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Improving Officials' Use of Evidence in the Design and Implementation of Public Policy*

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Abstract

We study whether structured, evidence-based information can shape local policymakers' beliefs and stated intentions to adopt violence prevention interventions. Using a randomized experiment embedded in Colombia's national policy planning cycle, we exposed municipal officials to varying types of information about programs aimed at reducing violence against women. The information differed along two key dimensions: the strength of the underlying evidence (effective or inconclusive) and the inclusion of practical implementation guidance. We find that receiving information increased the expected effectiveness of interventions by 3.7 percentage points and raised willingness to implement by 0.15 points on a 1–4 scale. These effects were larger and more precisely estimated when the intervention had strong empirical support and when the information included concrete implementation guidance. Our findings suggest that actionable, credible information can meaningfully shift beliefs and policy intentions, especially when it helps officials evaluate both the relevance and feasibility of applying a program in their own context. The results contribute to growing evidence on information frictions in public administration, showing that policymakers are responsive to research when it is presented in a structured and practically useful format. Tailoring dissemination strategies to address local implementation needs may be key to encouraging evidence-informed policymaking.

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Keywords: Colombia, evidence-based policymaking, local governance, crime prevention

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1 Introduction

Despite growing investment in the production and dissemination of rigorous evidence on what works in public policy, the actual uptake of such information by decision-makers remains limited. In many countries, local governments continue to allocate resources to programs with limited or unproven effectiveness, even as credible evaluations are publicly available. This gap between evidence and practice is particularly consequential in high-stakes areas such as violence prevention, where ineffective strategies may not only waste scarce resources but also fail to protect vulnerable populations.

Understanding the reasons behind this evidence-adoption gap—and identifying practical strategies to reduce it—is increasingly central to the field of public administration and political economy. Recent research highlights multiple frictions that inhibit the use of evidence in policy design, including information overload, limited technical capacity, ambiguity about external validity, and cognitive biases such as motivated reasoning and correlation neglect (Banuri et al., 2019; Hjort et al., 2021; DellaVigna et al., 2024). While these studies provide valuable insights, most focus on stylized or low-stakes settings. Less is known about how public officials engage with evidence during real-world planning processes involving complex, multi-year decisions.

This paper studies whether structured, policy-relevant information can shift beliefs and intentions among local policymakers during a national planning process. We focus on the case of Colombia, where all newly elected mayors are legally required to prepare a four-year local security strategy known as the Comprehensive Plan for Citizen Security and Coexistence (Plan Integral de Seguridad y Convivencia Ciudadana, PISCC). These plans serve as the main vehicle for municipal-level crime prevention policy and are supported by technical assistance from the national government.

In collaboration with Colombia’s National Planning Department (Departamento Nacional de Planeación, DNP), we embedded an experimental information intervention into the 2024 PISCC planning cycle. Through an online platform, we provided municipal officials with structured evidence on programs to prevent violence against women—a policy area prioritized by national authorities and frequently cited as a top concern in consultations with

security officials. In this study, violence against women will be measured as intimate partner violence (IPV). Each participating official received information on two randomly selected interventions from a set of six evidence-based programs. The information packages varied in both content and framing, including randomized combinations of: (i) effectiveness evidence, (ii) implementation guidance, and (iii) funding options.

We evaluate whether exposure to this information affected two key outcomes: public officials' beliefs about the likely effectiveness of the interventions and their willingness to implement them locally. Because each official was asked to evaluate all six interventions but received detailed information on only two, we estimate within-individual treatment effects, enhancing identification and statistical power.

We find that providing structured information significantly increased both perceived effectiveness and willingness to implement the treated interventions. On average, expected effectiveness rose by 3.7 percentage points (6.5% of average expected effect size at baseline), and willingness to implement (WTI) increased by 0.15 points on a 1–4 scale (4.6% of baseline average). These effects were concentrated among programs backed by strong empirical evidence and among officials who received implementation guidance—suggesting that both the credibility and practical relevance of the information shape responsiveness. Notably, we find little or no effect for programs with inconclusive evidence, even when implementation support was included.

These findings contribute to several strands of literature. First, we add to work on the use of evidence in public administration by showing that structured, actionable information can meaningfully influence beliefs and stated intentions in real-world planning contexts (Banuri et al., 2019; Hjort et al., 2021). Second, we build on research in behavioral political economy and public sector decision-making, which emphasizes how heuristics and cognitive frictions shape how officials process information (Bénabou & Tirole, 2016; DellaVigna et al., 2024). Third, we connect to translational criminology and evidence-based policing, which underscore the importance of converting research into practice for crime prevention, policing, and violence reduction (Weisburd, 2022; Lum & Koper, 2017; Blomberg et al., 2024). Fourth, because our intervention supports local planners drawing on externally generated evidence, we also speak to policy transfer and translation across contexts (Stone,

2012; Legrand, 2012). Finally, our focus on violence prevention adds to the empirical base on policy design in domains with high social and institutional stakes (Ellsberg et al., 2015; Koppensteiner-Foureaux et al., 2022).

Importantly, the study also highlights key areas for further research. Participation in the platform was voluntary and limited to around 9% of municipalities, likely reflecting differences in institutional capacity and engagement with national planning processes. We were also unable to measure actual policy implementation. These limitations underscore the need for future work to explore more intensive, context-sensitive delivery mechanisms—such as in-person technical assistance or peer learning models—and to track behavioral follow-through. They also point to open questions at the intersection of translational criminology and policy transfer: how to adapt evidence generated elsewhere to local constraints, and which institutional supports most effectively translate credible evaluations into municipal practice (Weisburd, 2022; Stone, 2012; Legrand, 2012). In this sense, our findings serve as a proof of concept: they show that when information is timely, credible, and practically useful, it can shift policy-relevant beliefs, even in settings where capacity is uneven and institutional constraints are real.

The remainder of the paper is organized as follows. Section 2 introduces the institutional context and planning process. Section 3 outlines the experimental design, data, and empirical strategy. Section 4 presents the main findings. Section 5 concludes with implications for research and policy. The Appendix provides additional details on the intervention design, data collection instruments, and supplementary results.

2 Institutional Background and Context

2.1 Colombian Municipalities

Colombia’s governance structure is highly decentralized, with municipalities constituting the lowest tier of government. The country has 1,103 municipalities across 32 departments.¹ Each municipality is headed by an elected mayor serving a four-year term, supported by a

¹Departments in Colombia are equivalent to states in the United States.

municipal council responsible for approving budgets, enacting local legislation, and overseeing the mayor’s administration. Mayors have broad discretion over local policy formulation and implementation, though their effectiveness is often shaped by variation in administrative capacity, financial resources, and political priorities.

2.2 Policy Planning and the Role of the DNP

A key institutional feature of Colombia’s public security policy framework is the Comprehensive Plan for Citizen Security and Coexistence (Plan Integral de Seguridad y Convivencia Ciudadana, PISCC), a mandatory planning document that every newly elected mayor must prepare during the first half of their term. The PISCC outlines a four-year strategy for crime prevention and public safety, integrating diagnostics, objectives, activities, and funding plans.

The formulation of PISCCs is guided and supported by Colombia’s National Planning Department (Departamento Nacional de Planeación, DNP), which plays an advisory role throughout the process. Following local elections in October 2023 and the inauguration of mayors in January 2024, the 2024 PISCC cycle began. The DNP provided technical assistance through structured support activities, including in-person and virtual training sessions, a digital learning platform, and continuous communication with municipal teams. The plans must be submitted via SISPET, a national digital platform that facilitates oversight, standardization, and data collection.

2.3 Collaboration and Study Integration

This study was conducted in coordination with the DNP and embedded within the 2024 PISCC cycle. To assess how public officials respond to structured, evidence-based information when making policy decisions, we introduced an experimental evidence platform during official communications and training events. This platform provided municipal officials with access to curated information on programs to prevent violence against women, measured in this study as intimate partner violence (IPV), enabling us to evaluate how different types of information influenced their beliefs and stated policy intentions.

While participation in the platform was not mandatory, it was formally introduced through official DNP channels, and over 100 municipalities participated in the full exercise. This integration allowed us to collect systematic data in a real-world policy setting during a critical planning window for local governments.

2.4 Selection of Policy Focus and Interventions

Selection of policy focus. To identify salient public security issues across Colombian municipalities and understand the primary barriers to policy implementation, we conducted a structured survey with 46 territorial managers (*gestores territoriales*) from the National Police. These officials oversee the implementation of public security policies at the local level, including monitoring key activities, analyzing regional policy uptake, coordinating with specialized units, and identifying best practices and opportunities for improvement.

The consultation process was based on a standardized questionnaire that included both multiple-choice and open-ended questions covering four dimensions: (i) perceived security challenges, (ii) barriers to policy implementation, (iii) perceived effectiveness of existing interventions, and (iv) feasibility of implementing new interventions. Responses were collected anonymously via an online survey, following informed consent procedures.²

The territorial managers were asked to identify the three most pressing security issues in their jurisdictions and to assess the effectiveness and feasibility of a range of public security interventions. The most frequently cited challenges were theft, homicide, and domestic violence. Regarding implementation barriers, respondents emphasized the lack of information on policy effectiveness, limited willingness to adopt evidence-based approaches, and significant budgetary constraints.

Survey results were complemented with administrative data from police crime statistics to verify the prevalence of these issues across municipalities. Based on the convergence of both sources, and in consultation with the DNP, violence against women was selected as a focal policy area. This issue is highly prevalent, cross-cutting across regions, and aligned with national priorities on citizen security and gender equality.

²The survey instrument included structured questions on local security issues, policy barriers, and evaluations of intervention effectiveness and feasibility. See Appendix D for the complete questionnaire.

Selection of interventions. Two recent syntheses—a global evidence review and a review conducted in Colombia that compiles international evidence while being informed by the Colombian context—served as the main sources for identifying candidate interventions (Kerr-Wilson et al., 2020; Suescún et al., 2023). From the 19 interventions classified across these reviews as effective, promising, or inconclusive,³ we selected those that (i) targeted the prevention of IPV, (ii) had been evaluated through experimental or quasi-experimental methods, and (iii) were feasible for implementation by municipal governments. We then reviewed the underlying studies to confirm the robustness of their evidence and focused on implementation cases in low- and middle-income countries, emphasizing designs with scalability and adaptation potential to the Colombian context. The final six interventions met these criteria:⁴

1. Integrated women’s support centers (CEM)⁵ (Sviatschi & Trako, 2021)
2. Conditional cash transfers (Bobonis et al., 2016; Hidrobo et al., 2016)
3. Increased female representation in police forces (Miller & Segal, 2019)
4. Couples’ workshops (Dunkle et al., 2020; Doyle et al., 2018; Murray et al., 2020)
5. Follow-up by social workers (Koppensteiner-Foureaux et al., 2022)
6. Information campaigns (Ellsberg et al., 2015)

The selected interventions fall into two groups according to the strength of the supporting evidence. Four—integrated women’s support centers, conditional cash transfers, increased female representation in police forces, and couples’ workshops—show consistent empirical

³The set of 19 interventions includes: cash transfers; parenting programs; school-based curricula; community mobilization and activism; couples’ interventions; alcohol and substance use reduction; women’s empowerment and skills programs; livelihood and microfinance programs with gender components; justice-system and police reforms; integrated service centers; social norms programs with men and boys; public awareness and edutainment campaigns; case-management and coordinated response models; legal reforms and enforcement measures; digital and media-based initiatives; bystander and community surveillance programs; group discussions with men; shelter or crisis-center expansion; and institutional coordination reforms.

⁴Appendix A describes the rationale for the selection of each of the interventions.

⁵Throughout the text these are often referred to as women’s emergency centers or CEM in reference to the Centros Emergencia Mujer program in Peru.

support for reducing violence (Kerr-Wilson et al., 2020; Suescún et al., 2023). Two additional interventions—follow-up by social workers and information campaigns—were included because they are plausible and implementable municipal strategies, but the existing evidence is mixed or inconclusive. The follow-up by social workers corresponds to the broader category of case-management and coordinated response models; we verified and complemented the two reviews and identified Koppensteiner-Foureaux et al. (2022) as a relevant study examining this approach in practice. This variation in evidence strength was intentional and allows us to test whether public officials differentiate between interventions based on the credibility of the evidence presented.

2.5 Motivation and Research Objectives

The study addresses persistent challenges in evidence-informed policymaking at the local level. Prior research has documented limited engagement with rigorous evidence among frontline officials and policymakers (Banuri et al., 2019; Hjort et al., 2021). Constraints include not only lack of access to research, but also difficulty translating abstract findings into practical actions, particularly in low-capacity settings. Our study contributes to this literature by testing whether structured information (varying in content, detail, and credibility) can meaningfully influence beliefs and stated intentions in a real policy planning process.

The intervention targeted two central dimensions of decision-making: (i) beliefs about the expected effectiveness of different policy options in reducing violence and (ii) willingness to adopt these interventions at the municipal level. By embedding the experiment in the PISCC process, we were able to measure how information affected public officials’ thinking at a critical moment of agenda-setting and resource allocation.

3 Experimental Design

3.1 The Information Provision Experiment

This section presents the design of the information provision experiment aimed at assessing how structured evidence influences local policymakers’ beliefs and stated policy intentions.

In particular, we examine whether exposure to information on specific violence prevention interventions—including evidence on their effectiveness, practical implementation guidance, and funding options—affects public officials’ beliefs about expected impact and their willingness to adopt the interventions.

To this end, we randomly assigned local officials from Colombian municipalities to receive different types of information about two out of six evidence-based programs targeting violence against women. Our main outcomes of interest are: (i) changes in officials’ beliefs about the potential effectiveness of these programs in their municipality and (ii) changes in their willingness to implement them.

Importantly, the effectiveness information included a section that provided, for each municipality, the estimated reduction in total cases of intimate partner violence (IPV) that could be achieved if the intervention were implemented. This potential impact was presented as an approximate value, calculated based on the total number of cases reported in 2023. The information cited and included links to the relevant research articles and labeled the intervention as either being “effective” or showing inconclusive results based on the available evidence. For further details, see Annex C.1.

In addition, the funding information outlined two potential sources that municipalities could access to support the financing of public security policies: FONSET and FONSECON. FONSET is the Territorial Fund for Security and Citizen Coexistence, financed through local resources and aimed at supporting the design and implementation of municipal security strategies. FONSECON, the National Fund for Citizen Security and Coexistence, provides financial support from the national government to strengthen local initiatives related to crime prevention and violence reduction.

