NORAD COLLECTED REVIEWS

5/2023

Reincorporation of FARC ex-combatants in community health structures, strengthening communities for peace

COL-17/0030

The report is presented in a series, compiled by Norad to disseminate and share analyses of development cooperation. The views and interpretations are those of the authors and do not necessarily represent those of the Norwegian Agency for Development Cooperation.

Written by Corporation for the Innovation and the Development

Norad

Norad

Reincorporation of FARC ex-combatants in community health structures, strengthening communities for peace

COL-17/0030

Authors:
Corporation for the Innovation and the Development

ISBN: 978-82-8369-149-8
ISSN: 1894-518x

Published: 04.05.2023

Cover Photo: Ken Opprann

INTERMEDIATE EXTERNAL EVALUATION OF THE PROJECT
"Reincorporation of FARC ex-combatants in community health structures, strengthening communities for peace" (COL-17/0030)
Implemented by: Colombian Red Cross
Financed by: Norwegian Red Cross (NorCross) – Norway Embassy
Evaluated period: 04/12/2017 to 31/12/2022
Evaluating Entity: Corporation for the Innovation and the Development – Corpoindes, Colombia, March, 2023.

Content

	Page
List of acronyms and initials	3
Introduction	4
1. Background	4
2. Project general description	6
3. Implementation context	8
4. Evaluation methodology and limitations	12
5. Findings and recommendations	13
6. Learned lessons and good practices	17
7. Evaluative criteria	18
8. Evaluative conclusions	21

List of acronyms and initials

ARN: Agency for Reintegration and Normalization
DANE: National Administrative Department of Statistics
DDHH: Human Rights
DIH: International Human Rights Law
DSDR: Sexual Rights and Reproductive Rights
EPS: Health Provider Entity
ESE: State Social Enterprises Providers of Health Services
ETCR: Territorial Spaces for Training and Reincorporation
FARC-EP: Revolutionary Armed Forces of Colombia - People's Army
INDEPAZ: Institute of Studies for Development and Peace
INMLyCF: National Institute of Legal Medicine and Forensic Sciences
IPM: Multidimensional Poverty Index
IPS: Health Provider Institution
IVE: Voluntary termination of pregnancy
JAC: Community action council
NNA: Boys, Girls and Teenagers
NorCross: Norwegian Red Cross
OIM: International Organization for Migration
PCM: Project Cycle Management
PDETS: Development Programs with Territorial Focus
PME: Planning, Monitoring and Evaluation
RRI: Integral Rural Reform
RIAS: Integral Health Care Route
SSR: Sexual and Reproductive Health
SIADDHH: Information System on Attacks against Human Rights Defenders in Colombia
SIVJRNR: Comprehensive System of Truth, Justice, Reparation and Non-Repetition
SNCRC: National Society of the Colombian Red Cross
SPAC: Community Health and First Aid
UNGRD: National Unit for Disaster Risk Management
VBG: Gender-Based Violence

Introduction

This report tells of the process of external evaluation of the impact, efficiency, effectiveness, sustainability and coherence of the project "Reincorporation of former FARC combatants in community health structures, strengthening communities for peace" (COL-17/0030), implemented by the National Society of the Colombian Red Cross (SNCRC) and financed by the Norwegian Red Cross (NorCross), and the Norwegian Embassy in Colombia from December 4, 2017 to November 30, 2023. This external evaluation, being intermediate, has a coverage from December 4, 2017 to December 31, 2022. Geographically, the evaluation was focused on the following departments, in which the project was implemented: Meta (La Macarena and Mesetas), Caquetá (El Doncello, La Montañita and San Vicente del Caguan), Cauca (Caldono), Arauca (Filipinas and Puerto Jordán), Antioquia (Dabeiba and Anorí) and North Santander (Tibú).

The project in question had the general objective of contributing to the construction of a stable and lasting peace in Colombia, by supporting the reincorporation and reconciliation process of FARC ex-combatants in matters of health, contemplating actions to improve the surrounding communities and people's skills in the reincorporation process, and to reduce barriers to access the health system through the reactivation of community health structures, and strengthen reconciliation processes between people in the process of reincorporation and surrounding communities. In turn, the project sought to strengthen the reconciliation, coexistence, and the life project of the communities and people in the process of reincorporation, and the prevention of VBG.

