



**Inter-Agency Humanitarian Evaluation on
Gender Equality and the Empowerment of
Women and Girls**

Case Study: Colombia

October 2020



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Disclaimer

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Acronyms

| | | | |
|----------|---|------------|--|
| 4W+ | Information platform that gathers information from all the projects being implemented in Colombia (4W stands for What, When, Where and Who) | IRC | International Rescue Committee |
| AAP | Accountability to affected populations/people | KII | Key informant interviews |
| CINU | United Nations Information Centre | LCT | Local Coordination Teams |
| COALICO | Coalition Against the Linkage of Boys, Girls and Adolescents to the Armed Conflict in Colombia | LGBTI | Lesbian, gay, bisexual, transgender, and intersex |
| COSUDE | Swiss Agency for Development and Cooperation | LIMPAL | International League of Women for Peace and Freedom (international NGO) |
| DIAKONIE | German NGO focused on providing emergency response | MIRA | Multi-cluster/sector Initial Rapid Assessment |
| ECHO | European Civil Protection and Humanitarian Aid Operations | MISP | Minimum Initial Service Package |
| EHP-ELC | Equipo Humanitario de País-Equipo Local de Coordinación | MPTF | Multi-Partner Trust Fund |
| EQ | Evaluation question | NGO | Non-governmental organization |
| ELC | Local coordination teams (Spanish) | NRC | Norwegian Refugee Council |
| ET | Evaluation team | OCHA | Office for the Coordination of Humanitarian Affairs |
| FAO | Food and Agricultural Organization | OHCHR | Office of the High Commissioner for Human Rights |
| FGD | Focus group discussions | PAHO | Pan American Health Organization |
| GA | Gender analysis | ProCap | Inter-Agency Protection Standby Capacity Project |
| GAM | Gender with Age Marker | Profamilia | Colombian Association for Family Well-being |
| GBV | Gender-based violence | PSEA | Protection from sexual exploitation and abuse |
| GEEWG | Gender equality and the empowerment of women and girls | R4V | Coordination Platform for Refugees and Migrants from Venezuela |
| GenCap | Gender Standby Capacity Project | RENACER | Colombian Institution for the Protection of Girls, Children, and Adolescents |
| GIFMM | Interagency Group for Mixed Migration Flows | SADD | Sex- and age-disaggregated data |
| GIG | Gender Interagency Group | SRH | Sexual and reproductive health |
| GRG | IASC Reference Group for Gender in Humanitarian Action | UNCT | United Nations Country Team |
| HC | Humanitarian Coordinator | UNDP | United Nations Development Programme |
| HCT | Humanitarian Country Team | UNDSS | United Nations Department for Safety and Security |
| HIV | Human immunodeficiency virus | UNFPA | United Nations Population Fund |
| HNO | Humanitarian Needs Overview | UNGRD | National Disaster Risk Management Unit |
| HRP | Humanitarian Response Plan | UNHCR | United Nations High Commission for Refugees |
| IAHE | Inter-Agency Humanitarian Evaluation | UNICEF | United Nations Children's Fund |
| IASC | Inter-Agency Standing Committee | UNMAS | United Nations Mine Action Service |
| ICBF | Colombian Institute of Family Welfare | UN Women | United Nations Entity for Gender Equality and the Empowerment of Women |
| IOM | International Organization for Migration | WFP | World Food Programme |
| IPPF | International Planned Parenthood Federation | WHO | World Health Organization |

Executive Summary

Gender equality and the empowerment of women and girls are key to an inclusive and effective humanitarian action. This case study is an effort to investigate the field-level dynamics, mechanisms, tools and practices that enable or hinder the integration of gender equality and the empowerment of women and girls in the humanitarian response to the Venezuelan refugee, migrant and returnee influx in Colombia, with the aim to contribute to advance global-level reflections and learning on this and improve aid effectiveness.

The study findings are primarily derived from a comprehensive literature review and fieldwork conducted in March 2020. Drawing on the theory of change and analytical framework designed during the inception phase, the analysis looks at how GEEWG plays out across the three evaluation areas of focus: (1) gender-responsive programming, (2) capacity-building and (3) participation. The focus is on the capacity of the humanitarian community collectively to act on the GEEWG tools and frameworks thus contributing to a gender-responsive humanitarian programming.

Key findings are summarized below:

1. It is possible to trace a link between global interagency resources and country-level operations in Colombia. The global-level IASC gender policies and mandates create impetus in national-level plans (such as the HRPs) to integrate gender. This in turn creates mechanisms (such as the national and local GBV groups) and requires disaggregated data collection and analysis. Both of these items together contribute to improved sensitivity towards GEEWG.
2. In 2017, the HCT approved a gender strategy as well as a protection strategy and has since had annual Gender and Protection Action Plans. The implementation and monitoring of the action plans is led by the technical level: the GBV sub-cluster, the GenCap advisor, and the PSEA Taskforce.
3. A number of agency-specific analyses have sought to characterize the profile and needs of the women and men of different ages and backgrounds crossing the border from Venezuela, as well as inter-agency assessments in the context of HRPs. Further efforts are required to ensure the results are not only shared but acted upon in a coordinated manner.
4. GEEWG in the response to refugees, migrants, and returnees from Venezuela has focused primarily on GBV (case management) and SRH, without evidence of it being meaningfully integrated in the other sectors of the humanitarian response.
5. Informants generally perceived there to be a substantive deficit in interagency resources for staffing and funding for GEEWG – especially for GEEWG that is beyond protection-related issues for women and girls. Some agencies have dedicated gender expertise, but most have gender focal points and not all of them have the necessary terms of reference, allocated time, previous expertise, and/or seniority.

1. Background and Methodology

1. The Inter-Agency Humanitarian Evaluation (IAHE) on Gender Equality and the Empowerment of Women (GEEWG) in humanitarian response is the first ever thematic IAHE. The scope of the evaluation is global and focuses on gender-responsive programming, capacity building, and the participation of women and girls in the period 2017-2019. The evaluation focuses on the collective use of gender strategies and policies by IASC organizations and the adequacy of financial and human resources allocated to them. The purpose of the evaluation is to enhance learning around GEEWG in humanitarian programming in order to identify best practices, enabling factors, and tools that can be replicated across the humanitarian system. There are multiple information streams for data collection within the evaluation, including a global-level document review, global-level key informant interviews, and field missions to four case study countries for field-level validation. Full details of the overall methodology are found in the IAHE GEEWG Inception Report.
2. The following four questions and criteria guide the evaluation:
 - a. EQ1 – relevance: To what extent are humanitarian responses tailored to build the capacities and resilience of women, girls, men, and boys?
 - b. EQ2 – coherence: How consistently are existing system-wide policies, programme guidance, and tools on gender implemented among IASC members?
 - c. EQ3 – effectiveness: How effective are existing IASC-promoted efforts to strengthen gender equality and the empowerment of women and girls in humanitarian programming?
 - d. EQ4 – coordination: To what extent are efforts by IASC members to strengthen gender equality and the empowerment of women and girls in humanitarian programming coordinated?
3. Countries for case study visits – Nigeria, Colombia, Iraq, and Bangladesh – were selected from among a pre-defined list and according to criteria aimed at enhancing opportunities for identifying good practice and ‘game changer’ examples.¹ The Venezuelan refugee response in Colombia was chosen because of the scale of the interagency response and the gendered nature of the crisis. Moreover, available information indicated a gender-related structure within the humanitarian architecture made of GenCap Advisors; GBV Sub-Cluster; and an HCT Gender and Protection strategies.
4. In the case of Colombia, the primary data used to compile this brief come from the interviews with more than 75 in-country key informants (Annex 1) and the views of various groups among the affected populations consulted during the 13 focus group discussions in Cúcuta and in Arauca on the border with Venezuela. These two locations were suggested by the GBV sub-cluster that supported the logistics for the mission in terms of representing different contexts in the border response and focalising most of the inter-agency response. Focus group discussions were organized in consultation with the in-country reference group and were intended to represent a range of affected population groups.² Nine project site visits were also carried out by the evaluation team (ET) to interagency spaces and humanitarian settlements in Cúcuta and in Arauca. In addition, information contained in reports, statistics, and project updates were also reviewed (Annex 2). The Humanitarian Assistance Worker Survey was not applied in Colombia on the recommendation of the GBV sub-cluster, who noted that there had been surveys administered recently on gender and sending another survey could compromise ongoing processes.

¹ The criteria included the type of emergency and the presence of a gender advisor, gender strategy, GBV sub-cluster, gender working group, joint gender assessment, and so on. A detailed description of the methodology used for the selection can be found in the IAHE GEEWG Inception Report.

² Annex 1 provides a list of focus groups involved in the case study.

2. Context Description³

Country Context

5. Colombia is classified as having high human development, with a human development index (HDI) value of 0.761 in 2018, positioning it at 79 out of 189 countries and territories.⁴ The gender inequality index (GII) value is 0.411, ranking it 94 out of 162 countries.⁵ Colombia is a multicultural country where diverse ethnic groups and realities converge. In 2018, about 9.3 percent of the population recognised themselves as black, afro-colombian, *raizal* or *palenquera*, 4.4 percent as indigenous, and 0.006 percent as gypsy or rom, while the remaining were white or mixed.⁶
6. Colombia has high levels of inequality and a complex internal context. As described by OCHA's Country Update from January 2020, Colombia faces a deteriorating humanitarian situation due to the persistence of non-international armed conflicts⁷ and the dynamics of widespread armed violence. In 2019, more than 27,000 people were displaced in 79 events, continuing the upward trend of the last three years following the signing of the peace agreement in 2016. In the same year, the National Disaster Risk Management Unit (UNGRD) identified at least 299,567 people affected by events associated with natural disasters on a cyclical basis due to drought and rainy seasons, with floods having the greatest impact.^{8,9} In addition, there is the complex situation of mixed migratory flows from Venezuela: in 2020, more than 1.8 million Venezuelans are living in Colombia (48 percent female, 52 percent male) of which more than half (57%) are in an irregular situation in the country.¹⁰

Humanitarian Response

7. Colombia's Humanitarian Needs Overview (HNO) for 2020 identified more than 5.1 million people (2.5 million males/2.6 million females) as having cross-sectoral humanitarian needs; the regions with the greatest concentration of this impact are the north-east (bordering Venezuela), the south (bordering Ecuador), the Pacific (including the border with Panama), the north-west, and even the centre and south-east of the country.
8. The Humanitarian Country Team (HCT) is composed of 22 resident and 5 non-resident UN agencies and more than 18 international/national NGOs including women's rights organisations. Local Coordination Teams (LCTs) are active in 12 regions. Since 2018, the Interagency Group for Mixed Migration Flows (GIFMM) has been led by UNHCR and IOM for the regional Refugee and Migrant Response Plan (RMRP), with ten local GIFMM teams. The website of the Coordination Platform for Refugees and Migrants from Venezuela (R4V) provides updated information on the regional response, and according to the latest situational report of February 2020 the funding received for the Venezuelan response stands at USD 22.7 million, which constitutes 3.1 percent of the total requested for the year (USD 739.2 million). The key sectors are WASH, Education, Integration, Multisector, Protection,

³ This section provides a short overview of the country context and the humanitarian response. Analysis of the response with respect to GEEWG is integrated into the sections on the findings.

⁴ UNDP. *Human Development Report 2019*. Inequalities in Human Development in the 21st Century. Briefing note for countries on the 2019 Human Development Report. Colombia. http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/COL.pdf.

⁵ Ibid. Nineteen percent of parliamentary seats are held by women, and 53.1 percent of adult women have reached at least a secondary level of education, compared to 50.9 percent of their male counterparts. For every 100,000 live births, 64 women die from pregnancy-related causes, and the adolescent birth rate is 66.7 births per 1,000 women aged 15 to 19. Women's participation in the labour market is 58.6 percent, compared to 82 percent for men.

⁶ DANE. *Census 2018*. Colombia. <https://www.dane.gov.co/index.php/estadisticas-por-tema/demografia-y-poblacion/grupos-etnicos/informacion-tecnica>

⁷ <https://www.icrc.org/en/document/colombia-five-armed-conflicts-whats-happening>

⁸ According to a risk evaluation by INFORM, which considers variables such as threats, exposure to risks, vulnerability, and a lack of response capacity, Colombia in 2019 had a 5.5 risk level (high) and was 29th among 191 countries worldwide: <https://drmkc.jrc.ec.europa.eu/inform-index/Subnational/Colombia>.

⁹ Where person-related data are not provided disaggregated by sex, age etc. it is because such data do not exist or in the limited time for this case study the consultant has not been able to find it.

¹⁰ <https://r4v.info/es/situations/platform/location/7511>

multipurpose Cash-based Interventions, Health, and Food Security and Nutrition, the last two having the highest number of beneficiaries (113,544 and 542,746 respectively).¹¹

9. Among the state institutions, key partners are: the Presidential Cooperation Agency (APC in Spanish), the Victims' Attention and Integrative Reintegration Unit (UARIV in Spanish), the Natural Disaster Risk Management Unit, and the Ombudsman's Office at the national and local level. At the field level, OCHA offices regularly interact with mayors and governors. At the political level, OCHA also liaises with the Ministry of Foreign Affairs and the Ministry for Post Conflict. Key civil society partners are research institutions (think tanks), national NGOs, Caritas, and the Colombian Red Cross.

