



WhatWorks

TO PREVENT VIOLENCE

A Global Programme To Prevent
Violence Against Women and Girls



Impact assessment: Rural Response System intervention to prevent violence against women and girls in four districts, Central Region of Ghana

EVIDENCE BRIEF | OCTOBER 2019

THE RURAL RESPONSE SYSTEM

A community mobilisation and social norms change intervention

This brief presents the evaluation findings of the Rural Response System's community mobilisation and social norms change intervention tested under the What Works to Prevent Violence Against Women and Girls programme. It is intended to inform the work of ministries, departments and agencies (MDAs), like-minded local NGOs for women and children, leaders in the broader community, and donors working to prevent violence against women and girls (VAWG) in Ghana.

BACKGROUND

Intimate partner violence (IPV) is a significant global public health and human rights problem that poses a threat to the health, wellbeing, and potential of women and girls.¹ Although national reports of domestic violence have been high in Ghana,^{2,3} rigorous evaluations of interventions to prevent VAWG in this context are scarce. Baseline research conducted within this VAWG prevention study found that 34% of women had experienced IPV in the past year, with 21.4% reporting sexual and/or physical forms of IPV. Also, 23% of men reported perpetration of sexual and/or physical IPV in the previous year.^{4,5} The prevalence of women's past-year experience of emotional and economic IPV were 24.6% and 7.4% respectively.

The Rural Response System, a violence prevention and response intervention, was designed and implemented by the Gender Studies and Human Rights Documentation Centre (Gender Centre) in partnership with the School of Public Health, University of Ghana. The intervention was evaluated under the What Works to Prevent Violence against Women and Girls global programme. It was implemented over 18 months with the broad aim of reducing the prevalence of VAWG and promoting and protecting the rights of women and girls.

BOX 1: ENDLINE RESULTS SHOWED SIGNIFICANT REDUCTIONS IN VAWG

The RRS intervention resulted in:

- A 55% reduction in women's experience of sexual partner violence (statistically significant);
- A 50% reduction in women's experience of physical partner violence (not statistically significant);
- Statistically significant reductions in male partner controlling behavior and depression among women;
- Improved gender attitudes among both men and women; and
- General reductions in men's reported perpetration of IPV although changes were not statistically significant. Reports of sexual IPV perpetration increased, although this was non-significant and may be due to increased awareness of this type of violence.

THE INTERVENTION

The RRS intervention was implemented in the Central Region of Ghana in two inland and two coastal districts. It sought to raise public awareness about the drivers and consequences of VAWG, reduce VAWG through transforming the norms and attitudes that lead to it, and protect the rights and wellbeing of women and girls, using community-based structures. At the heart of the intervention were the Community-Based Action Teams (COMBATs) made up of community members selected, trained and deployed to facilitate activities around gender, violence against women, and the law, and provide counselling for couples experiencing conflict and violence. COMBAT members are respected male and female members of the community, nominated by the community; an average of six people were chosen per community.

The COMBATs received a five-day training on what constitutes VAWG, forms and types of VAWG, responding to VAWG, gender, patriarchy, and laws that deal with violence. In addition, COMBATs were trained for five days on property rights, testate and intestate succession, parental roles and responsibilities, counselling, referral of cases and supporting victims to access justice. The intervention also trained key personnel from the police, health, social welfare, the Commission on Human Rights and Administrative Justice and the National Commission on