This evaluation measures the impact, effectiveness, efficiency, coherence, and sustainability of the project; as well as carry out an independent assessment of the project cycle in its different phases and of the progress achieved, as well as the fulfillment of the proposed goals, objectives and results, taking as a central input the assessments of the target populations and the different participating key actors. Additionally, identify good practices and lessons learned and formulate recommendations for the project exit strategy and re interventions. The primary audience for the assessment is SNCRC, NorCross, the Norwegian Embassy in Colombia and the Norwegian Ministry of Foreign Affairs; and the results of this will establish an important component in NorCross' progress and final reports to the Norwegian Embassy.
The external evaluation was carried out by the Colombian consulting firm Corpoindes -Corporation for Innovation and Social Development- between January and March 2023- and includes in its analysis and assessments the actions carried out within the framework of the project during its first 4 phases; which were assessed through a set of evaluation activities and tools (field visits, semi-structured interviews, focus groups and surveys) to reach each of the target audiences and populations that have participated in the project's actions. 2,884 people participated in the evaluation process through the different tools already mentioned, corresponding to 17% of the total universe of the 16,935 direct beneficiaries estimated in the ToR.
The report is made up of nine sections, the first presents the background of the project; the second section is a general description of the project (in its 5 Phases); The third section provides key elements that allow us to understand the context in which the project was implemented; the fourth section presents the evaluation methodology and limitations presented during the process; the fifth section identifies the evaluative findings and recommendations; the sixth section presents the project good practices and the learned lessons; the seventh section develops the evaluation criteria of impact, efficacy, efficiency, coherence and sustainability (as provided in the ToR); the eighth section presents the evaluation conclusions and the ninth section includes the annexes to the evaluation report.

1. Background

The agreement signed between the Norwegian Embassy, the Norwegian Red Cross and SNCRC that gave rise to the project "Reintegration of FARC ex-combatants in community health structures, strengthening communities for peace", had as its main antecedent the beginning of the implementation process of the Final Peace Agreement, signed between the Colombian State and the FARC-EP on November 24, 2016, which establishes in point 1 that the Integral Rural Reform, hereinafter RRI, "will contribute to the structural transformation of the countryside, closing the gaps between the countryside and the city creating conditions of well-being and good living for the rural population. The Comprehensive Rural Reform must integrate the regions, contribute to eradicating poverty, promote equality, and ensure the full enjoyment of the rights of citizenship. (Final agreement to end the conflict and build a stable and lasting peace, 2016, p.7).
Point 1, within the framework of building the social development of the rural population and well-being conditions, includes health actions focused on bringing the offer closer to the communities, especially groups and people in vulnerable conditions, strengthening the infrastructure and the quality of the public health network in rural areas and improve the opportunity and relevance of service provision, transversally incorporating the differential and gender

approach, which takes into account the health requirements for women in accordance with its life cycle (Final agreement to end the conflict and build a stable and lasting peace, 2016, subsection 1.3.2.1.); aspects that were included in the National Rural Health Plan, issued by the Ministry of Health and Social Protection in 2020, and whose main objective is to make effective the exercise of the right to health of people in rural areas of Colombia, ensuring its quality in care and closing the rural-urban gap.

The project was aligned with the PDET, and within the framework of these, actions were implemented to contribute to Pillar 3. Rural Health, and Pillar 8. Reconciliation, coexistence and peace. Regarding rural health and as established in the Peace Agreement and in the meetings held, the following public health points were prioritized to work on and which required priority follow-up in the post-agreement phase: Maternal health and child health ; Food and nutrition security; Psychosocial rehabilitation for coexistence and non-repetition; Comprehensive care for illicit drug users; Health promotion and prevention of diseases related to health and environmental determinants; y Training of peace signatories to contribute to their economic and social reincorporation (in line with Point 3 of the Peace Agreement: 3.2. Reincorporation of the FARC-EP into civil life - economically, socially and politically - according to your interests).