Gender Equality and the Empowerment of Women and Girls

10. This case study focused on the interagency humanitarian response to the mixed migration flows in the Venezuelan response. Gender issues are notable in this crisis, not only because of the profile of the refugees, migrants and returnees from Venezuela, but also because of the gender dynamics where they are arriving. In 2017, the Venezuelans crossing the border were mostly young men, whereas in 2019 there are increasingly more women¹², children, older people and people living with disabilities.
11. The vulnerabilities for each of these groups are exacerbated if they enter and/or remain in an irregular situation – for example, they can see their access to health or education limited. The risks are also exacerbated by the gender dynamics in Colombia, which is permeated by a patriarchal culture and the disproportional impact of the armed conflict on women and girls, who remain most affected by gender-based discrimination and gender-based violence, particularly sexual violence. In May 2017, the Ombudsman's Office highlighted the risk of sexual violence in 85 municipalities of 19 departments in Colombia, due to the expansion of illegal armed groups and the dynamics of control of different illegal economies (illegal mining and illicit crops), and other crimes such as trafficking in persons for the purpose of labour and sexual exploitation.

¹¹ <https://r4v.info/es/documents/download/75385>

¹² Migration Colombia by the Colombian Government has data available where migratory flows can be analysed by sex and age: go to the tab "migratory flows of foreigners" and select Venezuela in the "Country of Nationality" section. A population pyramid appears with information on sex and age. You can also filter by month, type of flow (entry/exit/both), department, immigration control post, lodging department:

<https://public.tableau.com/profile/migraci.n.colombia#!/vizhome/FlujosMigratorios-2019/FlujosMigratoriosdeColombianos2017>.

3. Findings

12. The considerations highlighted here provide a snapshot of the most common issues related to gender equality and the empowerment of women and girls in the Colombia humanitarian response, as reported to and observed by the team during the country visit and triangulated through a targeted literature review.¹³ Findings are further triangulated from the 2018 *IASC Gender Policy Accountability Framework Report*, which marks the first monitoring cycle of the 2017 IASC Gender Policy.¹⁴
13. Findings are organized around the four key evaluation questions and relevant sub-themes. Annex 3 presents a summary evidence table aligned with the overall IAHE GEEWG evaluation matrix. Conclusions regarding the focus areas of the evaluation are integrated into the summary conclusive section.

3.1 Evaluation Question 1: Relevance

To what extent are humanitarian responses tailored to build the capacities and resilience of women, girls, men, and boys?

Gender Analysis

14. A literature review of key interagency strategic documents between 2017 and 2019 showed a robust integration of gender into the different phases of the humanitarian cycle, from analysis with the Humanitarian Needs Overview to programming with the Humanitarian Response Plan (HRP).¹⁵ The HNO 2017 highlights that “gender impact is not only based on vulnerability to acts of violence and protection, but also in the provision and adequate access and adaptation of humanitarian aid”. The 2018 *IASC Gender Policy Accountability Framework Report* notes that “in 8 HNOs – including that of Colombia – the gender analysis reflected in the crisis impact section of the HNO is not followed through in more than 50 percent of the individual cluster descriptions”. Nevertheless, the HNO 2019 shows a considerable improvement in taking into account an ethnic and gender focus and using a new format for sex- and age-disaggregated data (but not disability). All HRPs for Colombia contain specific commitments to address the needs of different population groups, with a specific focus on gender, age, and ethnicity, and less so on disability, combatting GBV, and preventing sexual exploitation and abuse. The HRP 2018 “intends to ensure the centrality of protection, a populational approach with gender equality and to promote the link between processes of durable solutions, peace building and development” and states that “the HCT is committed to strengthening the transversal focus in an integrated manner in the humanitarian response”.
15. The same does not apply to the Colombia chapter of the regional Refugee and Migrant Response Plans (RMRPs) for 2018 and 2019, where no references are made to the specific needs and capacities of men and women across sectors, except protection, and neither activities nor indicators integrate gender. Although it is beyond the time scope for this evaluation, it is worth mentioning that the RMRP 2020 shows a significant improvement,

¹³ Unless otherwise indicated in the narrative itself, findings are the triangulated composites from multiple interview sources.

¹⁴ The report was produced by UN Women on behalf of the IASC Reference Group for Gender in Humanitarian Action and combined data from various sources, including direct contributions from 25 country contexts, 9 of which are also considered under the current IAHE GEEWG. Information on Bangladesh, which is among the countries selected as a case study for the IAHE, is not found in the report.

¹⁵ For example, the GenCap advisor integrated the technical support related to gender into the monitoring of the HRP 2016 and development of the HRP 2017. This included the direct support from the different agencies to the specific clusters – for example, UNICEF to the WASH and Education clusters, UNFPA to the Health cluster, UN Women to Early Recovery, etc. A webinar was also conducted in preparation for the HNO and HRP 2017 to guide the technical staff and clusters. GenCap supported the revision of the methodology for the HNO and HRP 2017 to ensure adequate inclusion of gender from its preparation, resulting in a better gender analysis, which is reflected in the HNO 2017 and in clear objectives and commitments in the HRP 2017.

especially around protection-related needs and risks. During the planning for the 2020 HNO/HRP and RMRP Colombia Chapter 2020, interagency needs assessments were conducted at national and departmental levels, the reports analysed, and the information on gender, age, and diversity compiled in order to turn it into a “departmental gender briefing” in 2020.

16. In terms of the Multi-sector Initial Rapid Assessment (MIRA), in 2017 the GenCap advisor developed a set of tools to allow for greater gender integration: a gender mainstreaming checklist for the MIRA process, a guide for gender-related secondary data review, and a guide for focus group discussions with women and girls. These were reviewed, piloted, and later used by the different agencies. Agency-specific analyses of the refugees, migrants, and returnees have included the following: a series of participatory diagnostics with different population groups by UNHCR, a characterization of women from Venezuela in a situation of prostitution and/or sexual exploitation in the northern border area of Santander and Arauca,¹⁶ an evaluation of the unmet sexual and reproductive health needs by Profamilia and IPPF,¹⁷ a rapid needs assessment of older people by HelpAge International and Convite,¹⁸ and a rapid gender analysis by CARE International,¹⁹ to name the most relevant. While the various exercises have been shared with other agencies through the back to back system and the various working groups, further efforts are required to plan these exercises and address the results in a coordinated manner beyond informing each agency’s specific programmes.
17. Although some of the HNOs and HRP use sex- and age-disaggregated data (SADD) as a requirement, there is a large disparity in reporting by the different agencies. In the HCT there is the “4W+” tool, and in the GIFMM architecture there is the R4V platform with the RMRP (for planning) and Activity Info (for monitoring). In the 2020 RMRP Colombia planning, each organization had to put on the platform the activities they had scheduled for 2020, and 48 percent of the activities were disaggregated. By agency, 4 agencies disaggregated less than 30 percent of their activities, one disaggregated 33 percent of their activities, another one 77 percent, and 5 agencies reached 100 percent.

Engagement with Affected Populations

18. Feedback from the FGDs conducted by the ET in Cúcuta and in Arauca provided little evidence of interagency consultations in the form of separate FGDs with the affected population. One exercise worth mentioning was the 2019 UNHCR participatory assessments with 2.824 persons of concern, 213 focal groups (19 in Arauca, 22 in Cucuta). Otherwise consultations happen through less structured consultations in the form of daily interaction between staff and the affected population during implementation, observation of gaps in addressing needs, and then sharing these observations through the GIFMMs GBV working groups at the local level in back to back with the ELC’s GBV focal point in order to adapt programming to the new information. These consultations and observations happen in the places where services are provided (soup kitchens, first reception spaces, learning spaces

¹⁶ ONU Mujeres. Subgrupo Violencias Basadas en Género. Resumen Ejecutivo. Caracterización de las Mujeres Provenientes de Venezuela en Situación de Prostitución y/o Explotación Sexual en la Zona Fronteriza de Norte de Santander y Arauca. Recomendaciones para una Respuesta Integral. <https://www.wikifplan.org/WIKIPLAN/1%201%2088%20-%20Resumen%20Ejecutivo%20Informe%20frontera%20sobre%20mujeres%20en%20prostituci%C3%B3n,%20nov%202017.pdf>.

¹⁷ IPPF-Profamilia. Evaluation of the unmet sexual and reproductive health needs of migrant population in four cities of the Colombian-Venezuelan border: Arauca, Cucuta, Riohacha and Valledupar. Feb 2019. <https://reliefweb.int/report/colombia/evaluation-unmet-sexual-and-reproductive-health-needs-migrant-population-four-cities>.

¹⁸ Convite A.C., HelpAge International. Rapid needs assessment of older people Venezuela. November 2019. <https://reliefweb.int/sites/reliefweb.int/files/resources/Rapid%20needs%20assessment%20of%20older%20people%20in%20Venezuela.pdf>. The rapid needs assessment of the needs of older people by HelpAge was part of an ongoing interagency effort that was also carried out in 2020 with UNHCR in La Guajira.

¹⁹ CARE. Rapid Gender Analysis Latin America & Caribbean: Venezuelan Migrants & Refugees in Colombia. May 2019. https://insights.careinternational.org.uk/images/in-practice/RGA-and-measurement/RGA_Colombia_May2019.pdf.

for children, shelters for pregnant women and GBV survivors, etc.). There, informative talks are given about the services available, and there is feedback from users; the FGDs provided evidence that interviews and surveys are conducted to find out their needs.

19. The focus of these consultations has been almost exclusively with women and girls as the key beneficiaries of the gender and GBV programming, and among them pregnant and lactating women and girls and survivors of GBV. Other groups such as LGBTI persons and older people have been consulted less, which was one of the gaps highlighted by the Gender with Age Marker (GAM) exercise (see more on GAM below); guidance on how to engage with these groups has now been shared with the local teams.
20. There is evidence of participation with women leaders of affected populations, and in some cases youth leaders. Humanitarian agencies in Colombia have long established a working relationship with Colombian women's organizations for the humanitarian response to displacement. This experience has been used to strengthen local women's organizations – both Venezuelan and Colombian – for the refugee and migrant response and to reach out to women social leaders who also play an important role in the country to better understand the needs in the context of the border areas. In the rural settlements where they are located, women leaders and women's organizations are in charge of identifying GBV survivors and activating the referral pathways. In Arauca and Cúcuta, the ET observed that community support networks made up of Venezuelan refugees and migrants are consolidating. The following are some examples: in Arauca a network of 200 Venezuelan women, including Colombian returnees, receive support from UNFPA to increase their capacities to respond to GBV; a Trans Women Collective has been constituted as a first place of reception, orientation, and support; and in Cucuta *Angel Fuerza de Mujeres* and *Telar de Sueños* are two initiatives where women leaders also receive support. At least 70% of the 27 Venezuelan organisations being supported by UNHCR are led by women. The work with leaders is not without risk for them, and one good practice has been for Colombian women leaders to share some lessons learned with Venezuelan leaders about the risks faced by human rights defenders and community leaders in Colombia. Some agencies have had to reduce or stop their work with Venezuelan leaders due to threats being made to these women by illegal armed actors in the settlements.
21. During the visits to Cúcuta and Arauca, the evaluation teams observed that there were complaint and feedback mechanisms in the form of posters, hotlines, and suggestion boxes, and in the FGDs there was an awareness by all groups about the fact that they could, for example, fill in the complaint sheet and not have to sign their name. Their preferred mechanism was informal complaints through trusted community leaders, who would then channel the complaints to their contact in the organization, including via WhatsApp, through conversations at the end of a workshop, during a census in informal settlements, etc. There was no evidence of complaints being disaggregated and analysed by sex and age. Hotlines are mostly used to request information rather than to file complaints. The only other formal grievance mechanism cited was the Ombudsperson Office, which is supported with UN resources. The social dynamics resulting from the existence of illegal armed actors present some limitations to the effective redress of grievances – for example, GBV survivors may need to request the permission of the local armed group leader before filing a grievance with the Ombudsperson.

3.2 Evaluation Question 2: Coherence

How consistently are existing system-wide policies, programme guidance, and tools on gender implemented among IASC members?