Embedding in the PISCC process. As discussed in Section 2, the experiment was embedded in Colombia’s national planning process for public security, the Comprehensive Plan for Citizen Security and Coexistence (Plan Integral de Seguridad y Convivencia Ciudadana, PISCC). The information platform was introduced during training sessions led by the National Planning Department (DNP) and via communication channels, reaching public officials across all 1,103 municipalities. During these sessions, officials were informed about

the platform and invited to register and complete a structured evidence review process, which included baseline and endline surveys. Participation was encouraged but not mandatory.

Structure of the evidence platform. The platform was designed to simulate a streamlined user experience while enabling structured measurement of belief updating. Upon logging in, users encountered a landing page with general information on the prevalence and policy importance of violence against women in Colombia. This page listed the titles and brief descriptions of six violence-prevention programs, without further detail.

Clicking a “Learn More” button led to a baseline survey capturing respondents’ beliefs about the effectiveness of each intervention, their willingness to implement them, and their familiarity with the programs. After completing the baseline, each official received information packages on two randomly selected interventions. These packages varied in both content and depth, as described below. Finally, users completed a follow-up (endline) survey assessing changes in beliefs and intentions.

Detailed descriptions of the content provided in the information packages—covering effectiveness, implementation guidance, and financial support—can be found in Appendices C.1, C.2, and C.3, respectively. The full baseline and endline survey instruments are provided in Appendix D.

Language of materials. All information packages shown on the platform were presented in Spanish. For any external implementation resources available only in English, the platform provided a Spanish summary and a link to the original source. Appendix C.4 (Table C.2) summarizes the content of the participant packages by intervention and component.

Selected interventions. The six interventions evaluated in the experiment were selected based on the criteria and process described in Section 2, which included extensive consultation with public security officials and a systematic review of the available evidence. These interventions varied in their underlying evidence base and implementation complexity. Four were supported by consistent positive findings in experimental or quasi-experimental evaluations, while the remaining two had inconclusive evidence. This variation was leveraged

to assess whether policymakers respond differently to interventions based on the strength of the supporting evidence.

Experimental variation. The experiment was structured around two randomized components: the pair of interventions assigned to each municipality, and the type of information provided about those interventions.

First, each municipality was randomly assigned to receive information about two out of six possible interventions. To ensure relevance and engagement, we imposed a constraint: all municipalities received either Intervention 1 (integrated women’s support centers) or Intervention 2 (conditional cash transfers)—both backed by strong evidence. The second intervention was drawn from the remaining four. This process created eight distinct “buckets” of intervention pairs, and municipalities were randomly assigned to one.

This structure ensured that all participants received information on at least one intervention with strong evidence. It also helped reduce cognitive load by limiting the scope of information to two programs. Since the baseline and endline surveys captured beliefs for all six interventions, we are able to estimate within-individual treatment effects by comparing exposed and unexposed programs for each respondent. This feature enhances both statistical power and internal validity.

Second, conditional on the intervention pair assigned, each municipality was randomly assigned to one of four information treatment arms:

- **Evidence Only:** A concise summary of evaluation results on intervention effectiveness.
- **Evidence + Implementation Support:** The effectiveness summary plus step-by-step guidance on how to operationalize the program at the municipal level.
- **Evidence + Funding Options:** The effectiveness summary plus information on how to access national co-financing mechanisms (e.g., FONSET, FONSECON).
- **Evidence + Implementation + Funding:** A combination of all three components—evidence, implementation support, and funding guidance.

This second layer of randomization was cross-randomized with the intervention pairs. This design allows us to isolate the effects of different types of information on officials' beliefs and intentions and to test whether responses differ when uncertainty about implementation or financing is reduced.

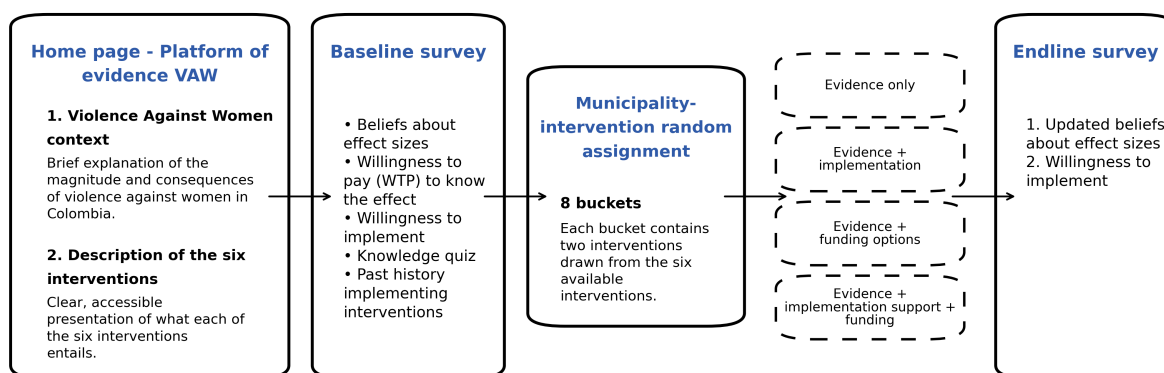
Survey flow and outcome measures. All participants moved through the same sequence (see Figure 1): registration, landing page, baseline survey, information exposure (two packages), and endline survey. The survey instruments included brief comprehension and familiarity questions at baseline, and repeated belief and intention questions at endline.

The primary outcomes are:

- **Willingness to implement:** A 1–4 scale asking how willing respondents would be to implement each intervention in their municipality, taking into account the local context and intervention characteristics.
- **Beliefs about effectiveness (expected effect size):** The expected percentage reduction in IPV if the program were implemented locally.

As indicated above, these questions were asked for all six interventions, both before and after treatment, and because only two of the six interventions were treated, each respondent provides a natural comparison group within their own responses.

Figure 1: Flowchart of the Beliefs and Demand Experiment Design



Source: Authors' elaboration.

This design allows us to estimate causal effects of different types of information on policy beliefs and intentions. The within-respondent variation provides clean identification,

while cross-municipality randomization in information packages enables comparisons across implementation and funding content.

We focus on beliefs and intentions because they represent an important proximate outcome in the policy process. In the context of the PISCC, these beliefs inform how municipal security plans are constructed and which interventions are prioritized. While belief change alone does not guarantee adoption, it is a necessary first step—particularly in settings where uncertainty, institutional constraints, and information gaps shape policymaking.

3.2 Estimation Strategy

Our goal is to estimate the causal effect of receiving structured information about a policy intervention on two main outcomes: (i) the respondent’s belief about the intervention’s effectiveness and (ii) their willingness to implement the intervention in their municipality. We focus on the *intention-to-treat (ITT)* effect, defined as the average effect of being assigned to receive information on a particular intervention, regardless of actual engagement.

Let $Y_{i,p,d}$ denote the outcome of interest for decision-maker d in municipality i , regarding program p . Let $T_{i,p}$ be a binary indicator equal to 1 if the decision-maker was assigned to receive any type of information about program p , and 0 otherwise. We estimate the following model via ordinary least squares (OLS):

$$Y_{i,p,d} = \alpha + \beta T_{i,p} + \gamma_d + \delta_p + \varepsilon_{i,p,d} \tag{1}$$

where γ_d are individual (respondent) fixed effects, δ_p are program fixed effects, and $\varepsilon_{i,p,d}$ is the error term. Standard errors are clustered at the municipality level, which is the level of treatment assignment.

This specification compares outcomes for treated and untreated programs within the same individual, controlling for systematic differences across respondents and across programs. The coefficient β captures the average effect of being exposed to any information package for a given intervention.

In addition to estimating the pooled effect of any information, we also explore whether the type of information matters. To do so, we decompose the treatment into four mutu-

ally exclusive binary indicators: $T_{i,p}^{\text{evidence}}$, $T_{i,p}^{\text{impl}}$, $T_{i,p}^{\text{funding}}$, and $T_{i,p}^{\text{full}}$, each equal to 1 if the municipality was assigned that specific package for intervention p . We estimate:

$$Y_{i,p,d} = \alpha + \beta_1 T_{i,p}^{\text{evidence}} + \beta_2 T_{i,p}^{\text{impl}} + \beta_3 T_{i,p}^{\text{funding}} + \beta_4 T_{i,p}^{\text{full}} + \gamma_d + \delta_p + \varepsilon_{i,p,d} \quad (2)$$

Each coefficient β_j measures the effect of receiving a specific type of information relative to receiving no information. In addition to this four-arm breakdown, we also estimate models using a binary grouping: whether or not the assigned package included *implementation guidance*, which is designed to reduce practical barriers to adoption.

We also investigate whether treatment effects vary depending on the *underlying strength of the evidence* supporting the intervention. For this purpose, we define a binary variable Inconclusive_p , equal to 1 if intervention p is supported by mixed or inconclusive evidence, and 0 if the intervention has strong, consistent empirical support. We estimate the following interaction model:

$$Y_{i,p,d} = \alpha + \beta_1 T_{i,p} + \beta_2 (T_{i,p} \times \text{Inconclusive}_p) + \gamma_d + \delta_p + \varepsilon_{i,p,d} \quad (3)$$

In this specification, β_1 captures the average treatment effect for interventions with strong evidence, while β_2 captures how the effect differs for interventions with inconclusive evidence. A negative and significant β_2 would indicate that information is less persuasive or less influential when the underlying evidence base is weaker.

3.3 Data

The analysis draws on survey responses and administrative records covering the subset of municipalities that engaged with the evidence platform. While the intervention targeted all 1,103 municipalities required to submit a PISCC, participation was voluntary. To promote platform uptake, we presented the initiative during 28 virtual meetings organized by the DNP, reaching municipal officials across the country. These meetings provided a standardized overview of the platform and emphasized the urgency of addressing violence against women, using national and departmental data.

Following these events, the DNP distributed follow-up emails to all eligible officials, in-

cluding a direct link to the platform. A total of 113 completed the full sequence of steps on the platform, including the baseline survey, exposure to the assigned information, and the follow-up survey. These respondents represent 103 unique municipalities across 23 departments, corresponding to approximately 9.3% of the initial target sample.

The final dataset includes baseline and endline survey responses capturing beliefs and preferences across all six interventions. Key outcomes include perceived effectiveness (expected effect size) and willingness to implement (WTI), both measured before and after exposure to the intervention. The surveys also captured respondents' familiarity with each intervention, whether their municipality had previously implemented it, and basic demographic and role-specific information. Response times indicate that most officials completed the full interaction with the platform in under 15 minutes.

To complement the survey data, we merged external administrative records on municipal characteristics, including population size, institutional capacity, and IPV rates, from official national sources. These variables are used to assess balance across treatment arms.

3.4 Descriptive Statistics

We begin by comparing participating and non-participating municipalities along several baseline municipal-level characteristics. Columns (1) and (2) of Table 1 present means for each group, while column (3) reports the difference in means. Participating municipalities differ significantly in several dimensions: they report higher rates of IPV, display greater institutional capacity, exhibit lower levels of unsatisfied basic needs, and are located somewhat closer to their departmental capital on average.

Table 1: Descriptive Statistics

Variable	Mean participating municipalities (1)	Mean non-participating municipalities (2)	Mean difference (3)
Population (inhabitants)	80098.72	43929.74	36168.978 (28246.254)
Intimate Partner Violence (Rate X 100,000 women)	120.18	82.56	37.622*** (9.673)
State Capacity Index	54.66	52.63	2.029* (1.153)
Area (km ²)	781.24	889.06	-107.813 (307.847)
Altitude Meters AMSL (Above Mean Sea Level)	1252.40	1138.00	114.398 (95.050)
Distance to Bogotá (Km)	315.03	315.53	-0.502 (19.678)
Distance to Department Capital (Km)	68.16	80.22	-12.057** (5.823)
Unsatisfied Basic Needs (%)	18.60	22.18	-3.577** (1.697)
Multidimensional Poverty Index (%)	38.82	41.17	-2.349 (1.680)
Rural Index	0.52	0.55	-0.032 (0.024)
Observations	103	1000	1103

Notes: Standard errors in parentheses. Asterisks denote significance levels: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

State Capacity Index: Measures the performance of departmental and municipal governments in terms of their management capacity and ability to generate development outcomes.

Rural Index: Proportion of the population living in rural areas (rural population divided by total population).

These differences are important for assessing external validity. Participating municipalities are not representative of all Colombian municipalities, but they are arguably among those where the issue of violence against women is both more visible—due to higher prevalence or better reporting—and where there is institutional capacity to respond. As such, the sample remains relevant for understanding policy engagement in contexts where both problem salience and minimal administrative capacity are present.

At the same time, no significant differences are observed in other core dimensions such as population size, geographic area, rurality, or multidimensional poverty. This suggests that, while selected, the sample is not limited to only the most urban or resourced municipalities.

Within the experimental sample, we assess balance in two dimensions. First, Table B.1 in the Appendix compares municipalities that were assigned to receive at least one intervention with inconclusive evidence versus those assigned to two interventions with strong supporting

evidence. We find no systematic differences in key covariates across these groups.

Second, Table B.3 in the Appendix compares municipalities assigned to the evidence-only group with those assigned to each of the other three information packages—those including implementation guidance, funding guidance, or both. Overall, the groups appear broadly similar. The most notable difference is in reported rates of IPV, driven by a single outlier in the evidence-only group. Removing this observation substantially reduces the imbalance.

These checks provide reassurance that treatment assignment generated reasonably comparable groups at baseline. While the core analysis relies on within-person comparisons, minimizing concerns about compositional differences, these cross-group balance checks remain important for interpreting heterogeneous effects across treatment arms.

4 Results

4.1 Descriptive Statistics of Key Outcomes

Before the causal analysis, we present descriptive statistics on the two primary outcomes (i.e., beliefs about effectiveness and willingness to implement [WTI]) across the six interventions. Table 2 summarizes average responses at baseline and endline for both outcomes, and the share of municipalities that had implemented each intervention at baseline.

Table 2: Descriptive Statistics by Intervention

Intervention	Willingness to Implement		Expected Effect Size		Implementation
	Baseline	Endline	Baseline	Endline	(%) Baseline
(1) CEM	3.46	3.30	61.06	59.62	28.32
(2) Cash Transfers	2.76	2.76	47.24	47.90	25.66
(3) Police	2.83	2.55	46.09	39.61	19.47
(4) Couple’s Workshops	3.49	3.38	56.36	58.40	12.39
(5) Social Workers	3.70	3.62	74.93	68.28	13.27
(6) Information Campaigns	3.35	3.23	53.55	49.51	8.85
Observations	113	113	113	113	113

Notes: The table reports the mean values of willingness to implement and expected effect size at both baseline and endline, as well as the percentage of municipalities that implemented or intended to implement each intervention at baseline. All statistics are based on 113 observations.

