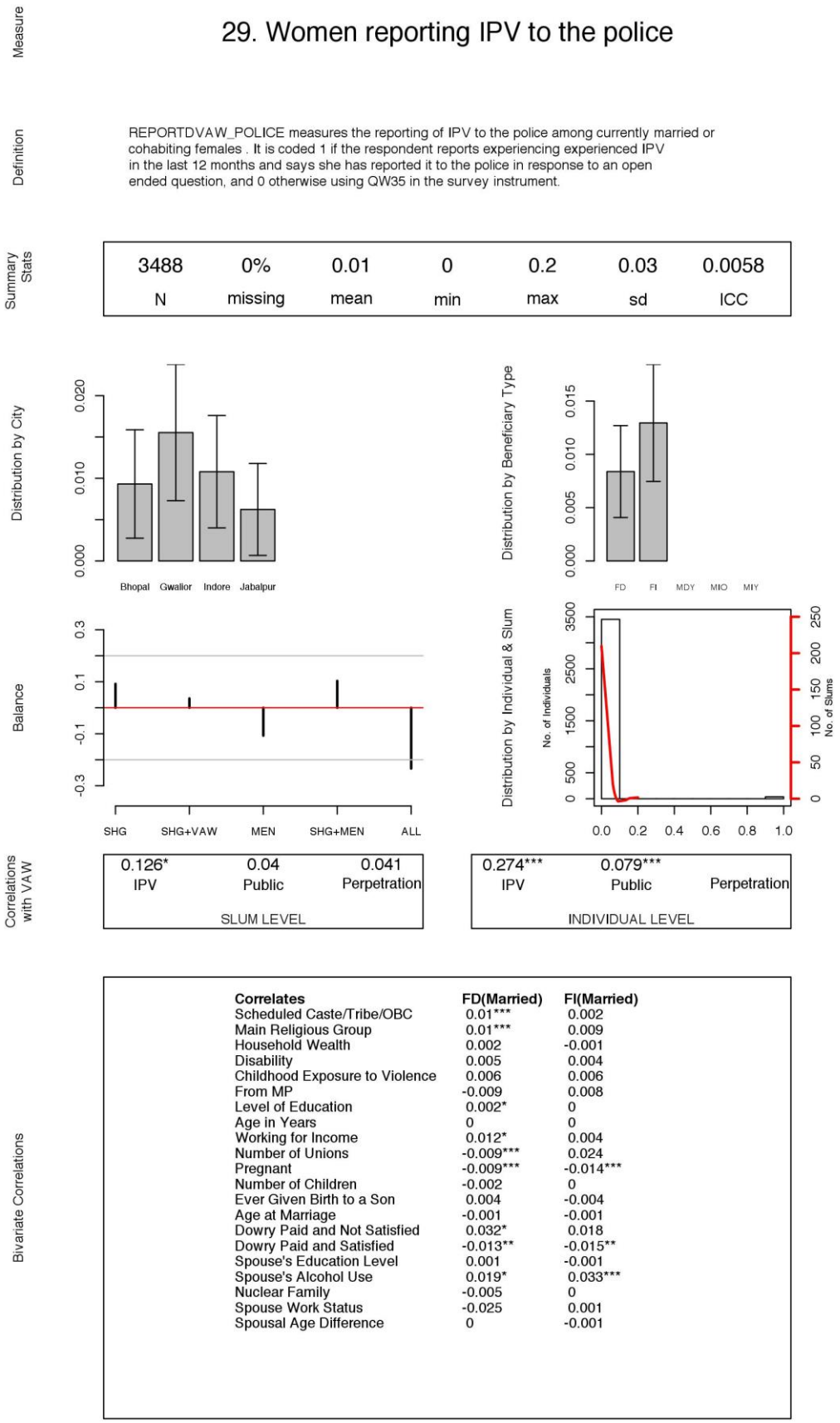
Across all four cities, FGD participants generally agreed that other people tended not to interfere in cases of IPV because it was a seen as a 'personal' or 'family' matter, which as previously noted in relation to reporting to the police, was considered something which should be dealt with privately. This was both something that FGD respondents themselves generally believed, and something they thought perpetrators argue in order to prevent community members from intervening. This was the most common reason why people said they would not respond, or would not be able to effectively respond even if they tried. In a few cases respondents explained that women themselves sometimes asked people not to interfere because it was a 'family matter'.

> *"The matters of every house are kept within themselves* (Woman, indirect beneficiary, age 28, Jabalpur)

> *"People think that it is domestic violence and is a matter of someone else's house so if they revert saying that why are you intervening and humiliating us?*" (Man, direct beneficiary, age 21, Jabalpur).

As with violence and harassment in public spaces, FGD participants and key informants explained that **people did not intervene because they were worried about the repercussions for themselves, or the possibility of making things worse for the woman experiencing violence**. For men, there was a particular concern that perpetrators might accuse them of intervening because they were the woman's lover. Despite this, participants explained that some people did respond, particularly when the violence was 'excessive'. This tended to involve acting as a mediator or councillor rather than helping women to report the violence or to access services.

Figure 32 - Women reporting IPV to the police



Correlates	FD(Married)	FI(Married)
Scheduled Caste/Tribe/OBC	0.01***	0.002
Main Religious Group	0.01***	0.009
Household Wealth	0.002	-0.001
Disability	0.005	0.004
Childhood Exposure to Violence	0.006	0.006
From MP	-0.009	0.008
Level of Education	0.002*	0
Age in Years	0	0
Working for Income	0.012*	0.004
Number of Unions	-0.009***	0.024
Pregnant	-0.009***	-0.014***
Number of Children	-0.002	0
Ever Given Birth to a Son	0.004	-0.004
Age at Marriage	-0.001	-0.001
Dowry Paid and Not Satisfied	0.032*	0.018
Dowry Paid and Satisfied	-0.013**	-0.015**
Spouse's Education Level	0.001	-0.001
Spouse's Alcohol Use	0.019*	0.033***
Nuclear Family	-0.005	0
Spouse Work Status	-0.025	0.001
Spousal Age Difference	0	-0.001

Figure 33 - Women reporting violence or harassment in public spaces to the police

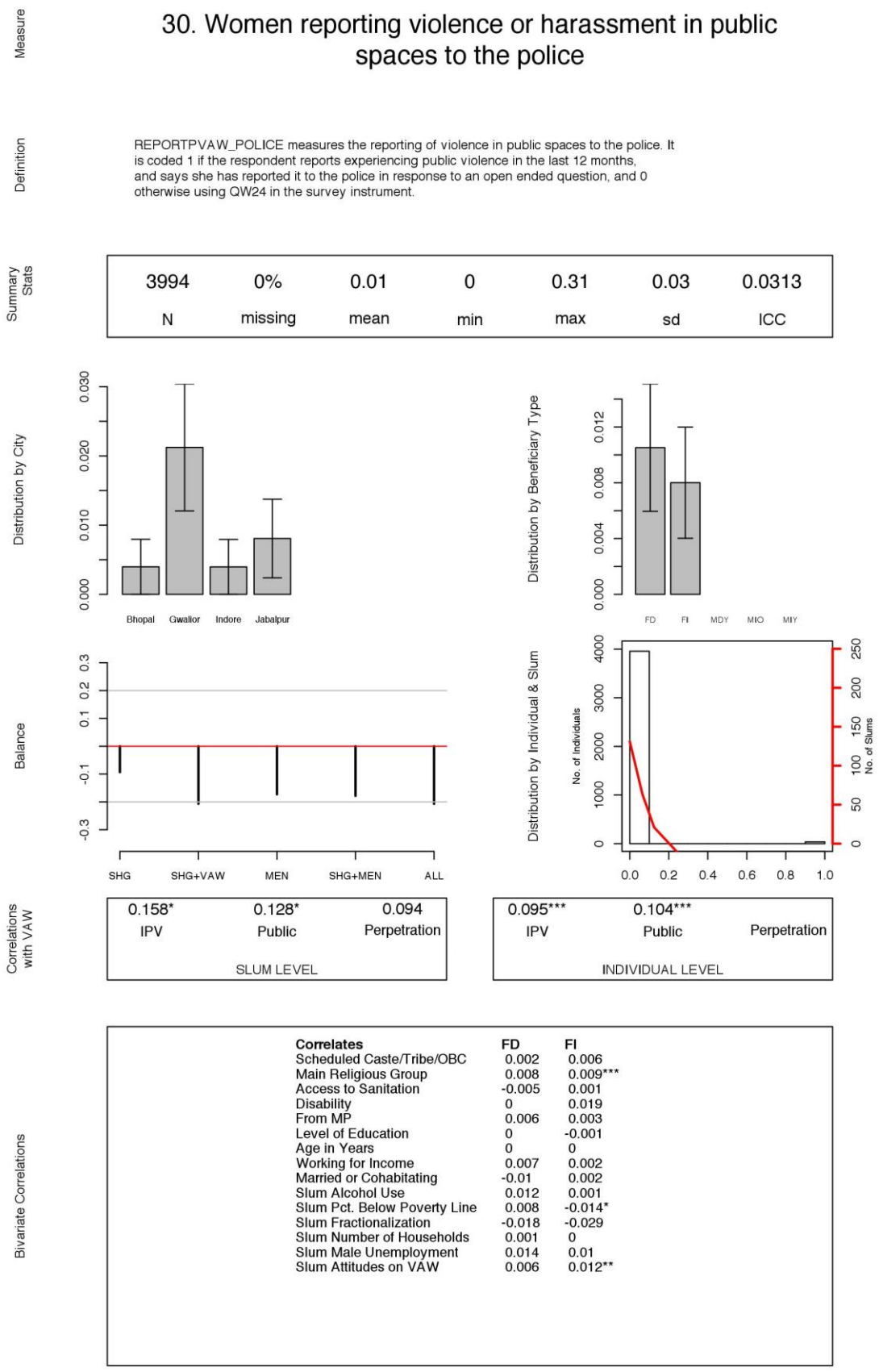


Figure 34 - Women reporting IPV to SHGs

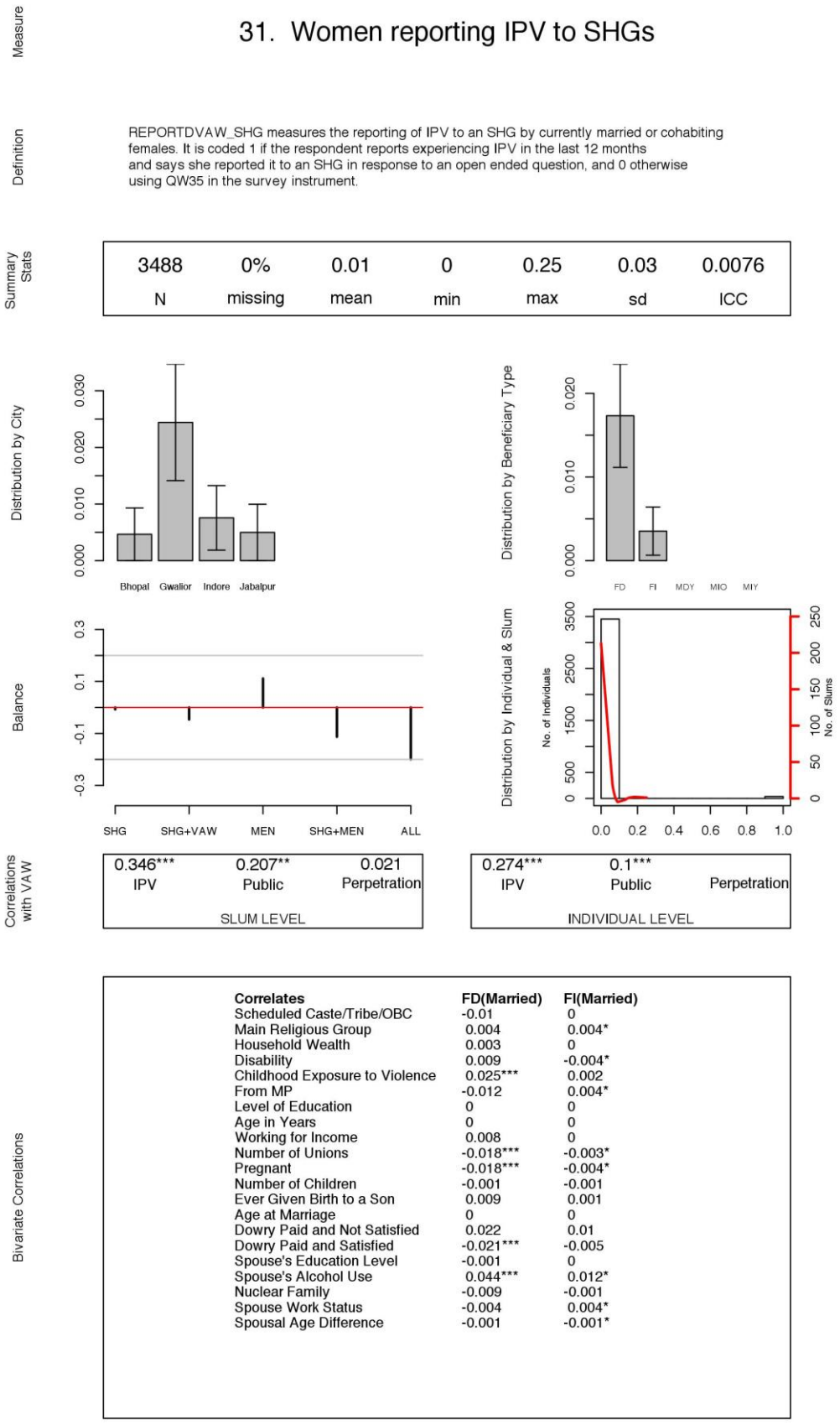
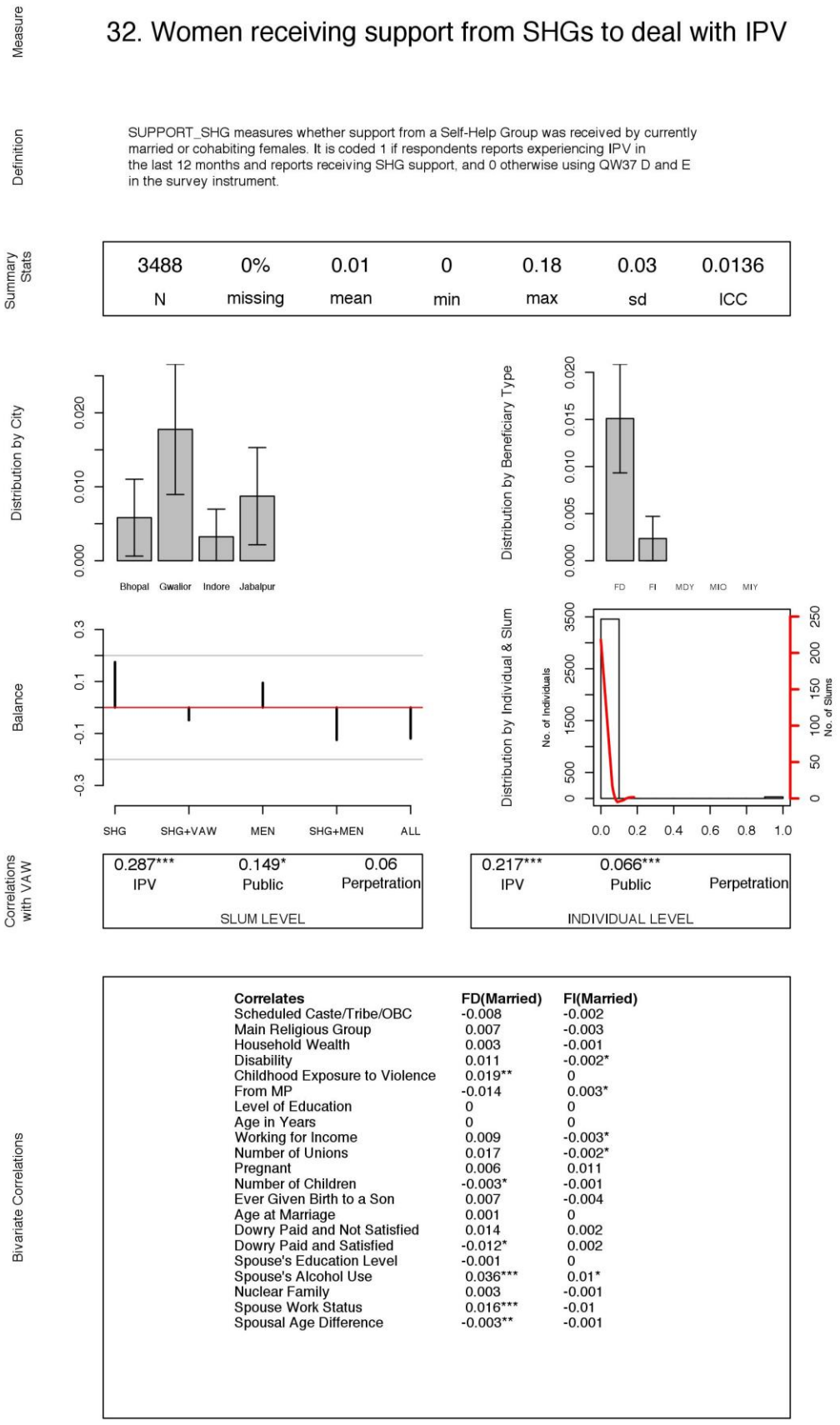
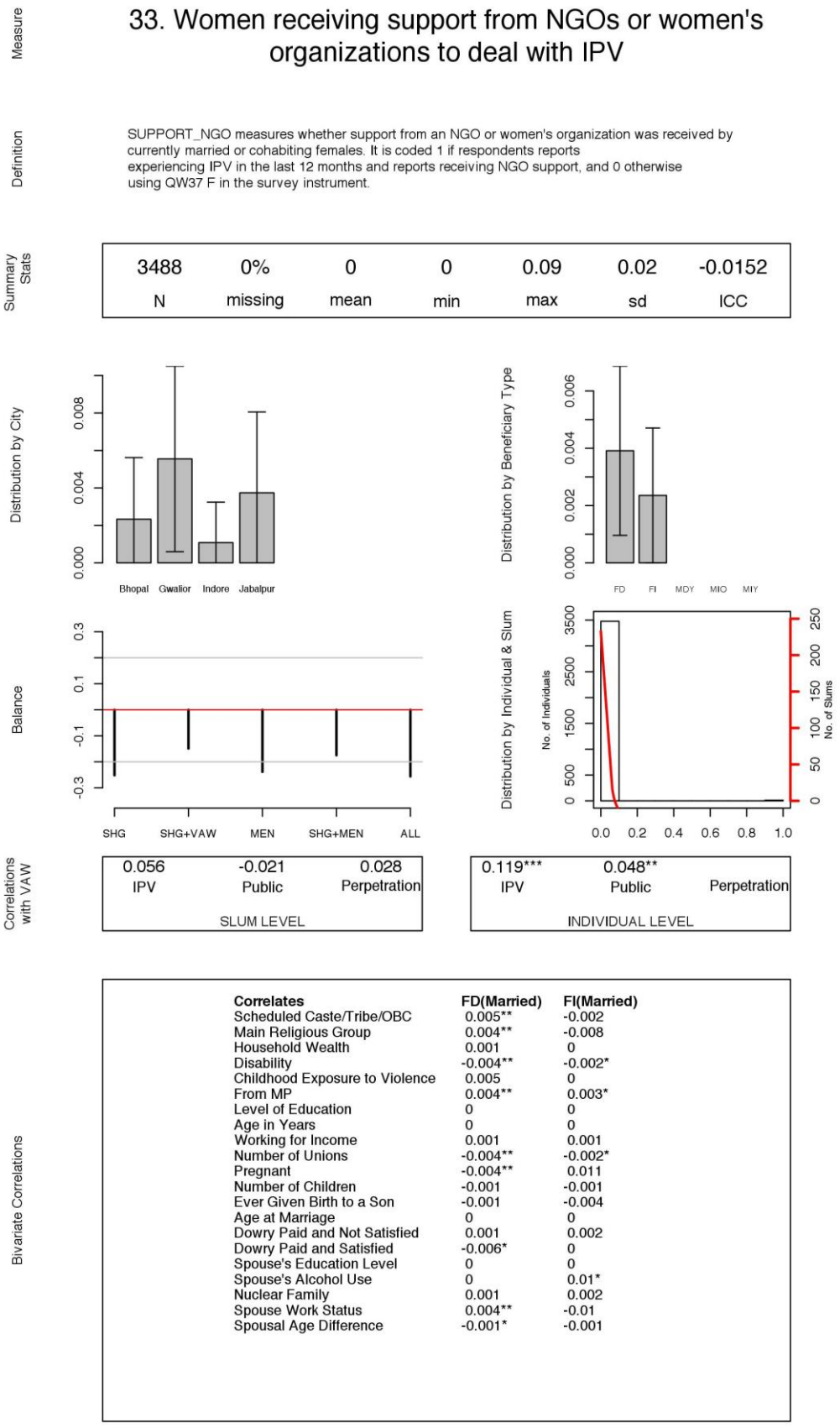