Within the framework of the Doctrine and peacebuilding policy focused on strengthening humanitarian work for the construction of lasting peace in the country, the Colombian Red Cross and the Norwegian Red Cross designed a project to contribute to the implementation of the Agreement of Peace in the areas of Arauca, North Santander, Cauca, Antioquia, Caquetá and Meta. The project was designed based on 3 results, each of them focused on central aspects of the RRI of the Agreement, which by mandate, experience and trajectory of the institution were possible to implement. In this way, the proposal integrated initiatives for the standardization of knowledge in health of people in the process of reincorporation, support for employability processes for these people, reduction of barriers to access to health care for people in the process of reincorporation and communities. neighboring Territorial Spaces for Training and Reintegration (ETCR) and accompaniment to the reconciliation processes between people in the process of reincorporation and the host communities.

Based on the principles, work approaches, action lines and facts contemplated by the project for the reduction of barriers to access to health care in rural communities and support for reintegration and reconciliation processes, the Colombian Red Cross, the Norwegian Red Cross and the Norwegian Embassy in Colombia hoped to contribute to the implementation of the Peace Agreement as indicated in point 1.3.2.1, which refers to access to health as an essential element to achieve social development, and create well-being conditions for the rural population —men and women— and thus contribute to the construction of a stable and lasting peace.

On the other hand, the project was aligned with the Comprehensive Health Care Route (RIAS), whose objective is to guarantee comprehensive health care for individuals, families, and communities, taking into account the improvement of quality throughout the continuum of care, the achievement of the expected results in health, safety and increased user satisfaction and optimization of the use of resources; based on: i) Intersectoral and sectoral actions aimed at promoting the well-being and development of individuals, families and communities; ii) Individual and collective care for health promotion, disease prevention, diagnosis, treatment, rehabilitation and palliation; and iii) Actions of care that are expected from the individual for the maintenance or recovery of their health. Due to its scope and budgets, the project supported the promotion and prevention of the disease. For this, the following was established: i) Carry out baselines in the implementation of the projects that would allow, from the perspective of the beneficiaries, to know which were the health situations that required greater accompaniment from the Colombian Red Cross and the Norwegian Red Cross and from there manage to integrate these findings into the health strategies of the Ministry of Health. Therefore, all the phases of the project have a baseline that is an initial diagnosis of what happens in the territories with the components of the Project.

The last phase of the project, taking into account that a stronger accompaniment to the Institution will be carried out, focuses not only on the surrounding communities, but also on the health service providers in the territory, for which a baseline was implemented. specific for ESE/IPS, identifying priority needs in said institutions, barriers in access to health services and bottlenecks in care. There is then an initial baseline that shows the situation from the community and institutional vision (ESE); Taking the results of the baselines as a reference, a work plan was built for all the zones, each one from its dynamics and its results to accompany the issues of disease prevention and promotion of the health of individuals, families, and communities. Taking into account that the Nasa indigenous community in Caldono, Cauca was included, an approach to health from the perspective of a physical, mental and spiritual balance was integrated into this analysis, giving a greater integrality to the concept and thus managing to include the issues of health of the indigenous community. Thus, the indigenous IPS is integrated into this review and analysis.

One of the central approaches of the project was that of community participation, from which an articulated work with the rural communities of the aforementioned areas was proposed, recognizing their already existing knowledge, capacities and leadership processes; where precisely strengthening their knowledge and capacities in health was raised as a central aspect for the sustainability of the project; This is in line with what is mentioned in the Peace Agreement: "That the RRI conceives the rural territory as a socio-historical scenario with social and cultural diversity, in which