Several patterns are worth noting. First, all six interventions had already been imple-

mented by at least some municipalities, suggesting that these are not hypothetical or unfamiliar programs, but rather policy options that are generally feasible and relevant within the Colombian local government context.

Second, the average expected effect size at baseline varies considerably across interventions, with social worker follow-up receiving the highest average expected impact (74.93%), despite being one of the programs for which the underlying evidence is labeled as inconclusive. By contrast, the police intervention receives the lowest average expected effect size (46.09%). Interestingly, expected effect sizes decline slightly on average at endline for most interventions, including the two with inconclusive evidence. While this pattern is purely descriptive, it suggests that exposure to evidence may have led some officials to revise their expectations downward, possibly reflecting a more cautious or calibrated view of impact.

Third, WTI also varies across programs and appears positively correlated with perceived effectiveness. At baseline, interventions with higher expected effect sizes also tend to have higher WTI scores. This relationship suggests that perceived effectiveness might play an important role in shaping implementation intentions. WTI declines slightly on average from baseline to endline for most interventions. This modest drop may reflect a reassessment or reallocation of support after exposure to evidence, as respondents shift attention toward interventions viewed as most impactful or feasible.

Overall, the average changes in both outcomes are relatively small, suggesting that the information packages did not lead to large aggregate shifts in beliefs or intentions. This pattern does not imply the absence of meaningful effects. Rather, it may indicate that exposure to evidence prompted a more cautious or calibrated assessment among public officials.

In the next sections, we turn to the causal analysis, leveraging the experimental variation in information exposure. For each official, we observe outcomes for all six interventions, but only two were accompanied by structured evidence. This design allows us to estimate within-person treatment effects and assess how different types of information shift beliefs and implementation intentions.

4.2 Effects on Beliefs about Intervention Effectiveness

We begin by estimating the average effect of providing information on public officials’ beliefs about the effectiveness of violence prevention interventions. As discussed above, participants were randomly assigned to receive information about two out of six possible interventions. Our primary outcome is drawn from the post-treatment (endline) survey, where respondents were asked to estimate the percentage reduction in intimate partner violence (IPV) they expected if each intervention were implemented in their municipality.

Table 3: Effects of Providing Information on Willingness to Implement the Interventions

	Expected Effect Size (Endline)			
	(1)	(2)	(3)	(4)
Treatment Effect	1.816 (1.991)	1.816 (2.040)	3.744* (1.940)	3.744* (2.062)
Effect Size (Baseline)			0.444*** (0.044)	0.444*** (0.066)
Standard Errors	None	Clustered	None	Clustered
Interviewee FE	Yes	Yes	Yes	Yes
Project FE	Yes	Yes	Yes	Yes
Observations	613	613	532	532

Notes: Robust standard errors in parentheses. Stars denote significance levels: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$. FE indicates fixed effects.

The headline result indicates that, on average, receiving information about the effectiveness of an intervention—regardless of the additional content provided and the strength of the evidence—led to a statistically significant 3.7 percentage point increase in the expected effect size.

Table 3 presents the estimated treatment effects across different model specifications. Columns (1) and (2) present positive but statistically insignificant treatment effects, suggesting limited precision when baseline beliefs are not accounted for. In contrast, columns (3) and (4), which include baseline expectations as a control, show statistically significant and larger treatment effects. Results are mostly consistent across specifications with and without clustering of standard errors at the municipality level. All models include respondent and intervention fixed effects. The effect becomes statistically significant when controlling for baseline beliefs. Because baseline responses are strongly correlated with post-treatment

beliefs, conditioning on them substantially reduces residual variance and improves precision. Therefore, our preferred estimate is obtained from the specification that controls for beliefs at baseline, includes respondent and intervention fixed effects, and clusters standard errors at the municipality level.

The result suggests that exposure to structured information leads to belief supdating, even among experienced public officials who may have prior views about policy effectiveness.

To better understand how officials responded to different types of evidence, we next assess whether belief updating varies depending on the strength of the underlying evidence. As noted earlier, the effectiveness of four of the six interventions is supported by positive evidence, while for the remaining there are inconclusive findings.

Table 4: Effects of Providing Implementation Information on Expected Effect Size, by Treatment Effect

	Expected Effect Size (Endline)	
	(1)	(2)
Treatment Effect	4.766** (2.292)	4.766* (2.432)
Treatment Effect \times Inconclusive	-4.073 (4.862)	-4.073 (4.838)
Effect Size (Baseline)	0.445*** (0.044)	0.445*** (0.066)
Standard Errors	None	Clustered
Interviewee FE	Yes	Yes
Project FE	Yes	Yes
Observations	532	532

Notes: Robust standard errors in parentheses. Stars denote significance levels: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$. FE indicates fixed effects.

Table 4 presents results from a specification that includes an interaction between the treatment indicator and an indicator for whether the intervention is labeled as having inconclusive evidence. Columns (1) and (2) show that the effect of receiving information about interventions with positive evidence is sizable and statistically significant—around 4.8 percentage points. In contrast, the coefficient on the interaction term is negative and nearly of equal magnitude (−4.1 p.p.), though not statistically significant. This suggests that belief updating occurs primarily when the intervention is backed by strong evidence, while par-

Participants show little or no updating in response to interventions with inconclusive support. While the interaction term does not reach conventional levels of significance, its magnitude points to meaningful heterogeneity in responsiveness. These results are encouraging: they suggest that officials are not only shifting beliefs in response to information but are also appropriately differentiating between interventions with more and less credible evidence.

We next examine whether the content of the information package matters for belief updating. To do so, we group the four treatment arms into two categories: those that included implementation guidance and those that did not. This classification creates two mutually exclusive binary indicators—one for the packages including implementation-related information and one for those only including evidence on the interventions’ effectiveness with or without funding-related information. Importantly, treatment assignment varies at the municipality level, since each municipality either received implementation information for both of its assigned interventions or for neither.

Table 5: Effects of Providing Implementation Information on the Expected Effect Size of Policies

	Expected Effect Size (Endline)	
	(1)	(2)
Implementation Information	5.289** (2.555)	5.289** (2.553)
Non-implementation Information	1.809 (2.846)	1.809 (3.234)
Effect Size (Baseline)	0.445*** (0.044)	0.445*** (0.065)
Standard Errors	None	Clustered
Interviewee FE	Yes	Yes
Project FE	Yes	Yes
Observations	532	532

Notes: Robust standard errors in parentheses. Stars denote significance levels: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$. FE indicates fixed effects.

Results are presented in Table 5, columns (1) and (2). We find that the expected effect size increased by approximately 5.3 percentage points when implementation information was provided, compared to a smaller and statistically insignificant effect for municipalities that did not receive implementation content. These results suggest that providing guidance

on how to operationalize an intervention may enhance officials' perceived relevance and feasibility of the program in their own context. Because the belief measure asks specifically about expected effectiveness within the respondent's municipality, the stronger updating in the implementation group likely reflects the role of concrete, applied information in helping officials connect abstract evidence to local applicability.

Then, we explore whether the effect of receiving implementation information depends on the strength of the underlying evidence. This specification combines the two previous heterogeneity analyses by including separate treatment indicators for packages with and without implementation information, and interacting each with a binary variable indicating whether the intervention is supported by inconclusive evidence. This specification exploits variation across municipalities in the type of information received and, because each official rated two interventions, also exploits within-person variation in the strength of the evidence across assigned programs.

Results are shown in Table B.6 in the Appendix. Columns (1) and (2) confirm that receiving implementation guidance leads to a statistically significant increase of approximately 6.2 percentage points in expected effect size, but only for interventions with strong evidence of being effective. The interaction term for inconclusive interventions is negative and sizeable (-3.7 p.p.), suggesting that the effect of implementation information does not carry over to interventions with weaker evidence. A similar pattern emerges for non-implementation information: the estimated effect is small and not statistically significant, and the interaction term for inconclusive evidence is also negative (-4.6 p.p.).

These findings reinforce earlier results, showing that public officials respond more strongly to interventions backed by consistent empirical support. Even when detailed implementation guidance is available, belief updating is limited when the underlying evidence is inconclusive. This suggests that both the credibility of the intervention and the practicality of its implementation play distinct and complementary roles in shaping beliefs about effectiveness.

Finally, we disaggregate the treatment by each of the four information packages. Table B.7 in the Appendix presents results using mutually exclusive indicators for the four treatment arms. All coefficients are positive, with larger effects observed for packages that included implementation guidance. However, none of the estimates are precise enough to

reach conventional significance levels beyond the “evidence + implementation” arm, suggesting limited power to detect effects of individual treatment arms and differences across them.

Table B.8 in the Appendix extends this analysis by interacting each of the four treatment arms with an indicator for whether the intervention was supported by inconclusive evidence. All coefficients for programs with strong supporting evidence are positive, while three out of the four interaction terms are negative and of large magnitude. This pattern is consistent with the idea that belief updating is concentrated among interventions with credible evidence and is substantially weaker or absent when the underlying evidence is inconclusive.

Taken together, these results show that exposure to structured information can meaningfully shift public officials’ beliefs about the effectiveness of violence prevention policies—especially when the interventions are backed by strong empirical evidence and when the information includes concrete guidance on implementation. Officials appear to be discerning in their response, updating beliefs more when the intervention is labeled as effective and when the information helps them assess local applicability. These patterns highlight the potential of evidence platforms to inform local decision-making, while also underscoring the importance of aligning both the content and practical relevance of information with the concerns of policymakers.

4.3 Willingness to Implement the Interventions

We now turn to the effect of information provision on public officials’ willingness to implement the interventions. While belief updating reflects perceived effectiveness, WTI provides a more proximate measure of policy intention. It captures whether officials would consider adopting the intervention in their own municipality. In the endline survey, participants were asked to rate their willingness to implement each intervention using a 1–4 scale, with 1 indicating “not at all willing” and 4 indicating “completely willing,” considering both the nature of the intervention and the local context.

Table 6 presents the estimated treatment effects. Columns (1) and (2) show that receiving information increased WTI by approximately 0.13 points on the 1–4 scale. The effect is statistically significant at the 5% level, and robust to clustering standard errors at

Table 6: Effects of Providing Information on Willingness to Implement Policies

	Willingness to Implement (Endline)			
	(1)	(2)	(3)	(4)
Treatment Effect	0.130** (0.064)	0.130** (0.061)	0.148*** (0.056)	0.148** (0.059)
WTI (Baseline)			0.500*** (0.038)	0.500*** (0.052)
Standard Errors	None	Clustered	None	Clustered
Interviewee FE	Yes	Yes	Yes	Yes
Project FE	Yes	Yes	Yes	Yes
Observations	678	678	678	678

Notes: Robust standard errors in parentheses. Stars denote significance levels: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$. FE indicates fixed effects.

the municipality level. Columns (3) and (4) include baseline willingness as a control and yield slightly larger estimates—around 0.15 points—which remain statistically significant at the 5% or 1% level, depending on the specification. All models include respondent and intervention fixed effects. As with the beliefs outcome, controlling for baseline responses improves precision, as initial willingness is strongly predictive of post-treatment responses. The preferred specification includes baseline WTI, fixed effects, and clustered standard errors. The result indicates that exposure to structured information significantly increases officials’ stated policy implementation intentions.

We then assess whether the impact of information on WTI varies depending on the strength of the evidence supporting the intervention. Table 7 reports estimates from a model that interacts the treatment indicator with a binary variable for whether the intervention is classified as having inconclusive evidence. As in the beliefs analysis, all specifications include respondent and intervention fixed effects, and column (2) clusters standard errors at the municipality level.

The results indicate that information increases WTI by approximately 0.18 points on the 1–4 scale when the intervention is supported by strong evidence. The interaction term is negative (−0.10) but not statistically significant, suggesting that officials are less responsive when the intervention lacks consistent empirical support, though the difference is not precisely estimated. These findings are consistent with the belief results and point to a pattern

Table 7: Effects of Type of Policy on Willingness to Implement Policies

	Willingness to Implement (Endline)	
	(1)	(2)
Treatment Effect	0.176*** (0.068)	0.176** (0.073)
Treatment Effect \times Inconclusive	-0.098 (0.137)	-0.098 (0.117)
WTI (Baseline)	0.509*** (0.037)	0.509*** (0.050)
Standard Errors	None	Clustered
Municipality FE	Yes	Yes
Project FE	Yes	Yes
Observations	678	678

Notes: Robust standard errors in parentheses. Stars denote significance levels: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$. FE indicates fixed effects.

in which public officials are more likely to revise their policy intentions when the intervention is perceived as both effective and credible.

We also examine whether the effect of information on WTI depends on the type of information provided. Specifically, we compare municipalities that received implementation guidance with those that received only evidence and/or funding-related content. As in previous analyses, treatment assignment varies at the municipality level, and each municipality was assigned a consistent information package across both interventions.

Table 8 presents the results. Columns (1) and (2) show that receiving implementation information increased WTI by approximately 0.18 points on the 1–4 scale. This effect is statistically significant at the 5% level and robust to clustering standard errors. In contrast, the effect of receiving non-implementation information is smaller in magnitude (0.11) and not statistically significant.

These findings mirror the results observed for beliefs about effectiveness. They suggest that officials are more willing to support an intervention when they are not only informed about its potential impact but also provided with practical guidance on how to implement it. This underscores the role of feasibility perceptions in shaping policy intentions.

To assess whether the effect of different types of information on WTI depends on the strength of the underlying evidence, we estimate a model that interacts each treatment cate-

Table 8: Effects of Providing Information on Willingness to Implement Policies

	Willingness to Implement (Endline)	
	(1)	(2)
Implementation Information	0.180** (0.075)	0.180** (0.082)
Non-implementation Information	0.112 (0.081)	0.112 (0.085)
WTI (Baseline)	0.498*** (0.038)	0.498*** (0.053)
Standard Errors	None	Clustered
Interviewee FE	Yes	Yes
Project FE	Yes	Yes
Observations	678	678

Notes: Robust standard errors in parentheses. Stars denote significance levels: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$. FE indicates fixed effects.

gory—implementation and non-implementation information—with an indicator for whether the intervention was backed by inconclusive evidence. As before, this specification exploits both variation in treatment assignment across municipalities and within-individual comparisons across interventions.