22. The Colombian government has multiple processes and laws in place to promote gender equality and the prevention of and response to GBV, which is an important reference framework for the UN agencies and International and national NGOs. In 2015 UN Women, UNFPA, and OCHA developed a gender in humanitarian action plan that served as a catalyst for a series of activities and initiatives to strengthen gender and GBV inclusion in interagency humanitarian processes. The initial request for the 2017 GenCap mission responded to support the roll-out of the joint action plan. In 2017, the HCT approved a gender strategy as well as a protection strategy and requested a 2018 joint HCT Gender and Protection Action Plan. This action plan was monitored, and a new 2019 joint action plan was defined. The 2019 plan was being monitored at the time of the evaluation team visit to Bogotá, and the monitoring is led by a core group composed of four UN agencies (UN Women, UNHCR, WFP, and UNFPA), two NGOs (NRC and Diakonie), and two donors (ECHO and COSUDE). Depending on the results and the HCT members' commitment towards the strategy, the HCT will have to decide if they wish the gender strategy to be updated and a 2020 action plan to be created. There is another HCT strategy developed by the Inter-Agency Gender Theme Group (GIG), the GBV sub-cluster, and GenCap to strengthen the capacity of Local Coordination Teams on gender equality and GBV prevention and response across humanitarian action, peacebuilding, and development. The strategy was validated by the HCT in 2017, but in 2018 the strategy was not implemented; it was decided in 2019 to embed the leadership of the strategy in the GBV working group, and it is currently operational. The GIFMM has the plan of the gender working group of the GIFMM.
23. Despite the strategies in place, monitoring the implementation of the action plans has not been without challenges. The core group in charge of the follow-up of the HCT Gender and Protection Action Plan was inactive for months: despite efforts by UNHCR, UN Women, and the HCT Secretariat to reactivate the core group, in 2019 only 30 percent of the members contributed to the monitoring exercise. In 2019, the communication with the core group was addressed to the heads of these structures. In 2020, the Humanitarian Coordinator directly requested the heads of these structures to appoint a technical person to represent their structure in the core group, and that proved successful in getting a much higher response.
24. These strategies, even if they do not directly quote the IASC Gender Policy, do include its content. In the key informant interviews (KIIs), particularly in Bogotá, staff from UN agencies and NGOs were aware of the IASC Gender Policy (less so of the accountability framework), although they said their specific agency gender policy is the guidance that they refer to most often. Colombia has a strong national gender legislation that agencies need to follow. Gender-related public policies are referred to as UN agencies coordinate their actions with the government.
25. Informants were also aware of several global gender and GBV guidance and tools, the following being cited most often: the IASC Minimum Standards for GBV in Emergencies, the Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action, the Handbook for Coordinating GBV Interventions in Emergencies, the IASC Gender Handbook, the Gender with Age Marker, the Minimum Initial Service Package (MISP), the Protection from Sexual Exploitation and Abuse (PSEA) Global Standard Operating Procedures, and the IASC Policy on Protection in Humanitarian Action. There is evidence of products and services in place after trainings, e.g. GBV standard operating procedures, referral systems, PSEA mechanisms, etc. However, the tools that are most used are the ones produced by the individual agencies (i.e. each agency staff referring to their own gender policies and tools).
26. One good practice highlighted by some informants (although more in Bogotá than in the field) was the use of the IASC Gender with Age Marker. The UN Women Regional Office negotiated with the R4V Regional Platform to make GAM mandatory for all members of the

platform in the 17 countries during the 2020 RMRP. In Colombia, the GenCap supported GIFMM members with its implementation. In Colombia, 96 percent of organizations completed the GAM. Results showed that GIFMM members were not performing well in terms of analysis and adapting the response to the LGBTBI community and older persons so recommendations to strengthen a humanitarian response more adapted to these groups were issued. Meanwhile, the GAM is only optional for the humanitarian response in Colombia, although there is a recommendation from the GenCap that this be made mandatory in 2020.

27. One example of action taken at the highest leadership level is the establishment of the PSEA Taskforce, which used as its basis the 2017 IASC Commitments on Accountability to Affected People and Protection from Sexual Exploitation and Abuse. The PSEA Taskforce is led by UNHCR and UN Women under the coordination of the Resident Coordinator. In 2020 they have contracted a full-time interagency coordinator that is currently being funded by WFP and after 6 months will be funded by UNICEF. The Taskforce has been very active since 2019, with a work plan, focal points in every agency, and training and support by international experts on mission to Colombia. The weak points that key informants pointed out were: 1) the engagement varies by agency, and depends mostly on commitment from headquarters; 2) there are challenges with different reporting mechanisms and lack of information sharing, and ;3) it remains very UN centric, although they are working to determine the best way to include NGOs (they included them in the trainings throughout 2019 and succeeded to embed the Task Force in the HCT, the GIFMM and collaborate with the National NGO Forum; they also included NGOs in the monitoring exercise at the end of 2019 and started developing interagency communication material with Save the Children).
28. Gender has been incorporated as a standing agenda item for the HCT in Colombia and normally it is the GenCap who provides information on the work plan, new data, key presentations by the GBV sub-cluster, etc. The fact that the designated group to support the implementation of the Gender and Protection Action Plan is the GBV sub-cluster reveals how in general gender considerations have fallen by default under the Protection and GBV sub-sector envelopes. Within the response to the refugees, migrants, and returnees from Venezuela, GBV sector has largely been tailored to a case management process – many of the projects provide a comprehensive range of services (medical, psychosocial, legal, economic, etc.) in a successful interagency manner, but to a very small number of survivors (e.g. in Cúcuta one shelter that the ET visited had room for 20 GBV survivors). Despite this being a good practice in terms of following the survivor-centred approach of the IASC GBV Guidelines, the question is with the limited funds available how to find a balance regarding the needs of large numbers of the affected population that remain unaddressed. Another important question is how to find a balance with the more long-term non-GBV needs of Venezuelans settling in various towns along the way; in the FGDs, both women and men requested and prioritized livelihood support.

3.3 Evaluation Question 3: Effectiveness

How effective are existing IASC-promoted efforts to strengthen gender equality and the empowerment of women and girls in humanitarian programming?

29. There have been two GenCap deployments in Colombia during the period evaluated, one in 2017 hosted by OCHA and another in 2019 hosted by UN Women. Informants overwhelmingly confirmed the key role that they played in promoting interagency coordination for gender in humanitarian action providing the following: technical expertise to different agencies and organizations, advocacy, capacity strengthening, and information/analysis. In the 2017 context, there was an opportunity to promote the coordination of gender equality initiatives across humanitarian, peace, and development efforts, particularly between HCT and UNCT, and in coordination with GIG and the GBV sub-cluster (two concrete examples were the use of the gender marker in the Multi-Partner Trust Fund and training for the UN Mission and UN Observers on gender in humanitarian action). In the 2019 context, the focus has shifted to support the GIFMM.
30. The gap of GenCap in 2018 coincided with limited number of staff in the UN Women humanitarian team in Colombia. Despite the fact that the IASC Gender Policy and its Accountability Framework point out that it is everyone's responsibility to mainstream gender equality in humanitarian response, when agencies such as UN Women or UNFPA are not able to lead the efforts, the processes deteriorate, although it is important to mention here the role that UNHCR and IOM are playing in the back-to-back with the GBV sub-cluster. Informants pointed to the need for dedicated gender expertise during key processes – for example, needs analysis, response planning, and an interagency resource to advocate for gender at the political level.
31. The women-men ratio for staff in the humanitarian response in Colombia changes depending on staff turnover, but the HCT is generally male dominated, while the gender focal points and members of the GBV sub-cluster, GenCap, and the PSEA Taskforce are mostly women. Contrary to other country studies in this IAHE, organizations did not report particular difficulties in recruiting women for field offices, and most of the key informants for the ET visit to Cúcuta and Arauca were women staff.

Capacity Development on Gender

32. There is evidence of ongoing capacity development on gender, led by GenCap and different IASC members, either training their own staff or coordinating interagency training initiatives. Some of the initiatives mentioned by key informants, either in the form of trainings or webinars and both in the capital and in the field, include the following: Gender with Age Marker, the IASC Gender Handbook and GBV Guidelines, Gender in Humanitarian Action, as well as gender integration in agency- and sector-specific training, e.g. gender in disaster preparedness and management or a gender session in the Sphere training. One that was highly appreciated by informants in Cúcuta was on Caring for Carers in 2019, and they stated that with the current workload and gravity of the situation they would require it to be a regular training. The trainings were generally appreciated by staff, but informants mentioned the lack of contextualization – e.g. the IASC guidelines assuming a typical refugee or internally displaced person camp setting with weak institutionality and therefore the suggested routes not being suitable for Colombia, particularly for the response at the border with a mobile population, men affected by xenophobia and high crime rates, women and LGTBI persons unable to report GBV due to threats by armed groups, etc. Another limitation is that published tools do not allow for ongoing updates when reality surpasses what is in the guidelines – for example, the webcam porn business discussed by both men and women in the FGDs in Cúcuta is not reflected anywhere, and staff need guidance on how to mitigate this risk.
33. Other forms of capacity-building activities mentioned by GenCap were related to on-the-job coaching/mentoring; some knowledge transfer modalities include working together during a full humanitarian cycle process, reviewing documents together, preparing joint presentations, providing materials, discussing, and advising. One good practice shared by the GBV sub-

cluster was the *madrinazgos*: in order to provide closer connection and support to Local Coordination Teams, a process was created whereby each LCT was allocated a specific focal point from the UN agencies that would provide them with gender technical assistance.

34. While national organizations were invited to trainings and interagency or agency-specific tools were shared with them, the tools and guidance designed by these organizations, sometimes with a strong expertise on gender, did not feed back to the IASC members. This is a missed opportunity to enlarge the pool of resources and create visibility for the work and experience of national organizations. There is also no opportunity for feeding back to IASC members at the global level once the tools and guidelines are finished; one example shared by key informants was the understanding of the cross-relations between ethnicity and gender, for which there is expertise in Colombia due to the diversity in the country, and where insufficient guidance is provided in the global guidelines.

Funding for Gender Equality and the Empowerment of Women and Girls

35. In the period under study, the humanitarian funding for the situation resulting from armed conflict has been limited and decreasing while available funding responds to the Venezuelan crisis. Funding allocated to gender primarily falls under the GBV sector and Health in relation to sexual and reproductive health (SRH). The UNFPA/UN Women 2020 report on Funding for GEEWG in Humanitarian Programming assesses the impact on SRH in crisis settings and highlights that “in Colombia pregnancies among girls younger than 15 living in conflict-affected areas were double what they are in other parts of the country”, and “HIV/AIDS deaths are three times higher than the national rate”.
36. The Humanitarian Donors Group meets bimonthly to discuss the main needs within the context, to identify the greatest funding needs, and to ensure that funding alignment among donors is optimized to meet these needs. Within the general donor group, GEEWG is managed as a cross-cutting theme (for example, requesting SADD on proposed beneficiaries in project proposals) rather than a point of focus for projects (such as gender-targeted programming). Most gender-targeted project proposals focus on providing services to women and girls survivors of GBV. Donors require that projects need to maximize the number of beneficiaries reached; therefore, if a project seeks to have a more survivor-centred approach for smaller numbers of women and girls, it must also include types of activities that can reach large numbers of beneficiaries – such as awareness campaigns, distributions, etc.
37. Donors do not require the inclusion of standard gender indicators for tracking progress and impact on GEEWG. Informants point to the limited tracking of lessons learned within interagency spaces. While there have been many good practices,²⁰ most projects are short term and there is limited evaluation of the lessons learned that capture good practices on gender equality and GBV. Some agencies and organizations have started to capture their good practices, but these tend to be centralized internally rather than shared among agencies. A particular practice may be considered innovative and unusual in one agency’s project proposal, while for another agency this same practice is considered standard.
38. Informants generally perceived there to be a substantive deficit in interagency resources for staffing and funding for GEEWG – especially for GEEWG that is beyond protection-related issues for women. Some agencies have dedicated gender expertise, but most have gender focal points and not all of them have the necessary terms of reference, allocated time, previous expertise, and/or seniority due to the lack of resources and the general belief that these roles are not so relevant. In the field, the high rotation of staff and the projects that are limited in time are due to lack of funding – for example, when dignity kit distributions are over, there is no continuity.

²⁰ OCHA/GenCap 2016. Compendio de prácticas prometedoras en la inclusión del enfoque de género en la acción humanitaria en Colombia.

3.4 Evaluation Question 4: Coordination

To what extent are efforts by IASC members to strengthen gender equality and the empowerment of women and girls in humanitarian programming coordinated?