communities, men and women, play a leading role in defining the improvement of their living conditions and in the definition of the development of the country within a vision of urban-rural integration". (Final agreement to end the conflict and build a stable and lasting peace, 2016, p.10).
The Colombian Red Cross was the national ally and directly responsible for the implementation of the actions, due to its experience in promoting health and protecting the life and health of people and their dignity in armed conflict contexts, and in other emergency situations. However, the implementation of a specific project in the area of peace and with reinstated people was new for the institution.
This project was transversal to the programmatic line "Promotion of Mental Health and Psychosocial Support" and to the Education Area of the Colombian Red Cross, and its implementation was carried out within the framework of the Articulation with the national entities in charge of rural health in Colombia observing the contents and guidelines of the Rural Health Plan, which recognizes the importance of rural health for development and the construction of peace.
For its part, the Norwegian Red Cross, as a partner in the action, participated from the design phase to the closing and evaluation phase of the project; providing follow-up, technical support and accompaniment to the Colombian Red Cross; as well as participating, together with the Norwegian Embassy in Colombia, in the strategic decisions of the project and in advocacy actions at the national level. During the implementation, there was support from the Norwegian Red Cross in the management of funds to guarantee a project that will reach not only peace signatories but also communities surrounding the ETCR.

2. Project general description

The project "Reincorporation of FARC ex-combatants in community health structures, strengthening communities for peace" had the general objective of "Contributing to the construction of a stable and lasting peace in Colombia" and the specific objective of "Strengthening community capacities that promote the reincorporation and reconciliation processes within the framework of the implementation of the Agreements"; through the achievement of three results: 1) Improvement of the capacities of people in the reincorporation process and surrounding communities for their contribution to health activities in the community; 2) Reduction of barriers in access to health (for people in the reincorporation process and communities), through the reactivation of community health structures; and 3) Strengthening of reconciliation processes between reincorporation persons and surrounding communities.
A total of 64 villages prioritized by the Development Programs with Territorial Focus (PDETS) and 11 ETCR that are part of the Implementation Strategies of said PDETS were integrated into the project, in the departments of Cauca, Arauca, Norte de Santander, Antioquia, Caqueta and Meta:
In Antioquia: in the municipality of Anorí (villages: Las Lomitas, Las Planchas, La Primavera, La Guayana and El Carmín) and in the municipality of Dabeiba (villages: Camparrusia, Llanogrande, La Mesa, Los Naranjos, El Retiro and El Salado).
En **Arauca**: en el municipio de Arauquita (veredas Filipinas, Lejanías, Galaxias, El Milagro, Laureles 1, Laureles 2, El Rincón).

- In **Caquetá**: in El Doncello municipality (San José village), in La Montañita municipality (Agua Bonita village) and in San Vicente del Caguán (Guayabal and Villa Rica villages).
- In **Cauca**: in the municipality of Caldono (in the San Lorenzo de Caldono Reservation the villages of Santa Rosa, Gualó, Las Delicias and Vilachí; and in the Pueblo Nuevo Reservation the villages of San Antonio de Los Monos and Pueblo Nuevo).
- In **Meta**: in the municipality of La Macarena (villages: El Vergel, El Progreso, Laureles, Cristalina, Playa Rica, Nasa Indigenous Reservation, Emberá Chamí Indigenous Reservation, San Juan de Lozada, El Rubí, Santa Teresa and the urban area) and the Mesetas municipality (villages: Brumas, Buena Vista, El Piñal, La Esperanza, La Guajira, La Unión, Nueva Esperanza, Vista Hermosa and urban area),
- In **Norte de Santander**: in the municipality of Tibú (villages: Oru 7, Kilometer 23, Campo Raya Alta, Palmeras Mirador, Caño Indio, Chiquinquirá and Perto Las Palmas).

The project was developed from 5 implementation phases:
Phase 1. It took place from January 1, 2018 to December 31, 2019.
Prioritized lines of work: training with neighboring communities, homologation of health knowledge, strengthening of health and community infrastructures, GBV prevention.
This first phase focused on the development of: i) psychosocial support actions in neighboring communities and people in the reincorporation process; ii) design and implementation of a first process of technical-labour qualification of people in the reincorporation process (homologation); iii) community initiatives to facilitate the permanence of women in technical and labor training processes; iv) training processes for community agents to respond to the main health needs of their communities; v) improvement of existing health posts/centers, through staffing and infrastructure; vi) community micro projects for excreta management and access to safe water in ETCR and surrounding communities; vii) basic adaptations at the community level for the integration of people with physical disabilities; viii) advocacy actions to

activate rural health in the territory; ix) educational meetings to build coexistence and reconciliation; x) community reconciliation initiatives; and xi) training actions in favor of coexistence, reconciliation and prevention of GBV.