Table B.9 in the Appendix presents the results. We find that providing implementation guidance increases WTI by approximately 0.20 points for interventions with strong evidence, a statistically significant effect. The interaction term for inconclusive interventions is negative (-0.075) but not significant, suggesting a muted response when the intervention is not strongly supported by the evidence. The same pattern holds for non-implementation information: the main effect is positive but smaller (0.14), and the interaction term is also negative (-0.11) and imprecisely estimated.

These results mirror the patterns observed for beliefs about effectiveness. They indicate that public officials are more responsive to implementation guidance when it supports interventions with clear evidence of being effective. When the evidence base is shown as inconclusive, detailed information appears less likely to influence stated willingness to act.

As a final step, we disaggregate the treatment effects by each of the four original information packages. Table B.10 in the Appendix presents results using mutually exclusive indicators for the four treatment arms. All coefficients are positive, with the largest and only

statistically significant effect observed for the package that combined evidence, implementation guidance, and funding information (0.18). The evidence + implementation arm also yields a relatively large effect (0.18), though not statistically significant (at conventional levels). Overall, these estimates point to modest differences across arms, with limited precision to draw strong conclusions.

Table B.11 in the Appendix extends this analysis by interacting each treatment arm with an indicator for whether the intervention had inconclusive evidence. For all four arms, the baseline treatment effects are positive, and in two cases (evidence + implementation and evidence + implementation + funding) they are statistically significant. The interaction terms are negative in all cases, indicating that WTI is lower when the underlying evidence is inconclusive. These patterns are consistent with the belief results and reinforce the idea that policy responsiveness depends not only on the type of information provided, but also on the strength of the underlying evidence.

Taken together, these findings show that structured information can positively influence public officials' willingness to implement violence prevention programs, particularly when the interventions are supported by credible evidence and accompanied by implementation guidance. While the average effects are modest, they are consistent and statistically significant across multiple specifications. Moreover, the results suggest that officials are not only more likely to act when they perceive interventions as effective but also when they understand how to implement them within their local context. This highlights the importance of delivering information that is both credible and practically useful to foster evidence-informed policy adoption.

Overall, the results provide strong evidence that structured, credible, and actionable information can shift both beliefs and stated policy intentions among local decision-makers. The pattern of findings—more robust effects for well-supported interventions and packages that include implementation guidance—underscores the importance of tailoring evidence dissemination strategies to local needs and practical constraints.

4.4 Limitations

This analysis focuses on the two main outcomes pre-specified in the pre-analysis plan: belief updating and willingness to implement. However, two important deviations should be noted. First, we were unable to collect data on actual policy implementation, which limits our ability to link stated intentions to subsequent behavior. Second, participation in the platform was lower than anticipated, resulting in a smaller sample and reduced statistical power, particularly for detecting heterogeneous effects. These limitations also limit the external validity of the findings. Nevertheless, the fact that we observe statistically significant average effects of moderate magnitude—and consistent patterns in coefficient signs across specifications—is encouraging and supports the plausibility of meaningful information effects on policy beliefs and intentions.

5 Concluding Remarks

This study examines whether structured, evidence-based information can shape local policymakers' beliefs and willingness to adopt interventions to prevent violence against women. In line with existing research on information frictions in public administration (Banuri et al., 2019; Hjort et al., 2021), we find that access to credible and actionable information, particularly when combining evidence on effectiveness with practical implementation guidance, can meaningfully shift beliefs and stated policy intentions among municipal officials.

Our results show that providing such information increased officials' perceived effectiveness of violence prevention interventions by an average of 3.7 percentage points and raised their willingness to implement by approximately 0.15 points on a 4-point scale. These effects were concentrated among interventions backed by strong evidence and among officials who received implementation guidance, highlighting the importance of both credibility and practical relevance. Officials appear not only responsive to research, but also capable of distinguishing between well-supported and inconclusive interventions when information is presented in a clear and structured manner.

While these findings are encouraging, several limitations merit discussion. First, par-

icipation was voluntary and limited: only 103 of 1,100 municipalities engaged with the platform. This likely reflects differences in institutional capacity and existing engagement with national policy processes. Second, we were unable to measure actual policy uptake, which limits our ability to track whether updated beliefs and intentions translate into implementation. Finally, the online delivery format, though efficient, may have reduced the intensity of engagement relative to more personalized or interactive approaches.

Despite these constraints, the consistency of the results—and the fact that significant effects emerge even under limited power—suggests that information provision can be an important lever in promoting evidence-informed policymaking. Our findings contribute to a growing literature showing that belief formation is a key channel through which research can shape practice, and that information frictions may explain the limited uptake of effective interventions in many settings.

The implications for policy are clear: improving the reach and usability of evidence is not simply a matter of supply, but of thoughtful design. Evidence platforms that are user-friendly, context-relevant, and tied to real policy cycles can facilitate belief updating and spur local action. Future research should explore more intensive forms of information delivery—such as in-person trainings, peer exchange, and embedded technical assistance—to assess whether deeper engagement strengthens behavioral effects. Further replication across different sectors and institutional environments will also help establish external validity.

Ultimately, reducing information frictions through the strategic communication of credible, practical evidence can be a powerful tool to enhance public sector performance—especially in settings where demand for guidance exists but technical capacity remains uneven.

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Appendix

A Rationale for the Selection of Interventions

1. Integrated women’s support centers. Both evidence reviews (Kerr-Wilson et al., 2020; Suescún et al., 2023) emphasize that effective prevention of violence against women requires enabling institutional conditions—specifically, comprehensive, survivor-centered services and an accessible, accountable justice system. Integrated women’s support centers embody this principle by coordinating legal aid, psychosocial support, health referrals, and case follow-up in a single space. They represent a concrete mechanism for municipalities to strengthen inter-institutional coordination and ensure survivors’ sustained access to justice and protection. This measure was selected because it directly operationalizes one of the institutional pillars repeatedly highlighted in the literature: that the responsiveness and integration of local services are essential complements to primary prevention. Evidence from Sviatschi & Trako (2021) supports the effectiveness of such integrated service models in improving survivors’ access to justice and support services.

2. Conditional cash transfers. Kerr-Wilson et al. (2020) identify cash transfer programs as effective in reducing women’s experiences of intimate partner violence (IPV) when well designed and delivered. These programs address structural economic stressors and enhance women’s bargaining power, thereby improving intra-household dynamics. Suescún et al. (2023), who compile international evidence while reflecting the local context, similarly highlight cash transfers as one of the most promising and scalable interventions. This convergence across reviews motivated this intervention’s inclusion among the four interventions with established effectiveness. Municipalities can play a supporting role by aligning targeting and service delivery mechanisms with social registries and community centers, complementing national programs. Rigorous evaluations in Latin America demonstrate the effectiveness of such interventions, including Bobonis et al. (2016) and Hidrobo et al. (2016).

3. Increased female representation in police forces. The literature repeatedly underscores that institutional reforms within the justice and security sectors are central to creating

an environment that sustains violence prevention (Kerr-Wilson et al., 2020; Suescún et al., 2023). Increasing the share of female officers is a feasible reform that can improve accessibility, responsiveness, and trust in law enforcement, particularly for survivors of gender-based violence. This measure aligns with the broader category of “justice-system enablers” identified in the evidence reviews. It was selected because it provides municipalities with a tangible avenue to strengthen survivor-centered policing and facilitate more effective enforcement of protection measures. Empirical work by Miller & Segal (2019) suggests that it can contribute to improved outcomes for survivors and may indirectly reduce violence.

4. Couples’ workshops. Interventions that work directly with couples to improve communication, manage conflict, and challenge inequitable gender norms are among the most consistently effective behavioral approaches to reducing IPV (Kerr-Wilson et al., 2020). The evidence reviews highlight that such programs are effective when they are structured, gender-transformative, and implemented with appropriate safety screening. They were included in the short list because they represent a feasible community-based strategy for municipalities, particularly through existing health and social service infrastructure. Their rationale lies in the strength of the evidence base and the adaptability of the intervention to local program delivery systems. Strong experimental evidence supports this type of intervention, including Dunkle et al. (2020), Doyle et al. (2018), and Murray et al. (2020).

5. Follow-up by social workers (case management). While not included as a distinct intervention in either evidence review, case-management and follow-up mechanisms are frequently mentioned as essential for ensuring continuity of care and effective coordination between services. This intervention responds to the reviews’ emphasis on sustained accompaniment as a component of a functional local response system. It was included because it builds on this insight and leverages existing municipal capacities. The study by Koppensteiner-Foureaux et al. (2022) provides an example of this model, in which regular follow-ups and referrals are conducted by social workers to support survivors. The mechanism aligns with good practice (ensuring that initial reports lead to continued protection and service uptake) even if the direct evidence on violence reduction is inconclusive.

6. Information campaigns. Awareness-raising and communication campaigns are among

the most common local strategies to address gender-based violence, but the evidence reviews agree that they are unlikely to reduce violence when implemented in isolation (Kerr-Wilson et al., 2020; Suescún et al., 2023). They are, however, recognized as potentially valuable components when combined with accessible services and broader community interventions. This intervention was therefore selected as a complementary measure that municipalities can use to strengthen visibility of existing resources and promote service uptake. When designed with clear referral pathways and targeted messaging, such campaigns can contribute to improved awareness and connection to support systems, even if their direct preventive effect remains uncertain.

B Additional Tables

B.1 Balance Test and Descriptive Statistics

Table B.1: Balance Test across Treatment Arms

Variable	Evidence + Impl (1)	Evi + Fund (2)	Evi + Impl + Fund (3)
Population (inhabitants)	-2.49e+04 (23055.086)	1.06e+05 (1.09e+05)	34933.368 (46056.133)
Intimate Partner Violence (Rate X 100,000 women)	-67.664* (40.428)	-38.653 (43.284)	-44.486 (41.227)
State Capacity Index	-2.664 (2.521)	1.512 (2.802)	-1.624 (2.255)
Area (km ²)	-337.936 (353.394)	143.708 (660.122)	-357.322 (359.163)
Altitude Meters AMSL (Above Mean Sea Level)	-261.939 (238.031)	-214.917 (276.677)	-302.295 (232.022)
Distance to Bogotá (Km)	49.981 (48.697)	51.462 (47.435)	-8.386 (49.898)
Distance to Department Capital (Km)	6.750 (11.777)	3.960 (15.977)	-7.759 (11.296)
Unsatisfied Basic Needs (%)	3.572 (3.753)	-0.660 (3.143)	-0.760 (2.972)
Multidimensional Poverty Index (%)	5.587 (4.403)	0.212 (4.166)	2.627 (3.997)
Rural Index	0.074 (0.058)	0.039 (0.065)	0.019 (0.063)
Observations	103	103	103

Notes: Standard errors in parentheses. Stars denote significance levels: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$. State Capacity Index refers to performance of departmental and municipal governments in management and development outcomes. Rural Index refers to the proportion of the population in the municipality living in rural areas.

Table B.2: Balance Test across Type of Evidence

Variable	Inconclusive effects
Population (inhabitants)	46163.684 (58925.245)
Intimate Partner Violence (Rate X 100,000 women)	36.116 (26.102)
State Capacity Index (%)	2.871 (1.900)
Area (km ²)	420.012 (338.566)
Altitude Meters AMSL (Above Mean Sea Level)	175.759 (171.752)
Distance to Bogotá (km)	6.526 (33.952)
Distance to Department Capital (km)	2.880 (9.360)
Unsatisfied Basic Needs (%)	-1.617 (2.186)
Multidimensional Poverty Index (%)	-3.920 (2.875)
Rural Index	-0.026 (0.045)
Observations	103

Notes: Standard errors in parentheses. Stars denote significance levels: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$. State Capacity Index refers to performance of departmental and municipal governments in management and development outcomes. Rural Index refers to the proportion of the population in the municipality living in rural areas.

Table B.3: Balance Test across Interventions

Variable	CEM (1)	Cash Transfers (2)	Police (3)	Social Workers (4)	Campaigns (5)
Population (inhabitants)	40425.634 (33300.575)	28906.391 (51300.536)	44840.682 (41394.905)	-1.82e+04 (20869.335)	1.44e+05 (1.43e+05)
Intimate Partner Violence (Rate X 100,000 women)	-28.935 (40.630)	-10.910 (43.320)	-21.573 (42.919)	-39.471 (42.393)	-5.160 (48.903)
State Capacity Index	1.614 (2.035)	-0.564 (2.025)	-0.735 (2.439)	1.206 (2.190)	1.917 (3.111)
Area (km ²)	467.665 (303.495)	335.273* (177.251)	822.000* (447.468)	121.961 (137.479)	561.283 (351.175)
Altitude Meters AMSL (Above Mean Sea Level)	-242.394 (216.165)	-42.827 (211.128)	-98.470 (243.348)	-186.194 (226.812)	-286.394 (263.398)
Distance to Bogotá (km)	-17.264 (44.250)	-0.902 (41.178)	0.568 (48.331)	-14.590 (45.343)	-25.517 (54.135)
Distance to Department Capital (km)	-10.990 (11.139)	0.315 (11.361)	-9.720 (13.026)	-0.904 (11.961)	-9.016 (14.007)
Unsatisfied Basic Needs (%)	-0.795 (2.651)	1.756 (2.613)	0.349 (2.928)	-0.387 (2.791)	3.252 (3.791)
Multidimensional Poverty Index (%)	-1.814 (3.560)	1.509 (3.438)	-0.879 (3.744)	-0.754 (3.903)	2.642 (4.987)
Rural Index	-0.027 (0.064)	0.012 (0.060)	-0.021 (0.066)	0.012 (0.065)	-0.017 (0.081)
Observations	206	206	206	206	206

Notes: Standard errors in parentheses. Stars denote significance levels: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$. State Capacity Index refers to performance of departmental and municipal governments in management and development outcomes. Rural Index refers to the proportion of the population in the municipality living in rural areas. Couples' workshop is the reference category.