Figure 35 - Women receiving support from SHGs to deal with IPV



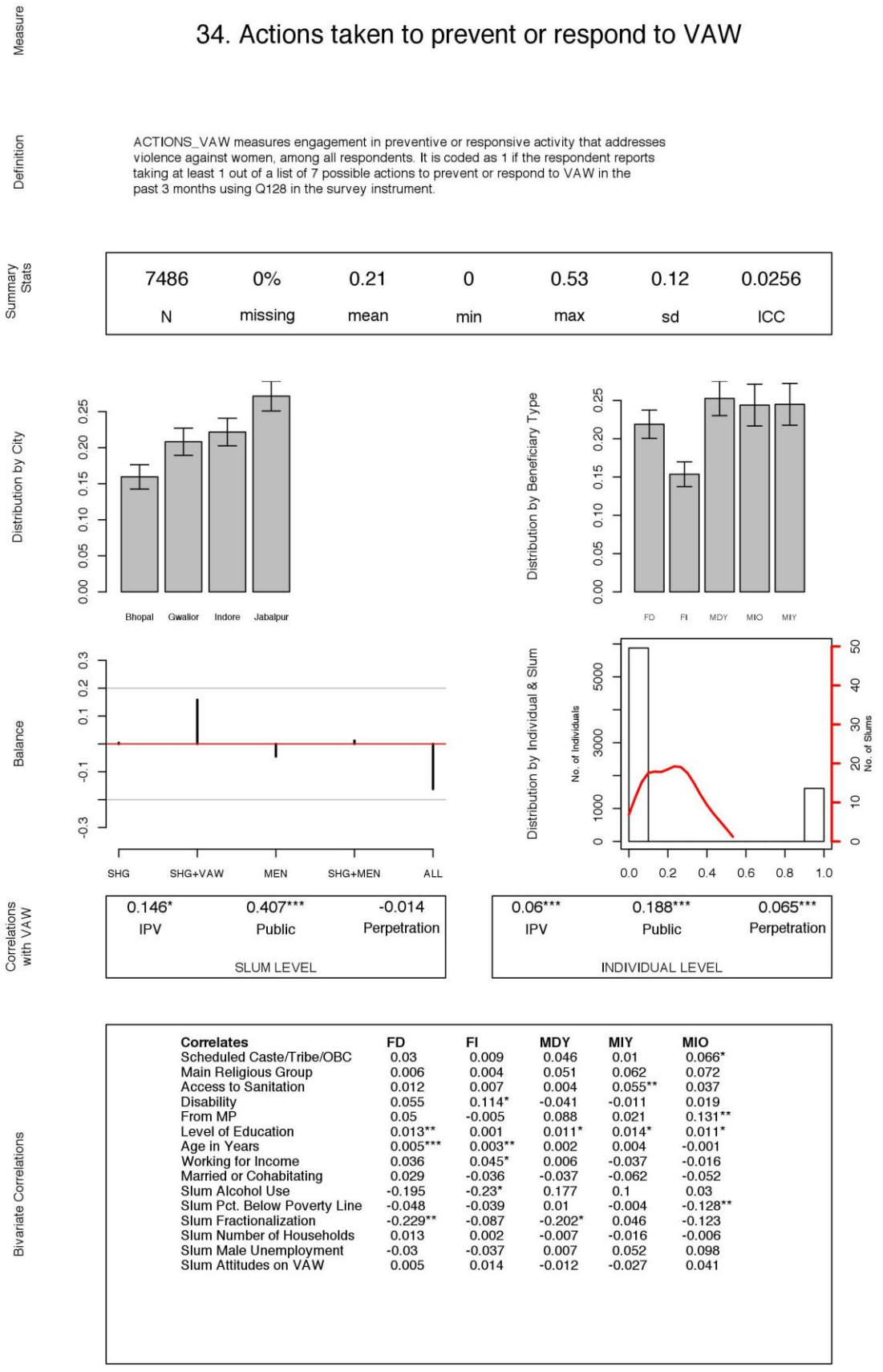
Correlates	FD(Married)	FI(Married)
Scheduled Caste/Tribe/OBC	-0.008	-0.002
Main Religious Group	0.007	-0.003
Household Wealth	0.003	-0.001
Disability	0.011	-0.002*
Childhood Exposure to Violence	0.019**	0
From MP	-0.014	0.003*
Level of Education	0	0
Age in Years	0	0
Working for Income	0.009	-0.003*
Number of Unions	0.017	-0.002*
Pregnant	0.006	0.011
Number of Children	-0.003*	-0.001
Ever Given Birth to a Son	0.007	-0.004
Age at Marriage	0.001	0
Dowry Paid and Not Satisfied	0.014	0.002
Dowry Paid and Satisfied	-0.012*	0.002
Spouse's Education Level	-0.001	0
Spouse's Alcohol Use	0.036***	0.01*
Nuclear Family	0.003	-0.001
Spouse Work Status	0.016***	-0.01
Spousal Age Difference	-0.003**	-0.001

Figure 36 - Women receiving support from NGOs or women's organisations to deal with IPV



Correlates	FD(Married)	FI(Married)
Scheduled Caste/Tribe/OBC	0.005**	-0.002
Main Religious Group	0.004**	-0.008
Household Wealth	0.001	0
Disability	-0.004**	-0.002*
Childhood Exposure to Violence	0.005	0
From MP	0.004**	0.003*
Level of Education	0	0
Age in Years	0	0
Working for Income	0.001	0.001
Number of Unions	-0.004**	-0.002*
Pregnant	-0.004**	0.011
Number of Children	-0.001	-0.001
Ever Given Birth to a Son	-0.001	-0.004
Age at Marriage	0	0
Dowry Paid and Not Satisfied	0.001	0.002
Dowry Paid and Satisfied	-0.006*	0
Spouse's Education Level	0	0
Spouse's Alcohol Use	0	0.01*
Nuclear Family	0.001	0.002
Spouse Work Status	0.004**	-0.01
Spousal Age Difference	-0.001*	-0.001

Figure 37 - Actions taken to prevent or respond to VAW



Correlates	FD	FI	MDY	MIY	MIO
Scheduled Caste/Tribe/OBC	0.03	0.009	0.046	0.01	0.066*
Main Religious Group	0.006	0.004	0.051	0.062	0.072
Access to Sanitation	0.012	0.007	0.004	0.055**	0.037
Disability	0.055	0.114*	-0.041	-0.011	0.019
From MP	0.05	-0.005	0.088	0.021	0.131**
Level of Education	0.013**	0.001	0.011*	0.014*	0.011*
Age in Years	0.005***	0.003**	0.002	0.004	-0.001
Working for Income	0.036	0.045*	0.006	-0.037	-0.016
Married or Cohabitating	0.029	-0.036	-0.037	-0.062	-0.052
Slum Alcohol Use	-0.195	-0.23*	0.177	0.1	0.03
Slum Pct. Below Poverty Line	-0.048	-0.039	0.01	-0.004	-0.128**
Slum Fractionalization	-0.229**	-0.087	-0.202*	0.046	-0.123
Slum Number of Households	0.013	0.002	-0.007	-0.016	-0.006
Slum Male Unemployment	-0.03	-0.037	0.007	0.052	0.098
Slum Attitudes on VAW	0.005	0.014	-0.012	-0.027	0.041

PART C: CONCLUSIONS

An overview of the findings from the baseline has already been provided in section 7 of the report. This final section therefore takes a step back from the individual findings to outline the broader conclusions that can be drawn from the baseline for the evaluation strategy.

The baseline has produced a wealth of valuable data which can be used to inform numerous decisions about plans for endline data collection and analysis. The data has also generated a range of findings of relevance to the delivery of the Safe Cities Initiative – and hopefully the development of other VAWG reduction programmes in India and elsewhere. Findings from the baseline have confirmed the need for both the Programme and for the evaluation.

An evaluation approach has been developed, which, as with any evaluation, particularly on a topic as sensitive as VAW, has limitations. However, **the selected approach will enable estimation of treatment effects at endline which will not only be attributable to the Programme as a whole, but to individual components of the Programme.**

The target sample for the survey was achieved, with the final distribution of respondents across beneficiary groups extremely close to the targets set. The vast majority of direct beneficiaries reported that they still intended to take part in the Programme, although a minority said that they were unlikely to. It will be important for the IP to follow up with these direct beneficiaries to determine if this is actually the case. **The random allocation of the 250 slums into the six treatment arms was also effective**, with considerable balance across the arms in terms of key socio-demographic characteristics and the measures to be used to assess primary, secondary and intermediate outcome. There are a small number of exceptions to this, which will need to be adjusted for in the endline analysis.

Differences between the direct and indirect beneficiaries were less pronounced than expected, increasing confidence in the likelihood that any treatment effects found for direct beneficiaries might also be obtainable for broader populations; moreover this gives more reason to expect that benefits will spread beyond the direct beneficiaries to those indirect beneficiaries in the wider slum population. Most of the differences that were detected were between female direct and female indirect beneficiaries, although these were not large or unexpected and therefore do not challenge assumptions in the Programme's theory of change.

Overall, the baseline presented a coherent picture, with a clear set of relationships consistently emerging from the data, including those between certain demographic characteristics and outcome variables – and between the outcome variables themselves.

However, **the baseline has also played an important role in highlighting a number of measures, methods and aspects of the theory of change that need to be revised before endline**, with the qualitative data playing a crucial role in supporting interpretation of the survey data. A considerable number of changes will need to be made (See appendix 17), and the baseline has clearly signalled a need to reduce the overall number of intermediate outcomes used in the evaluation.

Building on the baseline, a smaller set of outcomes and measures will need to be developed and piloted. Investment in a team of highly skilled enumerators with specialist skills in collecting sensitive data on VAW and the development of a broader range of data collection methods, including anonymous techniques will also be required.

In addition to the implications for specific measures, methods and approaches, **two overarching issues have emerged from the baseline which pose considerable challenges for the evaluation** and which warrant particular attention ahead of the endline.

First, weak correlations between boys' and men's reported perpetration of violence and harassment against women and girls and women's reported experience of violence and harassment have consistently emerged from the survey data. This challenges the assumption that boys and men often perpetrate violence and harassment in their home slum, and suggests that it may be the norm for boys and men to travel to different locations to perpetrate. While this was acknowledged as a possibility during the design of the Programme and the evaluation, the survey data suggests this could be more widespread than expected. This of course has implications for the Programme and the evaluation, both of which focus on 'the slum' as the treatment site.

It is possible that the weak correlations between reported perpetration and experience could in part be due to the fact that the survey questions on perpetration did not distinguish between perpetration of IPV and perpetration of violence and harassment in public spaces. Nevertheless, **these findings still prompt further consideration of *who* the indirect beneficiaries of the boys' and men's Life Skills Module are likely to be.** If a considerable proportion of boys and men are travelling outside their home slum to perpetrate, then women who live in their slum are unlikely to feel effects from the intervention in terms of experience of violence and harassment in public spaces. However, women living in slums where the Life Skills Module is being delivered may still benefit if the intervention encourages action against others who perpetrate. This places an emphasis on including questions in the endline survey which ascertain *where* violence and harassment is being perpetrated and experienced. In-depth qualitative work ahead of the endline to develop a clearer understanding of where men and boys tend to perpetrate violence and harassment will also be of considerable value.

Second, while obtaining accurate data on experience of VAW is acknowledged as a widespread challenge for all VAW-related studies and evaluations, **levels of VAW (both IPV and violence and harassment in public spaces) detected at baseline were considerably lower than expected.**

Although prevalence data from the baseline on physical IPV in the last 12 months was comparable to existing data for urban slums in Madhya Pradesh[35], levels were far lower than those found in other studies in India and elsewhere, particularly in terms of measures of VAW *ever* experienced by women in their lifetime.

Table 31 in appendix 13 shows that the identity of enumerators was not very strongly correlated with responses to perpetration or experience of violence. However, **underreporting by women in the baseline survey could reflect a general inability of enumerators to create a trusting environment in which women felt comfortable speaking to a stranger about their experiences** and overcome their reluctance to admit they had experienced violence or harassment.

[35] Data from NFHS-3 showed prevalence rates of experience of physical IPV in the last 12 months of approximately 15% compared to approximately 13% in the baseline data. This was not a statistically significant difference.

As outlined in section 9.6 (on women reporting their experiences of VAW to others), **the survey suggested that women tended not to report these experiences to those in an official capacity.** This is likely to have affected how comfortable women felt reporting their experiences to an enumerator.