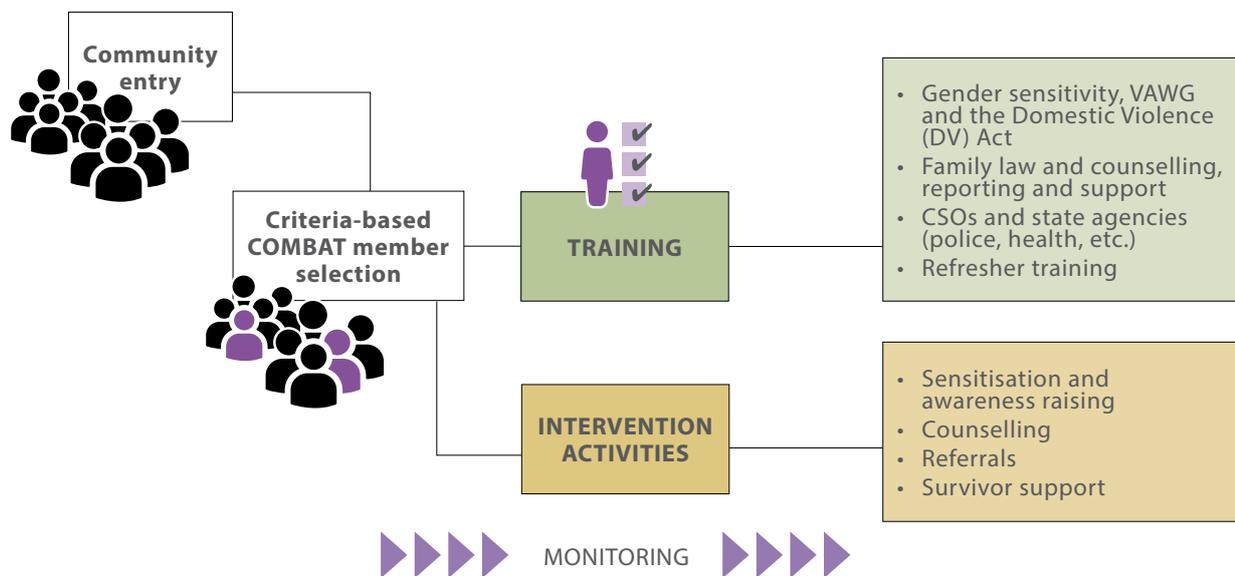


FIGURE 1 Description of the Rural Response System intervention

Civic Education. The COMBATs received refresher training on all components 12 months after initial training. Meetings were held regularly with community, traditional and religious leaders and other stakeholders for feedback on the intervention.

In delivering the intervention, the COMBATs used every opportunity – community gatherings, other social groupings, religious groupings, and meetings of family and friends – to raise awareness around VAW and facilitate discussion and critical reflection on attitudes and practices that perpetuate VAW. The COMBATs also provided counselling to survivors and supported them to access services from state institutions mandated to handle cases of VAW. The training was structured through a manualised programme of seven sections, each of which dealt with a specific topic, such as defining violence, understanding violence, types and forms of violence, the impact of violence and responses to violence. These formed the basis of COMBAT training; details can be found in the Gender Centre publication, *Violence against Women: a Training Manual*.

Overall, the programme reached 10,755 men and 14,330 women in the two intervention districts. Of the 2,328 men and 2,198 women sampled at the endline cross-sectional survey, about half of the women and a quarter of the men had heard of COMBAT, and about a quarter of the women had participated in the COMBAT activities.

THE EVALUATION

To evaluate the impact of the RRS intervention on reducing violence against women, What Works conducted a two-arm cluster randomised control trial (RCT), with a qualitative component, in communities in the identified research sites. One coastal and one inland district were randomly allocated to both intervention and control arms of the study. We conducted a baseline cross-sectional survey in randomly selected communities in the four districts prior to the rollout of the intervention and a follow-up survey 24 months after the baseline survey. A total of 2,000 women and 2,126 men were randomly selected from the communities in the four districts pre-intervention and 2,198 women and 2,328 men were randomly selected post-intervention. The qualitative research was conducted at pre-intervention, midway through the study and at the end of the study, and included 38 focus group discussions, 111 in-depth interviews and 45 key informant interviews.

The primary outcomes of the evaluation included past-year experience (for women) and perpetration (for men) of physical IPV, sexual IPV and severe forms of physical or sexual IPV. Secondary outcomes included depression, male controlling behaviour, and gender attitudes and norms.