Table B.4: Number of Observations by Intervention

Treatment Group	Intervention 1	Intervention 2	Implementation Info	Funding Info	Num Obs.
1	Cash Transfers	Police	Yes	Yes	4
2	Cash Transfers	Police	Yes	No	4
3	Cash Transfers	Police	No	Yes	4
4	Cash Transfers	Police	No	No	5
5	Cash Transfers	Couples' workshops	Yes	Yes	3
6	Cash Transfers	Couples' workshops	Yes	No	5
7	Cash Transfers	Couples' workshops	No	Yes	1
8	Cash Transfers	Couples' workshops	No	No	3
9	Cash Transfers	Info campaigns	Yes	Yes	2
10	Cash Transfers	Info campaigns	Yes	No	3
11	Cash Transfers	Info campaigns	No	Yes	3
12	Cash Transfers	Info campaigns	No	No	2
13	Cash Transfers	Social workers	Yes	Yes	5
14	Cash Transfers	Social workers	Yes	No	3
15	Cash Transfers	Social workers	No	Yes	5
16	Cash Transfers	Social workers	No	No	3
17	CEM	Police	Yes	Yes	4
18	CEM	Police	Yes	No	5
19	CEM	Police	No	Yes	2
20	CEM	Police	No	No	5
21	CEM	Couples' workshops	Yes	Yes	5
22	CEM	Couples' workshops	Yes	No	1
23	CEM	Couples' workshops	No	Yes	1
24	CEM	Couples' workshops	No	No	3
25	CEM	Info campaigns	Yes	Yes	2
26	CEM	Info campaigns	Yes	No	3
27	CEM	Info campaigns	No	Yes	3
28	CEM	Info campaigns	No	No	0
29	CEM	Social workers	Yes	Yes	4
30	CEM	Social workers	Yes	No	2
31	CEM	Social workers	No	Yes	5
32	CEM	Social workers	No	No	3

Table B.5: Number of Observations by Treatment Arm

Treatment Arm	Number of Observations
Evidence Only	24
Evidence + Funding	24
Evidence + Implementation	26
Evidence + Implementation + Funding	29

B.2 Regressions

B.2.1 Expected Effect Size

Table B.6: Effects of Providing Implementation Information on Expected Effect Size, by Policy Effect

	Expected Effect Size (Endline)	
	(1)	(2)
Implementation Information	6.243** (2.927)	6.243** (3.012)
Implementation Information \times Inconclusive Policies	-3.664 (6.119)	-3.664 (5.613)
Non-implementation Information	2.934 (3.226)	2.934 (3.476)
Non-implementation Information \times Inconclusive Policies	-4.628 (6.591)	-4.628 (7.099)
Effect Size (Baseline)	0.446*** (0.044)	0.446*** (0.066)
Standard Errors	None	Clustered
Interviewee FE	Yes	Yes
Project FE	Yes	Yes
Observations	532	532

Notes: Robust standard errors in parentheses. Stars denote significance levels: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$. FE indicates fixed effects.

Table B.7: Impact of Providing Different Types of Information on Expected Effect Size

	Expected Effect Size (Endline)	
	(1)	(2)
Evidence Only	2.356 (3.912)	2.356 (4.531)
Evidence + Implementation	5.878 (3.593)	5.878* (3.098)
Evidence + Funding	1.202 (4.113)	1.202 (4.564)
Evidence + Implementation + Funding	4.718 (3.555)	4.718 (4.079)
Effect Size (Baseline)	0.445*** (0.044)	0.445*** (0.065)
Standard Errors	None	Clustered
Interviewee FE	Yes	Yes
Project FE	Yes	Yes
Observations	532	532

Notes: Robust standard errors in parentheses. Stars denote significance levels: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$. FE indicates fixed effects.

Table B.8: Effects of Providing Different Types of Information on Expected Effect Size, by Policy Effect

	Expected Effect Size (Endline)	
	(1)	(2)
Evidence Only	4.661 (4.236)	4.661 (5.237)
Evidence \times Inconclusive Policies	-14.410 (10.039)	-14.410 (11.643)
Evidence + Implementation	7.047* (4.097)	7.047* (3.834)
Evidence + Implementation \times Inconclusive Policies	-4.227 (7.820)	-4.227 (5.051)
Evidence + Funding	0.761 (4.721)	0.761 (3.861)
Evidence + Funding \times Inconclusive Policies	2.054 (8.322)	2.054 (6.408)
Evidence + Impl + Funding	5.536 (3.903)	5.536 (4.405)
Evidence + Impl + Funding \times Inconclusive Policies	-3.372 (8.816)	-3.372 (10.859)
Effect Size (Baseline)	0.445*** (0.044)	0.445*** (0.065)
Standard Errors	None	Clustered
Interviewee FE	Yes	Yes
Project FE	Yes	Yes
Observations	532	532

Notes: Robust standard errors in parentheses. Stars denote significance levels: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$. FE indicates fixed effects.

B.2.2 Willingness to Implement

Table B.9: Effects of Providing Implementation Information on Willingness to Implement Policies, by Type of Policy

	Willingness to Implement (Endline)	
	(1)	(2)
Implementation Information	0.201** (0.087)	0.201* (0.103)
Implementation Information \times Inconclusive Policies	-0.075 (0.177)	-0.075 (0.159)
Non-implementation Information	0.144 (0.095)	0.144 (0.097)
Non-implementation Information \times Inconclusive Policies	-0.114 (0.178)	-0.114 (0.144)
WTI (Baseline)	0.499*** (0.038)	0.498*** (0.052)
Standard Errors	None	Clustered
Interviewee FE	Yes	Yes
Project FE	Yes	Yes
Observations	678	678

Notes: Robust standard errors in parentheses. Stars denote significance levels: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$. FE indicates fixed effects.

Table B.10: Effects of Providing Different Types of Information on Willingness to Implement Policies

	Willingness to Implement (Endline)	
	(1)	(2)
Evidence Only	0.096 (0.114)	0.096 (0.110)
Evidence + Implementation	0.177 (0.110)	0.177 (0.111)
Evidence + Funding	0.127 (0.114)	0.127 (0.129)
Evidence + Implementation + Funding	0.182* (0.101)	0.182 (0.114)
WTI (Baseline)	0.498*** (0.038)	0.498*** (0.052)
Standard Errors	None	Clustered
Interviewee FE	Yes	Yes
Project FE	Yes	Yes
Observations	678	678

Notes: Robust standard errors in parentheses. Stars denote significance levels: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$. FE indicates fixed effects.

Table B.11: Effects of Providing Implementation Information on Willingness to Implement Policies, by Type of Treatment Arm

	Willingness to Implement (Endline)	
	(1)	(2)
Evidence Only	0.118 (0.126)	0.118 (0.137)
Evidence \times Inconclusive Policies	-0.089 (0.275)	-0.089 (0.204)
Evidence + Implementation	0.210* (0.124)	0.210 (0.131)
Evidence + Implementation \times Inconclusive	-0.126 (0.243)	-0.126 (0.232)
Evidence + Funding	0.174 (0.136)	0.174 (0.133)
Evidence + Funding \times Inconclusive	-0.139 (0.220)	-0.139 (0.166)
Evidence + Impl + Funding	0.193* (0.114)	0.193 (0.142)
Evidence + Impl + Funding \times Inconclusive	-0.027 (0.235)	-0.027 (0.213)
WTI (Baseline)	0.498*** (0.038)	0.498*** (0.053)
Standard Errors	None	Clustered
Interviewee FE	Yes	Yes
Project FE	Yes	Yes
Observations	678	678

Notes: Robust standard errors in parentheses. Stars denote significance levels: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$. FE indicates fixed effects.

C Interventions Packages

C.1 Effectiveness Packages

C.1.1 Integrated Women’s Support Center

Effectiveness According to Current Evidence: Effective

What is it about?

Integrated support centers for women are free public facilities dedicated to strengthening the judicial response to domestic and sexual violence. They offer multidisciplinary services—legal, social, and psychological—all in one location, aiming to minimize wait times. These centers conduct systematic and rigorous case follow-ups and develop prevention initiatives to address the risk factors associated with violence.

What can the municipality do?

Municipalities can implement these programs by reinforcing and expanding the capacity and functions of Family Services Offices (Comisariás de Familia) to include the provision of legal, social, and psychological services in a single location.

How effective is it?

These centers have been shown to be effective in reducing violence against women. In places where they have been implemented and evaluated, evidence indicates that strengthening the capacity of the judicial system through an integrated service for victim support has reduced violence against women by approximately 10% (Sviatschi & Trako, 2021).

Magnitude

If this strategy were implemented in [MUNICIPALITY] and achieved results similar to those recorded in other contexts (Sviatschi & Trako, 2021), it could mean a reduction of [X] cases of violence in a year (based on the number of complaints reported in 2023). It is important to note that these results are estimates based on previous studies; actual outcomes in [MUNICIPALITY] may vary due to specific local and contextual factors.

How could integrated support centers reduce violence against women?

- Comprehensive care in these centers can encourage victims to report cases by providing quick, tailored responses that improve trust in the justice system.

- The efficiency and effectiveness of these centers in processing cases can increase legal consequences for aggressors, acting as a strong deterrent to violence.
- The coordination of services within the centers can lead to more effective evidence collection, increasing the likelihood of legal sanctions and reinforcing justice for victims.

C.1.2 Conditional Cash Transfers

Effectiveness According to Current Evidence: Effective

What is it about?

These programs provide economic support to women, either in the form of cash or food, which may be delivered directly or through vouchers. They are primarily designed to support female heads of households or women responsible for poor households, with potential conditions such as school attendance or health check-ups for them or other household members.

What can the municipality do?

Municipalities can implement these programs by identifying the most vulnerable women in the community and providing additional economic support, complementing national programs such as Familias en Acción.

How effective is it?

Cash transfer programs have proven effective in reducing intimate partner violence against women. In places where they have been implemented and evaluated, the evidence shows that cash transfer programs have reduced physical and/or sexual intimate partner violence against women by approximately 19% to 30% (Hidrobo & Roy, 2019; Bobonis et al., 2016; Haushofer & Shapiro, 2016; Angelucci, 2008).

Magnitude

If the program were to reach all potential victims of violence in [MUNICIPALITY] and achieved similar results to those observed in other contexts, it could mean a reduction of [X] cases of violence in a year (based on the 2023 report data). It is important to note that these results are estimates based on previous studies; actual outcomes in [MUNICIPALITY] may vary due to local and context-specific factors.

How can cash transfers reduce violence against women?

- The money received can increase women's bargaining power within relationships and provide them with a path to exit violent situations.
- Improving economic security can enhance overall household psychological well-being, which is a key risk factor for violence against women.

- Cash transfers can reduce stress and conflict in relationships caused by poverty and food insecurity.

C.1.3 Increased Female Representation in Police Forces

Effectiveness According to Current Evidence: Effective

What is it about?

This program aims to increase the presence of women in the police force, especially in roles that involve direct interaction with the community. It focuses on improving recruitment, retention, and assignment processes for women to key positions, recognizing their positive influence on both the internal dynamics of the police force and community relations.

What can the municipality do?

Municipalities can support this program by requesting and coordinating with the National Police to attract, retain, and assign more women to roles that involve direct contact with the community (such as service at police stations, receiving complaints, among others), while addressing the specific needs of women in the police.

How effective is it?

Increasing women's participation in the police force has been shown to be effective in reducing violence against women. In places where this strategy has been implemented and evaluated, evidence shows that a 13% increase in the participation of women in police roles with direct community interaction has led to a 3.5% reduction in domestic violence (Miller & Segal, 2019).

Magnitude

If this strategy were implemented in [MUNICIPALITY] and achieved results similar to those recorded in other contexts (Miller & Segal, 2019), it could result in a reduction of [X] cases of violence per year (based on the number of complaints reported in 2023). It is important to note that these results are estimates based on previous studies; actual outcomes in [MUNICIPALITY] may vary due to specific local and contextual factors.

How could greater female police presence reduce violence against women?

- Female officers may have a greater capacity for empathy with victims, which could lead to more effective approaches to addressing violence against women.
- Increasing the number of women in the police can foster a more empathetic and safer

environment for female victims of violence, encouraging them to report incidents.

- A stronger presence of women in the police force can positively influence the attitudes and behaviors of male officers, potentially improving their awareness and commitment to these crimes.

C.1.4 Couples' Workshops

Effectiveness According to Current Evidence: Effective

What is it about?

These workshops are aimed at groups of couples with the goal of helping them reflect on their relationships and transform gender roles. Sessions are led by trained facilitators who promote reflection on gender attitudes and related conflicts, while helping participants develop communication skills. Sessions may be held exclusively for men or women, or as mixed-gender meetings.

What can the municipality do?

Municipalities can implement these programs independently (with the appropriate professionals) or in partnership with civil society organizations specialized in the topic, offering the workshops and promoting participation among community couples.

How effective is it?

Programs targeting couples have been shown to be effective in reducing violence against women. In places where they have been implemented and evaluated, evidence indicates that working directly with couples has reduced physical and sexual intimate partner violence against women by between 27% and 48% (Dunkle et al., 2019; Doyle et al., 2018; Murray et al., 2020).

Magnitude

If the program reached all potential victims of violence in [MUNICIPALITY] and achieved results similar to those observed in other contexts (Dunkle et al., 2019; Doyle et al., 2018; Murray et al., 2020), it could result in a reduction of [X] cases of violence per year (based on complaints filed in 2023). It is important to note that these results are estimates based on previous studies; actual outcomes in [MUNICIPALITY] may vary depending on specific local and contextual factors.

How could couples' workshops reduce intimate partner violence against women?

- Workshops can increase understanding of women's rights and the benefits of gender equality, which is essential for reducing gender-based violence.

- By acquiring techniques for resolving disagreements without violence, couples can reduce relationship tensions, addressing one of the critical factors that may lead to violence.
- Strengthening communication skills can help couples address problems respectfully and better understand each other's perspectives, preventing escalation into violence.

C.1.5 Follow-Up by Social Workers

Effectiveness According to Current Evidence: Inconclusive

What is it about?

Case follow-up by a social worker involves interventions designed to improve victims' access to non-police services in cases of domestic violence. These interventions assign a social worker to the victim, who, via a phone call, provides information and assistance to access support services within 24 hours after the initial report to the police.

What can the municipality do?

Municipalities can improve access to support services for victims of violence by assigning a social worker specialized in domestic violence.

How effective is it?

These interventions have shown inconclusive results in reducing violence against women. In places where they have been implemented and evaluated, evidence indicates that increasing victims' access to non-police services through the assignment of a social worker does not provide conclusive evidence of a reduction in violence against women (Koppensteiner-Foureaux et al., 2022). However, there is evidence that such interventions do increase victims' access to non-police services (Koppensteiner-Foureaux et al., 2022).

How could assigning a social worker to victims of violence contribute to reducing violence against women?

Several mechanisms have been proposed through which the program could work. However, evidence suggests that these types of interventions have inconclusive results.