The qualitative analysis supported the notion of considerable underreporting by female respondents in the survey with respect to their experience of physical and sexual IPV and violence and harassment in public spaces. The FGDs and KIIs suggested that underreporting was based on entrenched social norms, which blame women for the violence and harassment they experience, encouraging a sense of shame and discouraging openness in talking to others about it. The FGDs also highlighted pervasive norms which dictate that IPV is a 'family matter' which should not be discussed with others.

This possible underreporting will present challenges in interpreting any changes at endline, and especially the detection of treatment effects. Given the theory of change, it is likely that the Programme will influence the norms which dictate whether respondents are prepared to report experiences and perpetration. Any shifts in these norms are likely to affect what are considered to be socially desirable responses in the survey in different ways for women compared to boys and men.

Positive shifts in social norms which influence women to become more open about their experiences of violence or harassment are likely to make underreporting *less* common among female respondents. This would mean that reporting would increase and reporting bias would move in the *opposite* direction to intended treatment effects (i.e. of reducing prevalence of VAW). While this would imply a high degree of confidence in any reductions that *were* detected at endline, it also means that treatment effects would be underestimated.

Conversely, positive shifts in social norms, which mean that VAWG is considered less acceptable among community members, could cause underreporting to *increase* among boys and men, as it becomes less socially acceptable to admit to perpetrating violence or harassment. If so, reporting bias would move in the *same* direction as the desired treatment effects (i.e. reducing the amount of perpetration self-reported in the survey). Perpetration levels could therefore decrease in the survey without any real effect on actual levels of violence or harassment having occurred.

This places heavy emphasis on strengthening ability to interpret changes at endline. This will need to include the use of additional questions in the endline survey which seek respondents' own views on *changes* between baseline and endline and the use of anonymous data collection techniques, which are less sensitive to reporting biases. This also emphasises the need for behavioural measures to be used at endline. Measures which also provide a better understanding of whether – and how - social norms are shifting between baseline and endline will also be valuable.

Further qualitative work to better understand how the Programme is interacting with - and influencing - social norms which either encourage or discourage disclosure of certain experiences or behaviours would also be helpful in terms of informing the development of additional survey measures and in the interpretation of endline data.

Evaluation of the Safe Cities Initiative: Appendices to the baseline report

Appendix 1: References

1) Abramsky,T. et al. (2013). 'SASA! Baseline Report'. *Violence against Women*. 19.7: 814-832

2) Abramsky, T. et al. (2011). 'What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence.' *BMC Public Health*. 11:109.

3) The Association of Social Anthropologists (ASA). (1999). 'Ethical Guidelines for Good Research'.

4) Beattie, T.S., et al. (2010). 'Violence against Female Sex Workers in Karnataka state, South India: Impact on health and reductions in violence following an intervention program'. *BMC Public Health.*

5) Cochran, W.G. (1968). 'The effectiveness of adjustment by subclassification in removing bias in observational studies'. *Biometrics*. 295-313

6) Corstange, D. (2009). 'Sensitive questions, truthful answers? Modelling the list experiment with LISTIT.' *Political Analysis*. 17.1: 45-63.

7) Development Assistance Committee. (1991). 'DAC Principles for Evaluation of Development Assistance'. Organisation for Economic Cooperation and Development (OECD).

8) Development Assistance Committee. (1986). 'Glossary of Terms Used in Evaluation'. In *Methods and Procedures in Aid Evaluation*, Organisation for Economic Cooperation and Development (OECD).

9) Development Assistance Committee (DAC). (2000). 'Glossary of Key Terms in Evaluation and Results Based Management'. Organisation for Economic Cooperation and Development (OECD).

10) Decker, M.R. et al. (2009). 'Indian Men's Use of Commercial Sex Workers: Prevalence, Condom Use, and Related Gender Attitudes'. *Journal of acquired immune deficiency syndromes*. 53, 2: 240-246.

11) The DHS Program. (2013). 'Demographic Health Survey: Domestic Violence Module'. United States Agency for International Development (USAID).

12) DFID. (2014). 'A Summary of the Evidence and Research Agenda for What Works: A Global Programme to Prevent Violence against Women and Girls'. (2014). *What Works: To Prevent Violence*. Department for International Development (DFID).

13) DFID. (2011). 'Ethics, Principles for Research and Evaluation'.

14) Ellsberg, M. and Heise, L. (2005). 'Researching Violence Against Women'. World Health Organisation (WHO).

15) Fournier, M. et al. (1999). 'Estudio multcéntrico sobre actitudes y normas culturales frente a la violencia (proyecto ACTIVA): Metodología.' *Pan American Journal of Public Health*, 5.5: 222–231.

16) Fulu, E., Kerr-Wilson, A., and Lang, J. (2014). 'Evidence Review of interventions to prevent violence against women and girls'. *What Works to Prevent Violence Against Women and Girls*. DFID.

17) Gil-Gonzalez, D., et al. (2006). Alcohol and intimate partner violence: do we have enough information to act?' *European Journal of Public Health*. 16. 3: 278-284.

18) Guoping, H. et al. (2010). 'Relationship between recent life events, social supports, and attitudes to domestic violence: predictive roles in behaviors'. *Journal of interpersonal violence*, 25.5: 863–876.

19) Heise, L. (2011). 'What Works to Prevent Partner Violence: An Evidence Overview' *What Works: To Prevent Violence Against Women and Girls.* DFID.

20) Heise, L. and Fulu, E. (2014). 'State of the Field of Violence against Women and Girls: What do We Know and What are the Knowledge Gaps?' *What Works: to Prevent Violence Against Women and Girls.* DFID.

21) Jagori and UN Women. (2010). 'Safe Cities free of Violence against Women and Girls Initiative: Report of the Baseline Survey Delhi'.UN.

22) Johnson, M.P. (2005). 'The Differential Effects of Intimate Terrorism and Situational Couple Violence: Findings From the National Violence Against Women Survey'. *Journal of Family Issues*, 26.3: 322–349.

23) Indian Penal Code. (1860). 'Chapter 23: Cruelty by Husband or Relatives of Husband'.

24) McKenzie, D. (2012). 'Development Impact. Tools of the Trade: Intra-Cluster Correlations'. *The World Bank.* Available at: http://blogs.worldbank.org/impactevaluations/tools-of-the-trade-intra-cluster-correlations

25) Indian Ministry of Home Affairs Census Bureau. (2011). 'Census of India'.

26) Indian Ministry of Health and Family Welfare. (2005-06). 'National Family Health Survey'. (NFHS-3).

27) Indian Ministry of Law and Justice. (2005). 'No.43: The Protection of Women from Domestic Violence Act'.

28) National Committee for Ethics in Social Science Research in Health (NCESSRH). (2003) 'Ethical Guidelines for Social Science Research in Health'. Section 4.2.8.

29) Roychowdhury, P. (2014). 'Gender Based Violence: An index of "tradition" or social Change?' Gender and Society: *Sociologists for Women in Society website.*

30) Remme, M., et al. (2014). 'Approaches to assess value for money and scale up of Violence Against Women and Girls prevention: A Summary of the Evidence'. *What Works: To Prevent Violence Against Women and Girls.* DFID.

31) Social Development Direct. (2011). Research Principles and Practices (unpublished)

32) Social Development Direct. (2011) Child Protection Policy (unpublished)

33) Verma, R. and M. Collumbien. (2003). 'Wife beating and the link with poor sexual health and risk behaviour among men in urban slums in India'. *Journal of Comparative Family Studies.* 34.1: 61-74.

34) United Nations Entity for Gender Equality and the Empowerment of Women. (2011). 'UN Women Safe Cities Free of Violence against Women and Girls Global Programme: Impact Evaluation Strategy'. UN.

35) Vyas, S. and C. Watts. (2008). 'How does economic empowerment affect women's risk of intimate partner violence in low and middle income country settings? A systematic review of published evidence'. *Journal of International Development*. 21:5, 577-602.

36) World Health Organisation (WHO). (2001). 'Putting Women First: Ethical and Safety Considerations for Research on Domestic Violence against women'. WHO.

Appendix 2: Ethical guidelines for the evaluation

Table 17 below outlines the ethical guidelines which were developed during the inception phase for the evaluation, and which have been used by all team members to guide delivery of the baseline.

Table 17 - Ethical guidelines for the evaluation of the Safe Cities Initiative (see following page)

Sources of suggested practice	Our approach
WHO (2001) Putting Women First: Ethical and Safety Considerations for Research on Domestic Violence against women – pages 10, 12-13. 22-23 http://whqlibdoc.who.int/hq/2001/WHO_FCH_GWH_01.1.pdf [India] National Committee for Ethics in Social Science Research in Health (NCESSRH) (2003) Ethical Guidelines for Social Science Research in Health - sections 4.1 http://www.fabtp.com/wp-content/uploads/2010/07/NCESSRH-Guidelines.pdf *The Association of Social Anthropologists (ASA)* Ethical Guidelines for Good Research – section 1.2 on "Anticipating Harms" http://www.theasa.org/ethics/Ethical_guidelines.pdf Social Development Direct's "Child and Vulnerable Adults Protection Policy"	1. Research assistants (RAs) will be trained to put the safety of participants as the main priority for the evaluation, to treat them with respect and sensitivity, and to be acutely aware of the risks of participation in the survey and other data collection methods and possible retaliatory action by perpetrators. 2. The evaluation will be framed and presented to community members as a general "safety and welfare survey" where men/boys and women will be asked about their lives in their colonies. This will also enable respondents to explain the survey to others safely. 3. Survey questions about violence will be worded sensitively with interviewer scripts to carefully introduce sections about violence, forewarn the respondent about the nature of the questions and give them the opportunity to stop the interview, or not to answer these questions. 4. Only one woman will be interviewed from each household and we will not interview women and men/boys from the same household. 5. We will aim for the survey interview to be conducted in a private space. As this is a household survey, we recognise the difficulty of people achieving privacy in small homes which are of poor quality. 6. RAs will be trained to terminate or change the subject of discussion if the interview is interrupted by anyone. They will also forewarn the respondent of this approach. 7. RAs will be trained to detect signs of distress or trauma and to pause or stop the interview or discussion and provide information on support services on where the respondent can get help. 8. All respondents will be given a information card with numbers of local support services (at city and where possible, ward or colony level) for women at risk and VAWG survivors. This card will also include a range of other services, so it will not arouse suspicion if seen by another family or community member. Researchers will point one main VAW service provider out on the list to respondents who are illiterate. The research team will brief all of the main VAW service providers on the list and ensure they are ready to be contacted as needed. 9. There will be a clear procedure for handling cases where an RA is concerned that a respondent or a child under 18 is at risk of serious harm. Following discussion and agreement with the young person themselves, the concern will be reported to the Field Supervisor (FS) and in turn to the Research Manager and National Consultant for a joint decision. We acknowledge that this communications chain involves several steps, but each case will be addressed urgently. The case will be reported to a local service provider (e.g. shelter or specialist NGO) where it is judged that this will reduce - not increase - harm to the respondent. This will be done after careful consideration. Judgments will be made on a case by case basis depending on the case and the availability of local service providers that can genuinely help those at risk, not endanger them further. We do not propose identifying professional counsellors to accompany the evaluation team, but will make contact with existing local service providers.
The Association of Social	1. RAs will read out a consent form in Hindi and ask all participants to provide verbal

Anthropologists (ASA) Ethical Guidelines for Good Research – section 1.4 on "Negotiating Informed Consent" http://www.theasa.org/ethics/Ethical_guidelines.pdf WHO (2001) Putting Women First: Ethical and Safety Considerations for Research on Domestic Violence against women – page 12 http://whqlibdoc.who.int/hq/2001/WHO_FCH_GWH_01.1.pdf (India) National Committee for Ethics in Social Science Research in Health (NCESSRH) (2003) Ethical Guidelines for Social Science Research in Health - section 4.2 http://www.fabtp.com/wp-content/uploads/2010/07/NCESSRH-Guidelines.pdf	consent to take part in the evaluation. Participants will not be asked to sign the consent form (in order to avoid any anxiety this might cause, particularly if the participant cannot read or read very well). A copy of the consent information read out to participants will NOT be left with them, in case this is read by others. The information provided to the participants will include: - The purpose of the evaluation - Identity / contacts for researchers and sponsor - Why the individual has been selected for participation - What participation in the evaluation will entail - Any risks or benefits of the evaluation - Provisions for privacy, confidentiality and anonymity and any limitations - Future use of information - Right not to participate and to withdraw at any point 2. In order to gain access to the household to conduct the survey, permission may also be required from other household members. This is likely to include husbands, fathers, mothers and mothers-in-law. Although formal consent will not be sought from these other family members, RAs will be provided with a script to use to explain the evaluation to other household members, as necessary, and will be briefed on asking them for permission to enter and conduct interviews in the household. 3. RAs will request additional consent in FGDs and KIIs for use of voice recorders.
(India) National Committee for Ethics in Social Science Research in Health (NCESSRH) (2003) Ethical Guidelines for Social Science Research in Health - section 4.2.8 http://www.fabtp.com/wp-content/uploads/2010/07/NCESSRH-Guidelines.pdf *"Informed consent in the case of research with children (below the age of fourteen years) should be sought from the parents/guardians as well as the children themselves. Where the parents/guardians consent to participate, and the children have declined, the rights of the children should be respected. The consent from parents/ guardians should be waived only in special cases such as child abuse."*	1. RAs will request informed verbal consent from 15-17 year olds themselves, taking care not to put children under any pressure to give this (this will include the information outlined in the previous section above). 2. We will not seek consent of parents or caregivers for the participation of respondents aged 15-17 years. However, as noted in the previous section, permission to enter the household and interview household members will also be sought from heads of household/ other household members as necessary. 3. We will ensure the format, accessibility and content of the information and consent form is appropriate for 15-17 year olds. 4. Additional explanations will be provided by RAs as necessary.

Social Development Direct's "Child and Vulnerable Adults Protection Policy"	1. All RAs will receive basic training in child protection. 2. As above, informed consent will be asked of all children and additional explanations and support provided as needed.
WHO (2001) Putting Women First: Ethical and Safety Considerations for Research on Domestic Violence against women – pages 17-18 http://whqlibdoc.who.int/hq/2001/WHO_FCH_GWH_01.1.pdf (India) National Committee for Ethics in Social Science Research in Health (NCESSRH) (2003) Ethical Guidelines for Social Science Research in Health - sections 3.4, 4.3 http://www.fabtp.com/wp-content/uploads/2010/07/NCESSRH-Guidelines.pdf *The Association of Social Anthropologists (ASA)* Ethical Guidelines for Good Research – section 1.5 http://www.theasa.org/ethics/Ethical_guidelines.pdf	1. No names, addresses or other details that could allow identification of respondents will be recorded in the completed survey or in FGD notes and transcripts. In surveys and notes all respondents will be distinguished by a unique identifier code. 2. In FGDs, Field Investigators (FI) will be instructed not to mention identifiable names during the discussion. 3. In order to respect confidentiality and minimise the risk of harm, field investigators will state at the beginning of FGDs that they are not asking participants to talk about personal experiences (unless it is a group of individuals, like SHG, who already know each other, and feel comfortable talking about personal experiences together). 4. Key informants are always harder to anonymise in studies of this kind as findings will generally need to be quoted with reference to the kind of informant. During KIIs, RAs will be instructed to carefully check which information may be attributed and which is off the record or anonymous. Where appropriate, names will be withheld or changed. 5. As with all data files, audio files will be kept securely (password-protected on a secure server, CDs or devices locked in a secure cabinet) and no record of the respondents' names or addresses will be kept with the file, but unique identified codes will be used. 6. A separate record will be kept which links individual respondents' names and contact details to their unique identifier code (this is needed due to the fact that these are panel surveys and respondents need to be contacted again for the endline research). This will be a password protected file, accessed only be the FS and Research Manager. Following each survey round, this record will only be kept by the Research Manager on a secure server and deleted from FS' computers. 7. All researchers will receive training and detailed instructions on the importance of maintaining confidentiality and these procedures for doing so. 8. No researchers will conduct interviews in their own community or with people they know personally. 9. All respondents will be informed about the principle and limits of confidentiality and those who request more information will be informed about these procedures. The limits to confidentiality will be clearly defined and explained to respondents. Confidentiality will only be broken in a case where the respondent or a child under the age of 18 is judged to be at risk of serious harm (see section on "do no harm" above). 10. Care will be taken in both analysis and write-up stages to ensure that informants are referred to by code number or in generic terms (e.g. women, aged 17, Bhopal).
WHO (2001) Putting Women First: Ethical and Safety Considerations for Research on Domestic Violence against women – pages 19-20	1. All researchers will be carefully selected and screened for negative attitudes towards women and VAWG. 2. All researchers will receive training in all of the ethical issues and procedures, this will include discussion around possible scenarios which the researchers might