To measure the impact of the RRS intervention on communities, we compared the change in IPV experience or perpetration in the intervention communities with the change in the control communities, accounting for baseline differences. Because the RRS is community-based, women and men were randomly selected from communities for the analysis whether they had been exposed to the intervention or not.

Women were less likely to experience violence from their intimate partners

Women from the intervention communities reported a lower number of experiences of violence from their intimate partners at post-intervention than women from the control communities, and this was statistically significant for sexual IPV. Prevalence of women's experience of sexual violence in the intervention communities reduced by 55% from 17.1% to 7.7% while the prevalence of physical IPV reduced by 50% from 16.5% to 8.3%. Women's experience of emotional IPV also reduced from 30% to 21.5%.

There was a reported increase (non-significant) in men's perpetration of sexual IPV post-intervention. This was unexpected and warrants further investigation.

"Beating and 'throwing out' of wives by husbands rarely happens these days because of the influence of the COMBAT people. The husbands are very much aware that if they commit such an act, COMBAT will deal with them accordingly."

From an in-depth interview with a 29-year-old female participant

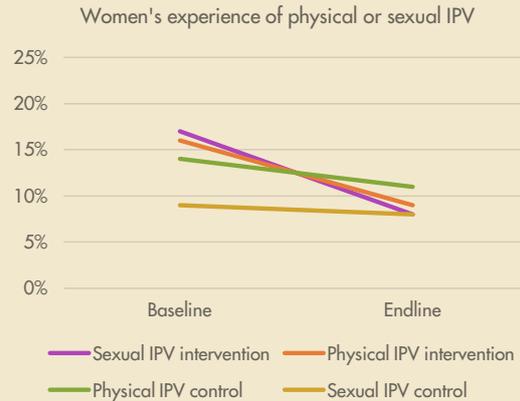


FIGURE 2 Women's experience of IPV at baseline and endline of study, by intervention and control arms

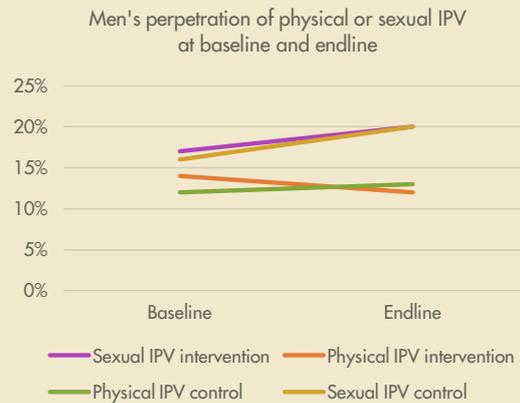
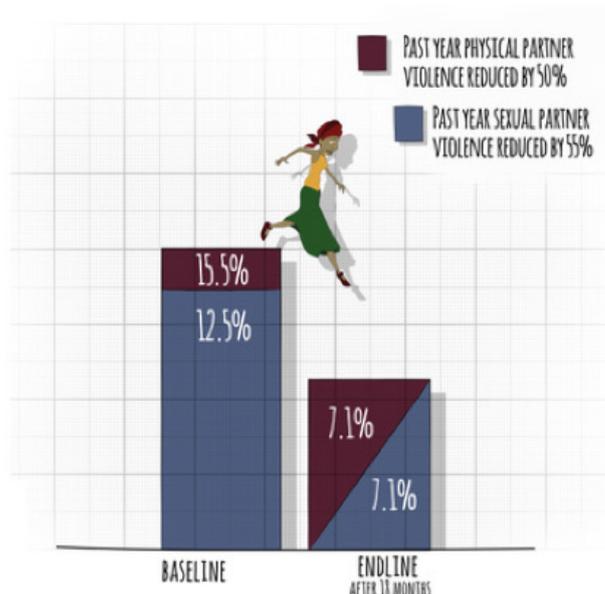


FIGURE 3 Men's perpetration of IPV at baseline and endline of study, by intervention and control arms

A COMMUNITY BASED PROJECT IN RURAL GHANA SEES INTIMATE PARTNER VIOLENCE REDUCED BY MORE THAN HALF



Women's mental health improved

Women from the intervention communities reported significant improvement in their depression scores compared to women from the control communities. The average depression score among women in the intervention communities reduced by 20%.