39. Colombia has a complex coordination structure due to the existence of different crises (internal conflict, natural disasters, and migration influxes from Venezuela). The latter led humanitarian actors to create two different coordination mechanisms: the HCT and Local Coordination Teams (ELCs in Spanish) for the internal conflict and the GIFMM for mixed migration. The two structures also differ in nature, the first providing more technical support to the government institutions, while the second provides coordination for the response and also fills in the gap of operational response due to the large numbers of refugees, migrants and returnees. This has sometimes led an overstretch of the personal and financial resources available for gender with focal points having to respond to both structures, and has made complementarity a challenge. Nevertheless, the GBV- sub-cluster has worked in a back to back system with the GBV working group of the GIFMM that also incorporated a Task Force for Trafficking and Smuggling of Refugee and Migrants that did not exist before.
40. Despite the challenges of this double humanitarian architecture, there is evidence of active coordination for gender equality, although mostly focused on GBV. Coordinating mechanisms are integrated into the HRP and therefore developed at Bogotá and field levels, the ET seeing evidence of strong collaboration and coordination in their visits to Cúcuta and Arauca:
- GBV working group in the HCT architecture, led by UN Women and UNFPA.
 - GBV working group in the GIFMM architecture, led by UNHCR and IOM.
 - Anti-trafficking group: A specific group on human trafficking has been settled on in the second 2019 semester in the GIFMM architecture. It is led by IOM and UNODC, with the support of the Protection Sector Coordinator.
 - PSEA Taskforce: The taskforce is led by UN Women and UNHCR, with the Resident Coordinator's Office's support. A full-time PSEA Coordinator was appointed in March 2020. The taskforce reports to the UNCT, the HCT, and the GIFMM.
 - LCT Gender Focal points: The UNCT strategy to strengthen local humanitarian groups in gender, validated in 2017, was not active in 2018, but once the GBV sub-cluster took leadership in 2019, it activated it and started with the *madrinazgos* described above. The new LCT terms of reference include a mandatory gender focal point/group in the LCT architecture, and most of them have appointed one. In some departments, those gender focal points are also gender focal points for the local GIFMM.
 - MPTF: The fund has a gender focal point.
 - GIG: There is a UN Interagency Gender Group, but this does not focus on the humanitarian agenda.
 - Gender and International Cooperation Working Group
 - Regional Safe Spaces Network
41. Within the gender humanitarian architecture, both UNFPA and UN Women are active members of the HCT through their respective Deputy Country Representatives, and the latter leads the gender space in the HCT agenda. UN Women went from having one person in the humanitarian response in 2018 to currently nine persons working in the humanitarian or migration response (five are based in Bogotá and four in the field offices of Choco and Costa Caribe). UNFPA has also increased GBV in emergencies staff to 3 persons in Bogotá and 6 in the field, in Norte de Santander and Arauca departments.

Complementarity on gender

42. There is also a greater opening at this point in time for state leadership on gender-responsive programming. When the Venezuela crisis first began, the National, Departmental, and Local Development Plans had already been developed for the 2015–2019 period. Because these were already set, relatively few additional elements could be integrated – including gender-responsive programming supported by the state (such as shelters). However, now the new National, Departmental, and Local Development plans are being developed with the change of government, and there is a greater possibility for more GEEWG responsive elements to be included. The allocation of budget for these plans would come from National, Departmental and Local budgets. Respondents noted that the planning process is too early to consider the degree of funding that might be available for these plans. For this reason, many agencies have been carrying out advocacy for greater GEEWG consideration in the new development plans.
43. There is substantive active participation in coordination mechanisms for GEEWG – emphasizing protection. One best practice cited was the development of a GEEWG coordinating mechanism combining protection with the health sector. This was seen as providing closer coordination between protection and response (the preliminary reception centre in Arauca is a result of this combined coordination mechanism). The challenge to better articulation, as one key informant described it, is that *“despite the use of buzz words around gender, agencies have different understandings of what gender means, how to do gender programming, and what coordination for gender would look like. Even when gender is integrated in the response, there is often a lack of analysis of impacts, results, and changes in the lives of affected populations using a specific gender lens”*.
44. At the local level, the GBV sub-groups are instrumental for facilitating interagency coordination around gender issues focusing almost exclusively on GBV. While there are initiatives to organize joint processes (e.g. trainings for partners and government counterparts, standard operating procedures, etc.), coordination often takes on a case management orientation. The staff from the different agencies meet to discuss specific cases of abuse or protection that have emerged and coordinate how to best ensure that these individual cases are treated.
45. Coordination of monitoring of beneficiaries is very challenging in the context of a highly mobile beneficiary population influx. This has required LCTs to consider alternative approaches to providing humanitarian response. One such adaptation has been the establishment of a series of reception centres along the route taken by migrants crossing the border in Arauca who are heading to Bogotá, Cali, or one of the other big cities. The reception centres are managed and coordinated by the various agencies in the LCT. These centres have become important sources of information and resources for these traveling migrants. A family may receive food kits, medical attention, or family hygiene kits; however, the ET did not find evidence of these being adapted to the specific needs of the different population groups.
46. Given the scope of the response, the mobile nature of the beneficiaries, and the limitations on monitoring along the route due to a lack of an articulated information system for data sharing among agencies, the most effective coordination mechanisms resulted from the highly interconnected, informal networks amongst agency and NGO staff in the local contexts. The ET observed evidence of strong relationships of trust among national staff from the various agencies. These strong relationships were used to establish rapid informal communication through media such as WhatsApp for disseminating information, identifying resources, and coordinating actions. Within this informal field network, there were a few persons who were considered to be the gender experts, and these persons were often consulted informally whenever projects were being developed or implemented.
47. This informal network among operational actors at the local levels is an emergent response to the challenges of formal cooperation among agencies. At the national level, complementarity has been at times challenged by competition for resources, overlapping of

mandates, and lack of a venue where opportunities for synergies and complementary efforts could be systematically discussed. The GBV working group in Bogota provides one such opportunity, although this is often limited to technical specialists and gender focal points. More spaces for leadership coordination on GEEWG were seen as important by interviewed respondents.

4. Summary Observations

48. This section draws some summative observations in relation to the evidence gathered in the Colombia case study. For the sake of brevity and for ease of reference for the global evaluation, conclusions are organized around the three areas of focus: participation, capacity, and gender-responsive programming.

Participation

49. The massive influx of refugees, migrants and returnees from Venezuela and the itinerant pattern of their movements have made it difficult for agencies to ensure their participation at design phase of the programmes, often responding without previous gender analysis to adapt the response according to the results. A number of agency-specific analyses sought to characterize their profile and needs as described above, as well as inter-agency assessments in the context of HRPs. Further efforts are required to ensure the results are not only shared but acted upon in a coordinated manner. The consultation and communication have happened in a more ad-hoc manner during the implementation phase, when staff are present in project activities and actively seek to hear affected people's needs and priorities, identify cases and ensure referrals.
50. Here women leaders have played a key role, since the preferred way of communicating is through these trusted individuals. The observation is that strengthening women's leadership is paramount to promoting further participation. The advantage is that several characterization exercises point at the high level of organization, even if informal, of Venezuelan women's networks. The challenge is that the humanitarian settlements where most of the affected population live have a presence of illegal armed groups who pose security threats to organized community leadership. While women's participation increased, there was limited evidence that increased participation led to increased decision making influence within the response activities, the role of women leaders focused on identifying GBV survivors and referring them to the established referral pathways.
51. While multiple complaints and feedback mechanisms in the form of posters, post-boxes, telephone lines, etc. are present in the project sites visited in Cúcuta and Arauca, and an existing PSEA Taskforce coordinates training and referral mechanisms, these mechanisms were said to be used more for seeking information from agencies than reporting complaints to the agencies. The mechanisms are a means to an end, and this is an example of what happens often with gender considerations, wherein the means becomes the end: having the post-box in place, putting up the poster, but with little understanding and analysis of the situation, the number of cases, the causes, the consequences, the trends, the hotspots, etc.

Capacity on Gender Equality and the Empowerment of Women and Girls

52. The responsibility for the implementation and monitoring of the gender action plan is led by the technical level: the GBV sub-cluster, the GenCap advisor, and the PSEA Taskforce. While the deployment of GenCaps as an interagency resource was highly appreciated by all key informants, it is a standby capacity limited in time. Respondents felt that the role of the GenCap was important strategically in terms of being an interagency resource that could leverage interagency actions for capacity strengthening. The individual agencies have responsibilities as per the IASC Policy and Accountability Framework to mainstream gender in the humanitarian response. However, the role of the GenCap as a strategic interagency resource was still important for enhanced leverage on capacity strengthening.
53. There is substantive evidence of gender capacity assessment and readiness and efforts to build and strengthen personal capacities on gender, including innovative approaches such as the *madrinazgos*. While staff are aware and receive trainings on several gender and GBV interagency tools and guidelines, there is a strong reliance on agency-specific capacity, tools, and processes for GEEWG alignment. Global tools are seen as useful, but missing contextualization and possibilities for regular updating with experience, knowledge, good practices, and challenges from the field.

Gender-responsive Programming

54. The study revealed that it is possible to trace a link between global interagency resources and country-level operations in Colombia. The global-level IASC gender policies and mandates create impetus in national-level plans (such as the HRPs) to integrate gender. This in turn creates mechanisms (such as the national and local GBV groups) and requires disaggregated data collection and analysis. Both of these items together contribute to improved sensitivity towards GEEWG.
55. Nevertheless, GEEWG in the response to refugees, migrants, and returnees from Venezuela has focused primarily on GBV and SRH, without evidence of it being meaningfully included in the other sectors. GBV and SRH programmes have largely been tailored to a case management process approach focusing on women and girls. The needs and capacities of other population groups (men at large, LGTBI persons, elderly persons, disabled persons, ethnic groups) and in other sectors remain largely unaddressed. There seems to be something of a conceptual gap in terms of thinking about what gender-responsive programming that covers large numbers of women and men from different backgrounds would actually look like.

5. Annexes

Annex 1: List of Persons Interviewed

| Number | Surname | Name | Position | Organization |
|---------------|-----------|----------------|--|---------------------------|
| Bogota | | | | |
| 1 | Guerrero | Marcela | Coordination Associate | OCHA |
| 2 | Rodriguez | Claudia | HoO | OCHA |
| 3 | Carreras | Anabel | GenCap | |
| 4 | Iriyama | Yukiko | Interim Representative | UNHCR |
| 5 | Bertolini | Cecilia | Protection Specialist | UNFPA |
| 6 | Rubio | Martha | Assistant Representative | UNFPA |
| 7 | Gutierrez | Marcela | National Officer | Save the Children |
| 8 | Jaramillo | Maria Fernanda | Information and Legal Assistance Specialist | Norwegian Refugee Council |
| 9 | Tejada | Carolina | Program Analyst | UN Women |
| 10 | Pacheco | Patricia | Deputy | UN Women |
| 11 | White | Anna | Senior Interagency Coordinator | GIFMM |
| 12 | Loockhart | Saskia | Senior Gender, Age and Diversity Specialist | UNHCR |
| 12 | Reina | Johanna | Senior Protection Associate | UNHCR |
| 13 | Gómez | Carolina | Staff Member | ICBF |
| 14 | Cortés | Felipe | Staff Member | ICBF |
| 15 | Pineda | Angie | Pedagogue | LIMPAL |
| 16 | Mujica | Rocio | Protection Officer | UNICEF |
| 17 | Riaga | Sergio | Monitoring and Evaluation Officer | UNICEF |
| 18 | Tague | Andrea | Gender Officer | UNICEF |
| 19 | Roldan | Felipe | Institutional Reinforcement for the Peace Process Program Coordinator. | IOM |
| 20 | Ekarv | Sofia | GIFMM PSEA Focal Point | IOM |

| | | | | |
|--------|-------------|----------------|--|---|
| 21 | Peña | Ángela | Counsellor Section Director | ONIC |
| 22 | Álvarez | Fabián | Attorney for the Counsellor Section | ONIC |
| 23 | Alvarado | María Angélica | Protection Commissioned | WFP |
| 24 | Tamayo | Diana | Gender Commissioned | WFP |
| 25 | Cardenas | Stella | Protection Director | RENACER |
| 26 | Gabrielsson | Frida | Staff Member | UNW |
| 27 | Arciniegas | Catalina | Taskforce Coordinator | WFP |
| 28 | Delusso | Maria | Program Assistant. | ECHO |
| 29 | Mazzoldi | Gennica | Presidential advisor for women equity | Colombian Presidential Section |
| 30 | Carabalí | Mauricio | Presidential advisor for International affairs and cooperation | Colombian Presidential Section |
| 31 | Molano | Iván | Health and migration coordinator | Profamilia Foundation |
| 32 | Camargo | Marco | Projects Director | Profamilia Foundation |
| 33 | Archiniegas | Fernanda | Advocacy Professional | Profamilia Foundation |
| 34 | Merkx | Jozef | Country Representative | UNHCR |
| 35 | Molano | Hilda | Technical Secretariat Coordinator | COALICO |
| 36 | Asprilla | Jhon Jairo | Gender Affairs and Human Trafficking Delegate | National Ombudsman Office |
| 37 | Muñoz | Bibiana | Specialized professional in protection mechanisms and GBV attention. | National Ombudsman Office |
| Arauca | | | | |
| 38 | Moreno | Eliana | Protection Focal Point | UNHCR |
| 39 | Nieves | Osmany | Local Coordinator | UNFPA |
| 40 | Muñoz | Martha | Coordinator | Casa de Mujeres (Women's House) – Arauca (municipality) |
| 41 | Jaimés | Natalia | Psychologist | Preliminary Reception Room – |

| | | | | |
|--------|-----------|----------------|---|---|
| | | | | San Vicente Hospital |
| 42 | Forero | Kely | Social Worker | Preliminary Reception Room – San Vicente Hospital |
| 43 | Palacio | Beatriz | Social Development Secretariat | Arauca Department Government |
| 44 | Muñoz | Wilson | Health and Education Specialist | UNICEF |
| 45 | Ramos | Liliana | Coordinator for the “Casa Amigable” section | APOYAR Local Foundation |
| 46 | Romero | Vanessa | Education in Emergencies Assistant | SAVE THE CHILDREN |
| 47 | Cañas | Francelis | Education in Emergencies Assistant | SAVE THE CHILDREN |
| 48 | Pinzon | Viviana | Head of Office – Arauca | IOM |
| 49 | Molino | Diego | Head of Office - Arauca | WFP |
| 50 | Rivera | Julitsa | Attention Centers Coordinator | UNHCR |
| 51 | Durán | Maricela | Learning Circles Coordinator | UNICEF |
| Cúcuta | | | | |
| 52 | Romero | Carolina | GBV and Health leader | IRC |
| 53 | Sanchez | Laura | Case Management Leader | IRC |
| 54 | Barrera | Carolina | GBV and Health Leader | Gender sub-cluster |
| 55 | Barrera | John | Gender and Protection Focal Point | WFP |
| 56 | Salamanca | Dildar | Local Coordinator | UNFPA |
| 57 | Garzón | Javier | NdS GIFMM Co-leader | GIFMM |
| 58 | Pacheco | Fabian | Health Specialist | UNFPA |
| 59 | Zambrano | María Fernanda | Protection Specialist | UNICEF |
| 60 | Lopez | Luz | Gender Consultant | UNICEF |