http://whqlibdoc.who.int/hq/2001/WHO_FCH_GWH_01.1.pdf (India) National Committee for Ethics in Social Science Research in Health (2003) Ethical Guidelines for Social Science Research in Health - section 3.3 http://www.fabtp.com/wp-content/uploads/2010/07/NCESSRH-Guidelines.pdf	encounter to make the training more tangible. 3. All researchers will receive specialized training on women's rights, child protection, VAWG, which will provide a mechanism for them to overcome their own biases, fears and stereotypes regarding the status of women and girls and VAWG survivors. The training will also provide opportunity for them to address any personal experiences of abuse. 4. More researchers than we need will be trained so that we can select only those which demonstrate an understanding of the ethical issues and do not demonstrate biases or negative attitudes which suggest they may undermine data collection and risk doing harm to others.
WHO (2001) Putting Women First: Ethical and Safety Considerations for Research on Domestic Violence against women – page 10 http://whqlibdoc.who.int/hq/2001/WHO_FCH_GWH_01.1.pdf	1. Researchers will work in teams of 5 (1 FS and 4 FIs) with at least 2 researchers in close proximity at any one time. The FS will maintain a record sheet of the interview schedule with information about where each researcher is at any one time. 2. All researchers will carry mobile phones with the contact details of other team members and key numbers, such as local police. 3. Researchers' safety will take precedence over the research and researchers will be instructed to terminate interviews or other fieldwork if they feel their safety is at risk. 4. Researchers will be briefed on practices to support one another during the research process. 5. Research teams will hold debriefing sessions at least once a week specifically to discuss their interview experiences and emotional responses to the research. In a case of acute distress or trauma, the researcher will be advised to take a break, and/or terminate their role and/or be referred to a counselor.
Social Development Direct – research principles and practices	1. Research questions will be phrased in appropriate and accessible language and asked in Hindi. 2. Researchers will provide any clarifications or explanations needed by respondents, taking care, however, not to influence answers. 3. FGDs will all be same sex. 4. In FGDs, careful facilitation and a mix of methods will be used (e.g. discussion and participatory exercises) to enable participation of all participants. 5. Each FGD participant will be given appropriate compensation for any transport costs plus refreshments. 6. Short summary publications will be produced in Hindi to highlight findings following analysis of the endline data and production of the final report. Disseminating findings at baseline could affect reporting at endline and undermine the evaluation. We are currently considering the best way for these to be made available to respondents, for example through programme staff and community-based organisations. This will be discussed with DFID and the IP, including way which findings could be shared with those who are illiterate.
WHO (2001) Putting Women First: Ethical and Safety Considerations for	1. The survey instrument will be based on best practice, tried-and tested questions about prevalence, frequency and severity of public and private violence (e.g.

Research on Domestic Violence against women – pages 14-16 http://whqlibdoc.who.int/hq/2001/WHO_FCH_GWH_01.1.pdf	specific questions) to try to capture the levels of violence as accurately as possible and avoid under-reporting. 2. All data collection tools with be field-tested to check for errors, inappropriate questions and impacts on respondents. 3. Female researchers will interview female respondents as experience shows that the sex of the interviewer has an impact on survey responses and reporting of violence. 4. Researchers will be trained in techniques to interview respondents in a sensitive and respectful manner, and inspire trust, so under-reporting is less likely. 5. Data will be checked and cleaned on a daily basis to minimise potential errors. 6. Data will be collected from different sources (e.g. survey, FGDs, KIIs) to cross-check and triangulate data and increase the likelihood of making accurate assessments.
Social Development Direct – Research Principles and Practices (unpublished)	1. Ethical principles that have informed our approach to control groups are: - There should be no deception about their involvement in the evaluation - Participants should not experience any harm through inclusion in the control group - Participants should benefit from being part of the control group - The benefits from having a control group should outweigh risks. 2. Our approach therefore involves: - Recognising that all colonies will potentially receive benefits from activities at city and state level during the programme - Recognising that colonies in the control group could *potentially* benefit from the upscaling of interventions found to be effective by the evaluation; - Applying all ethical practices outlined in this document equally to treatment and control groups, including readiness to provide support and referral to other agencies. 3. Control and treatment groups will be randomly selected after baseline data collection, so all survey respondents interviewed at baseline will not know whether they will be in the treatment or control groups. They will all have the same chance of being in either treatment or control. This means that they will have provided consent knowing there is a chance they might directly benefit from the programme, but equally a chance they they may not benefit. 4. The measures that will be gathered through this evaluation are the same/ similar to those that are routinely gathered in other surveys, for example DHS survey where there is no intervention at all. We therefore do not plan any additional activities to protect respondents in control groups: for the purpose of this evaluation, they will be treated the same as those in the treatment groups. 5. Given that the evaluation team will primarily be engaging with the 'direct beneficiaries' in treatment and control who are taking part in this evaluation, we will have very limited contact with members of the SHGs and men and boys' groups more widely. As such, we are relying on the IP to explain the evaluation to this wider group, to explain that by taking part in the programme they are agreeing to participate in an RCT and to seek their consent for this. The IP has been fully briefed on the purpose of the evaluation and the methods to be used so they can provide this information to those participating in the programme.

Appendix 3: Discarded designs

Table 18 outlines the main alternative designs for the RCT which were considered and maps out their benefits, as well as the reasons why each of these were rejected in favour of the selected design.

Table 18 - Alternative designs considered for the RCT

Alternatives considered	Benefit	Reason for rejection
1. Different randomisation schemes		
Use the SHG as the unit of randomisation.	Increase in statistical power and improved ability to assess spillover effects.	The men and boys groups would not be directly linked to the SHGs, so the randomisation would only be relevant for the women's interventions. Concern that within slum targeting would be imperfect and spillovers within slums would be too great.
Use "slum pockets" containing an SHG and a boy's sports club as a unit of randomisation.	As above.	The SHGs and men and boys' groups would not necessarily be geographically close together within the slum and group members could travel from anywhere in the slum to participate in them. The actual location of the group meeting within the slum is therefore less relevant. Identifying pre-existing groups appeared difficult.
Vary the intensity of the interventions (e.g. either one or two SHGs per slum).	Ability to draw controls from within treatment slums in order to allow for the treatment of all 250 slums, while still allowing for the assessment of spillover effects.	Importance of a pure control group to estimate total effects.
Use a three or four arm designs rather than factorial design.	Greater freedom to tailor an integrated intervention (rather than just combining separate interventions)	Weaker statistical power.
2. Identifying indirect beneficiaries in different ways		
As individuals within the immediate geographic vicinity ("slum pocket") of the directly treated population.	Potential to capture effects on a more specific indirect beneficiary group, rather than the slum population generally.	As noted above, group members could travel from any part of the slum to participate and the geography of the actual meeting is likely to be less relevant.
Individuals within the families or social networks of the directly treated population.	Ability to capture effects of direct beneficiaries' exposure to the initiative on their immediate family members, neighbours etc, based on a theory of change where the transmission channels are through these existing relationships.	Concern about the safety of participants in the evaluation if more than one household member was interviewed. In addition, the theory of change for the Safe cities Initiative is based on work with groups being an entry point to wider community engagement and dialogue. As such the initiative involves many

		activities at community level which are targeted at the general slum population.
3. Generating the boys' and men's groups through different processes		
Forming them using "seeds" from the baseline survey.	Groups would be representative of the population.	Artificial groups may not have the properties needed for an effective intervention.
Relying on pre-existing sports groups.	Potential to build on established groups in order to maximise programme effects and reduce risk of attrition.	Decision made by the implementation team: sports – or other groups – were unlikely to exist across the 250 slums, so the creation of new groups was the only viable option that would ensure consistency.
Creating them from volunteers from the network of women in SHGs.	Creating a direct link between the SHGs and men and boys' groups, building on existing relationships in order to potentially maximise programme effects.	Concern about the safety of participants in the evaluation if more than one household member was interviewed.

Appendix 4: Hypotheses, outcomes and survey questions

Table 19 below provides a mapping of the evaluation hypotheses, outcomes from the Programme's theory of change and the relevant questions in the survey instrument.

Table 19 - Mapping of hypotheses outcomes and survey questions

Hypotheses	Primary, secondary and intermediate outcomes	Survey questions
H1-6	Experience of physical IPV	QW30
	Experience of frequent physical IPV	QW30
	Experience of severe physical IPV	QW30
	Experience of sexual IPV	QW30
	Experience of frequent sexual IPV	QW30
	Experience of emotional abuse by an intimate partner	QW30
	Experience of controlling behaviours by an intimate partner	QW29
	Experience of violence and harassment in public spaces	QW13
	Experience of frequent violence and harassment in public spaces	QW13
H1-6	Perpetration of violence and harassment against women and girls	QM19 – QM23
H4-7	Women's feelings of safety in public spaces	Q64
	Women's feelings of safety in their home	Q53
H4-6, H13	Perception that women are to blame for violence and harassment in public spaces	Q105
	Perception that women sometimes deserve to be beaten by their husbands	Q73
	Perception that women are obliged to have sex with their husbands even if they don't feel like it	Q83
H4-6, H11	Alcohol consumption on a regular basis among boys and men	QM3
	Alcohol-related IPV	QW31
H4-6, H10, H12	Women earning their own income	Q19
	Women's control of their income	Q20
	Women's role in household decision-making	Q51
H4-6, H8	Women's mobility inside the slum during the day	Q66
	Women's mobility inside the slum at night	Q67
	Women's mobility outside the slum	Q62
	Women needing permission to leave the home	Q52
H4-6, H14	Knowledge of women's legal rights	Q11, Q13-Q16
	Understanding that IPV has emotional consequences for women	Q110
	Perception that society's tolerance of violence is a cause of violence in the home	Q108
H4-6, H15	Reporting IPV to the police	QW35
	Reporting violence and harassment in public spaces to the police	QW35

	Reporting IPV to SHGs	QW35
	Women receiving support from SHGs to deal with IPV	QW37
	Women receiving support from NGOs or women's organisations to deal with IPV	QW37
	Actions taken to prevent or respond to VAWG	Q128

Appendix 5: Qualitative measures at baseline

Table 20 summarises the qualitative measures that were used at baseline to inform the FGD and KII guides.

Table 20 - Qualitative measures at baseline

Hypotheses	Area of the theory of change	Qualitative measures at baseline
H1-6	Experience of IPV and/or violence and harassment in public spaces	Proportion of women who experience violence in the home and in public spaces (participatory bead exercise); The most common types of harassment faced by women when in public spaces; The most common types of problems faced by women and girls inside their homes.
H1-6	Perpetration of violence and harassment against women and girls	Reasons why some boys/ men *do not* harass women in the streets.
H4-7	Women's feelings of safety in the home and in public spaces	Participatory mapping exercise on where women and men feel safe/ unsafe in their slum.
H4-6, H13	Attitudes to violence	Reactions within the community to men who harass women in public spaces.
H4-6, H11	Alcohol consumption and alcohol-related violence	NB: these measures also relate to the causes of violence against women. Reasons why some men harass women in public spaces in this slum; Reasons why some men beat their wives; The three main causes of VAW (participatory ranking exercise).
H4-6, H8	Women's mobility and use of public spaces, especially at night	Places where women/ men go during the day and at night (participatory mapping exercise).
H4-6, H14	Knowledge and understanding of women's rights and the causes and consequences of VAWG	Consequences of harassment in public spaces for women; Consequences of wife beating for women.
H4-6, H15	Reporting, support and action to prevent and respond to VAWG	Women's reactions when they are harassed by men in public spaces. Women's reactions when they are beaten or abused by their husbands. Recent initiatives in the slum to address violence against women; Action by SHGs on violence against women.

Appendix 6: Strategies to address attrition and noncompliance

In the context of this study, attrition will arise if it is not possible to follow-up with individual respondents. However, the power of the study is far more sensitive to the number of clusters (slums) in each treatment arm than the number of individuals in each cluster. Therefore marginal attrition of individuals from the study is unlikely to threaten power to detect effects on outcome measures.

However, such attrition during the study period does raise concerns about measurement error. As long as attrition is unrelated to treatment assignment (and there is no reason to expect otherwise), **inverse probability weighting** can be employed, which will involve replacing missing respondents with copies of observed respondents and weight all observations with the inverse probability that a respondent with a certain set of baseline characteristics is non-missing.

Depending on attrition rates, an additional data collection strategy could be considered, allocating resources to follow up and obtaining data from a randomly selected subset of individuals with missing data.

On the other hand, individuals' refusal to participate in the programme or their migration between slums raises concerns about **compliance with treatment status** e.g. if individuals migrate between slums that are assigned to different treatment/control arms this will create non-compliance at the individual level. In this case, in addition to the primary tests of treatment effect based on assignment to treatment status (ITT: Intent to Treat effect), the effect of treatment based on compliance with treatment status (CACE: Complier Average Causal Effect) can also be reported.

Appendix 7: KIIs conducted at baseline

Table 21 - KIIs conducted at baseline

City	Position and Organisation	Sex
Jabalpur	Nodal Officer, Jabalpur Municipal Corporation (ULB)	M
Jabalpur	Community Development Officer, Jabalpur Municipal Corporation (ULB)	F
Jabalpur	Protection Officer (of ICDS Department), Department for Women and Child Development (WCD)	M
Jabalpur	Sub Inspector, Mahila Thana (Women's Police Station), Jabalpur	F
Jabalpur	Counselor (Prayas Privar Pramarsh Kendra)	F
Jabalpur	Freelance Journalist	M
Jabalpur	Ward Councillor, ULB, Ward number 25, Rajiv Gandhi Ward	M
Jabalpur	CSA Team Member (Project Assistant, Shitij)	M
Jabalpur	CSA Manager (Project Coordinator, Shitij)	M
Jabalpur	GHK Nodal Officer (Community Mobilisation Expert)	M
Gwalior	Nodal Officer, Gwalior Municipal Corporation (ULB)	M
Gwalior	Community Development Officer, Gwalior Municipal Corporation (ULB)	M
Gwalior	Protection Officer (of ICDS Department), Department for Women and Child Development (WCD)	M
Gwalior	Police Assistant Thana in Charge, Kampoo, Gwalior	F
Gwalior	Counselor (Prayas Parivar Paramarsh Kendra), Centre for Integrated Development, Gwalior	F
Gwalior	Freelance Journalist	M
Gwalior	Ward Councillor, ULB, Ward no.18, Municipal Corporation, Gwalior	F
Gwalior	GHK Nodal Officer (Community Mobilisation Expert)	M
Indore	Deputy Commissioner and Nodal Officer, Indore Municipal Corporation (ULB)	M
Indore	Community Development Officer, Indore Municipal Corporation (ULB)	F
Indore	Protection Officer, Rajkiya Bal Sanrakshan Ashram, Indore	M
Indore	Police Sub Inspector, Women Help Desk, Aerodrome	F
Indore	Counselor, Women's Shelter Home, Kasturba Gandhi Memorial Trust and consultant to WCD	F
Indore	Journalist, Times of India	F
Indore	GHK Senior Community Development Expert	M
Indore	Ward Councilor (Bajranjpura Ward, Indore)	F
Bhopal	Commissioner, UADD	M
Bhopal	Addl Commissioner and Nodal Officer, Bhopal Municipal Corporation (ULB)	M
Bhopal	Community Development Officer, Bhopal Municipal Corporation (ULB)	F
Bhopal	District Protection Officer, Bhopal	M
Bhopal	Police AIG, Mahila Thana, Bhopal	F
Bhopal	Counselor (Prayas Privar Pramarsh Kendra), Mahila Thana	F

Bhopal	Ward Councillor, ULB (Ward 24)	F
Bhopal	GHK Sr. Community Development Expert, Bhopal	M

Appendix 8: Means and standard deviations on correlates for each beneficiary group

Table 22 presents the distribution of socio-demographic characteristics (correlates) for each of the four beneficiary groups.