Phase 2. It ran from January 1, 2019 to December 31, 2019.
Prioritized lines of work: training with neighboring communities, homologation of knowledge in health, strengthening of health and community infrastructures, GBV prevention and development of community initiatives for coexistence and reconciliation.
This second phase focused on continuing: i) the process of technical and job training with people in the reincorporation process and neighboring communities; ii) improvement and qualification of existing community health centers; iii) management of excreta and access to safe water in ETCR and neighboring communities; iv) psychosocial intervention aimed at emotional stabilization in host communities and people in the process of reincorporation; v) development of community initiatives for coexistence and reconciliation; and vi) development of activities for the prevention and mitigation of sexual violence and GBV, from a community-based protection approach.

Phase 3. It ran from January 1, 2020 to April 15, 2021.
Prioritized lines of work: training with neighboring communities, homologation of knowledge in health, strengthening of health and community infrastructures, GBV prevention and development of community initiatives for coexistence and reconciliation.
The third phase continued to develop the lines of action of Phase 2.

Phase 4. It ran from January 1, 2020 to June 30, 2021 (postponed with resources from the Norwegian Red Cross until November 30, 2021).
Prioritized lines of work: training with neighboring communities, homologation of knowledge in health, strengthening of health and community infrastructures, GBV prevention and development of community initiatives for coexistence and reconciliation.
This fourth phase focused on: i) Technical-Labor training in health (continuation of the approval process), ii) complementary training programs, including the community; iii) non-violent communication and mediation workshops; iv) support for the inclusion of women in training processes and labor inclusion; v) development of a rural health and management diploma course; vi) work with pregnant mothers (psychoprophylactic course); vii) formation and staffing of community health committees; viii) staffing health posts/centers or community care centers; ix) development of microprojects in water and sanitation; x) psychosocial support for reinstated persons; xi) projects for reconciliation/healing and redefinition of community spaces; xii) construction and socialization of the GBV care route and GBV prevention awareness campaigns; xiii) school activities for the prevention of violence.

Phase 5. It ran from December 1, 2021 to November 30, 2023.
Prioritized lines of work: employability, psychosocial support, training with neighboring communities, training with local health entities, positioning and articulation of Community Health Committees.
The last phase of the project focused on: i) development of a baseline health study in 5 project areas; ii) improvement from coordination with state institutions in the provision of mental health services; iii) community psychosocial support; iv) support for special cases that required financial support for access to health services; v) training people from the communities on issues related to health; vi) training with the medical staff of the prioritized health centers; vii) support from community pharmacies, run by ex-combatants of the FARC-EP who have graduated from the Red Cross (in Meta and Cauca); viii) strengthening of the articulation between consolidated Community Health Committees and local institutions; ix) support in the formulation and partial implementation of work plans of the Community Health Committees; x) support for health microprojects implemented by communities and led by Community Health Committees; and xi) development of the employability component (ex-combatants of the FARC-EP graduated in health issues who are employed by health structures, which implied: management of agreements with ESEs, signing of contracts, execution and monitoring, technical support and psychosocial assistance to employees and closing contracts).
In this way, the main actors of the project were: the surrounding community, the ETCR of the areas prioritized by the project, the community in the reincorporation process, community leaders, JAC, educational institutions, health institutions (ESE and Indigenous IPS) and public officials.
Health training processes were carried out with the surrounding communities (64 villages) on 17 topics identified as priorities by the communities: Community Health and First Aid (CAP), psychoprophylactic courses, prevention of cardiovascular diseases, chronic diseases, healthy habits, prevention of accidents due to snake bites, prevention of pregnancy in adolescents, training in sexual and reproductive health (SRH), family planning from an ethnic perspective, prevention of consumption of psychoactive substances and alcohol, prevention of suicide, mental health disease prevention, stress management. For a total of 10,200 people trained in the 6 implementation departments in health

issues. In turn, the project supported the formation and implementation of Community Health Committees, who received training, follow-up, and training of leaders in community health surveillance. For the benefit of community health, the project also supported the development of 35 infrastructure works.
Regarding peace signatories, the project prioritized two strategies that aimed to contribute to an effective and comprehensive reintegration process: the homologation of knowledge in health, based on the recognition of the empirical knowledge in health that they had during their armed life, and through of which 211 peace signatories (80% women, 20% men) accessed technical training as nursing assistants, pharmacy regency, oral health and health administration; and through the employability component, through which to date, with the support of the Ministry of Health, 11 agreements have been signed with the ESE for the entry of 18 peace signatories to health structures.