- It could be expected that if non-police support services for domestic violence victims are improved, increasing access to these services may lead to a reduction in violence.
- It is suggested that greater awareness and fear of sanctions could help reduce repeat incidents of violence.
- When greater independence is promoted for victims through initiatives such as counseling, job training, public assistance, or referrals to social services that can provide relocation support, a reduction in future domestic violence could be expected.

C.1.6 Information Campaigns

Effectiveness According to Current Evidence: Inconclusive

What is it about?

Information and social marketing campaigns use mass communication tools such as television, radio, billboards, the internet, and print publications. In addressing violence against women, these campaigns can have various objectives, such as raising awareness about the issue, increasing knowledge of a specific service or law, and challenging norms around the acceptability or use of violence against women to spark discussion and influence behavior.

What can the municipality do?

Municipalities can design effective communication strategies, disseminate messages through their local channels, and collaborate with organizations to raise awareness about the issue of violence against women.

How effective is it?

These interventions have shown inconclusive results in reducing violence against women. In places where they have been implemented and evaluated, the evidence indicates that information and social marketing campaigns are not conclusive in reducing violence against women (Ellsberg et al., 2015; Usdin et al., 2005; Green et al., 2020).

How could information campaigns reduce violence against women? Although the evidence suggests these interventions have inconclusive results, several potential mechanisms have been proposed through which they could work:

- Campaigns could raise awareness about violence against women by educating the population on its forms, consequences, and prevention strategies.
- By challenging ideas and cultural norms that justify violence, campaigns could promote more positive attitudes toward gender equality and respect for women.
- Campaigns could encourage individuals to take concrete actions to prevent and report violence, such as seeking help or intervening in violent situations.

C.2 Implementation Packages

C.2.1 Integrated Women's Support Centers

How could it be implemented in your municipality?

These recommendations are primarily based on the experience of the Women's Emergency Centers (Centros Emergencia Mujer, CEM) in Peru, for which there is evidence of their positive impact on reducing violence against women (Sviatschi & Trako, 2021).

You may consider these recommendations and materials as a starting point to adapt to the capacities and needs of your community. In most municipalities, implementing an integrated support center for women could be done by leveraging and strengthening existing Family Services Offices (Comisarías de Familia). The Comprehensive Care Guide with protocols and materials for the Women's Emergency Centers in Peru can be downloaded [here](#).

Step 1: Consolidation of Legal, Social, and Psychological Services in One Location

Objective: Centralize legal, social, and psychological services in a single physical space to provide comprehensive care for women and victims of gender-based and domestic violence.

Key Characteristics:

The services are characterized by being:

- **Interdisciplinary:** Integration of legal, social work, and psychological support services.
- **Accessible:** Free services centralized in one location to facilitate access.
- **Personalized:** Adapted to individual needs, considering the risk and specific circumstances of each person.

Implementation:

Municipalities must provide a team of professionals and a physical space to deliver these services (potentially using existing Family Services Offices).

- **Specialized Team:** Ensure the availability of trained professionals in psychology, social work, and law, along with support staff.

- **Infrastructure:** Identify and adapt an accessible space that can serve as an integrated care center, if existing structures are not used.
- **Collaboration with Family Services Offices:** Explore the possibility of strengthening existing offices to include these extended services within their functions.

Step 2: Refinement of Care Protocols and Risk Assessment

Objective: Implement a structured framework for assessing risk and providing care.

The following model is based on the tested methodology of the Women’s Emergency Centers in Peru. Care is organized into four stages: admission, basic care, specialized care, and follow-up and evaluation. Detailed protocols, guidelines, and materials for each stage can be found in the Comprehensive Care Guide [here](#).

1. Admission: Identify and facilitate entry into the center of individuals affected by violence.

- Identify situations of domestic or sexual violence
- Assess urgency of the case
- Collect and record personal data
- Refer for basic care

2. First Level of Care (Basic): Provide guidance, emotional support, assess risk or harm, and contribute to the immediate protection of the service user.

- Welcome the affected person
- Conduct the first interview
- Provide crisis intervention
- Assess the risk and severity of the situation
- Provide specialized information and guidance
- Initial evaluation of coping strategies and safety planning

- Choose and implement an intervention plan
- Refer for specialized care

3. Second Level of Care (Specialized): Assisted by a psychologist, social worker, and lawyer, all properly trained. The goal is to facilitate access to justice, protection, and recovery.

- Psychological support and psychological report
- Legal representation
- Strengthening of family or social networks and capacity development
- Social management and social report

4. Follow-Up and Evaluation: Define a monitoring scheme for the service user to verify that the activities proposed by the specialized services are being fulfilled and that no further violence has occurred.

- Define a follow-up schedule
- Case monitoring
- Evaluate the strategies and achievement of objectives

Note: The Comprehensive Care Guide with protocols and materials for the Women's Emergency Centers in Peru can be downloaded [here](#). The guide includes risk assessment tools, interview protocols, and specific guidance for each stage and step of care.

C.2.2 Conditional Cash Transfers

How could it be implemented in your municipality?

Among the different types of cash transfers, cash transfers to women living in extreme and moderate poverty have proven effective (Hidrobo & Roy, 2019). Based on this experience, a similar program could be implemented and adapted to the needs of [MUNICIPALITY]. To do so, the following steps are suggested:

Step 1: Identification of Beneficiaries

Objective: Identify and locate eligible women living in poverty to receive cash transfers.

Eligibility: Women in households experiencing extreme or moderate poverty. Targeting Mechanism: Use systems such as the System for Identifying Potential Beneficiaries of Social Programs (Sistema de Identificación de Potenciales Beneficiarios de Programas Sociales, SISBÉN) to identify eligible households.

- **Groups A1–A5:** Extreme poverty
- **Groups B1–B7:** Moderate poverty

Enrollment Process:

- **Preparation:** Organize accessible spaces for enrollment.
- **Outreach:** Inform eligible women about the enrollment process and the necessary documentation.
- **Registration:** Implement a registration process adapted to the local community and available technological infrastructure.

Step 2: Transfer Payments

Objective: Ensure the secure and efficient delivery of cash transfers to beneficiaries, while respecting their dignity and promoting women's autonomy.

Recipient: Primary woman in the selected household. Structure (based on previous experience by Hidrobo et al. (2016)): Monthly payments for six months.

- **Groups A1–A5:** \$150,000 COP per month

- **Groups B1–B7:** \$150,000 COP per month

Payment Mechanisms: Preference for electronic systems.

- Electronic Savings Accounts (CATS) or mobile transfers
- Bank transfers as an option for those without access to electronic means

Note: This guide is a suggestion based on previous experiences and can be adapted to the specific needs and context of each community.

C.2.3 Increased Female Representation in Police Forces

How could it be implemented in your municipality?

Step 1: Diagnosis and Analysis of Local Needs

Objective: Understand the current situation and local barriers to women's participation in the police force.

- Conduct surveys and interviews with the community and local police to identify perceptions and obstacles.
- Analyze the gender distribution in the local police force and in roles involving direct interaction with the community (e.g., service at police stations, receiving complaints, etc.).

Step 2: Local Actions to Promote Female Participation

Objective: Implement measures to promote gender equality within local capacities and areas of action.

- **Collaboration with the National Police:** Work together to promote the assignment of more female officers to the municipality and, addressing the specific needs of women in the police, assign more of them to roles with direct community interaction.
- **Awareness and Training:** Organize gender equality and awareness workshops for the local police force and the community.
- **Empowerment Initiatives:** Support mentoring and leadership programs for female police officers in the municipality.
- **Improving Facilities:** Ensure that local police stations have adequate facilities for women.
- **Promotion of Role Models:** Highlight and promote success stories of women in the local police force.

Note: This guide is a suggestion based on previous experiences and can be adapted to the specific needs and context of each community.

C.2.4 Couples' Workshops

How could it be implemented in your municipality?

This training program for couples aims to prevent intimate partner violence and support healthy, equitable relationships through a participatory curriculum for couples. These recommendations are primarily based on the experience of the NGO [CARE](#), whose Indashyikirwa program has demonstrated positive impact in reducing violence against women in Rwanda.

You may consider these recommendations and materials as a starting point to adapt to your community's capacities and needs. The full guide with CARE's couples' workshop materials is available for download [here](#).

Step 1: Logistics and Management of Couples' Workshops

Objective: Create a supportive environment for interactive workshops aimed at couples to promote healthier and more equitable relationships.

Key Features:

The workshops are characterized by:

- **Interactivity:** Conduct workshops that promote gender equality and non-violent conflict resolution through practical activities and discussions.
- **Accessibility:** Ensure workshops are free of charge and held in easily accessible locations for all participants.
- **Adaptability:** Adjust workshop content and methodology to fit the specific needs and dynamics of participating couples.

Implementation:

Municipalities should provide a team of professionals and a physical space for conducting the workshops (leveraging facilities and professionals from Family Services Offices where possible).

- **Facilitator Selection:** Recruit mixed-gender facilitators (one man and one woman per session) with experience in group facilitation and knowledge of gender issues and couple communication.

- **Target Audience Definition:** This will depend on the realities of the community. CARE’s materials (available [here](#)) are designed for heterosexual couples aged 18–49 who are cohabiting or married.
- **Physical Space Preparation:** Set up a space that promotes active participation and trust, arranging chairs in a semi-circle and ensuring the availability of basic materials such as whiteboards, paper, and pens.
- **Retention Strategies:** Implement incentives such as transport cost coverage or small compensations to encourage regular attendance across the 21-session program.

Step 2: Structure and Content of the Couples’ Workshop

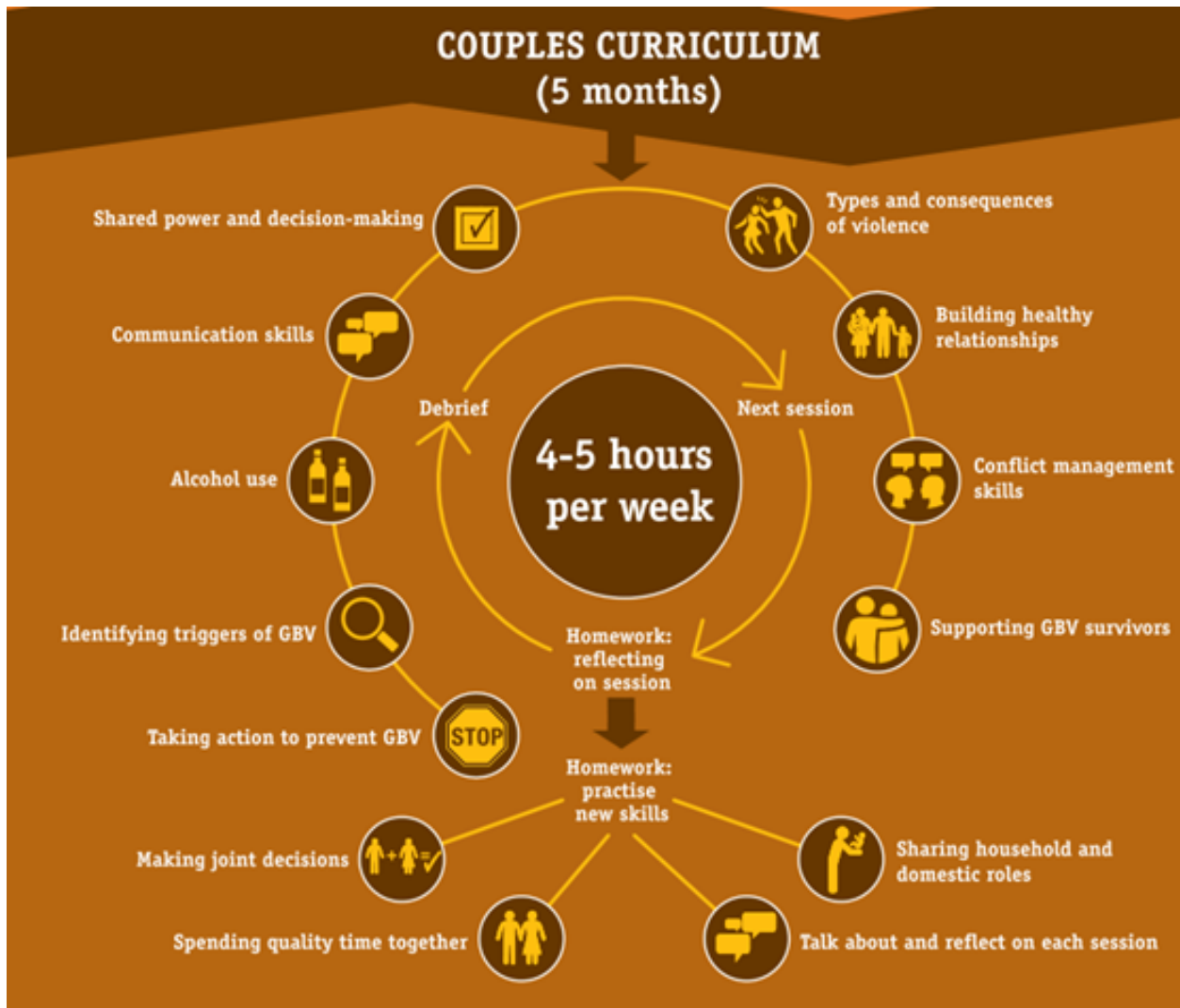
Objective: Implement structured and dynamic workshops that foster healthier, more equitable relationships and contribute to reducing gender-based violence.

These suggestions are based on CARE’s couples’ workshops, whose full materials are available for download [here](#) (in English).

Workshop Goals:

- Promote harmonious coexistence between men and women beyond traditional gender roles.
- Build skills for conflict management to prevent violence and foster healthy relationships.
- Raise awareness of the benefits of a violence-free community.

Figure C.1: Couples' Curriculum



Source: CARE.

Note: GBV stands for gender-based violence.

Workshop Format:

- **Duration:** 5 months, with 21 weekly sessions
- **Participants:** Up to 30 per group, aimed at heterosexual couples aged 18–49, cohabiting or married
- **Method:** Interactive, combining in-session and at-home activities aimed at behavioral changes toward non-violent relationships

- **Activities:** Group dialogues and exercises to improve communication and conflict management
- **Assignments:** Practical exercises after each session to apply and reflect on lessons learned
- **Required Resources:** Basic materials such as paper, markers, and pens; handouts prepared for each session

Session Breakdown:

Each session has a specific duration and focuses on a particular theme, progressing from introduction to commitment to change, totaling 21 hours and 20 minutes.