Table 22 - Distribution of socio-demographic characteristics across beneficiary groups

	Female Direct (18-49 years)		Female Indirect (18-49 years)		Male Direct (15-25 years)		Male Indirect (15-25 years)		Male Indirect (26-49 years)	
Correlates	MEAN	SD	MEAN	SD	MEAN	SD	MEAN	SD	MEAN	SD
Scheduled Caste/Tribe/OBC	0.82	0.38	0.84	0.36	0.84	0.37	0.81	0.39	0.82	0.38
Main Religious Group	0.87	0.33	0.87	0.34	0.86	0.34	0.87	0.34	0.87	0.34
Household Wealth	-0.06	1.63	-0.16	1.73	0.2	1.71	0.13	1.82	0	1.8
Disability	0.05	0.21	0.04	0.19	0.05	0.22	0.06	0.25	0.09	0.28
Childhood Exposure to Violence	0.55	0.5	0.55	0.5	0.74	0.44	0.74	0.44	0.72	0.45
From MP	0.91	0.29	0.9	0.3	0.98	0.15	0.96	0.2	0.93	0.25
Level of Education	2.95	2.53	3.12	2.68	5.23	2.12	5.08	2.29	4.15	2.61
Age in Years	34.45	7.45	31.22	8.15	20.6	4.21	20.74	3.1	36	7.3
Working for Income	0.36	0.48	0.2	0.4	0.52	0.5	0.53	0.5	0.91	0.28
Number of Unions	0.98	0.24	0.92	0.32	0.13	0.35	0.16	0.38	0.92	0.38
Pregnant	0.03	0.16	0.04	0.2	NA	NA	NA	NA	NA	NA
Number of Children	2.79	1.76	2.24	1.59	0.16	0.68	0.15	0.58	2.26	1.62
Ever Given Birth to Son	0.84	0.37	0.71	0.46	NA	NA	NA	NA	NA	NA
Age at Marriage	17.94	2.78	18.31	2.76	21.17	2.58	21.03	2.23	22.33	3.75
Dowry Paid and Not Satisfied	0.11	0.31	0.13	0.33	NA	NA	NA	NA	NA	NA

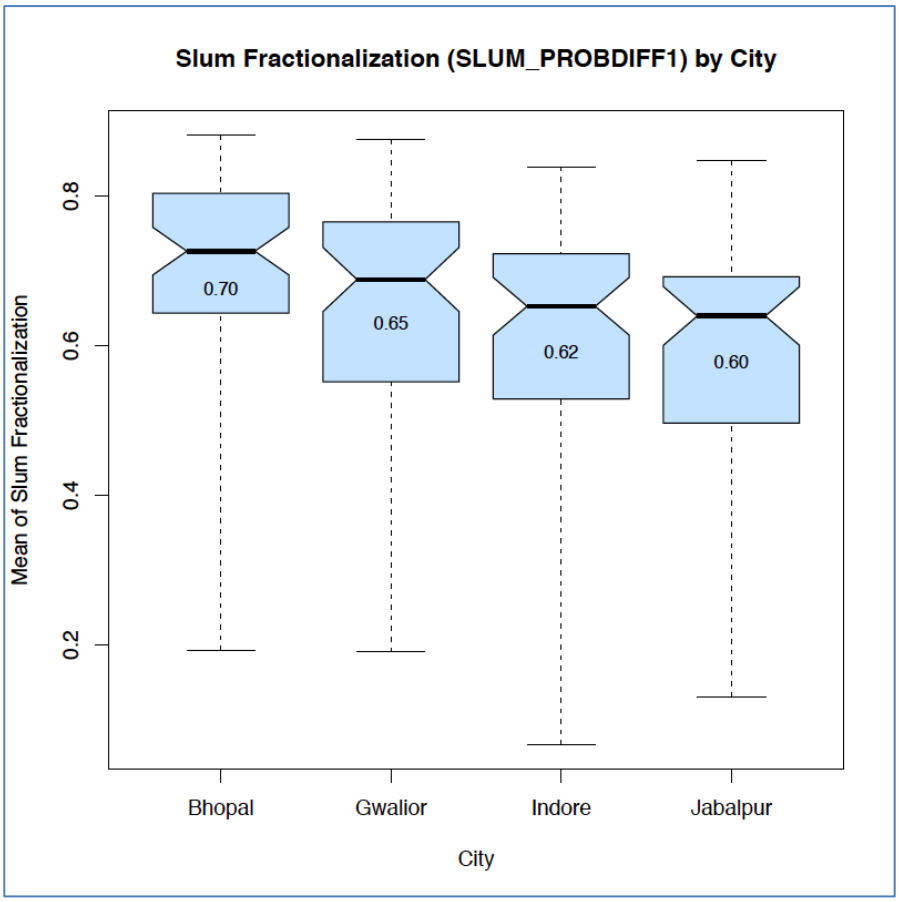
Dowry Paid and Satisfied	0.47	0.5	0.44	0.5	NA	NA	NA	NA	NA	NA
Spouse's Level of Education	3.65	2.41	3.82	2.58	3.31	2.57	3.79	2.61	2.71	2.61
Husband's Alcohol Use	0.26	0.44	0.24	0.42	NA	NA	NA	NA	NA	NA
Nuclear Family	0.66	0.47	0.6	0.49	0.19	0.39	0.18	0.38	0.55	0.5
Spouse Work Status	0.95	0.22	0.95	0.22	0.06	0.24	0.04	0.2	0.13	0.34
Age Difference from Husband	3.74	3.29	3.56	2.99	NA	NA	NA	NA	NA	NA
Marital Status	0.9	0.3	0.85	0.36	0.12	0.33	0.15	0.36	0.88	0.33
Access to Sanitation	1.15	0.7	1.13	0.71	1.22	0.66	1.17	0.68	1.17	0.68
Own Alcohol Use(Men)	NA	NA	NA	NA	0.05	0.21	0.06	0.25	0.2	0.4
Attitude to VAW	1.51	1.41	1.43	1.42	2.08	1.33	2.11	1.32	2.15	1.31

Appendix 9: Measures of slum fractionalisation

Slum fractionalisation (SLUM_PROBDIFF1) (referred to as 'slum diversity' in the main report) provides a measure of internal diversity: it measures the average probability that respondents in a slum are different from one another in terms of religion (Hindu, Muslim, Buddhist, Sikh, Christian, Jain, Parsi, or No religion), caste (Schedule Cate, Scheduled Tribe, Other Backwards Caste, or None of the above), and/or migrant status (From MP/Not from MP). At the individual level, this is given by each respondent's probability of being different from each other respondent within the slum along at least one of these three dimensions; this calculation is based on the distribution of religious affiliations, caste affiliations, and migrant statuses of other respondents within the slum and a respondent's own religious affiliation, caste affiliation, and migrant status. Slum fractionalisation (SLUM_PROBDIFF1) is the slum-level mean of these individual probabilities. However, as the beneficiary types were sampled through different methods, the measure of fractionalisation is not interpretable directly as a population description (data from the subsample of randomly sampled respondents has this property but with the disadvantage of drawing on fewer units to generate measures).

The mean of slum fractionalisation is 0.64 with a standard deviation of 0.16; substantively this means that in a typical slum two random individuals have a 64% probability of being from a different caste, religion, or migration status. The distribution by city is depicted in the following box plot. The box plot depicts city means, 1st and 3rd quartiles, and minimum and maximum data points.

Figure 38 - Slum fractionalisation by city



On average, Bhopal has a somewhat higher level of slum fractionalisation, but the difference is not substantive. Gwalior, Indore and Jabalpur have very similar levels of slum fractionalization. Data on the components of slum fractionalisation are provided in the table below.

Table 23 - Components of slum fractionalisation

Slum Probability of Difference in terms of	Mean	Variance	Standard Deviation	Correlation w/ Religion, Caste, or Migrant Status (SLUM_PROB_DIFF1)
Religion, Caste, or Migrant (SLUM_PROB_DIFF1)	0.642	0.024	0.156	
Religion	0.091	0.019	0.138	0.36***
Migrant Status	0.118	0.016	0.126	0.44***
Caste	0.572	0.021	0.146	0.91***

The largest source of variation in the fractionalisation variable comes from differences in terms of caste. Differences in terms of caste make the largest contribution to the slum fractionalisation variable with a correlation of 0.91. Differences in terms of religion and migrant status are correlated with slum fractionalisation by 0.36 and 0.44, respectively.

Appendix 10: Description of information provided in the 'Measures at a glance'

Table 24 - Description of 'measures at a glance'

Measure:	Name of outcome measure
Definition:	A brief definition which includes the name of the outcome measure variable in the baseline dataset, the relevant population of survey respondents for the particular outcome measure (e.g. married or cohabiting female respondents in the case of measures relating to intimate partner violence), a description of how this measure is coded (as a 0,1 dummy, on an ordinal scale, as an event count etc.) and the question(s) in the baseline survey instrument that it draws from.
Summary Stats:	**N:** the number of respondents answering the survey question(s) on which the measure is based
	%missing: missing responses, as a percentage of the relevant population of respondents for the measure. This statistic is post-imputation, i.e. it reports the missing responses that remain after responses have been imputed.
	mean: the mean of cluster-level means of the outcome measure (each slum comprises a cluster, there are 250 clusters in the sample)
	sd: the cluster-level standard deviation from this **mean**
	min: the minimum value the mean of the measure at cluster-level takes e.g. a min of 0 indicates that there is at least 1 cluster for which the mean of the measure is 0.
	max: the maximum value the mean of the measure at cluster-level takes
	ICC: the intra-cluster correlation coefficient measures the proportion of overall variation in the outcome measure that is explained by within cluster variance. An ICC of 0 indicates that individuals within a cluster are no more similar than individuals in different clusters on the outcome measure, while an ICC of 1 indicates that all individuals within a cluster are exactly similar on the particular measure[36]. The ICC statistic reported accounts for the blocked structure of the data, to see the improvement in ICC that results from blocking on particular variables of interest, see appendix 15 for a comparison of conditional and unconditional (without blocking) ICCs.
Distribution by City	The gray bars show the mean value of the outcome measure, by city, for all 4 cities (Bhopal, Gwalior, Indore and Jabalpur) in the sample. The bars show the confidence around this mean at ±2 std. errors.

[36] Lay definition adapted from http://blogs.worldbank.org/impactevaluations/tools-of-the-trade-intra-cluster-correlations

Distribution by Beneficiary Type:	The gray bars show the mean value of the outcome measure, by beneficiary type, for all 4 beneficiary types (FD: Female Direct Beneficiaries, FI: Female Indirect Beneficaries, MD: Male Direct Beneficaries, MI: Male Indirect Beneficiaries) in the sample. The bars show the confidence around this mean at ±2 std. errors.
Balance	This plot displays the difference, by treatment group, from the control group mean in terms of standard deviations of the control mean. The y-axis shows standard deviations; the rule of thumb from Cochran (1968)[37] is that a mean difference of more than a quarter of a standard deviation suggests imbalance. Balanced experiments have several statistically desirable properties.
Correlations with VAW:	We report the correlation of the measure at the slum level and the individual level, with the following key outcome VAW measures

Table 25 – Descriptions of slum and individual level correlations with VAW

Label	Description	Variable	Population
IPV	Intimate Partner Violence	PHYSVAW_PREV	Currently married or cohabiting female respondents
Public	Violence and harassment in public spaces	PUBLICVAW_PREV	Female Respondents
Perpetration	Perpetration of Violence and harassment	VAW_PERP	Male Respondents

	A positive correlation with one or more of these variables at the slum level implies that slums with high values on the scorecard outcome measure are also likely to have high levels on the correlated VAW measure. A negative correlation indicates the opposite association.
	A positive correlation with one or more of these variables at the individual level implies that individuals of the relevant population who report high values on the scorecard outcome measure are also likely to report experiencing a) physical IPV (in the case of married or cohabiting female respondents), b) violence or harassment in public spaces (in the case of female respondents), and/or c) perpetrating VAWG (in the case of male

[37] Cochran, W. G. (1968). The effectiveness of adjustment by sub-classification in removing bias in observational studies. *Biometrics*, 295-313.

	respondents). A negative correlation indicates the opposite association.
	Statistical significance levels of 0.10, 0.05 and 0.01 are indicated by */**/***, respectively. Higher significance indicates greater confidence that the association was not found by chance.
	Blank spaces indicate that either the outcome measure was irrelevant for the population (for individual-level correlations) or that the scorecard outcome measure is one of the 3 VAW variables.
Correlates	Coefficients from bivariate regressions are reported, by beneficiary status, of the outcome variable on what are considered to be theoretical predictors of each outcome measure. At endline, w these predictor variables will be used as controls for difference-in-differences regression analysis. However since a causal model is not being claimed at baseline, the coefficients from simple bivariate regressions are being reported. These show associations with the outcome measure.
	There are two main sets of predictor variables. The set of predictors employed for each outcome measure varies according to whether the outcome measure relates to private behaviours and experiences in the home or relates to public behaviours and experiences outside the home. There are also minor alterations for income-related and male outcome measures.
	See the table of correlates below for a list of all predictor variables and their definitions which include: name of the predictor variable in the baseline dataset, a description of how this variable is coded (as a 0,1 dummy, on an ordinal scale, as an event count etc.) and the question(s) in the baseline survey instrument that it draws from.
	Note that slum level correlates are not restricted to relevant populations.

Appendix 11: Definitions of correlates

Table 26 - Definition of correlates

Correlates related to 'the home'	Definition and Coding
SCASTE	SCASTE measures caste status among all respondents. It is coded 1 if a respondent reports belonging to a scheduled caste, scheduled tribe or other backward class, and 0 otherwise using Q14 in the survey
RELIGION	RELIGION measures religious affiliation among all respondents. It is coded is a 1 if a respondent reports being Hindu, and 0 if the respondent reports being any other religion (Muslim, Christian, Sikh etc) using Q12 in the survey
HHSCORE	HHSCORE is a wealth index constructed for all respondents using primary component analysis of dummy variables indicating house material (observed by enumerator) and the water supply type, toilet type and ownership of various assets as reported by respondents using QE4, Q9, Q10 and Q11 in the survey
DISABILITY	DISABILITY measures disability status among all respondents. It is coded a 1 if a respondent reports having a physical or mental disability or permanent health problem that stops them from performing normal daily activities, and 0 otherwise using Q15 in the survey
CHILDVIOLENCE	CHILDVIOLENCE measures childhood exposure to violence among all respondents. It is coded a 1 if a respondent reports either witnessing physical or emotional violence inflicted by various family members upon each other, or personally experiencing physical violence inflicted by a family member, and 0 otherwise using Q54, Q55, Q56, Q57 and Q58.
FROMMP	FROMMP measures whether a respondent was born in the state they currently reside in for all respondents. It is coded a 1 if a respondent reports Madhya Pradesh as their state of birth, and 0 otherwise using Q13 in the survey
EDU1	EDU measures the highest education level attained by a respondent and is coded as an ordinal variable ranging from from 0:No schooling to 10: Post-graduate using Q17 in the survey
AGE	AGE measures the age of a respondent as is coded as the age in years reported in Q3 of the survey

INCOME_EARNING	INCOME_EARNING measures the earning status of the respondent. It is coded a 1 if the respondent reports "working and paid in cash" or "working and paid in kind" to Q18 of the survey, and 0 otherwise
NUMUNIONS	NUMUNIONS is a count measure of the number of times a respondent has married or cohabited with a partner. It is coded as the number reported by the respondent in Q6 of the survey.
PREGNANT	PREGNANT measures pregnancy status among all female respondents. It is coded if the respondent reports being pregnant in QW2.
NUMCHILDREN	NUMCHILDREN is a count measure of the number of children ever born to a respondent among all female respondents. It is coded as the total number of living sons, living daughters, sons who have died and daughters who have died reported by the respondent in Q7 of the survey
ANY_SONS	ANY_SONS is a binary measure of whether a female respondent has ever given birth to a son. It is coded as 1 if a respondent reports having 1 or more sons who are alive or have died in Q7 of the survey
AGEATMARRIAGE	AGEATMARRIAGE measures the age of a respondent when they first got married as the age in years reported in Q5 of the survey
DOWRYNOTSATISFY	DOWRYNOTSATISFY is a measure of dowry payment and satisfaction among all currently married/cohabiting female respondents. It is coded as a 1 if the respondent reports that a dowry was paid to the current spouse's at the time of marriage and also reports that they were not at all or only somewhat satisfied with the dowry amount, and 0 otherwise using QW5 and QW6 of the survey
DOWRYSATISFY	DOWRYSATISFY is a measure of dowry payment and satisfaction among all currently married/cohabiting female respondents. It is coded as a 1 if the respondent reports that a dowry was paid to the current spouse's at the time of marriage and also reports that they were very satisfied with the dowry amount, and 0 otherwise using QW5 and QW6 of the survey
SPOUSEEDU	SPOUSEEDU measures the education level of a respondent's spouse and is coded as an ordinal variable ranging from from 0:No schooling to 10: Post-graduate using Q43 in the survey.
SPOUSE_ALCOHOL	SPOUSE_ALCOHOL measures the frequency of alcohol consumption for a respondent's spouse among all currently married/cohabiting female respondents. It is coded as a 1 if a respondent reports that their spouse drank at least a few times a month, and 0 otherwise, using QW7 in the survey

NUCLEARFAM	NUCLEARFAM measures the family structure of a respondent among all currently married/cohabiting female respondents. It is coded a 1 if a respondent does not report any persons besides her spouse and children living in the household on a permanent basis, and 0 otherwise using Q8 in the survey
SPOUSEWORKING	SPOUSEWORKING measures the earning status of the respondent's spouse among currently married/cohabiting women. It is coded a 1 if the respondent reports that her spouse is "working and paid in cash" or "working and paid in kind" using Q45 of the survey, and 0 otherwise
HUSB_AGEDIFF	HUSB_AGEDIFF is a measure of how much older a respondent's current spouse is among currently married and cohabiting women. It is coded as the difference in years between the respondent's reported age and the reported age of her spouse using Q3 and Q41 in the survey
Correlates related to public spaces	**Definition and Coding**
ACCESSSANITATION	ACCESSSANITATION is a measure of access to water supply and toilet in the respondent's own home. It is coded as a 0 if the respondent does not report having access to his/her own water source or his/her own toilet, 1 if they report having access to either and 2 if they report having access to both using Q9 and Q10 of the survey instrument.
MARITALSTAT	MARITALSTAT is a measure of the respondent's current marital status. It is coded as a 1 if the respondent reports being currently married or cohabitating with a partner and 0 otherwise using Q4 in the survey instrument.
MALE_ALCOHOL	MALE_ALCOHOL measures the frequency of alcohol consumption among men in the last 3 months as reported by male respondents. It is coded 1 if a respondent reports consuming a drink containing alcohol at least a few times a month and 0 otherwise using QM3 in the survey instrument.
VAWATT	VAWATT measures male attitudes towards public VAW at the individual level. It is coded as the number of responses to Q75, 76, 78, 79 and 80 (statements blaming women for public violence against women) that a respondent agrees or partially agrees with.
SLUM_ALCOHOL	SLUM_ALCOHOL is a measure of the average frequency of alcohol consumption among males in the slum. It is calculated for each respondent as the mean of responses to QM3 (coded 1 if a respondent reports consuming alcohol at least a few times a month and 0 otherwise) for males in the slum; in the case of male respondents their own response is excluded from the calculation of this number.