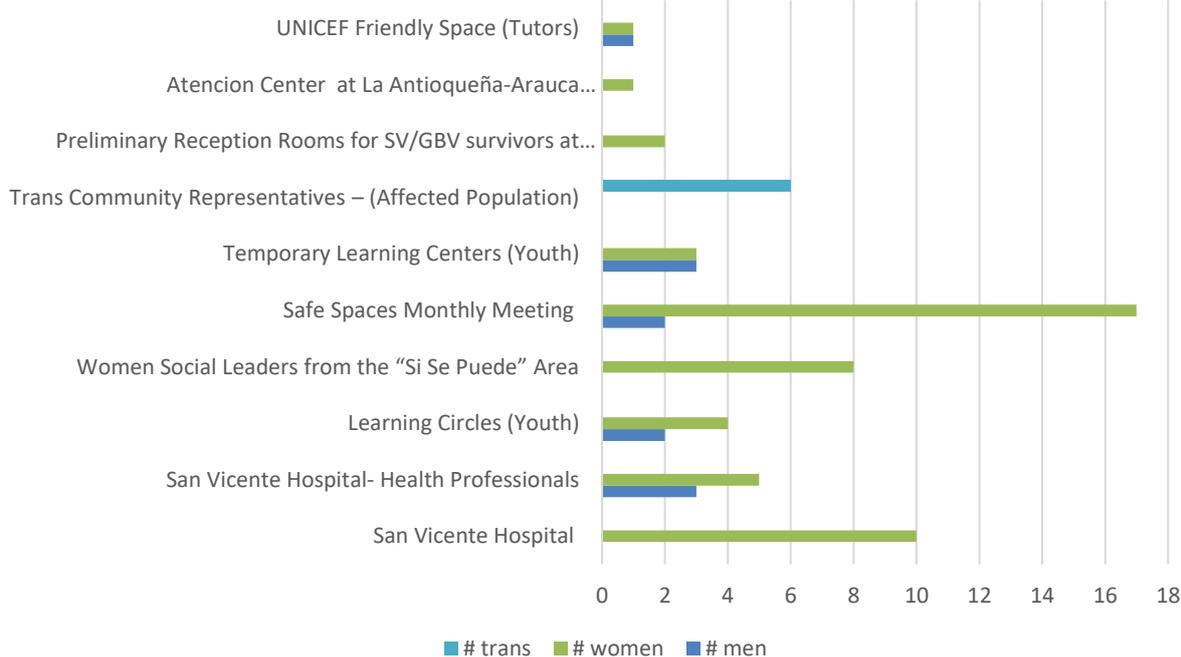
| | | | | |
|----|-----------|--------------|----------------------------------|-----------------------------------|
| 61 | Paredes | María Teresa | Projects coordinator | UNICEF |
| 62 | Gonzalez | Ana | Program Director | CARE |
| 63 | Lambo | Ángelica | Gender Focal Point | Humildad Extrema Local Foundation |
| 64 | Delgado | Carmen | Social Worker | Visión de Mujeres Local Fundación |
| 65 | Mora | Orfa | ACNUR Funded Project Coordinator | COPRODINCO |
| 66 | Pérez | Lisette | Nursing Coordinator | Halu FUNDATION |
| 67 | Castro | Lina | Local Coordinator | IRC |
| 68 | Pérez | Gracia | Specialized Professional. | Secretary of Health |
| 69 | Corzo | Ana | Gender Issues Delegate. | Local Ombudsman Office |
| 70 | Castañeda | Alejandro | Director | Red International Foundation |
| 71 | Medina | Sandra | Staff Member | PAHO/WHO |
| 72 | Mesa | Diana | Staff Member | IDESA |
| 73 | Rivera | Atilio | Director | HOPE Foundation |
| 74 | Benavides | Mayra | Staff Member | Secretary of Health |
| 75 | Pedraza | Ana | Staff Member | UNHCR |

Focus Group Discussions

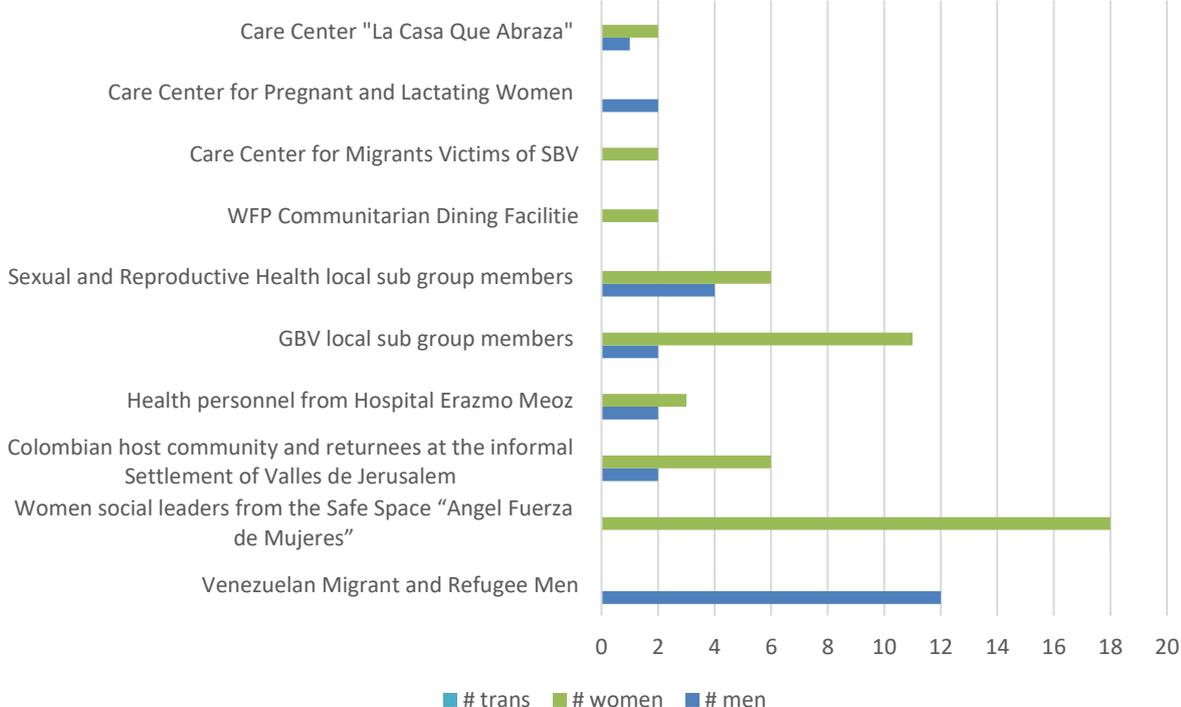
| FGD Arauca | # men | # women | #other |
|---|-----------|-----------|----------|
| Venezuelan Migrant and Refugee women from San Vicente Hospital | 0 | 10 | 0 |
| Health Personnel from San Vicente Hospital | 3 | 5 | 0 |
| Adolescents from UNICEF Learning Circles | 2 | 4 | 0 |
| Women leaders from the “Si Se Puede” Area | 0 | 8 | 0 |
| Local GBV Safe Spaces Network Members (UN Agencies, International and Local NGOs and governmental institutions) | 2 | 17 | 0 |
| Adolescents from Save the Children Temporary Learning Centers | 3 | 3 | 0 |
| Trans Affected Population | 0 | 0 | 6 |
| Preliminary Reception Rooms for SV/GBV survivors at San Vicente Hospital (Commissioned) | 0 | 2 | 0 |
| Attention Center at La Antioqueña-Arauca (Commissioned) | 0 | 1 | 0 |
| UNICEF Friendly Space (Tutors) | 1 | 1 | 0 |
| Total | 11 | 51 | 6 |

| FGD Cúcuta | # men | # women | #other |
|--|-----------|-----------|----------|
| Venezuelan Migrant and Refugee Men | 12 | 0 | 0 |
| Women social leaders from the Safe Space “Angel Fuerza de Mujeres” | 0 | 18 | 0 |
| Colombian host community and returnees at the informal Settlement of Valles de Jerusalem | 2 | 6 | 0 |
| Health personnel from Hospital Erazmo Munoz | 2 | 3 | |
| GBV local subgroup members | 2 | 11 | 0 |
| Sexual and Reproductive Health local subgroup members | 4 | 6 | 0 |
| Care Centre for Migrants Victims of SBV | 0 | 2 | 0 |
| Care Centre for Pregnant and Lactating Women | 2 | 0 | 0 |
| Care Centre "La Casa Que Abraza" | 1 | 2 | 0 |
| Total | 25 | 50 | 0 |

FGD Arauca



FGD Cucuta



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|---|
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Annex 3: Evidence Table Matrix¹

| | Indicators | Observations |
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| RELEVANCE | | |
| EQ1: To what extent are humanitarian responses tailored to build the capacities and resilience of women, girls, men and boys? | | |
| 1.1 To what extent do women, girls, men and boys participate in the design and delivery of humanitarian responses? | <ul style="list-style-type: none"> ▪ Evidence of collection and use of SADD to inform programmes. ▪ Evidence of gender analysis (GA) informing programmes. ▪ Evidence of programme adjustments being made according to the results of SADD and GA. ▪ Evidence of engagement with diverse populations groups* in joint needs assessments. ▪ Evidence of engagement with diverse populations groups in agency-specific needs assessments. ▪ Evidence of engagement with diverse populations groups in monitoring activities, both collective and agency-specific | <p>It is possible to trace a link between global interagency resources and field level operations. The global level policies and mandates create impetus in national level plans and policies (such as the HRPs) to consider gender. This in turn creates mechanisms (such as the local sub-cluster coordinating mechanisms for Protection) and requires disaggregated data collection and data analysis. Both of these items in turn do contribute to improved sensitivity towards gender and GEEWG considerations. This has led to visible changes in GEEWG integration compared to previous years. Of course, more could still be done. HRP and NHOs do integrate gender and use SADD as a requirement. There has been strong support by the GBV Subgroup, the PSEA Taskforce and GENCAP.</p> <p>Suggestions on improving mainstreaming of gender in the HRP Action Plan for 2019 were sent but not included</p> <p>The regional platform (a platform that gathers all the data from the Venezuelan crisis in the region) is configured to ask for SADD, but many agencies do not properly report data.</p> <p>HRP operationalization in the field, network of safe spaces (GIFMM) Gender Group (UNCT) - it is necessary to establish coordination mechanisms regarding gender, although the focus is VBG. - Very good coordination between agencies, NGOs and institutionality - -Allies, personal commitment, quality of staff</p> <p>During the planning for the 2020 HNO/HRP and RMRP Colombia Chapter 2020, needs assessments were conducted at national and departmental level through workshops. UNCT GBV subgroup, GIFMM's GBV subgroup, GIFMM's gender focal point, and GENCAP analysed each of the report for these workshops and compiled the information on gender, age, and diversity. The GBV subgroup plans in 2020 to accompany the gender focal points of the departments to finalize the document and turn it into a “departmental gender briefing”.</p> <p>MIRA guidelines with advice on integration of gender circulated by GENCAP, in Spanish</p> |

¹ This evidence Matrix is primarily based on information gathered during key informants’ interviews and focus groups discussion with various population groups conducted while visiting Colombia. It does not provide an exhaustive account of all the information, and data analyzed in relation to gender in the humanitarian response to the crisis in the border with Venezuela, which however is presented in the brief itself. In purple are those indicators for which no evidence was collected during the in-country visit and further investigation was still needed at the time of compiling this matrix.