Table C.1: Structure and Duration of Couples’ Workshop Sessions

Session	Duration
1: Let’s Begin the Journey Together	6.5 hrs
2: It’s All about Power	2 hrs 30 min
3: Power in Our Lives	2 hrs 20 min
4: G is for Gender	2 hrs 40 min
5: Rights and Reality	2 hrs 30 min
6: GBV: The Basics	2 hrs 30 min
7: Understanding Power	3 hrs
8: Gender, Power, and Sexuality	2 hrs 45 min
9: Common GBV Triggers	1 hr 45 min
10: Posing for Reflection	2 hrs 15 min
11: What Makes a Healthy Relationship	2 hrs 30 min
12: Building the Foundations of a Healthy Relationship	3 hrs
13: Managing Triggers: Emotions	2 hrs 45 min
14: Managing Triggers: Thoughts	2 hrs 45 min
15: Managing Triggers	3 hrs
16: Balancing Economic Power	3 hrs
17: Reducing Excessive Alcohol Use	2 hrs 30 min
18: Reflecting on Our Journey So Far	2 hrs 30 min
19: Our Community, Our Responsibility	2 hrs 45 min
20: Providing Empowering Responses	2 hrs 30 min
21: Committing to Change	4 hrs
Total Duration	21 hrs 20 min

Notes: The full guide with CARE’s couples’ workshop materials can be downloaded [here](#). GBV stands for gender-based violence.

C.2.5 Follow-Up by Social Workers

How could it be implemented in your municipality?

Among the various strategies to improve access to non-police support services for victims of domestic violence, assigning a social worker to provide information and assistance has shown inconclusive effects in reducing violence against women. However, it has proven effective in increasing access to these services.

Below, we explain how you could implement this intervention in your municipality.

Objective: To assist victims of domestic or intimate partner violence by assigning a social worker within 24 hours after a report is made through designated hotline services.

The municipality's Family Services Office, in collaboration with the municipal police, could carry out the implementation of the intervention. However, this will depend on the specific context and capacities of your municipality. Here is how it could be done:

Step 1: Hire and Train Staff

- **Determine the number of social workers to hire:**

Analyze the number of reports of domestic or intimate partner violence received through the municipality's hotlines to estimate the number of social workers needed.

- **Hiring process:**

Conduct the hiring process, prioritizing social workers with experience in handling domestic violence cases and knowledge of the non-police support services available to victims in the municipality.

- **Training:**

Provide detailed training on the non-police services available for victims, including how to access those services.

Step 2: Develop the Response Protocol with Local Police

The following protocol is a suggested framework for implementing this intervention in your municipality. However, it can and should be adapted based on your local context and capabilities. You can also download the academic document that served as the foundation for this protocol [here](#).

- **Report registration:**

The police should register reports of domestic or intimate partner violence in the corresponding database.

- **Severity assessment:**

Conduct an assessment to determine the severity of the case and act accordingly. If no immediate action is required—i.e., the victim’s life is not in danger—proceed with the steps below. Otherwise, the police should follow established emergency protocols.

- **Information transfer to the Family Services Office:**

The police should grant real-time access to the domestic or intimate partner violence report database to the Family Services Office.

- **Social worker assignment:**

The Family Services Office assigns a social worker to the victim to provide support, initiating contact by phone within 24 hours. Social workers will have access to all the information the police recorded about the victim and the perpetrator.

- **Description of available services:**

The social worker must inform the victim about the public services available in the municipality and assist with accessing them if the victim chooses. This includes initiating the referral process to other institutions to ensure comprehensive care, helping complete any necessary paperwork, and offering an in-person meeting to present all available options.

- **Assistance in cases of separation:**

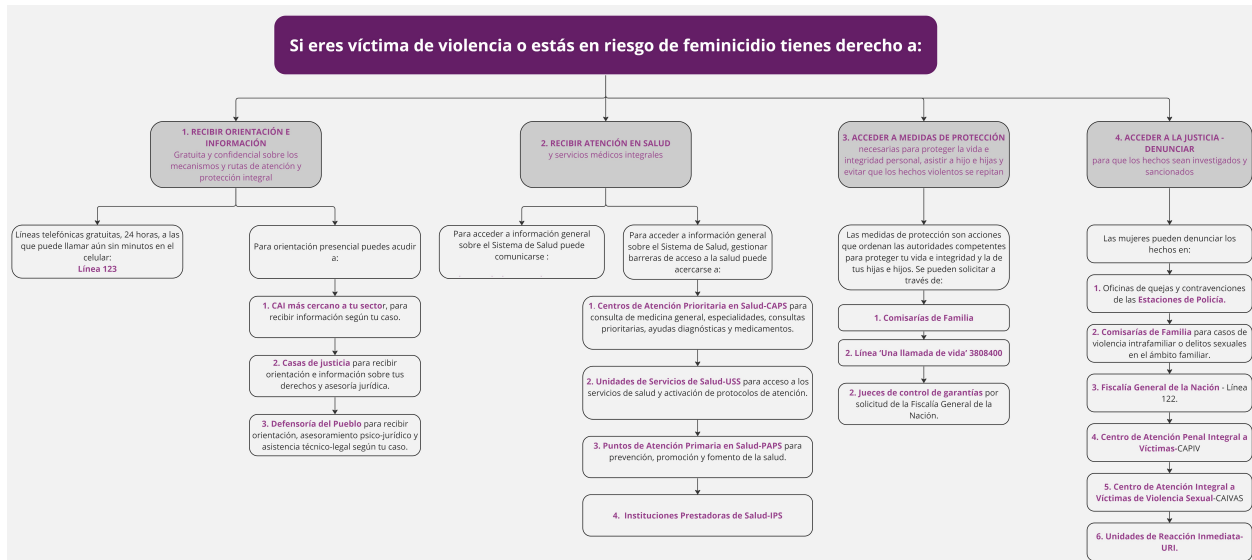
If the victim wishes to leave the perpetrator, the social worker will help her prepare a safety and escape plan.

- **Conclusion of the intervention:**

The intervention ends either when the victim decides not to participate or when she has received all available support.

Figure C.2 lists the non-police services available at the national level. It is important to add the services specific to your municipality. This guide is based on the ABC of Violence by the Women’s Secretariat of Bogotá.

Figure C.2: ABC of Violence by the Women’s Secretariat of Bogotá



Source: Women’s Secretariat of Bogotá.

Notes: This guide is a suggestion based on past experiences and can be adjusted to meet the specific needs and context of each municipality. The figure shows the rights of women who are victims of violence or at risk of femicide: (1) to receive free and confidential orientation and information on mechanisms and pathways for assistance and comprehensive protection; (2) to receive health care and comprehensive medical services through the health system; (3) to access protection measures ordered by competent authorities to protect life and personal integrity, assist children, and prevent the repetition of violent acts; and (4) to access justice by filing complaints so that the acts are investigated and sanctioned.

C.2.6 Information Campaigns

How could it be implemented in your municipality?

Although the evidence shows that information and social marketing campaigns do not have conclusive results in reducing violence against women, it is important to consider the following recommendations when seeking to design an information campaigns on this issue.

These recommendations are based on two guides on how to design information campaigns about violence against women and domestic violence. One was developed under the project “Reinforcing the Fight against Violence against Women and Domestic Violence in Kosovo – Phase II.” The full guide in English is available for download [here](#). The second is a toolkit by the organization UniSAFE, also available in English [here](#).

You can use these recommendations and materials as a starting point to adapt them to the specific needs of your municipality in addressing this issue.

Step 1: Creation

The first phase begins with the creation of the concept and ends with the full strategy and set of materials for launching a campaign on gender-based violence. During this phase, it is important to find allies and stakeholders who can help define an effective campaign strategy and move on to the next stage.

1. Define the objective

It is essential to define the goal you want to achieve with the campaign. In the case of violence against women, information campaigns may aim to:

- Change attitudes, behaviors, and beliefs that normalize and justify violence against women and domestic violence.
- Prevent men and women from becoming victims or perpetrators.
- Inform the general public—especially victims and perpetrators—about the resources available.
- Provide information about relevant laws and policies and the available measures for victims and perpetrators.
- Encourage victims and witnesses to report incidents.

It is recommended that the municipality select one or more of these goals when designing its information campaign on violence against women.

2. Identify the audience/mobilize communities

- Define target audiences from the start, including the general public, professionals, victims, witnesses, media producers, and journalists, subdividing them into specific groups.
- Community mobilization involves identifying influential individuals or groups in the community; understanding their level of engagement, influence, and preferred communication channels; and involving them as message amplifiers.
- For an effective campaign, it is crucial to involve representatives of the intended audience in the design, implementation, and evaluation stages, in order to understand their behaviors and maximize impact.

3. Define a clear and concise key message/slogan

Based on your campaign objectives, develop clear and concise messages that resonate with your target audience. Make sure your messages are positive, respectful, inclusive, and empowering. Use simple, direct language and avoid abbreviations. Ensure your message is easy to understand and impactful.

- Choose a focus (e.g., prevention, stereotypes, health, available support and access to services, legal information).
- Decide who should receive the message.

Key Questions:

- **What do we want to achieve?** The most important question, as it encapsulates the campaign's entire aim.
- **Will the audience understand the message?** If fewer than 95% understand it, the message should be revised until it is fully clear.

- **Will they remember the message?** This should also receive a high rating, as it is the ultimate goal of the campaign.

4. Test the message through focus groups

To evaluate the effectiveness of your message, it is recommended to conduct focus groups. These can help identify the needs of the target audience—such as lack of awareness of gender-based violence, fear of reporting incidents, tolerance of violence, and victim-blaming. Focus groups can also be used to test campaign messages directly with audience representatives.

5. Prepare key materials

Step 2: Launch

Launch your campaign using the channels and materials you developed within your established timeline. Make sure you have a clear plan to track and measure your campaign's effectiveness. Consider the following launch activities:

- **Press release:** Issue a press release to local and national media to announce the campaign launch.
- **Word-of-mouth outreach:** Identify key stakeholders and communicate with them to encourage their participation and support.
- **Launch event:** Host an event to raise awareness about the campaign. Include guest speakers, testimonials, performances, and other engaging activities.

Step 3: Evaluation

Track the campaign from launch onward using both qualitative and quantitative indicators. This may include metrics on participation, increased awareness and knowledge, and evaluations of behavior change related to violence against women. The team may distinguish between the immediate operational evaluation of the campaign and its long-term impacts.

Example of information campaigns on violence against women

Here is an example of an information campaign addressing violence against women:

- **UNiTE Campaign 2030 to End Violence against Women**

This international campaign, launched by UN Secretary-General Ban Ki-Moon in 2008, calls on governments, civil society, the private sector, the media, and the entire UN system to unite in efforts to end the global pandemic of violence against women and girls by 2030. You can find all relevant information about the campaign [here](#).

C.3 Financial Packages

C.3.1 FONSET

How to fund these interventions

There are various national and territorial funding sources available to finance these interventions in your municipality. Here, we explain how to do so through the Territorial Fund for Security and Citizen Coexistence (FONSET).

1. **What is the Territorial Fund for Citizen Security and Coexistence (FONSET)?** FONSET is a fund-account through which resources are collected and invested in accordance with the provisions of Law 418 of 1997 and the sub-account established by Law 1801 of 2016.

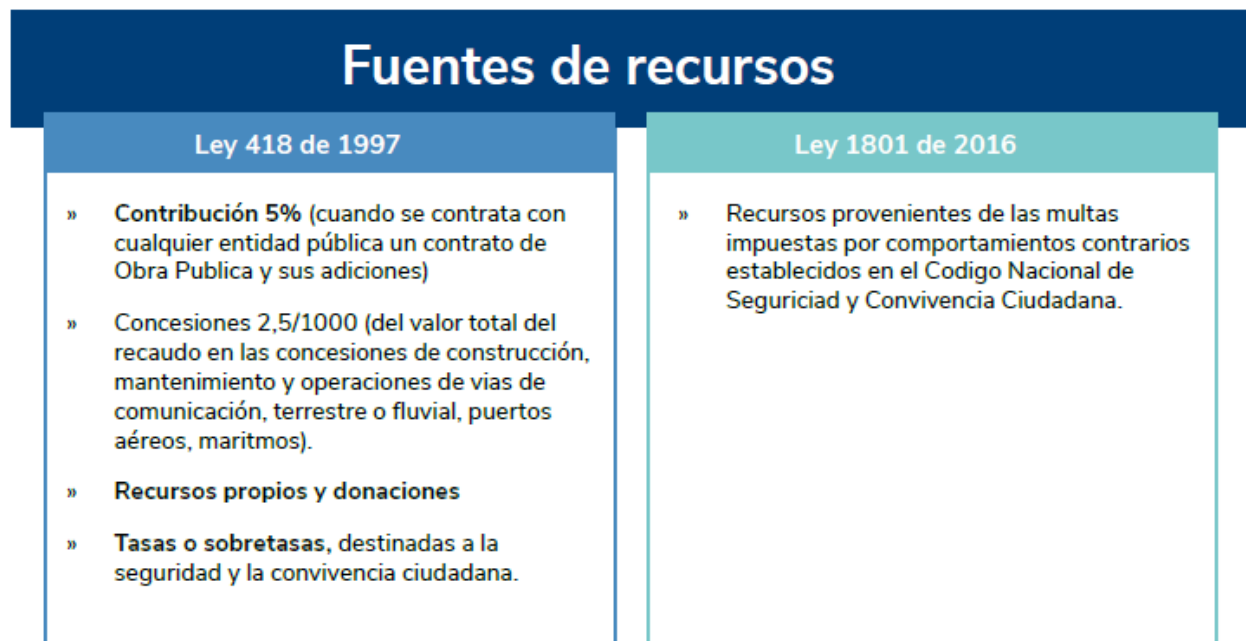
Who manages it? It must be managed as a special account without legal personality. The responsibility lies with the governor or mayor, who may delegate this duty to the Secretary of Government.

Who creates it? The Departmental Assembly or the Municipal Council.

2. **What is the purpose of FONSET resources?** FONSET resources must be allocated to the programs and projects through which the Comprehensive Plan for Citizen Security and Coexistence (Plan Integral de Seguridad y Convivencia Ciudadana, PISCC) is implemented.

3. What are the funding sources?

Figure C.3: Funding Sources



Source: Departamento Nacional de Planeación.