SLUM_PCTBPL	SLUM_PCTBPL is a measure of average poverty. It is coded for each respondent as the percentage of the slum population that lives below poverty line, using data provided by GHK.
SLUM_PROBDIFF1	SLUM_PROBDIFF1 is a measure of fractionalisation along religion, caste or migrant status. It is calculated for each respondent as the probability that he/she meets someone different from him/her in the slum on one of these 3 dimensions. Religion is coded 1 through 9 based on whether an individual reports being Hindu, Muslim, Buddhist, Sikh, Christian, Jain, Parsi, or having no religion. Caste is coded 1 through 4 based on whether an individual reports being from a Schedule Cate, Scheduled Tribe, Other Backwards Caste, or None of the above. Migrant status is coded 1 if the respondent reports being born in MP and 0 otherwise. This variable coding draws from Q12, Q13 and Q14 in the survey instrument.
SLUM_SIZE	SLUM_SIZE is a measure of slum size. It is coded for each respondent as the number of households in the slum, using data provided by GHK and collected by New Concept during the slum-mapping process.
SLUM_MALEUNEMPLOY	SLUM_MALEUNEMPLOY is a measure of the average level of male unemployment in the slum. It is calculated for each respondent as the mean of responses to Q18 for males in the slum; in case of male respondents their own response is excluded from the calculation of this number.
SLUM_VAWATT	SLUM_VAWATT is a measure of the average male attitudes towards violence against women. It is calculated for each respondent as the mean number of responses to Q75, 76, 78, 79 and 80 (statements blaming women for public violence against women) that males in the slum agree or partially agree with; in the case of male respondents their own response is excluded from the calculation of this number.

Appendix 12: Distribution of responses for primary outcome measures

Reported experience of physical IPV

Table 27 shows the percentage and number of currently married/cohabiting women who having experienced the following forms of physical IPV rarely, sometimes or often in the past 12 months

Table 27 - Forms of physical IPV experienced in the last 12 months

Form of Physical IPV	Direct Beneficiaries	Indirect Beneficiaries	All
D: Push you, shake you, or throw something at you	8.0 (N=143)	9.8 (N=166)	8.9 (N=309)
E: Slap you	10.5 (N=186)	12.5 (N=211)	11.5 (N=397)
F: Twist your arm or pull your hair?	6.1 (N=109)	8.1 (N=137)	7.1 (N=246)
G: Punch you with his fist or with something that could hurt you?	3.9 (N=70)	5.3 (N=90)	4.6 (N=160)
H: Kick you, drag you, or beat you up?	2.5 (N=45)	4.7 (N=80)	3.6 (N=125)
I: Try to choke you or burn you on purpose?	1.1 (N=20)	1.5 (N=26)	1.3 (N=46)
J: Threaten or attack you with a knife, gun or other weapon (e.g. machete, broken bottle)?	0.7 (N=12)	0.9 (N=16)	0.8 (N=28)

Reported experience of sexual IPV

Table 28 shows the percentage and number of currently married/cohabiting women who have experienced the following forms of sexual IPV rarely, sometimes or often in the past 12 months

Table 28 - Forms of sexual IPV experienced in the last 12 months

Form of Sexual IPV	Direct Beneficiaries	Indirect Beneficiaries	All
K: Force you to have sexual intercourse with him even when you did not want to?	1.7 (N=31)	3.0 (N=51)	2.4 (N=82)
L: Force you to perform any sexual acts you did not want to?	1.1 (N=20)	1.9 (N=32)	1.5 (N=52

The average inter-item correlation between the experience of various forms of physical IPV is 0.5266; and the average inter-item correlation between experience of various forms of physical or sexual IPV is 0.4745. This suggests that women who experience one form of IPV are highly likely to also experience another form.

Reported experience of violence and harassment in public spaces

Table 29 shows the percentage and number of currently married/cohabiting women who have experienced the following forms of violence and harassment in public spaces rarely, sometimes or often in the past 12 months

Table 29 - Forms of violence and harassment in public spaces experienced in the last 12 months

Form of harassment or violence in a public space	Direct Beneficiaries	Indirect Beneficiaries	All
A: Passing comments/sexual jokes/whistling	17.2 (N=343)	19.8 (N=395)	18.5 (N=738)
B: Staring/leering	15.7 (N=312)	16.5 (N=329)	16.1 (N=641)
C: Obscene gestures	7.0 (N=139)	7.3 (N=146)	7.1 (N=285)
D: Stalking	4.5 (N=89)	6.2 (N=123)	5.3 (N=212)
E: Touching/brushing	6.2 (N=124)	6.5 (N=129)	6.3 (N=253)
F: Groping (breast or buttock)	0.8	1.2	1.0

	(N=15)	(N=23)	(N=38)
G: Flashing	0.5 (N=9)	0.8 (N=15)	0.6 (N=24)
H: Grievous physical assault (e.g. severe beating, burning, stabbing, shooting i.e. resulting in serious wound, burn, broken bones etc.)	0.3 (N=6)	0.3 (N=6)	0.3 (N=12)
I: Other physical assault (e.g. slapping, hitting, kicking)	0.2 (N=3)	0.3 (N=6)	0.2 (N=9)
J: Rape	0.0 (N=0)	0.0 (N=0)	0.0 (N=0)
K: Attempted rape	0.0 (N=0)	0.1 (N=2)	0.1 (N=2)
L: Other sexual assault (e.g. unwanted sexual touching)	0.0 (N=0)	0.1 (N=1)	0.0 (N=1)

The average inter-item correlation between the experience of various forms of public harassment or violence is 0.1745, which suggests that women who experience one form of public harassment or violence are more likely to also experience another form.

Reported perpetration of VAW

Table 30 shows the percentage and number of boys/men who have perpetrated the following forms of violence and harassment against women or girls in the past 12 months

Table 30 - Forms of violence and harassment perpetrated in the last 12 months

Form of harassment/violence	Direct Beneficiaries (15-25 years)	Indirect Beneficiaries (15-25 years)	Indirect Beneficiaries (26-49 years)	All
Pass comments, make sexual jokes, or sing bad songs	27 (N=401)	25.4 (N=252)	19.6 (N=194)	24.4 (N=847)
Look/stare/leer at them in a bad way	36.4 (N=543)	35.8 (N=353)	26.9 (N=267)	33.5 (N=1163)
Follow/stalk them.	31.9 (N=476)	30 (N=298)	25.6 (N=254)	29.6 (N=1028)
Touch or brush against them in the street, on a bus or in a public place?	24.8 (N=370)	25.3 (N=250)	21.5 (N=213)	24 (N=833)
Insulted her or made her feel bad about herself	8.6 (N=129)	9.2 (N=92)	9.4 (N=94)	9 (N=315)
Threatened to harm her or someone close to her	3.4 (N=51)	2.6 (N=26)	4 (N=40)	3.4 (N=117)
Pushed her, shaken her or thrown something at her?	3.3 (N=50)	3.2 (N=32)	3.8 (N=38)	3.4 (N=120)
Slap her?	4.7 (N=70)	4.5 (N=45)	6.7 (N=67)	5.2 (N=182)
Twisted her arm or pulled her hair?	2.9 (N=43)	3.2 (N=32)	3.4 (N=34)	3.1 (N=109)
Punched her with your fist or something that could hurt her?	1.2 (N=18)	1.9 (N=19)	1.7 (N=17)	1.5 (N=54)
Kick her, drag her or beat her up	1.2 (N=18)	1.5 (N=15)	1.6 (N=16)	1.4 (N=49)
Try to burn or choke her on purpose	0.9 (N=14)	0.3 (N=3)	0.5 (N=5)	0.6 (N=22)
Threatened or attacked her with knife, gun or other weapon (e.g. machete, broken bottle)	0.7 (N=11)	0.4 (N=4)	0.4 (N=4)	0.5 (N=19)
Forced her to have sexual intercourse when she did not want to	0.9 (N=13)	0.8 (N=8)	0.5 (N=5)	0.7 (N=26)

Forced her to perform other sexual acts when she did not want to	0.7 (N=11)	0.6 (N=6)	0.8 (N=8)	0.7 (N=25)

The average inter-item correlation between the perpetration of various forms of harassment or violence in the home or public spaces is 0.2710, which suggests that women who experience one form of public harassment or violence are more likely to also experience another form.

Appendix 13: Enumerator effects

Observable and unobservable differences between enumerators can be a source of measurement error. Table 31 shows the adjusted R-squared statistic from regressing residuals obtained from a regression of each variable on the respondent's slum, age, gender and beneficiary status on enumerator ID. The adjusted R-squared statistic indicates how much of the remaining variation in each variable is explained by enumerator effects. The cases where this is higher than 0.10 (i.e. more than 10% of variation is explained by enumerator effects) are flagged.

Enumerator effects are quite low for outcome measures related to experience of IPV and violence/harassment in public violence, reporting of such violence and support received in response, feelings of safety in the home, work status and control exercised over income.

However they are higher for measures of perpetration of violence, safety in public spaces, mobility in night and day and permission to go to various public spaces, acceptance of IPV, legal knowledge and perception of causes and consequences of IPV and public violence/harassment against women.

Enumerator effects tend to be especially high for measures related to perceptions and attitudes. Some enumerators may have induced greater agreement bias by posing attitudinal questions/statements in a leading way.

Furthermore, while the survey instrument indicated that responses to open-ended questions about perception of causes and consequences of VAWG were to be coded into categories by enumerators without prompting the respondents, high numbers in many categories suggest that the categories may have been read out as response options rather than allowing respondents to respond to an open-ended question. High enumerator effects on these measures provide suggestive evidence that this may have been done inconsistently by enumerators i.e. some may have read out categories while others did not.

These will be addressed at endline through the inclusion of enumerator fixed effects in regression analysis. However, it will also be important to devote more training time at end-line to ensure that enumerators elicit responses to attitudinal questions in a consistent, neutral manner to minimise such bias.

Table 31 outlines the proportion of variation for each outcome measure which can be explained by enumerator effects.

Table 31 - Proportion of variation in outcome measures explained by enumerator effects

Scorecard No.	Outcome variable	Label	Adj. R2	Flag
1	Experience of physical IPV	PHYSVAW_PREV	0.038	
2	Experience of frequent physical	PHYSVAW_FREQ	0.024	

	IPV			
3	Experience of severe physical IPV	PHYSVAW_SEV	0.021	
4	Experience of sexual IPV	SEXVAW_PREV	0.012	
5	Experience of frequent sexual IPV	SEXVAW_FREQ	0.005	
6	Experience of emotional abuse	EMOTVAW_PREV	0.043	
7	Experience of controlling behaviours by an intimate partner	EMOTVAW_CONTROL	0.043	
8	Experience of violence or harassment in a public space	PUBLICVAW_PREV	0.031	
9	Experience of frequent violence or harassment in a public space	PUBLICVAW_FREQ	0.055	
10	Perpetration of VAWG	VAW_PERP	0.153	
11	Perpetration of severe form of VAWG	VAW_PERP_SEV	0.021	
12	Perception that women are to blame for violence and harassment in public spaces	PERCEPT_WOMEN	0.076	
13	Perception that women are to blame for physical IPV	ATTITUDE_PHYSVAW	0.139	
14	Perception that it is a wife's duty to have sex with her husband	ATTITUDE_SEXVAW	0.231	
15	Alcohol consumption on a regular basis	MALE_ALCOHOL	0.003	
16	Experience of alcohol-related IPV	PERCEPT_ALCOHOL1	0.01	
17	Women's mobility in their slum during the day	MOBILITY_DAY	0.247	
18	Women's mobility in their slum during after dark	MOBILITY_NIGHT	0.38	
19	Women's mobility outside their slum	MOBILITY_OUT	0.05	
20	Women needing permission to leave the home	MOBILITY_PERMIT	0.192	
21	Women's feelings of safety in	SAFETY_PUBLIC	0.151	

	public spaces			
22	Women's feelings of safety in their home	SAFETY_HOME	0.012	
23	Women earning their own income	INCOME_EARNING	0.006	
24	Women controlling their own income	INCOME_CONTROL	0.015	
25	Women's decision making in the home	DECISIONS_ROLE	0.144	
26	Knowledge of women's legal rights	KNOW_RIGHTS	0.406	
27	Understanding that IPV has emotional consequences for women	CONSEQUENCE_DVAW	0.232	
28	Perception that society is to blame for VAW	PERCEPT_SOCIETY	0.347	
29	Reporting IPV to the police	REPORTDVAW_POLICE	0.006	
30	Reporting violence and harassment in public spaces to the police	REPORTPVAW_POLICE	0.047	
31	Reporting IPV to SHGs	REPORTDVAW_SHG	0.002	
32	Women receiving support from SHGs to deal with IPV	SUPPORT_SHG	0.005	
33	Women receiving support from NGOs to deal with IPV	SUPPORT_NGO	0.004	
34	Actions taken to prevent or respond to VAW	ACTIONS_VAW	0.116	

Appendix 14: Comparisons with NFHS-3 data

Data from the National Family Health Survey (NFHS-3) provides a useful point of comparison to the baseline survey data. Table 32 provides a comparison of baseline survey estimates of physical and Sexual IPV with population weighted NFHS-3 data on Urban Slums in Madhya Pradesh for currently married women ages 18-49.[38] [39] The similar question structure used for gathering the baseline data on these variables makes our data directly comparable to NFHS-3 estimates.

Table 32 - Comparison of baseline and NFHS-3 data for currently married/ cohabiting women

		Physical IPV		Sexual IPV	
		12 MOS	EVER	12 MOS	EVER
Currently Married or Cohabitating Women in:	Baseline Data				
	Safe City Slums MP, India (Direct and Indirect)	12.21%	14.85%	2.61%	2.84%
	(Indirect Only)	13.07%	16.13%	3.30%	3.53%
	(Indirect Indore Only)	11.83%	12.90%	2.37%	2.58%
	NFHS-3 Data				
	Urban Slums MP, India	14.38%	33.18%	4.64%	7.36%
	Urban Non-slums MP, India	21.39%	35.43%	6.82%	10.37%
	Urban MP, India[40]	24.63%	42.72%	6.91%	9.14%
	Rural MP, India	29.30%	44.10%	7.83%	11.07%
	MP, India	28.09%	43.74%	7.59%	10.57%
	India	21.36%	34.69%	7.15%	9.65%
NFHS-3 Urban Slums MP, India	Comparison				
	Difference from Baseline Direct and Indirect	2.17%	18.33%	2.03%	4.52%
		(p=0.159)	(p=0)	(p=0.023)	(p=0)
	Difference from Baseline Indirect	1.31%	17.05%	1.34%	3.83%
		p=(0.431)	(p=0)	(p=0.160)	(p=0.001)

[38] This analysis defines slums as areas designated as such by the 2001 census.

[39] NFHS-3 data is reported using the weighting procedure recommended by DHS: d005s/1000000 for state and sub-state level statistics and d005/1000000 for national level statistics. For information on NFHS-3 sampling procedure see International Institute for Population Sciences (IIPS) and Macro International. 2007. National Family Health Survey (NFHS-3), 2005–06: India: Volume II. Mumbai: IIPS.

[40] Note: Data form slum and non-slum samples in MP are from Indore only.