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| | | <p>Evidence of agency-specific analysis, i.e. participatory diagnostics by ACNUR, UN WOMEN, RGA CARE without building on each other nor establishing clear interagency coordination beyond presenting/sharing via email</p> <p>KII suggested that carrying out need assessments is not a common practice (neither individually nor jointly) due to the Colombian context and volatility of the crisis, it forces organizations to rapidly design and implement projects.</p> <p>Evidence of continued adaptation of programming to new information. Consultations do not occur in planning phase and in form of FGDs, more in the form of daily interaction with affected populations during implementation, observation of gaps in addressing needs, and then sharing these observations through the GBV Group.</p> <p>The priority has been on women and protection issues (great need). Children protection is also considered.</p> <p>Involvement of diverse population groups is scarce. Gender approach mostly focused on women/girls and in some cases LGBTI population, it does not involve other type of population such as elderly, ethnic groups or even men.</p> <p>No evidence of older people needs taken into account despite being a large percentage of the new wave of migrants</p> |
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| <p>1.2 To what extent do women, girls, men and boys have access to and benefit from accountability mechanisms?</p> | <ul style="list-style-type: none"> ▪ Evidence of efforts to establish process for feedback/complaints for all population groups. ▪ Evidence of all relevant population groups being informed about accountability mechanisms. ▪ Evidence of accountability mechanisms being accessible to all population groups. ▪ Evidence of accountability mechanisms being used by all population groups. ▪ Evidence of feedback from all relevant population groups being used to inform programmes. ▪ Evidence of feedback loop with affected populations being established. ▪ Evidence of coordination efforts on accountability to affected population (AAP). ▪ Evidence of capacity of staff and organization to manage accountability mechanisms, including on sensitive issues (e.g. SEA, GBV, etc.). ▪ Evidence of action by senior decision makers on the information received. ▪ Evidence of all relevant population groups' satisfaction with accountability mechanisms | <p>Evidence of complaints and feedback mechanisms in the form of posters, hotline, suggestion boxes, more in Cucuta and less so in Arauca. Nevertheless, the perception received from the focus groups is that beneficiaries do not normally use the suggestion boxes, and the lines are used more to request information than to file complaints.</p> <p>Lack of evidence of systematic analysis of complaints patterns.</p> <p>Lack of evidence on formal feedback mechanisms used to inform programmes.</p> <p>The only other formal grievance mechanism cited was Defensoria (Ombudsperson Office) – whose position is supported from UN resources. The social dynamics of illegal actors in the context presents some limitations to effective redress of grievances – for example, women who have been abused may need to request the permission of the local illegal actor leader before filing a grievance with the Defensoria. In discussions with affected people preferred mechanism is informal complaints through trusted community leaders who then channel the complaints to the organizations, including via WhatsApp, conversations at the end of a workshop, during a census in informal settlements. Evidence of feedback from informal mechanisms used to gather information, share with the coordination group and adapt programmes accordingly.</p> <p>More opportunities for women for voicing out, for e.g. psychosocial counselling, safe spaces, etc.</p> <p>Awareness of mechanisms by all groups among the population, i.e. they know they can fill in the complaint sheet and not have to include their name</p> <p>PSEA Taskforce coordinated by UNHCR, UN Women and the HC Office, very active since 2019, with work plan, focal points, training. and push by International experts visiting Colombia to support. Engagement varies by agency and depends on commitment from headquarters. Very UN centric, reaching out now to NGOs.</p> <p>One example of action taken at the highest leadership level is the establishment of the PSEA Taskforce AAP WG in prospect</p> <p>Challenges remain in different reporting mechanisms by organization and lack of information sharing</p> <p>Checklists GIFMMS on capacity of group: highest rate GBV & Health, lowest rate Trafficking, included in action plan.</p> <p>No satisfaction enquiries reported</p> |
| <p>1.3 To what extent are different means to foster participation effective?</p> | <ul style="list-style-type: none"> ▪ Evidence of consultations being held with diverse population groups across the phases of the programme cycle. ▪ Evidence of efforts to define (multiple/different) ways of engaging with diverse population groups inclusive of their capacities and constraints. ▪ Evidence of an ongoing dialogue/relationship being established with all relevant population groups. | <p>Limited consultations with different population groups at design phase, information collected during implementation. More with women, less with other groups.</p> <p>Persons with disabilities' needs not systematically taken into account</p> <p>Consultations with trans group in Arauca, but project in Cucuta done with budget leftovers (lack of prioritization)</p> <p>Efforts made to engage with community leaders, Colombians more established, risk to Venezuelans, caution with political affiliations, informal networks</p> <p>They communicate between them, could be strengthened</p> <p>Safety considered regarding women's leadership due to presence of armed groups in settlements</p> |

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| | <ul style="list-style-type: none"> ▪ Evidence of population groups' preferences in relation to participation (how, when, how often, etc.) being gathered and taken into account. ▪ Evidence of population groups' safety in relation to participation being taken into account. ▪ Evidence of beneficiaries' satisfaction with the ways and level of engagement | <p>The means to foster participation has been mostly successful with women leaders of affected populations. Youth participation has also some positive results. There have been less initiatives with men/other population groups.</p> <p>Gender targeted programmes for women/girls only and in some cases LGTBI. Men, elderly, and disable tend to be left aside. Regarding to women/girls and LGTB, many programmes are created according to their main needs, and most of them are engaged by offering pre-post-natal care or GBV response (a high number of migrant women are pregnant and/or survivors of GBV) and once they are engaged on the project, other services such as psychological care are offered. Likewise, other programmes offer free bathroom use and the possibility of wash clothes as another way to call beneficiaries attention and enrol them in other activities, i.e. Productive projects (More demand for stabilisation phase).</p> <p>In the places where services are provided (dining rooms, first reception spaces, learning spaces for children), informative talks are given about the services and there is feedback from users. FGDs provided evidence that interviews and surveys are conducted to find out their needs. There are also interviews (opening of medical history) in the first reception space in the hospital. In the learning spaces (Save The Children and UNICEF) there is a registry per student, which is followed up and the evolution of their educational situation. In these spaces there are talks with parents. In the "Y La Antioqueña" Reception Area, a record of basic information on the migrant is made as a requirement for the delivery of humanitarian aid.</p> |
| <p>1.4 To what extent different capacities on gender (collective, organizational, individual) contribute to ensuring responses are tailored to the needs, capacities, and vulnerabilities of all?</p> | <ul style="list-style-type: none"> ▪ Evidence of gender expertise being used in the design and delivery of humanitarian response. ▪ Evidence of commitments to gender equality within strategic planning. ▪ Evidence of SADD and gender analysis across programmes. ▪ Evidence of financial and other resources clearly allocated to addressing gender issues. ▪ Evidence of gender mainstreaming across clusters/sectors/working groups. ▪ Evidence of gender in HC/senior managers performance review. ▪ Evidence of efforts to build/strengthen capacity on gender. ▪ Evidence of a dedicated coordination mechanism (e.g. GRG) on gender being established and functioning. ▪ Evidence of beneficiaries' perceptions on the adequacy and relevance of the response. ▪ Evidence of dedicated gender expertise across IASC members | <p>Gender focal points across all agencies, not all have TORs, time allocated, gender expertise. There is a need to increase systematic capacity strengthening for focal points and other Agency personnel.</p> <p>Some agencies like UNICEF have dedicated gender expertise, UN Women humanitarian team is now fully staffed</p> <p>Deployment of two gender and GBV NORCAP experts for UN Women and UNFPA (2019)</p> <p>HCT Gender and Protection strategies endorsed in 2017, with common action plan for 2018, 2019, now being monitored after no response for long time until finally the HC asked agencies to dedicate technical staff to the task.</p> <p>Evidence of SADD in Colombia HNOs and HRPs as per the global requirement and template</p> <p>Evidence of limited funding allocated to gender, primarily falling under GBV sector and Health in relation to SRH</p> <p>Gender at technical level, support from political level but lack of ownership</p> <p>A GBV Group established in 2017, reactivated in 2019, should be gender group as the umbrella group for GBV, PSEA; Trafficking but also Gender in key humanitarian sectors</p> <p>GBV Groups in territories use the back to back system to balance the heavy double humanitarian architecture</p> <p>Understanding of IASC policy, less so of accountability framework, lengthy and unnecessary discussions ahead of proposals. UN Women no presence in field, UNFPA's mandate threatened by current government and other non-experts doing SSR</p> |

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| | <ul style="list-style-type: none"> Evidence of social norms and gender relations amongst staff | <p>Despite training on IASC GBV guidelines and availability in Spanish, limited reference to these and lack of integration across sectors: Non adapted food distribution, hygiene kits etc.</p> <p>More reliability on own policies, i.e. WFP Gender Policy, to inform programming</p> <p>No two-way system between agencies and implementing partners on training and sharing of resources despite Colombian organizations strength on gender</p> <p>Gender in the performance appraisal system for HCs not checked</p> <p>At the national level, the presence of the GenCap has substantively increased the capacity to tailor responses to the needs and vulnerabilities.</p> <p>There are coordinating mechanisms for Gender at national and sub-national levels which help ensure consideration in programming. The groups at the local level tend to have a strong case management approach.</p> <p>There is substantive evidence of gender capacity assessment and readiness – checklist, reviews – and efforts to build and strengthen personal capacities on gender, i.e. checklists at sub-national level groups.</p> <p>Rotation of personnel – both in UN and State – presents challenges for maintaining gender expertise and capacity.</p> <p>Several gender-focused interagency programmes have been implemented, the majority of then focused on GBV survivors, pre-post-natal care, livelihoods and psychological support.</p> <p>Many of the workers of the agencies, NGOs and State entities have been linked to the organizations for many years and have participated in different gender trainings. They also have a good understanding of the gender dynamics within the Colombian context, particularly at subnational level. This allows them to integrate gender in the Venezuelan response.</p> <p>In Arauca and Cucuta the evaluation team observed that community support networks made up of Venezuelan migrants are consolidating. In Arauca a Network of 200 Venezuelan women including returned Colombians supported by UNFPA to increase capacities to respond to GBV is already consolidated with some 30 women leaders. These include the circulation of information on humanitarian service. In the case of the Trans Women Collective has been constituted as a support network for trans women, as a first place of reception, orientation and now they are in the process of organizational strengthening. In Cucuta, the Colombian and Venezuelan trans women working in prostitution are confronted for control of streets, one project is targeting them but is made of budget leftovers so late implementation start.</p> |
| COHERENCE | | |
| EQ2: How consistently are existing system-wide policies, programme guidance and tools on gender implemented among IASC members | | |
| 2.1 To what extent are roles and responsibilities (as per the IASC Gender | <ul style="list-style-type: none"> Evidence of existing system-wide policies, guidance and tools being promoted and rolled-out at both global and field levels. Evidence of existing system-wide policies, | <p>The HRPs and HNOs reference the system-wide policies and guidance</p> <p>Guidance and tools on <u>GBV</u> referred to by the informants include:</p> <p>GBV Minimum standards, IASC GBV Guidelines, and GBV in Emergency Coordination Handbook rolled-out</p> <p>MISP publication by UNFPA</p> |

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| <p>Policy) fulfilled by IASC actors?</p> | <p>guidance and tools being referenced in key IASC documents.</p> <ul style="list-style-type: none"> ▪ Evidence of use of existing system-wide policies, guidance and tools by IASC members at both global and field levels | <p>GBV standards and SOPs have been developed.</p> <p>Guidance and tools on Gender referred to by the informants include:</p> <p>IASC Gender Policy Gender Handbook consultations GAM: Compulsory for the Regional Platform R4V in all countries, not compulsory by OCHA in Colombia so in 2019 only UNMAS filled it in. Results from GAM GIFMM showed weaknesses in response to LGTBI and elderly Knowledge to the IASC Gender Policy, less so of accountability framework Strong national gender legislation, agencies need to follow, Strong gender experience, tools and policies by National NGOs, no feedback to agencies Evidence of use of agency-specific gender policies, tools, and guidelines more than interagency ones</p> <p>Guidance and tools on PSEA referred to by the informants include</p> <p>The 2017 IASC commitment on Accountability to Affected People and Protection from Sexual Exploitation and Abuse used as the basis for both the HCT PSEA Taskforce</p> <p>General comments: The strong gender-related normative framework already present in the Colombian State is more often considered the point of reference for actors, particularly at local level. The focus has often been on IASC actors adapting and contextualizing the Gender Policy and other materials to the context rather than applying them directly. Complaints that IASC guidelines assume weak institutionality/camp settings so suggested routes not suitable for Colombia because of mobile population, men affected by xenophobia due to high criminality rates, women cannot report GBV due to armed groups, neither LGTBI groups especially if HIV positive</p> |
| <p>2.2 To what extent is humanitarian leadership at both global and country levels contributing to a coherent and consistent approach to GEEWG in humanitarian response?</p> | <ul style="list-style-type: none"> ▪ Evidence of high-level efforts and commitment to institutionalizing and enforcing GEEWG. ▪ Evidence of efforts by leadership to promote dissemination and use of existing system-wide policies, guidance and tools on GEEWG. ▪ Evidence of efforts by leadership to keep issues of gender, age, sexual orientation, and other social categories as relevant to the context and the crises at the forefront of the response. ▪ Evidence of diversity among leaders as conducive to a more inclusive and participatory humanitarian response. ▪ Evidence of leadership striving towards social change and greater gender justice. ▪ Evidence of efforts by leadership & governance mechanisms to ensure engagement with / accountability to all population groups | <p>HCT and HC-endorsed efforts (institutionalization)</p> <p>HCT Gender Strategy Protection Strategy Gender and Protection Action Plan 2018 and 2019, Monitoring Plan and results 10 minutes in the UNCT monthly agenda HRPs/HNOs Deployments of two GenCaps and 1 ProCap, Global tools rolled-out by GenCaps/GBV AOR At the leadership level, delegation to technical level: GENCAP and GBV Working group Balanced composition among the HCT members and female leadership, i.e. UN Women, UNFPA etc with changes across years AAP laying behind</p> |