Notes: This figure presents the funding sources for FONSET. Under Law 418 of 1997, sources include: a 5% contribution when a public works contract or its addenda are executed with any public entity; a concession fee of 2.5 per 1,000 of the total collected value in construction, maintenance, and operation concessions for land or fluvial transport infrastructure, airports, seaports, and maritime activities; own resources and donations; and fees or surcharges earmarked for public security and citizen coexistence. Under Law 1801 of 2016, resources derive from fines imposed for conduct contrary to the provisions established in the National Code of Security and Citizen Coexistence.

4. Step-by-step guide to submitting FONSET projects

- **Step 1:** Define the PISCC plans, programs, and projects to be financed with FONSET.
- **Step 2:** Establish the fund through the Municipal Council.
- **Step 3:** Select the income sources for the fund-account.
- **Step 4:** Execute the FONSET budget according to the plans, programs, and projects defined in the PISCC.

Note: Download the PISCC Manual [here](#) (under Plan Integral de Seguridad y Convivencia Ciudadana, Guia PISCC 2024), where more details about FONSET are specified.

C.3.2 FONSECON

How to fund these interventions

There are various national and territorial funding sources available to finance these interventions in your municipality. Here, we explain how to do so through the National Fund for Citizen Security and Coexistence (FONSECON).

1. What is the National Fund for Citizen Security and Coexistence (FONSECON)?

The National Fund for Citizen Security and Coexistence (FONSECON) is a special account without legal personality, managed by the Ministry of the Interior. It is one of the sources available to finance the PISCC.

2. What is the purpose of FONSECON?

The purpose of FONSECON is to collect and channel resources aimed at promoting security and citizen coexistence to guarantee the preservation of public order. Project formulation must be carried out through the Infrastructure Project Information System (SIPI), which is open for project submissions 365 days a year.

3. Step-by-step guide to submitting FONSECON projects

- **Step 1: Verify requirements for each type of project**

To submit projects, territorial and/or governmental entities must review the list of requirements established for each type of project. You can find the requirements for each project type [here](#).

- **Step 2: Complete the project presentation letter for each project type**

Projects must be submitted using the “Project Presentation Letter,” based on the model defined for that purpose, and it must include the required information. Depending on the project type, the appropriate model should be used:

- For projects involving physical security infrastructure construction, administrative headquarters, park lighting, mobility, SIES, community alarms, and

projects or programs to improve citizen coexistence, [Model Letter No. 1](#) must be used.⁶

- For co-financed infrastructure for coexistence projects, [Model Letter No. 2](#) must be used.
- For non-co-financed infrastructure for coexistence projects, [Model Letter No. 2](#) must be used.

- **Step 3: Submit the FONSECON project**

The Ministry of the Interior receives user requests from territorial entities through the [SIPI Platform](#), where the information provided is validated. The system will then generate a username and password for the applicant.

- **Step 4: Assignment of tracking number**

Once the request for viability is submitted via the SIPI Platform, the platform generates a tracking number and a confirmation receipt.

- **Step 5: Issuance of evaluation report**

An evaluation report is issued to the territorial entity using the FONSECON Project Evaluation Form.

- **Step 6: Evaluation committee review**

Projects deemed viable are submitted for review by the Evaluation Committee.

- **Step 7: Communication of results**

The approval of the project and the allocation of resources are communicated to the requesting entities.

- **Step 8: Begin contracting process**

The contracting process is initiated based on the approved project.

Note: Download the PISCC Manual [here](#) (under Plan Integral de Seguridad y Convivencia Ciudadana, Guia PISCC 2024), where more details about FONSECON are specified.

⁶The material presented in the links and their names might have changed since this research was carried out.

C.4 Summaries

Table C.2: Summary of Information Provided in Participant Packages, by Intervention

Intervention	Evidence label	Effectiveness summary (seen by officials)	Implementation guidance/examples	Language
Integrated women’s support centers (CEM)	Effective	Short summary of Randomized Controlled Trial (RCT)/quasi-experimental evidence; expected IPV reduction shown as a % and as estimated cases averted for the municipality (based on 2023 volumes).	Stepwise protocol (admission, basic care, specialized care, follow-up), link to Peru CEM guide, options to adapt via Family Services Offices and local care hubs.	Spanish
Conditional cash transfers	Effective	Synthesis of evaluations (e.g., 19–30% IPV reductions); local “magnitude” box with projected cases averted.	Targeting via SISBÉN; enrollment logistics; payment mechanisms (mobile/electronic), transfer schedule, and amounts; adaptation notes.	Spanish
Increased female representation in police	Effective	Evidence on benefits of female officers for reporting/quality; concise effect statement.	Diagnosis of local needs, actions with National Police, community-facing assignment, training/awareness, facilities and mentoring recommendations.	Spanish
Couples’ workshops	Effective	Brief on gender-transformative curricula and impacts on IPV.	Logistics and facilitation, session structure, link to CARE materials and Indashyikirwa curriculum for adaptation to municipal delivery.	Spanish
Follow-up by social workers (case management)	Inconclusive	Neutral framing highlighting mixed evidence; calibration note on expected impacts.	Case monitoring workflow, referral mapping, scheduling templates, guidance to adapt within municipal social services.	Spanish
Information campaigns	Inconclusive	Note that campaigns alone show limited effects on IPV; role as complement to services.	Step-by-step on audience, message, channels, and evaluation; links to UniSAFE and Council of Europe toolkits for adaptation.	Spanish

Notes: Columns indicate what was available to participants inside the platform for (i) the effectiveness package (with label “effective/inconclusive” and links) and (ii) the implementation package. All on-platform text was presented in Spanish; external guides linked may be in English.

D Questionnaires

D.1 Baseline Survey

D.1.1 Informed consent

We cordially invite you to participate in a survey that will take approximately 15 minutes of your time. Below, we present an informed consent form that outlines your participation in this data collection instrument:

If you decide to participate, all your responses will be kept confidential, even after the project concludes. Additionally, any personal information you provide will not be shared. In some cases, responses may be shared with other researchers or used in similar projects, but your identity will remain completely anonymous.

It is important to note that you are free to skip any question during the survey, and your participation is entirely voluntary.

Your cooperation is greatly valued. We appreciate your consideration and hope to count on your participation.

D.1.2 Sociodemographic characteristics

1. Full Name (RA)
2. Date of birth (date field): (MM/DD/YYYY)
3. How do you identify yourself? (UR)
 - a. Man
 - b. Woman
 - c. Trans man
 - d. Trans woman
 - e. Other
4. What is the highest level of education you have completed? (UR)

- a. Preschool
 - b. Primary Education (Grades 1 – 5)
 - c. Lower Secondary Education (Grades 6 – 9)
 - d. Upper Secondary Education (Grades 10 – 13)
 - e. Technical/Technological
 - f. Undergraduate degree
 - g. Specialization/Master’s degree
 - h. Doctorate
 - i. Don’t know/Prefer not to say
5. Please select the department to which your territorial entity belongs. Dropdown list
(32 departments of Colombia)
6. Please select the municipality to which your territorial entity belongs. Dropdown list
(municipalities corresponding to the selected department)
7. Please select the Secretariat to which you belong. Dropdown list:
- Administrative Department of Planning
 - General Secretariat
 - Secretariat of Government
 - Secretariat for Women
 - Secretariat of Security
 - Other, please specify:
8. What is your position in the Mayor’s Office? (RA)
9. Please indicate the total number of years of professional experience you have to date.
10. Of that experience, how many years have been in the public sector?
11. How many of those years have been in the private sector?

D.1.3 Quiz on interventions

12. Please select which intervention corresponds to the following description: *“This refers to interventions designed to improve women’s access to justice. These have taken various forms, including programs that consist of a ‘second response’ visit to victims of violence between 24 hours and 14 days after the initial police response.”*
- a. Women’s Emergency Centers (CEM)
 - b. Cash Transfers
 - c. Presence of Women in the Police Force
 - d. Couples’ Workshops
 - e. Victim Support by Social Workers
 - f. Social Marketing Campaigns
13. Please select which intervention corresponds to the following description: *“These are centers aimed at strengthening the justice system’s capacity to identify, prosecute, and support victims of domestic and sexual violence through an interdisciplinary approach that includes legal, social, and psychological components.”*
- a. Women’s Emergency Centers (CEM)
 - b. Cash Transfers
 - c. Presence of Women in the Police Force
 - d. Couples’ Workshops
 - e. Victim Support by Social Workers
 - f. Social Marketing Campaigns
14. Please select which intervention corresponds to the following description: *“These consist of the delivery of money or food, either in the form of vouchers or directly. These programs are often associated with social protection initiatives implemented by governments but may also be short-term actions carried out by NGOs in crisis situations.”*

- a. Women’s Emergency Centers (CEM)
- b. Cash Transfers
- c. Presence of Women in the Police Force
- d. Couples’ Workshops
- e. Victim Support by Social Workers
- f. Social Marketing Campaigns

D.1.4 Beliefs and evidence use

15. Please indicate whether any of the following interventions/programs to reduce intimate partner violence against women have been implemented or are currently being implemented in your municipality:

Intervention	Yes	No
Women’s Emergency Centers (CEM)		
Cash Transfers		
Increase in the Number of Women in Police		
Couples’ Workshops		
Support by Social Workers		
Social Marketing Campaigns		

16. What do you believe would be the reduction in the number of cases of intimate partner violence against women if the following interventions/programs were implemented in your municipality?

Intervention	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Women’s Emergency Centers (CEM)											
Cash Transfers											
Increase in the Number of Women in Police											
Couples’ Workshops											
Support by Social Workers											
Social Marketing Campaigns											

17. Now, on a scale from 1 to 4, please indicate your willingness to implement each of the following interventions/programs in your municipality, considering the characteristics of the intervention and the local context. Select the number that best represents your position, where 1 means “Not at all willing” and 4 means “Completely willing.”

Intervention	Not at all willing			Completely willing
Women’s Emergency Centers (CEM)				
Cash Transfers				
Increase in the Number of Women in Police				
Couples’ Workshops				
Victim Support by Social Workers				
Social Marketing Campaigns				

18. Below are a series of statements related to the ease of implementing policies, programs, or projects in your municipality aimed at reducing intimate partner violence against women. Please indicate to what extent you agree with each statement:

Statement	Strongly disagree				Strongly agree
There are sufficient resources to implement plans, programs, and/or policies to reduce violence against women					
I am aware of which interventions are effective in reducing violence against women					
There is political will to implement plans, programs, and/or policies to reduce violence against women					
There is institutional capacity to implement plans, programs, and/or policies to reduce violence against women					

D.1.5 Funding interventions

19. What percentage of your municipality’s security and coexistence budget would you allocate to designing and implementing programs, projects, and/or policies aimed at reducing intimate partner violence against women in your municipality?

Please select a percentage from 0% to 100%.

20. How would you distribute the budget allocated to reducing intimate partner violence against women in your municipality across the following interventions/programs?

Please indicate the percentage you would assign to each intervention. You may assign anywhere from 0% to 100% per intervention.

Intervention	What percentage of your budget would you allocate?
Women’s Emergency Centers (CEM)	
Cash Transfers	
Increase in the Number of Women in Police	
Couples’ Workshops	
Victim Support by Social Workers	
Social Marketing Campaigns	
Restrictions on Alcohol Sales	
Microfinance and Savings Programs	
Economic and Social Empowerment Interventions for Women	
Self-Defense Programs	
Total Budget Allocated	100%

D.1.6 Workshop

21. We will be offering a series of voluntary workshops for municipalities interested in implementing the following interventions focused on reducing violence against women. Please indicate whether you would like to participate in any of the workshops.

As space in the workshops is limited, we ask that you select only the ones you would like to attend, ranking them in order of preference—your first choice being the one you are most interested in and your last choice the least.

- Women’s Emergency Centers (CEM)

- Cash Transfers
- Increase in the Number of Women in the Police Force
- Couples' Workshops
- Victim Support by Social Workers
- Social Marketing Campaigns

D.2 Endline Survey

D.2.1 Beliefs and evidence use

1. What do you believe would be the reduction in the number of cases of intimate partner violence against women if the following interventions/programs were implemented in your municipality?

Intervention	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Women's Emergency Centers (CEM)											
Cash Transfers											
Increase in the Number of Women in Police											
Couples' Workshops											
Support by Social Workers											
Social Marketing Campaigns											

2. Now, on a scale from 1 to 4, please indicate your willingness to implement each of the following interventions/programs in your municipality, considering the characteristics of the intervention and the local context. Select the number that best represents your position, where 1 means “Not at all willing” and 4 means “Completely willing.”

Intervention	Not at all willing			Completely willing
Women’s Emergency Centers (CEM)				
Cash Transfers				
Increase in the Number of Women in Police				
Couples’ Workshops				
Victim Support by Social Workers				
Social Marketing Campaigns				

3. Below are a series of statements related to the ease of implementing policies, programs, or projects in your municipality aimed at reducing intimate partner violence against women. Please indicate to what extent you agree with each statement:

Statement	Strongly disagree				Strongly agree
There are sufficient resources to implement plans, programs, and/or policies to reduce violence against women					
I am aware of which interventions are effective in reducing violence against women					
There is political will to implement plans, programs, and/or policies to reduce violence against women					
There is institutional capacity to implement plans, programs, and/or policies to reduce violence against women					

D.2.2 Funding interventions

4. What percentage of your municipality’s security and coexistence budget would you allocate to designing and implementing programs, projects, and/or policies aimed at reducing intimate partner violence against women in your municipality?

Please select a percentage from 0% to 100%.

5. How would you distribute the budget allocated to reducing intimate partner violence against women in your municipality across the following interventions/programs?

Please indicate the percentage you would assign to each intervention. You may assign anywhere from 0% to 100% per intervention.

Intervention	What percentage of your budget would you allocate?
Women’s Emergency Centers (CEM)	
Cash Transfers	
Increase in the Number of Women in Police	
Couples’ Workshops	
Victim Support by Social Workers	
Social Marketing Campaigns	
Restrictions on Alcohol Sales	
Microfinance and Savings Programs	
Economic and Social Empowerment Interventions for Women	
Self-Defense Programs	
Total Budget Allocated	100%

D.2.3 Workshop

6. We will be offering a series of voluntary workshops for municipalities interested in implementing the following interventions focused on reducing violence against women. Please indicate whether you would like to participate in any of the workshops.

As space in the workshops is limited, we ask that you select only the ones you would like to attend, ranking them in order of preference—your first choice being the one you are most interested in and your last choice the least.

- Women’s Emergency Centers (CEM)
- Cash Transfers
- Increase in the Number of Women in the Police Force
- Couples’ Workshops
- Victim Support by Social Workers
- Social Marketing Campaigns