	Difference from Baseline Indirect Indore	2.55%	20.28%	2.27%	4.78%
		(p=0.215)	(p=0)	(p=0.040)	(p=0)

Since indirect beneficiaries were randomly sampled from the slum population, the indirect beneficiary population is the most comparable to the NFHS-3 population estimates. Baseline estimates of physical IPV and Sexual IPV in the past 12 months are on par NFHS-3's measures in urban slums. The difference is 1.31% for Physical IPV and 2.03% for Sexual IPV. Difference-in-means tests confirm that the estimates from the two sources are not statistically different, lending greater confidence to the baseline measures of physical IPV and sexual IPV in the past 12 months, although as discussed in section B of the baseline report, it is likely that both datasets have suffered from underreporting.

Indore is the sole city in Madhya Pradesh sampled according to slum and non-slum populations. Thus all slum and non-slum data from NHFS-3 for MP is based on data from Indore alone. As such, the Indore specific data can be fruitfully compared as a subset. The 2.55% difference between the baseline estimate and NFHS-3's estimate on physical IPV in the past 12 months is not statistically different from zero in Indore, but the difference of 2.27% for Sexual IPV in the past 12 months is statistically significant.

Although it is not a primary outcome measure for this evaluation, it is also important to note that the estimates of 'ever' experiencing physical IPV and sexual IPV in the baseline and NFHS-3 data are substantively and statistically different. In addition, the differences between the 'ever' and '12 month' measures in the baseline data are surprisingly small, with a difference of 2.64% for physical IPV and 0.23% for sexual IPV using the aggregate data for direct and indirect beneficiaries. NFHS-3's 'ever' and '12 month' estimates, however, show much larger differences. These discrepancies highlight the need for measurement precision and rigorous attention to enumerator implementation at endline, especially when it comes to measures of reported experience of IPV among women.

Finally, the NFHS-3 estimates of urban (slum/non-slum), rural, state, and national IPV suggest that while reported IPV is higher in Madhya Pradesh than throughout India, it is more concentrated in rural areas than in the urban slum areas that have been a targeted for the Safe Cities Initiative. Yet, even while the NFHS-3 estimates of IPV are lowest in slum areas, it is important to note that the slum/non-slum data are Indore-specific and thus might not be representative of the distribution of IPV in other MP cities.

Appendix 15: Comparison of conditional and unconditional ICC

In a cluster randomised design, statistical power depends on the extent to which individuals within clusters are more similar to each other than individuals in different clusters. Intuitively if all individuals in a cluster are very similar to each other then the effective sample size is simply the number of clusters. If outcomes are as different for women in the same cluster as they are for women in different clusters, then power is strengthened. This feature is captured in estimates of the ICC - or intra cluster correlation - with power maximised when the ICC is low. ICC is estimated using an ANOVA analysis; note that this approach can compute a negative ICC in cases where the ICC is very low.

In the power analysis, it has been assumed that the ICC was 0.125. This estimate was based on NFHS-3 data on IPV in Madhya Pradesh, though it did not capture outcomes for the particular sample of 250 slums or the particular direct and indirect beneficiaries. A blocking design was employed with the intention of reducing the ICC. The table 33 reports the unconditional estimated ICC as well as the ICC conditional on blocks. The final column flags the variables for which power is weaker than the 0.15 benchmark assumed in the primary power analysis. High ICCs are evident in just six cases, with many of these for cases in which outcomes have a slum level component to them, such as mobility or perceptions of safety in public places. For these, statistical power is expected to be relatively weak. For most measures however, the estimated ICC is lower than assumed for the power analysis and suggests relatively good power.

The implications for each of the outcome variables is captured in appendix 16, which outlines the minimum detectable effects for each outcome.

Table 33 - Comparison of conditional and unconditional ICCs

Outcome variable	Label	Unconditional ICC	ICC Conditional on Blocks	Reduction in ICC from use of Blocks	FLAG
Experience of physical IPV	PHYSVAW_PREV	0.067	-0.008	100%	
Experience of frequent physical IPV	PHYSVAW_FREQ	0.039	-0.012	100%	
Experience of severe physical IPV	PHYSVAW_SEV	0.028	-0.004	100%	
Experience of sexual IPV	SEXVAW_PREV	0.035	0.01	73%	
Experience of frequent sexual IPV	SEXVAW_FREQ	0.018	-0.006	100%	
Experience of emotional abuse	EMOTVAW_PREV	0.161	0.068	58%	
Experience of controlling	EMOTVAW_CONTR	0.076	0.024	69%	

behaviours by an intimate partner	OL				
Experience of violence or harassment in a public space	PUBLICVAW_PREV	0.164	0.062	62%	
Experience of frequent violence or harassment in a public space	PUBLICVAW_FREQ	0.145	0.053	63%	
Perpetration of VAWG	VAW_PERP	0.293	0.182	38%	
Perpetration of severe form of VAWG	VAW_PERP_SEV	0.034	0.011	68%	
Perception that women are to blame for violence and harassment in public spaces	PERCEPT_WOMEN	0.062	0.039	37%	
Perception that women are to blame for physical IPV	ATTITUDE_PHYSVAW	0.078	0.05	36%	
Perception that it is a wife's duty to have sex with her husband	ATTITUDE_SEXVAW	0.077	0.043	45%	
Alcohol consumption on a regular basis	MALE_ALCOHOL	0.035	0.016	53%	
Experience of alcohol-related IPV	PERCEPT_ALCOHOL1	0.062	0.019	69%	
Women's mobility in their slum during the day	MOBILITY_DAY	0.197	0.105	47%	
Women's mobility in their slum during after dark	MOBILITY_NIGHT	0.253	0.147	42%	
Women's mobility outside their slum	MOBILITY_OUT	0.117	0.067	43%	
Women needing permission to leave the home	MOBILITY_PERMIT	0.377	0.281	25%	
Women's feelings of safety in public spaces	SAFETY_PUBLIC	0.227	0.164	27%	
Women's feelings of safety in their home	SAFETY_HOME	0.022	0.002	89%	
Women earning their own income	INCOME_EARNING	0.06	0.026	57%	
Women controlling their own income	INCOME_CONTROL	0.053	0.014	74%	

Women's decision making in the home	DECISIONS_ROLE	0.268	0.181	33%	
Knowledge of women's legal rights	KNOW_RIGHTS	0.195	0.153	21%	
Understanding that IPV has emotional consequences for women	CONSEQUENCE_DVAW	0.092	0.049	47%	
Perception that society is to blame for VAW	PERCEPT_SOCIETY	0.184	0.061	67%	
Reporting IPV to the police	REPORTDVAW_POLICE	0.019	0.006	70%	
Reporting violence and harassment in public spaces to the police	REPORTPVAW_POLICE	0.053	0.031	41%	
Reporting IPV to SHGs	REPORTDVAW_SHG	0.04	0.008	81%	
Women receiving support from SHGs to deal with IPV	SUPPORT_SHG	0.039	0.014	65%	
Women receiving support from NGOs to deal with IPV	SUPPORT_NGO	-0.002	-0.015	NA	
Actions taken to prevent or respond to VAW	ACTIONS_VAW	0.052	0.026	50%	

Appendix 16: Minimum detectable effects

The Minimum Detectable Effect (MDE) illustrates the smallest effect that is detectable for a given level of power and statistical significance. Table 34 shows the MDE for all outcome variables using the baseline levels for each variable and the ICC estimated from baseline data. In practice, the levels of each outcome variable would have to change by an amount at least as large as the indicated MDE by endline in order for there to be confidence that these effects will be detectable, and attributable to the treatment. Those for which confidence is low are written in red in table 34.

Formula used where the effect type is difference in means:

$$c = 1 + (z_{\alpha/2} + z_{\beta})^2 \frac{[(\sigma_0^2 + \sigma_1^2)] \times [1 + (m-1)\rho]}{m(\mu_0 - \mu_1)^2}$$

Formula used where the effect type is an increase/decrease in proportions:

$$c = 1 + (z_{\alpha/2} + z_{\beta})^2 \frac{[\pi_0(1-\pi_0) + \pi_1(1-\pi_1)] \times [1 + (m-1)\rho]}{m(\pi_0 - \pi_1)^2}$$

With the following assumptions/fixed values:

Power(β): 0.9

Significance(α): 0.05

Control mean(μ_0): mean of variable at baseline

Control proportion(π_0): proportion of variable at baseline, assumed to be greater than treatment proportion if effect type is decrease in proportion, assumed to be less than treatment proportion if effect type is increase in proportion

Standard deviation(σ): standard deviation of variable at baseline; assumed to be the same in both treatment arms

Number of clusters per arm(*c*): 83

Number of observations per cluster(*m*): 8 (Direct Beneficiaries)

Table 34 - Minimum detectable effects

Scorecard	Measure	Measure	Effect Type	MDE	MDE (in terms of std. deviation of variable)	Flag (if MDE in terms of std. deviation is >0.25)
1	Experience of physical IPV	PHYSVAW_PREV	Decrease in Proportion	-0.053	-0.162	
2	Experience of frequent physical IPV	PHYSVAW_FREQ	Decrease in Proportion	-0.044	-0.155	
3	Experience of severe physical IPV	PHYSVAW_SEV	Decrease in Proportion	-0.031	-0.146	
4	Experience of sexual IPV	SEXVAW_PREV	Decrease in Proportion	-0.022	-0.138	
5	Experience of frequent sexual IPV	SEXVAW_FREQ	Decrease in Proportion	-0.019	-0.134	
6	Experience of emotional abuse	EMOTVAW_PREV	Decrease in Proportion	-0.08	-0.199	
7	Experience of controlling behaviours by an intimate partner	EMOTVAW_CONTROL	Difference in Means	±0.215	±0.193	
8	Experience of violence or harassment in a public space	PUBLICVAW_PREV	Decrease in Proportion	-0.083	-0.198	
9	Experience of frequent violence or harassment in a public space	PUBLICVAW_FREQ	Decrease in Proportion	-0.068	-0.187	
10	Perpetration of VAWG	VAW_PERP	Decrease in Proportion	-0.129	-0.26	?
11	Perpetration of severe form of VAWG	VAW_PERP_SEV	Decrease in Proportion	-0.025	-0.145	

12	Perception that women are to blame for violence and harassment in public spaces	PERCEPT_WOMEN	Decrease in Proportion	-0.083	-0.217	
13	Perception that women are to blame for physical IPV	ATTITUDE_PHYSVAW	Decrease in Proportion	-0.103	-0.206	
14	Perception that it is a wife's duty to have sex with her husband	ATTITUDE_SEXVAW	Decrease in Proportion	-0.09	-0.193	
15	Alcohol consumption on a regular basis	MALE_ALCOHOL	Decrease in Proportion	-0.049	-0.166	
16	Experience of alcohol-related IPV	PERCEPT_ALCOHOL1	Decrease in Proportion	-0.042	-0.163	
17	Women's mobility in their slum during the day	MOBILITY_DAY	Difference in Means	±0.688	±0.236	
18	Women's mobility in their slum during after dark	MOBILITY_NIGHT	Difference in Means	±0.769	±0.255	
19	Women's mobility outside their slum	MOBILITY_OUT	Difference in Means	±0.331	±0.217	
20	Women needing permission to leave the home	MOBILITY_PERMIT	Difference in Means	±0.625	±0.308	
21	Women's feelings of safety in public spaces	SAFETY_PUBLIC	Difference in Means	±0.237	±0.263	
22	Women's feelings of safety in their home	SAFETY_HOME	Increase in Proportion	+0.019	+0.131	
23	Women earning their own income	INCOME_EARNING	Increase in Proportion	+0.091	+0.202	
24	Women controlling their own income	INCOME_CONTROL	Increase in Proportion	+0.07	+0.216	
25	Women's decision making in the home	DECISIONS_ROLE	Difference in Means	±0.782	±0.269	

26	Knowledge of women's legal rights	KNOW_RIGHTS	Difference in Means	±0.284	±0.257	
27	Understanding that IPV has emotional consequences for women	CONSEQUENCE_DVAW	Increase in Proportion	+0.065	+0.186	
28	Perception that society is to blame for VAW	PERCEPT_SOCIETY	Decrease in Proportion	-0.104	-0.209	
29	Reporting IPV to the police	REPORTDVAW_POLICE	Increase in Proportion	+0.028	+0.273	
30	Reporting violence and harassment in public spaces to the police	REPORTPVAW_POLICE	Increase in Proportion	+0.03	+0.313	
31	Reporting IPV to SHGs	REPORTDVAW_SHG	Increase in Proportion	+0.028	+0.273	
32	Women receiving support from SHGs to deal with IPV	SUPPORT_SHG	Increase in Proportion	+0.028	+0.298	
33	Women receiving support from NGOs to deal with IPV	SUPPORT_NGO	Increase in Proportion	+0.021	+0.375	
34	Actions taken to prevent or respond to VAW	ACTIONS_VAW	Increase in Proportion	+0.085	+0.207	

Appendix 17: Implications for measures at endline

Table 35 summarises the implications for endline in relation to each of the primary, secondary and outcomes. These implications are focused on assessment of the following questions:

- Did the measure work? Did it suffer from considerable underreporting or missingness?
- Did the method(s) of data collection work in relation to the measure?
- Are there indications of unexpected enumerator effects?
- Are there imbalances across treatment arms which need to be adjusted for at endline?
- Given baseline findings, levels of variation and power, is it likely that effects will be detected at endline?
- Will it be difficult to interpret effects/ changes at endline?
- Do the baseline findings suggest the measure is still relevant?

Table 35 - Implications of the baseline findings for the outcome measures

Primary, secondary and intermediate outcomes	Implications of baseline findings	Actions ahead of endline
Experience of physical IPV	• Possible underreporting in the survey • Significant correlations between women earning an income and IPV could be further explored	• Conduct validity testing of the survey measures ahead of endline. • Consider operational research during Programme delivery to capture effects of shifting social norms on perceptions of socially desirable responses to survey questions • Ensure embedded list experiment is correctly administered in the endline survey – including additional field testing – so that underreporting can be estimated • Explore alternative quantitative data collection methods at endline, including the use of an anonymous data collection techniques and the use of an observation measure at endline • Include questions in the survey which capture *difference* in income and education

		between husbands and wives – and also pick up in FGDs. • Explore methods to further capture whether empowering effects of the Programme (e.g. in relation to economic empowerment or increased social interaction) are actually increasing levels of VAW.
Experience of frequent physical IPV	• As above	• As above • Consider redefining 'frequency' in more literal terms - e.g. 'monthly', 'weekly' rather than 'sometimes' or 'often' etc.
Experience of severe physical IPV	• As above	• As above
Experience of sexual IPV	• Unlikely to detect treatment effects because baseline level is lower than expected, possibly due to underreporting in the survey	• Develop a combined physical and sexual IPV measure at endline
Experience of frequent sexual IPV	• As above	• Develop a combined frequent physical and sexual IPV measure at endline
Experience of emotional abuse by an intimate partner	• As above for physical IPV	• As above for physical IPV
Experience of controlling behaviours by an intimate partner	• Unlikely to detect treatment effects because baseline level is lower than expected, possibly due to underreporting in the survey	• Develop a combined emotional abuse and controlling behaviours measure at endline.
Experience of violence and harassment in public spaces	• Younger women are among the most likely to experience violence and harassment according to the survey and the FGDs and KIIs suggest girls are particularly targeted, yet the evaluation sample does not include girls under the age of 18 years. • Mobile phone-related harassment was identified as	• If male direct and indirect beneficiaries perpetrate less IPV as a result of the Life Skills Module, then women in the wider slum population would be expected to indirectly benefit. However, if boys' and men's perpetration of violence and harassment in public spaces outside their home slum decreases, then girls (or women) from their home slum cannot be expected to benefit. The rationale for including girls under the age of 18 in the sample is therefore less clear. It would,

	an unprompted response in the survey to the causes of violence and harassment in public spaces	however, make sense if the Life Skills Module was effective in prompting action against other men and boys who perpetrate. Discussions with the IP should continue and be informed by possible operational research during Programme delivery. • Include mobile phone-related harassment in the endline measure • Amend the endline measure so that a distinction can be made between violence and harassment experienced inside the slum versus violence and harassment experienced beyond the slum boundaries (or indeed both). • Further consideration of whether and how to define slum boundaries in the endline survey. • Consider additional survey questions to capture whether women had migrated from rural areas. • Consider further exploration in the FGDs on the relationship between caste-related violence and VAWG.
Experience of frequent violence and harassment in public spaces	• As above	• As above
Perpetration of violence and harassment against women and girls	• ICC is high, which means power is weak for this measure • Strong enumerator effects • Weak correlations with experience of VAW suggest considerable proportion of boys and men could be perpetrating outside their home slum • Mobile phone-related harassment was identified as an unprompted response in the survey to the causes of violence and harassment in public spaces • Measurement error means a distinction cannot be	• Measure needs to be amended so that it captures a) distinction between IPV and violence and harassment in public and b) whether perpetration took place inside or outside their home slum (or in both) • Include mobile phone-related harassment in the endline measure • Include measure(s) to capture under employment in addition to unemployment.