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| <p>2.3 To what extent have existing system-wide policies, programme guidance and tools on gender been consistently used to build the capacity of the IASC members to respond?</p> | <ul style="list-style-type: none"> ▪ Evidence of existing policies, programme guidance and tools being consistently referred to/used across training by IASC members. ▪ Evidence of aid workers' knowledge and use of existing policies, programme guidance and tools. ▪ Evidence of IASC members' staff perceptions of increased capacity on GEEWG resulting from awareness of and training on existing system-wide policies, programme guidance and tools | <p>Evidence of reference/reliance on global tools and guidance for: GBV in Emergencies Gender in humanitarian action Mostly reliance on agency-specific policies and tools on gender for agency-led training, for e.g. training of partners, or on already existing sector-specific tools that integrate gender considerations, for e.g. GBV in different sectors Evidence of products and services in place after trainings, i.e. GBV standard operating procedures, referral system, PSEA mechanisms etc -Checklists GIFMMs (see above) GENCAP product 2017: Best practices Colombia -In Arauca and Cucuta, there is some evidence of coordinated interagency capacity building and trainings on GEEWG using pooled agency specific resources. Overall awareness on gender among staff reported and observed. In Arauca and Cucuta it was suggested that more could be done to enhance gender sensitivity among operational persons (Operators) because of their direct contact with affected populations. Gender public policies are referred to as UN agencies coordinate their actions with government.</p> |
| <p>2.4 To what extent are humanitarian programmes aligned to existing policies and tools on gender equality and the empowerment of women and girls?</p> | <ul style="list-style-type: none"> ▪ Evidence of humanitarian response plans and programmes (collective, for e.g. the HRP, and of individual IASC members) referencing existing system-wide policies, programme guidance and tools on GEEWG. ▪ Evidence of humanitarian response plans and programmes (collective, for e.g. the HRP, and of individual IASC members) being built on, and making use of existing policies, guidance and tools | <p>Good practice: GAM compulsory for Platform/OCHA voluntary (only one completed it) Disparities in reporting SADD Evidence of other diversity factors considered in multi-sectoral needs assessment in 2018 and 2019 Elements of gender analysis in HNOs and HRPs. HRPs and HNOs are aligned to existing policies on GEEWG. There were observations that things have improved in this regard over the past several years thanks to integration into formats and templates. Reality surpasses GBV guidelines: webcams business, cutting hair business, need for guidance. Lack of inclusion of ethnic groups in global guidelines, expertise is in Colombia, not at global level, should feed in revert direction. The nature of the humanitarian situation presents challenges for response. The State has a strong normative framework for gender and a differentiated focus. The State also has a strong institutional structure and programming cycle and demands inclusion in coordinated response. The affected population is highly mobile and difficult to track and provide follow-up. The nature of the crisis is chronic and long-term. In contrast, global level project cycle management processes are predicated on different assumptions: Concentrated, stable populations in short term needs with relatively greater autonomy of Agencies and NGOs to operate in the response. Because of these contradictions, Agency actors are in a continual process of adaptation to ensure the most appropriate response to the affected population given the constraints and parameters of the tools available. The response has largely been tailored to a case management process – many of the projects provide extensive, integrated attention to affected population members who are treated holistically. This is positive. The weakness is that this requires great efforts to reach relatively few persons. The level of</p> |

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| | | need in the humanitarian situation is so great, that it may be necessary to consider alternative mechanisms that provide a perhaps less comprehensive response for individuals, but which can reach greater numbers of individuals. |
| EFFECTIVENESS | | |
| EQ3: How effective are existing IASC-promoted efforts to strengthen gender equality and the empowerment of women and girls in humanitarian programming? | | |
| 3.1 To what extent are roles and responsibilities (as per the IASC Gender Policy) fulfilled by IASC actors? | <ul style="list-style-type: none"> ▪ Evidence of enabling factors and challenges in performing the responsibilities assigned to them as per the IASC Policy and related Accountability Framework. ▪ Evidence of IASC members including at least one high/level result on GEEWG in their main strategic document and reporting. ▪ Evidence of gender results in IASC members' performance review system. ▪ Evidence of actions and commitment by the IASC leadership | <p>Challenges include the lack of knowledge/reference to the accountability framework of the policy. Check results on gender in Colombia in the 2018 IASC Accountability Framework Report</p> <p>Negotiation on roles and mandates of different agencies ahead of submission of proposals</p> <p>Check reference to IASC Gender Policy in the 2017 Standard Terms for Humanitarian Country Teams, i.e. reference to the need to integrate cross-cutting issues, including gender</p> <p>Check specific reference to the HCT commitment to integrate a gender equality in the humanitarian programming cycle (HPC) under strategic objectives of HRP.</p> <p>KII describes the common use of buzz words around gender but different understanding of what they mean, how to do it etc</p> <p>Lack of understanding of impacts and results and changes that gender programming leads to in the lives of women and girls/ gender as tick the box exercise. Example: In Arauca a project provides rent vouchers. Beneficiaries receive the vouchers and are expected to find their own housing. Women with children can receive the vouchers – but they struggle to find persons who will actually rent to them because they do not want single women with children. To be GEEWG sensitive, it would require adjusting how the programme is implemented to cater to women's specific needs.</p> <p>At the national and sub-national level, the GenCaps have provided ongoing support to ensure effective programming.</p> <p>The coordination mechanisms – in Arauca the <i>Red for Espacios Seguros</i>, in Cucuta the GBV group and the Bogota level GBV group – provide opportunity for alignment and coordination, but the primary reference is to agency-specific policies and guidances rather than interagency tools and guidance.</p> <p>-HRP and NHOs integrate gender and use SADD as a requirement. (this was fostered and supervised by GenCap)</p> |
| 3.2 To what extent have the existing policies, guidance and tools been effective in ensuring capacities on gender equality and the empowerment of women and girls are | <ul style="list-style-type: none"> ▪ Evidence of enabling factors and challenges in the effective use of existing policies, guidance and tools. ▪ Evidence of ongoing gender training at all levels being made mandatory for all IASC members. ▪ Evidence of entity-wide assessment of capacity on gender of all relevant entity staff carried out by IASC members. | <p>Challenges include the lack of knowledge/reference to the IASC policy accountability framework; lack of fully resources Gender group instead of only GBV group, International guidelines not considered to useful for practical implementation of gender programming, nature of crisis, support but lack of political commitment and funding to gender outside GBV/SSR/PSEA.</p> <p>Enablers include the dedicated gender expertise (GenCaps), particularly in relation to the GAM and the interagency spaces and strategic documents</p> <p>Evidence of GBV tools and guidance being used, lack of contextualisation, practical entry points</p> |

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| <p>built?</p> | <ul style="list-style-type: none"> ▪ Evidence of all relevant population groups' perceptions on the effectiveness of the response. ▪ Evidence of use and referencing of existing material in training, project documents, advocacy material, and so on. ▪ Evidence of harmonized, coherent approach by all IASC members on gender in policies and programmatic documents and tools. ▪ Evidence of efforts to engaging with and strengthening national and women's organizations in the response; | <p>Some reference made to Gender Handbook and GAM, though for the majority reference is mostly to agency-specific/sector-specific gender policies and tools.</p> <p>No evidence of gender training being mandatory</p> <p>Evidence of assessment of capacity on gender at territorial level: Checklists (see above)</p> <p>Caring for carers requested, one training last year found useful, more needed</p> <p>For population groups perceptions of effectiveness view EQ 1 above.</p> <p>National/local organizations engaged in the response, key implementers for e.g. GBV safe spaces, but also support for the establishment of women-led organizations networks</p> <p>Inclusion of national organizations in coordination mechanisms and trainings</p> <p>Substantive analysis of the context for barriers and challenges for women and children. Less analysis of context for men and other population groups with specific vulnerabilities.</p> <p>Gender training ongoing – but still considered insufficient for broad institutionalized capacity – both within State and Agency actors.</p> <p>Substantive women's representation at field level among Agency and Implementing partners.</p> <p>GenCap provided some workshops on IASC policies to the gender sub-cluster and to other HCT members. Additionally tried to foster the inclusion on ethnic groups, elderly people and LGBTI.</p> <p>Many activities have been done to strengthen local women organization, and women social leaders. For instance, UNFPA reached out to social leaders to know about the needs of and context. Additionally, other organizations, such as HALU foundation, WV, NRC and UNFPA have provided workshop to reinforce the capacities of these women in different topics. In the rural settlements they are located, women social leaders and women organizations are in charge of identifying GBV victims and activating the action routes.</p> |
| <p>3.3 To what extent have the existing processes and structures (Theory of Change Platform for Action) been effective in ensuring capacities on gender equality and the empowerment of women and girls are built?</p> | <ul style="list-style-type: none"> ▪ Evidence of enabling factors and challenges in the establishment and effectiveness of processes and structures on gender. ▪ Evidence of strategic response planning processes and tools with an integrated gender component. ▪ Evidence of coordination efforts and mechanisms with an integrated gender component. ▪ Evidence of partnership and capacity development efforts with an integrated gender component. ▪ Evidence of consultations and inclusion of national and local women rights and women-led organizations in preparedness and response efforts. ▪ Evidence of funding for capacity strengthening | <p>Challenges include intermittent capacity on gender (GenCaps), which resulted in gender efforts falling in 2018 (actions from Action Plan 2018 put forward to 2019), also UN Women humanitarian team capacity down in 2018, GENCAP confirms capacity is high now and no need for GENCAP support.</p> <p>GBV and Protection championed and by default entry point for gender responsive considerations. HRP has mandatory use of SADD</p> <p>Check findings from the financing for gender equality case study for Colombia)</p> <p>GBV efforts funded for case management approach, min standards not achieved for majority of pop</p> <p>PSEA Action Plan suggest coordinated effort in this regard</p> <p>Women-led organizations reported participation in coordination mechanisms, Madrinazgos highlighted as good practice</p> <p>TOC platform for action not specifically referenced among actors.</p> <p>Gender integrated component built into strategic response planning – although priority often on women.</p> <p>Men and other vulnerabilities not as persistently found</p> |

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| | <p>of women-rights and women-led organizations.</p> <ul style="list-style-type: none"> Evidence of humanitarian funding accessed by women rights and women-led organizations | <p>Coordination mechanisms with integrated gender component exist although this was not always the case. The GBV cluster, the Arauca GBV local cluster are examples of GBV/Protection specific elements. At the Country level, Gender is built into the space of the HCT and UNCT and it reported on each meeting. There is a tendency to devolve this work to the GenCap only.</p> <p>Gender mainstreaming in projects relatively prevalent. Gender targeted projects are found in some instances – the “Si Se Puede” Women Leaders project in UNFPA, the Sala de primer acogida in the hospital, comedores that are only for women and other for men only, etc.</p> <p>There is a substantive gap in stabilization related gender targeted programming, i.e. livelihoods</p> <p>-Regarding coordination, there is a gender sub-cluster co led by UNW and UNFPA and integrated by NRC, Save the Children, OCHA, GenCap and the gender focal point of the GIFMM.</p> <p>GBV Sub cluster created a “madrinazgos” system, were each member support one LCT on gender related issues.</p> <p>Gender related projects are more relevant now that they were before, but the available funds are still scarce. Organizations such as UNW and UNFA have a very limited budgets and face constant struggles to keep operating. Therefore, thinking of fund for other local women-led organizations is even unlikelier.</p> <p>Another issue these organizations face, is the emergence of other NGOs with more funds and capacities to implement gender projects, which is diminishing their role.</p> <p>In Arauca la Red de Espacios Seguros as an interagency space is highly valued. The context update is very useful there, they recognize that the space has allowed them to identify the multiple types of violence that occur in the context of migration, which are different from those that had been identified in the context of armed conflict. And it is the space to keep the offer of services updated.</p> |
| <p>3.4 To what extent is the work to advance gender equality adequately resourced through funding and staffing?</p> | <ul style="list-style-type: none"> Evidence of enabling factors and challenges in the establishment and effectiveness of processes and structures related to funding and staffing. Evidence of adequate human and financial resources being allocated to gender-related activities. Evidence of the right staffing profile in place to deliver on gender issues | <p>Various informants agreed given the nature of the crisis a more permanent capacity on gender would make sense</p> <p>GBV subgroup coordination structure has been in place but inactive in 2018, mostly due to lack of leadership (UN Women) and dedicated capacity on gender (for e.g. GenCap)</p> <p>No overview on gender parity available for the humanitarian response in Colombia</p> <p>Funding not earmarked for gender targeted efforts (data on funding for GBV and SRH could be used as a proxy)</p> <p>Limited evidence of gender integrated in sectors’ activities, though difficult to quantify</p> <p>Need funding on trafficking, and guidance</p> <p>Gender mainstreaming across clusters beyond GBV/SSR limited, no funding</p> <p>In Arauca and Cucuta, GEEWG and Protection is built on both a formal GBV group and equally important an informal network of trusted “allies” from Agencies, NGOs, community, and State who are strongly committed and passionate about ensuring Protection and GEEWG consideration. These formal and informal relationship network provides the basis for coordination, accountability mechanisms, project development, and ensuring GEEWG sensitive and integration into programming.</p> <p>GenCap staffing is seen as important – need for continuation</p> |