On the other hand, the project opted for the strengthening of local health institutions, seeking an improvement in the provision of the service; this, through training (600 medical personnel trained and accompanied by the Colombian Red Cross), improvement of health structures, infrastructures and delivery of endowment and biomedical equipment. To date, there are 15 health centers equipped and improved in their infrastructure.

3. Implementation context

On November 24, 2016, the Colombian Government and the FARC-EP signed the Peace Agreement, whose point 3.2., "Reincorporation of the FARC-EP into civil life -economically, socially and politically- in accordance with their interests", established that reincorporation into civilian life would be a comprehensive, sustainable, exceptional and transitory process. Subsequently, in May 2017, Decree 899 was approved, which established the measures and instruments for economic and social reincorporation, especially the transition from the Transitional Normalization Village Zones to other forms of coexistence and organization that, on August 16, 2017, materialized in the Territorial Spaces for Training and Reincorporation (ETCR). In these, it was foreseen to develop stabilization actions in sustainable health, education and productivity.
On August 1, 2018, the Agency for Reincorporation and Normalization (ARN) received the administration of the 24 constituted ETCR. It was expected that the ETCR would have a duration of 24 months and that on August 15, 2019, its transitory legal figure would end. Unfortunately, six and a half years after the signing of the Agreement, the transience of this organizational model has become permanent, the exceptional has become the norm, sustainability is not in sight and, perhaps for this reason, there are currently about 10,566 ex-combatants. they live outside the ETCR[1].

The last two years of the Juan Manuel Santos government (2017-2018) were focused on building the legal framework that would allow effective compliance with the Peace Agreement. It was a long and delayed process that did not lead to an immediate solution for effective and sustainable reincorporation, and whose actions depend to a large extent on the political will of the government in power and the complex and lengthy processes of the institutional bureaucracy. The aspiration to seek the maximum guarantees in the reincorporation process, both for peace signatories and for neighboring communities, did not correspond to the real capacities of the State to respond to this, also dealing with areas of the country with a very weak state presence. unable to guarantee rights for these communities. Added to this, multiple synchronous tasks were established, such as identification, the socioeconomic census and its comprehensive analysis, educational and health diagnoses, literacy, bankarization, etc., which, either due to disarticulation or the excessive amount of procedures, generated delays in the reincorporation process[2].

An example of this dysfunctional complexity was the fact that, despite the fact that people in the reincorporation process had deposited their economic and social future in agricultural activity, and that by mid-2018, 47 cooperatives had been created in all of the ETCR, for those dates it was not clear how the land was going to be obtained for the productive projects and, just in those days, the financing of the projects by international cooperation was beginning to be approved. In addition, the construction and adaptation of several ETCR had not finished, generating precarious health and habitability conditions and shortages, which affected not only the ex-combatants (many of whom abandoned the process) but also the host communities whose Expectations regarding the benefits of this process were not met, generating frustration and distrust in the reincorporation process[3].
The Ivan Duque government (2018-2022) gave the peace process a stamp: legality, from which the Peace with Legality policy of his government was raised. This policy established a climate of structural mistrust in the Agreement, despite the broad international support it had received, including that of the Secretary General of the United Nations and the awarding of the Nobel Peace Prize to former President Santos.Thus, two years after the Agreement was signed, the main document of the Duque government to address its compliance, "Peace with Legality", proposed, in many aspects, "a clean slate". The ETCR had to be evaluated, diagnosed, formulated, reformulated again and the food supply plans dismantled. Paradoxically, when one of the central problems faced by ex-combatants was the risks to their lives and

