

# Training Local Leaders to Prevent Gender-based Violence in Their Communities

by Daniel Hurtado

Gender-based violence (GBV) against women poses a significant challenge for policy makers and researchers. Despite the fact that one in three women are affected by GBV globally, there has been little rigorous research on the efficacy of interventions that aim to reduce and prevent GBV. In study of 10 countries, the World Health Organization found Peru to have one of the highest prevalence of physical and sexual violence toward women by a spouse or partner (69%), on par with Ethiopia (71%) and Bangladesh (75%). To address this, the Peruvian Ministry of Women and Vulnerable Populations (MOW) designed a program, Leaders in Action, which teaches local leaders about gender-based violence issues, including how to prevent it and identify cases.

Leaders in Action is a key component of Ministry of Women and Vulnerable Populations' (MOW) National Plan against Gender-Based Violence. Its evaluation is result of a collaboration between IPA, J-PAL and the MOW that started in 2016, and led to two workshops designed to strengthen the technical capabilities of MOW staff around impact evaluations and to inform policy in the area. Since then, IPA has been working with the MOW to lay the groundwork for a randomized controlled trial to evaluate Leaders in Action and to a plan on how to use the evidence generated to reduce gender-based violence in Peru.

The project is innovative in two important ways: 1) it is a theory-driven intervention that will be carefully implemented by the national authority against GBV in Peru, and 2) it uses a rigorous evaluation design with direct policy and scientific implications. The project will be evaluated IPA-affiliated professor Erica Field of Duke University in partnership with Innovations for Poverty Action (IPA), and will test the impact of training leaders of community social organizations, such as neighborhood associations, to become community health volunteers and to work within their communities on GBV monitoring, prevention, and reduction. The trained local leaders will then work with local authorities and other community stakeholders to train additional members of their communities, perform local awareness and mobilization campaigns to monitor the incidence of GBV, encourage the use of existing support services for GBV victims, and to change the social norms and attitudes surrounding GBV more broadly.

The scientific contribution relies on an evaluation strategy that addresses the main shortcomings of the GBV literature. We will conduct a large randomized control trial (RCT) in rural Peru, and use validating measures that will allow us to explicitly address reporting bias. We will measure the impacts of Leaders in Action on the incidence of GBV and mental and physical health, as well as on important factors which may influence it, such as attitudes towards violence, women's empowerment, and the use of government services for GBV victims. Finally, we will collect extensive data to measure the how the effects of the program differed across different types of people in the community (characterized by their level of education, underlying risk of violence, among others) which we hope will elucidate the mechanisms at play.

This project joins other IPA efforts to close the gap of evidence of what works to prevent and reduce GBV and why. For example, IPA is being working in Liberia to prevent intimate partner violence by sending text messages to reshape how men view their roles in relationships and how this could reduce intimate partner violence, and found that screening films in Uganda with an anti-GBV message reduced its prevalence when measured eight months later. We hope that IPA's multi-pronged approach will help us find evidence-based solutions to this all too common, but under-researched, problem.

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