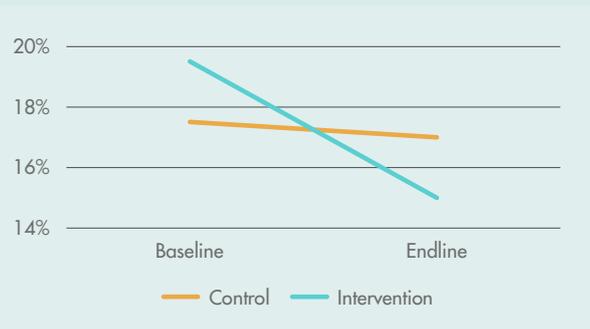


FIGURE 4 Changes in women's depression score post-intervention

Women's relationships with their partners improved

Women from intervention communities reported that their partners were significantly less controlling than women from the control communities. The average partner controlling behaviour score in the intervention communities reduced by 12% while the average score among women in the control communities reduced by less than 1%.

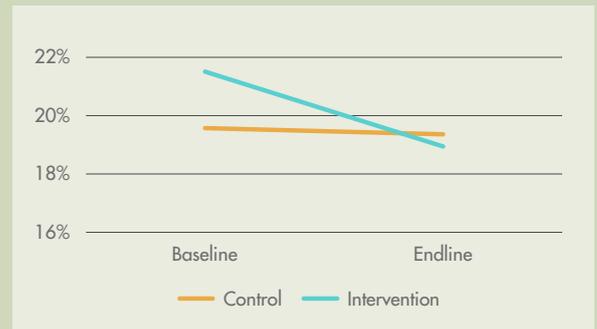


FIGURE 5 Changes in women's partner's controlling behaviour

Improvements in gender attitudes

There was an improvement in the gender attitudes of both men and women post-intervention, even though improvements were not statistically significant. Greater improvements were recorded by men in terms of general and individual gender attitudes.

"Now you know when there is any problem you have COMBATs to talk to ..."

"We know when we call on them, there will be peace, and that is why we call on them."

"Violence is bad practice, so having someone mediate is a good thing and we are comfortable."

Female participants (>35 years) in focus group discussions



CONCLUSIONS

The RRS intervention showed benefits for women following 18 months of intervention delivery. Both quantitative and qualitative findings provide evidence that the RRS intervention in Ghana has an important role to play in VAWG prevention. Moreover, recognising that social norms change in communities takes time, it is likely that with a longer implementation period even greater impact could be seen. The following conclusions are made based on the findings from this impact assessment:

1. Norm change interventions can be effective in reducing VAWG within programmatic timeframes, but this requires working with the whole community.
2. Careful selection, training, and supervision of community facilitators such as COMBATs is required.
3. Prevention efforts employing community mobilisation and norm change approaches are likely to be more effective when they are supplemented by support for survivors.
4. Communities are an important focus of VAWG prevention programming. Interventions are more likely to be effective when they are community led, locally owned and context specific to help build rapport and trust from stakeholders and ensure their buy-in.
5. More women than men participated in COMBAT activities. This was likely because of a perception that the messages were very much in favour of women. The messages may need to be adapted to heighten the benefits of reducing violence to the entire household and communities beyond the immediate benefits to women.
6. There is potential to scale up delivery of this locally tested prevention approach to other districts of Ghana. However, it is important that the core elements of the intervention are retained in scale-up, including the careful selection, training, and supervision of COMBATs, training of key state actors, and the coordinated approach to prevention and response.

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This evidence brief has been funded by UK aid from the United Kingdom government. The funds were managed by the South African Medical Research Council. The views expressed do not necessarily reflect the UK government's official policies. The team wishes to acknowledge the contributions of Dr Leane Ramsoomar, SAMRC.

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