integrity (according to Indepaz figures, by this time, 2019, 138 people in the reincorporation process had been murdered and 36 of their relatives, 10 people in the reincorporation
process had been disappeared and 19 cases of attempted homicide had occurred[4]), the then President Duque warned them in the document that "those who do not honor their word and fail in their commitment, that is, those who return to the paths of crime, will have the full weight of the law and all the effects that the law has provided for those behaviors that are not acceptable under any circumstances, after a peace process"[5]
This redirect was not as successful as expected. If in 2017 86% of the indicators were met and in 2018 with 61%, in 2019 compliance was only 42% and in 2020 50%, which showed that the reduction in the pace of implementation of the Agreement during the Duque government[6]. Closing the year 2021, 5 years after the signing of the Agreement, the Kroc Institute reported that 30% (172) of the 578 provisions of the Agreement have been completed and 18% (106) have reached an intermediate level of implementation; while 15% of provisions had not started their implementation (89) and 37% were in a minimal state (211)[7]: This was the state of implementation that the new government of Gustavo Petro received.
During the Duque government, the ETCR suffered traumatic transformations. Of the 24 existing ETCR, the government made the decision to relocate 11 due to legal, environmental or overlap with ethnic territories[8]. This period was characterized by the problematization of the financing of the Agreement, the questioning of the role of essential institutions such as the Comprehensive System of Truth, Justice, Reparation and Non-Repetition (SIVJRNR), the prioritization of point 4 of the Agreement, “Solution to the problem of illicit drugs”, and the Comprehensive National Program for the Substitution of Crops for Illicit Use (PNIS), with not a few confrontations and attacks against the communities
Positively, as of 2021, the Duque government focused on access to land for people participating in the reincorporation process. The purchase of properties (12) for productive projects began, but, as stated by the UN Verification Mission, these purchases had legal and security problems and in many cases the properties were suitable for housing construction, not for the development of agricultural projects[9].

The President Petro government period (2022 onwards) has focused on the dependency relationship between peace and implementation of the Agreement, "without implementation there will be no peace." It has bought land for the expansion of the ETCR, but it is not fully known what its policy will be. With a delay of five months in the appointment of the new director of the ARN, it is unknown what is her intention with the PDETS, as well as with its financing.
Finally, there is a fact that affects the implementation of the Agreement in a transversal and profound way, and it is the matter of the security of the peace signatories. Since the signing of the Agreement, 355 ex-combatants have been assassinated, 110 have suffered assassination attempts and 27 have been disappeared. In 2022, the National Protection Unit relocated 206 ex-combatants[10] due to threats and risks. So far in 2023, there have already been 4 murders against peace signatories, which shows the continuity of the problem. Most of these events occur in areas where the ETCRs are located. This reality shows the existing difficulties to comply with the initial idea of reincorporation into civilian life of ex-combatants as part of a comprehensive, sustainable, exceptional and transitory process.
It is a fact that close to 10,000 ex-combatants participate in collective or individual productive projects, that more than 3,500 graduated from the “Arando la educación” program, that around 6,700 are members of 181 cooperatives, that 14 of the 24 ETCR own land, and that Houses have already begun to be built in some of them. However, there are factors that have drastically affected the reincorporation process: successive governments have made progress in implementation very slowly and precariously, dissidents have arisen for whom the success of reincorporation is a threat according to their claims. The municipalities in which ETCR have been constituted are reluctant to legally recognize them and the ETCR are located in rural regions that remain significantly unprotected by the State (regarding the guarantee of rights and access to basic services).