	made between IPV and violence and harassment perpetrated in public	
Perpetration of severe forms of violence and harassment against women and girls	• Low baseline levels mean there is little potential for downward movement and detecting effects at endline is not likely	• Exclude from baseline – data will still be captured in overall perpetration measures
Women's feelings of safety in public spaces	• The ICC is high, which means power for this measure is weak • Strong enumerator effects • The FGDs also suggest that it might be more important to capture emotional responses to violence and harassment in public spaces other than 'feeling safe'. This includes feeling uncomfortable, anxious, and embarrassed. •	• Amend endline questions to more precisely capture the distinction between feelings of safety during the day and after dark. • Ensure measures more precisely capture feelings of safety within slum boundaries and consider focusing survey questions on places consistently identified in the FGDs: places where alcohol was consumed or sold, entrances and main roads into slums and places for open defecation (either the jungle, hills or open fields). • Consider alternative measures to 'feelings of safety' and test ahead of endline. • Focus on in enumerator training
Women's feelings of safety in their home	• This measure has not worked - even women who report experiencing severe forms of IPV say that they feel 'safe' at home. This means that baseline levels are too high to expect much positive movement, but also that 'safety' may have been interpreted by respondents more in terms of external threat rather than feeling unsafe around their partners.	• Explore other emotions which may be a consequence of IPV – unprompted responses in the survey and FGDs suggest that feeling depressed might be a more relevant measure. Test these ahead of endline to confirm relevance and ensure accurate interpretation by respondents.
Perception that women are to blame for violence and harassment in public spaces	• Poor balance for this measure across the treatment arms • Contradiction in the FGDs between blaming girls who wore attention grabbing clothes and acted to	• Adjust for imbalance in endline calculations • Further in-depth qualitative data collection ahead of endline to understand more precisely the attitudes and social norms which the Programme is likely to influence – and reflect analysis of this in revised survey measures at endline.

	confidently in public on the one hand, and a perceived targeting of younger women and girls who seemed to be "weaker", more "vulnerable" and "naïve" on the other.	
Perception that women sometimes deserve to be beaten by their husbands	• Some imbalance on this measure across treatment arms • Strong enumerator effects and possible measurement error as FGDS suggest far higher levels of controlling behaviours than the survey.	• Adjust for imbalance in endline calculations • Consider further testing of the measure ahead of endline • Focus on in enumerator training
Perception that women are obliged to have sex with their husbands even if they don't feel like it	• Some imbalance on this measure across treatment arms • Strong enumerator effects •	• Adjust for imbalance in endline calculations • Focus on in enumerator training
Alcohol consumption on a regular basis among boys and men	• Low levels of reported alcohol consumption means treatment effects are unlikely to be detected. Also means that baseline measure needed to be defined as drinking 'at least a few times a month' as few respondents admitted to drinking more often than that. This questions its value as an outcome measure in itself. Nevertheless, strong, significant and consistent correlations were found between 'regular' alcohol consumption and perpetration of VAW.	• Keep questions in the survey but discard as a standalone outcome measure (and amend questions to 'last 12 months' to bring in line with other measures). Also consider alternative methods of data collection, which are less sensitive to underreporting and better able to capture binge drinking.
Alcohol-related IPV	• This measure appears to have been effective in terms of capturing whether or not women are experiencing IPV which they believe is – at least in part – due to their husband being drunk. However, one of the objectives of the Programme is to encourage women	• Consider alternative measures at endline which capture a shift in boys'/men's taking responsibility rather than 'blaming' alcohol. • Develop an 'unconditional' question for this in the endline survey.

	to blame men rather than alcohol for their violent behaviour and for boys and men to take responsibility for their actions.	
Women earning their own income		• See above re: IPV and income correlations
Women's control of their income	• Difficulties in interpreting these findings	• Develop an 'unconditional' question for this in the endline survey. • Further qualitative work to understand the relationships between IPV, violence and harassment in public spaces and control over income.
Women's role in household decision-making	• ICC is high so power is weak for this measure • Strong enumerator effects	• Focus on in enumerator training
Women's mobility inside the slum during the day	• Strong enumerator effects	• Focus on in enumerator training
Women's mobility inside the slum at night	• ICC is high so power is weak for this measure	
Women's mobility outside the slum		
Women needing permission to leave the home	• ICC is high so power is weak for this measure • Strong enumerator effects	• Focus on in enumerator training
Knowledge of women's legal rights	• There is almost no variation and ICC is high, so power is weak for this measure • Strong enumerator effects • This measure is likely to have suffered from agreement bias.	• Redesign this measure to include statements which are false, so this is a more robust test of actual knowledge. • Focus on in enumerator training

Understanding that IPV has emotional consequences for women	• The survey data suggests that this measure is more of an indication that male respondents have first hand experience of perpetrating VAWG, rather than being an indication that they recognise the negative effects of VAWG so are less likely to perpetrate • Strong enumerator effects which appear to have resulted in agreement bias (with lists of possible responses read out by enumerators, rather than open ended questions being used)	• Consider discarding this measure at endline and replacing with measures which capture more nuanced shifts in social norms. • Focus on in enumerator training
Perception that society's tolerance of violence is a cause of violence in the home	• Difficult to interpret motivation for responding to this question – could be an indication of progressive views in relation to IPV, or a justification for it.	• Discard at endline and replace with one that picks up on other positive attitudes and/ or shifting social norms.

Reporting IPV to the police	• Relied on respondents recalling their most recent experience of IPV, which many did not do (even though they had reported experiencing IPV in the last 12 months). This is likely to be explained by: 1. Enumerator effects. 2. Respondents needing to recognise particular incidents as constituting 'violence', the previous statements were acts they had experienced, they were not labelled as 'violence' This meant that the number of women responding to this question is smaller than the number of women who reported experiencing IPV. • Strong enumerator effects • Question of whether it is appropriate to encourage women to report VAW to the police when planned engagement with the police appears to be minimal within the Programme.	• Develop an 'unconditional' question for this in the endline survey. • Focus on in enumerator training • Through further discussions with the IP, consider whether this outcome should be included at endline, or whether it should be replaced by a measure which captures whether women are telling anyone at all about their experiences of VAW.
Reporting violence and harassment in public spaces to the police	• As above	• As above
Reporting IPV to SHGs	• As above	• As above
Women receiving support from SHGs to deal with IPV	• As above	• As above
Women receiving	• As above	• As above

support from NGOs or women's organisations to deal with IPV		
Actions taken to prevent or respond to VAWG	• Strong enumerator effects	• Focus on in enumerator training • Amend endline question(s) to 'last 12 months' to bring in line with other outcome measures

Appendix 18: Correlation matrix of outcome variables

(See following page)

Table 36 - Pairwise correlation matrix of outcome variables (individual level)

	PHYSVAW_PREV	PHYSVAW_FREQ	PHYSVAW_SEV	SEXVAW_PREV	SEXVAW_FREQ	EMOTVAW_PREV	EMOTVAW_CONTROL	PUBLICVAW_PREV	PUBLICVAW_FREQ	VAW_PERP	VAW_PERP_SEV	PERCEPT_WOMEN	ATTITUDE_PHYSVAW	ATTITUDE_SEXVAW	MALE_ALCOHOL	PERCEPT_ALCOHOL1	MOBILITY_DAY	MOBILITY_NIGHT	MOBILITY_OUT	MOBILITY_PERMIT	SAFETY_PUBLIC	SAFETY_HOME	INCOME_EARNING	INCOME_CONTROL	DECISIONS_ROLE	KNOW_RIGHTS	CONSEQUENCE_DVAW	PERCEPT_SOCIETY	REPORTDVAW_POLICE	REPORTPVAW_POLICE	REPORTDVAW_SHG	SUPPORT_SHG	SUPPORT_NGO
1 PHYSVAW_PREV																																	
2 PHYSVAW_FREQ	0.84 ***																																
3 PHYSVAW_SEV	0.60 ***	0.67 ***																															
4 SEXVAW_PREV	0.37 ***	0.41 ***	0.51 ***																														
5 SEXVAW_FREQ	0.36 ***	0.40 ***	0.49 ***	0.91 ***																													
6 EMOTVAW_PREV	0.55 ***	0.50 ***	0.39 ***	0.23 ***	0.23 ***																												
7 EMOTVAW_CONTROL	0.37 ***	0.38 ***	0.40 ***	0.31 ***	0.33 ***	0.31 ***																											
8 PUBLICVAW_PREV	0.20 ***	0.14 ***	0.12 ***	0.12 ***	0.10 ***	0.26 ***	0.15 ***																										
9 PUBLICVAW_FREQ	0.18 ***	0.15 ***	0.12 ***	0.09 ***	0.09 ***	0.24 ***	0.16 ***	0.79 ***																									
10 VAW_PERP																																	
11 VAW_PERP_SEV										0.20 ***																							
12 PERCEPT_WOMEN	0.01	0.00	0.02	-0.02	-0.04 **	0.00	-0.03 *	-0.09 ***	-0.07 ***	0.06 ***	0.03																						
13 ATTITUDE_PHYSVAW	0.07 ***	0.04 **	0.01	0.02	0.00	0.07 ***	-0.04 **	0.00	-0.02	0.20 ***	0.06 ***	0.15 ***																					
14 ATTITUDE_SEXVAW	0.00	0.00	0.00	0.02	0.01	0.01	0.01	-0.02	-0.03 *	0.10 ***	0.01	0.07 ***	0.22 ***																				
15 MALE_ALCOHOL										0.04 **	0.02	0.03 *	0.07 ***	0.04 **																			
16 PERCEPT_ALCOHOL1	0.67 ***	0.63 ***	0.56 ***	0.34 ***	0.31 ***	0.43 ***	0.33 ***	0.15 ***	0.13 ***			0.01	0.04 **	0.01																				
17 MOBILITY_DAY	0.01	0.00	0.00	0.00	-0.01	-0.03 *	-0.02	0.09 ***	0.06 ***			-0.01	-0.01	0.08 ***		0.02																	
18 MOBILITY_NIGHT	-0.01	-0.02	-0.01	0.01	0.01	-0.07 ***	0.01	0.06 ***	0.05 ***			-0.01	-0.14 ***	0.10 ***		-0.02	0.62 ***																
19 MOBILITY_OUT	0.04 **	0.04 **	0.06 ***	0.04 **	0.03 *	-0.01	-0.01	0.07 ***	0.06 ***			-0.04 **	-0.10 ***	-0.10 ***		0.06 ***	0.27 ***	0.19 ***															
20 MOBILITY_PERMIT	0.06 ***	0.04 **	0.06 ***	0.01	0.01	0.06 ***	0.08 ***	0.02	0.02			0.00	0.01	-0.02		0.04 ***	0.02	0.05 ***	-0.04 **														
21 SAFETY_PUBLIC	-0.02	-0.04 **	-0.05 ***	-0.03 *	-0.02	-0.01	-0.01	0.00	-0.03 *			0.02	0.05 ***	0.02		0.01	0.01	0.02	0.11 ***	-0.03 *													
22 SAFETY_HOME	-0.18 ***	-0.20 ***	-0.19 ***	-0.17 ***	-0.15 ***	-0.15**	-0.18 ***	-0.04 **	-0.04 ***			0.04 **	-0.02	0.04 **		-0.18 ***	-0.02	0.01	-0.02	-0.04 **	0.04 **												
23 INCOME_EARNING	0.05**	0.06 ***	0.07 ***	0.01	0.02	0.04 **	0.02	0.02	0.03 *			0.01	0.04 **	-0.03		0.04 **	0.14 ***	0.05 ***	0.34 ***	0.03 *	0.13 ***	-0.02											
24 INCOME_CONTROL	0.08 ***	0.06 ***	0.05 ***	0.06 ***	0.06 ***	0.05 ***	-0.01	0.14 ***	0.14 ***			-0.02	0.03	-0.03		0.05 ***	0.08 ***	0.04 **	0.21 ***	0.01	0.08 ***	0.01	0.50 ***										
25 DECISIONS_ROLE	-0.08 ***	-0.08 ***	-0.07 ***	-0.03 *	-0.04 **	-0.08 ***	-0.17 ***	-0.05 ***	-0.07 ***			-0.01	0.06 ***	0.07 ***		-0.04 **	0.11 ***	-0.01	0.12 ***	-0.17 ***	0.22 ***	0.05 ***	0.13 ***	0.10 ***									
26 KNOW_RIGHTS	-0.06 ***	-0.08 ***	-0.07 ***	-0.05 ***	-0.06 ***	-0.09 ***	-0.05 ***	-0.01	-0.03 *	-0.12 ***	-0.04 **	0.04 ***	-0.02	-0.03 **	-0.04 ***	-0.07 ***	0.07 ***	-0.03 *	0.02	-0.11 ***	0.07 ***	0.01	0.01	0.00	0.14 ***							
27 CONSEQUENCE_DVAW	0.05 ***	0.04 **	0.04 ***	0.03 *	0.04 **	0.05 ***	-0.01	-0.01	-0.02	-0.02	0.02	0.04 ***	0.02 *	-0.02	-0.07 ***	0.05 ***	0.07 ***	0.04 **	-0.02	0.02	0.10 ***	-0.02	0.02	0.03 *	-0.01	0.04 ***						
28 PERCEPT_SOCIETY	-0.05 ***	-0.02	-0.03	-0.03 *	-0.02	0.00	-0.01	-0.06 ***	-0.03 *	0.06 ***	0.05 ***	0.06 ***	-0.09 ***	-0.02 *	-0.02	-0.02	0.03 *	0.07 ***	-0.01	-0.10 ***	-0.06 ***	-0.04 **	-0.04 **	0.00	0.05 ***	-0.02 *	0.18 ***					
29 REPORTDVAW_POLICE	0.27 ***	0.31 ***	0.35 ***	0.29 ***	0.27 ***	0.17 ***	0.22 ***	0.08 ***	0.07 ***			-0.02	-0.05 ***	-0.03 *		0.30 ***	0.03 *	0.02	0.05 ***	0.01	-0.02	-0.20 ***	0.03 *	0.03	-0.06 ***	0.00	0.01	0.04 **					
30 REPORTPVAW_POLICE	0.10 ***	0.10 ***	0.09 ***	0.06 ***	0.05 ***	0.02	0.08 ***	0.10 ***	0.11 ***			0.01	-0.05 ***	-0.03 *		0.09 ***	0.03 *	0.06 ***	0.06 ***	-0.03	-0.02	-0.05 ***	0.03 *	0.13 ***	-0.05 ***	0.01	-0.03 **	0.01	0.17 ***				
31 REPORTDVAW_SHG	0.27 ***	0.25 ***	0.24 ***	0.13 ***	0.12 ***	0.17 ***	0.13 ***	0.10 ***	0.06 ***			0.02	0.00	-0.02		0.23 ***	0.02	0.04 **	0.05 ***	0.01	0.00	-0.08 ***	0.03 *	0.04 **	-0.05 ***	-0.04 **	0.01	0.02	0.40 ***	0.17 ***			
32 SUPPORT_SHG	0.22 ***	0.19 ***	0.20 ***	0.07 ***	0.07 ***	0.15 ***	0.11 ***	0.07 ***	0.04 **			0.01	-0.01	0.02		0.23 ***	0.01	0.03 *	0.03 *	0.00	-0.01	-0.03 *	0.03 *	0.03 *	-0.03	-0.12 ***	-0.02	0.02	0.26 ***	0.15 ***	0.53 ***		
33 SUPPORT_NGO	0.12 ***	0.12 ***	0.14 ***	0.10 ***	0.10 ***	0.09 ***	0.05 ***	0.05 ***	0.05 ***			0.00	-0.03 **	0.01		0.12 ***	-0.01	0.00	0.02	-0.01	-0.02	-0.06 ***	0.01	-0.01	-0.02	-0.06 ***	0.02	0.01	0.24 ***	0.05 ***	0.29 ***	0.49 ***	
34 ACTIONS_VAW	0.06 ***	0.06 ***	0.05 ***	0.07 ***	0.06 ***	0.07 ***	0.09 ***	0.09 ***	0.17 ***	0.07 ***	0.03	0.02 *	-0.02	0.01	0.04 **	0.06 ***	0.11 ***	0.08 ***	0.13 ***	-0.13 ***	-0.06 ***	-0.04 **	0.06 ***	0.05 ***	-0.06 ***	-0.01	-0.01	-0.04 ***	0.09 ***	0.12 ***	0.08 ***	0.07 ***	0.07 ***

Indicators for statistical significance: * for .1, ** for .05, and *** for .01