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| | | <p>Gender focal points are often tasked with other roles as well and therefore tend to have a dispersed focus. It was reported at the local level that all projects are expected to have a 5-7% allocated to gender specific activities.</p> <p>There is a substantive deficit in interagency resources for staffing and funding for GEEWG – especially for other vulnerabilities besides women and protection.</p> <p>Some positions focused on gender are occupied by unqualified and junior personnel, most of the time due to the lack of resources and the general belief that these roles are not relevant. In the field, the situation is different, as the majority of the organizations have strongly qualified personnel in charge of the implementation. The rest of the staff (non-gender focused positions) have a low understanding of gender guidelines or IASC.</p> <p>High rotation of staff/ projects limited in time and funding, i.e. when dignity kits are over no continuity. The double impact (migration and armed conflict) cannot be mapped due to the lack of recognition of the existence and persistence of the armed conflict in Colombia by the current Government. This means that there is no humanitarian response with this double component. For example, recruitment of Venezuelans by armed actors</p> |
| <p>3.5 To what extent are IASC efforts contributing to making humanitarian programmes gender-responsive?</p> | <ul style="list-style-type: none"> ▪ Evidence of inclusive and participatory humanitarian planning and outcomes. ▪ Evidence of GAM being used consistently by all IASC members. ▪ Evidence of programmes with a GAM codes 3-4. ▪ Evidence of programmatic objectives on GEEWG being met by IASC actors. ▪ Evidence of activities tailored to the needs, power dynamics, and roles of relevant population groups | <p>Inclusive and participatory needs assessment before HRP</p> <p>Extensive reference to the use of GAM across informants.</p> <p>Adapt to Colombia: Gender integrated in sectors, without specific gender objectives and indicators, only GBV and SRH are targeted interventions as are some nutrition activities-</p> <p>Evidence of tailoring efforts to meet the needs of women and girls however gaps for elderly, disabled, men</p> <p>Some organizations mentioned GaM, but the majority does not use it as they have their own guidelines (UNHCR and IOM), which are similar.</p> <p>The majority of the gender focused activities implemented in Cucuta were tailored to needs of the beneficiaries and their roles (example Casa Que Abraza, shelters for pregnant and violence victims and the creation of the safe space Angel fuerza de mujeres)</p> <p>There are some gaps in GEEWG alignment – effectiveness – based on Arauca:</p> <p>Men are absent from GEEWG programming actions.</p> <p>Stabilization activities – especially for women – are under-utilized but highly desired.</p> <p>There is a strong demand for dignity (so we will not be humiliated), empowerment, and “tejido social” types of programming. This type of programming is present, but more could be done.</p> |
| <p>COORDINATION</p> | | |
| <p>EQ4: To what extent are efforts by IASC members to strengthen gender equality and the empowerment of women and girls in humanitarian programming coordinated?</p> | | |
| <p>4.1 To what extent are roles and responsibilities (as</p> | <ul style="list-style-type: none"> ▪ Evidence of enabling factors and challenges in ensuring coordination and complementarity. ▪ Evidence of IASC members and leaders | <p>Challenges include: No GENCAP 2018</p> |

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| <p>per the IASC Gender Policy) by IASC actors contributing to ensuring coordination and complementarity?</p> | <p>communicating and championing gender equality and the empowerment of women and girls at all levels and vis-à-vis all actors.</p> <ul style="list-style-type: none"> ▪ Evidence of gender analysis or gender specific outcomes in Principals' decisions. ▪ Evidence of IASC members encouraging ownership of and coordinated action on GEEWG in humanitarian response. ▪ Evidence of IASC members actively participating in interagency coordination mechanisms on GEEWG. ▪ Evidence of complementarity in gender responsive programming | <p>UN Women lacking the capacity to lead on gender; similarly UNFPA that remained without a country rep for nearly two years, due to the illness and subsequent death of the Representative, the office was without holding this position from April 2018 to April 2019, approximately one year</p> <p>Intermittent coordination mechanism on gender (GBV subgroup)</p> <p>Enablers include:</p> <p>Gender as regular agenda item at the HCT level</p> <p>GenCaps useful to raise visibility of gender and call for collective action and responsibility</p> <p>Efforts to ensure coordination at territorial level, back to back</p> <p>Active and wide participation in the GBV sub-cluster; participation in the Gender Partners for Development</p> <p>Some evidence of complementarity and coordination in programming demonstrated in the Call to Action on GBV</p> <p>Some UN Agencies are committed with including gender equality in their strategic planning (understanding gender equality as the imperative need of fostering women/girls rights) In many cases, agencies whose mandated is not entirely focused on gender issues, have difficulties integrating gender equality in their proposals as they do not properly understand what they can do without overlapping other agencies mandate. In other cases, gender-focused activities are a requirement for some donors, therefore they are only included to create more appealing proposals.</p> <p>UNCT Strategy to strengthen local humanitarian groups in gender, validated in 2017 by the UNCT, not very active in 2019 but once the GBV cluster took leadership it activated it and started with madrinazgos, some have worked better than others</p> <p>UNCT meetings back to back with GIFMM with 10 minutes gender in the agenda for strategic issues, GBV and Taskforce groups presentations.</p> <p>Coordinating mechanisms integrated into HRP and therefore developed at Bogota and field levels. With evidence of strong collaboration and coordination in Cucuta and Arauca.</p> <p>Championing GEEWG found at all levels – including state level actors in the Secretariat for social development</p> <p>There is a greater aperture at this point in time for State inclusion in gender-responsive programming. When the Venezuela crisis first began, the Annual Development Plan had already been developed for 2015-2019. Because these were already set, relatively little additional elements could be integrated – including gender responsive programming supported by the state (such as albergues).</p> <p>However, now the new development plans are being developed with the change of Government and there is a greater possibility for more GEEWG responsive elements to be included in the State response. For this reason, many Agencies and actors have been carrying out advocacy for greater GEEWG consideration in the new State plans.</p> <p>Substantive active participation in coordination mechanisms for GEEWG – especially in protection.</p> <p>One best practice cited was the development of a GEEWG coordinating mechanism combining protection</p> |
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| | | <p>within the Health sector. This was seen as providing closer coordination between protection and response (the Sala de primer acogida in Arauca is a result of this combined coordination mechanisms. In Arauca there is articulation amongst agencies occurs more by cases than by processes. Even so, there are no articulated information systems. Several agency representatives say that this would be very complex to do. So there is duplication of effort in some cases, for example in delivery of food or cash. The most informal mechanisms work due to the interaction and high relationship between agency workers and NGOs. Agency workers recognize that there is a great challenge in terms of sustained coordination and articulation.</p> <p>Coordination in the Colombian humanitarian field is complex due to the existence of different crisis (internal migration, Venezuelan migrations and natural disasters). The latter led humanitarian actors to create two different coordination mechanisms, one for the internal migration (EHP-ELC) and one for the migratory fluxes (GIFMM). This has fostered unharmonized actions and made humanitarian actors to adapt to two different mechanisms that work simultaneously, therefore coordination, and complementarity is a challenge.</p> <p>- After the creation of the new coordination structure, the sub gender cluster was supposed to be divided to (one for the Colombian conflict one for de Venezuela migration issue) but after a long process their leaders managed keep one unified structure.</p> <p>As mentioned above gender equality championing practices are mostly fostered by UNW or UNFPA. Other agencies support practices for the commemoration of special dates such as March 8.</p> |
| <p>4.2 To what extent is gender responsive humanitarian programming by IASC members coordinated and complementary?</p> | <ul style="list-style-type: none"> ▪ Evidence of enabling factors and challenges in ensuring coordinated and complementary gender-responsive programming. ▪ Evidence of gender in humanitarian action capacity at the decision-making level at both global and field levels. ▪ Evidence of establishment of and consultation with gender capacity at the field level to support analysis and decision-making. ▪ Evidence of coordination processes and mechanisms (clusters, and others) consistently integrating gender. ▪ Evidence of initial joint rapid assessments with an integrated gender component. ▪ Evidence of joint needs assessments with an integrated gender component. ▪ Evidence of gender integration in humanitarian needs overviews and response plans. ▪ Evidence of efforts to explore and leverage | <p>Complementarity challenged by competition for resources</p> <p>Casas Hogar and puntos de apoyo function as interagency spaces</p> <p>2 x GenCap deployments-</p> <p>Double architecture</p> <p>Awareness on focus on women and girls <i>with respect to gender</i> /need for further work not only on positive masculinities but attention to men’s needs too and do no harm approach</p> <p>Some evidence of gender analysis in HNOs and HRPs, and consistent use of SADD,</p> <p>Evidence of RGA by CARE (these are not joint, nor referred to as collective efforts)</p> <p>MIRA</p> <p>Events and campaigns such as the 16 days provides the opportunity to create some momentum around gender and political engagement</p> <p>Coordination mechanisms exist. There are a large number of mechanisms. There are State GEEWG coordinating mechanisms too. The State mechanisms in Arauca and the Agency GEEWG coordinating mechanisms are not integrated. This may be intentional because of issues of state weaknesses.</p> <p>The approach for ensuring that the different mechanisms are coordinated is to invite the lead actors from each mechanism to come to the other mechanism meetings.</p> <p>There is a strong reliance on Agency specific capacity, tools, and processes for GEEWG alignment. These are generally aligned – although not always coordinated.</p> |

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| | <p>synergies on GEEWG (for e.g. meetings, roundtable discussion, and so on).</p> <ul style="list-style-type: none"> ▪ Evidence of gender expertise and capacity (GenCap, Gender Specialist, Gender working group, etc.) available at the HCT level | <p>In both Arauca and Cucuta, one response to the uncoordinated development of projects related to GEEWG was to develop a mapping of all resources available. This mapping is updated periodically in the local coordination meetings. (SOP)</p> <p>However, this mapping is a response to the relatively uncoordinated project design process. There is less evidence of systematic, integrated planning before design.</p> <p>Because of the depth of the need and the relatively uncoordinated nature of project development among the Agencies, another mechanism for response in the field was that all points of intervention with affected populations became de facto information centres to share the available routes of attention and options for affected populations. The dissemination of information on available resources was a strong point of focus for all Agencies and actors.</p> <p>Synergies were leveraged on GEEWG through pooled resources, inviting Agencies to participate in other spaces such as roundtable discussions, trainings.</p> |
| <p>4.3 To what extent is coordination contributing to gender-responsive humanitarian programming by IASC members?</p> | <ul style="list-style-type: none"> ▪ Evidence of improved complementarity across IASC members on GEEWG. ▪ Evidence of improved consistency in the analysis of the needs, power dynamics, and roles of relevant population groups among IASC members. ▪ Evidence of gender mainstreaming across clusters and other coordination mechanisms and processes | <p>Gender mainstreaming is not evident across sectors outside GBV</p> <p>At the local level, the coordination does provide a space for consultation, defining new projects, identifying gaps, or updating mapping. The REAL coordination happens among the social network of “allies” in the GEEWG cause. That this overlaps to a high degree with the official coordination mechanism is useful – but the real source of coordination is the allies’ network.</p> <p>There are some gaps in GEEWG alignment – effectiveness – based on Arauca:</p> <p>Men are absent from GEEWG programming actions.</p> <p>Stabilization activities – especially for women – are under-utilized but highly desired.</p> <p>There is a strong demand for dignity (so we will not be humiliated), empowerment, and “tejido social” types of programming.</p> <p>This type of programming is present, but more could be done.</p> <p>One major challenge is that the integrated, case management approach is gender responsive and gender sensitive, but as a whole is limited in the degree to which it can respond to the depth of the need.</p> <p>A major challenge would be to consider “what would be a gender-responsive approach that did NOT take an integrated case management approach” – in other words, what is gender responsive programming that targets large numbers of affected populations rather than small sub-sectors of affected populations?</p> <p>Since coordination it-self is quite unachieved in Colombia, the possibility of attaining gender-responsive humanitarian programming is even harder.</p> <p>The analysis of needs is limited. Every agency gathers the information they need, based on their own principles and guidelines, which restricts its consistency.</p> |