On the other hand, and more broadly in what refers to the communities and leaders, after the signing of the Agreement there has been an increase in threats, attacks and murders, which has been one of the greatest concerns of the civil society organizations in Colombia and international human rights organizations. For example, in 2019, according to figures consolidated by Cinep[11], 1,414 cases of human rights violations, violations of the International Humanitarian Law (IHL) and sociopolitical violence in the country and 522 people were victims of extrajudicial executions and murders in the same year. Murders against human rights defenders, for their part, increased by 60.4% by 2020, compared to what was reported in 2019. The most affected areas of the human rights defense exercise continued to be those in which they defend the rights of communities and ethnic groups, accounting for 65% of all murders.
Although at the international level the idea that, in Colombia, once the Peace Agreement was signed, the guarantees for defenders would increase and an adequate climate would be consolidated to carry out their work and support from the institutions, was promoted, the reality in the territories showed the opposite.
According to the Information System on Attacks against Human Rights Defenders in Colombia (SIADDHH) of the Somos Defensores Program, in 2018 there were 805 attacks against defenders (71% against men and 29% against women),

with a drastic increase compared to recent years (for example, with an increase of 43.75% compared to the year 2017 in which 560 attacks had been registered) and 155 registered murders (90% against men, 9% against women and 1 % against LGTBI people), 19 of them (12.2%) related to the policy of forced substitution of crops for illicit use and with an increase of 46.22% compared to the previous year (in which 106 murders had been registered); being Cauca and Antioquia the departments where the highest number of cases occurred[12]. For the year 2019, the SIADDHH registered attacks against 835 defenders (73% against men and 27% against women) and 124 murders (85% against men and 15% against women), being Cauca the department with the highest number of cases[13]. In 2020, the SIADDHH registered 969 attacks (125 more cases than in 2019), of which 72.3% of the cases were against men and 24.8% against women, and 199 murders (75 more cases than in 2019), of which 87% were men and 13% against women; The most affected leaderships being the communal, communitarian, indigenous and peasant leaders, and the department of Cauca, once again, the first in occurrence of cases[14]. In 2021, the SIADDHH registered 996 individual attacks (72% against men and 28% against women), presenting an increase of 3% in relation to the year 2020 with 27 more acts, in which not only individual rights were violated but also collective processes; and 139 murders (83% against men and 17% against women), with Cauca and Antioquia being the departments with the highest occurrence of these acts and presenting an increase in murders against women[15].

For its part, Indepaz registered 189 murders against defenders during 2022[16] and 31 defenders murdered so far in 2023[17]. Beyond the figures, the context of Covid-19 was an aggravating factor for the communities in terms of security and guarantee of rights, while illegal armed groups increased their exercises of territorial control, decreed confinements and restrictions on the mobility of the population (additional to those already decreed by the national government for the management of the pandemic) and armed strikes; as well as defenders, in particular, since the mandatory preventive isolation was used to facilitate their location, the attacks and murders against them. This is confirmed by the fact that most of the murders occurred when people were in their homes, or in their surroundings, which generated intimidation and threats against their relatives[18].

Similarly, the pandemic brought with it the exacerbation of the social and economic problems that were already evident in Colombia. In 2020, the National Administrative Department of Statistics (DANE) evidenced one of the most drastic increases in poverty and extreme poverty during the years 2020 and 2021: from the measurement of multidimensional poverty, it has to be for 2020the Multidimensional Poverty Index (MPI) was located at 18.1%, therefore, it experienced a growth of 0.6 percentage points with respect to the previous year[19]; and in 2021, it stood at 16.0%, 2.1 percentage points less than in 2020[20].

It is not unknown that during the pandemic (which coincided with at least 2 years of project implementation), the challenges for the health system were high to respond to the health emergency; evidencing the precarious care provided in rural areas of the country, especially those where the armed conflict had had a greater impact. The focus of health services on pandemic care during the emergency generated a deterioration in the care of other diseases and health demands from communities, as well as in disease prevention and health promotion actions. The baselines developed by the project in 2018, 2019 and 2021 confirm the precarious situations of access to health in which the communities targeted by the project found themselves, related to: insufficient coverage of ESEs, especially in the most remote rural areas from the municipal capital, which is made more complex by not having an ambulance service for these areas; insufficient infrastructure, provision of equipment, inputs and required personnel; insufficient number of specialist doctors; shortcomings in promptness and quality in the provision of health services; underfunding of ESCOs compared to the resources required for proper functioning and deficiencies in terms of humanized care.

In addition to this, during the pandemic inequalities and violence against women worsened, poverty levels increased, and there was a setback in the achievements made in favor of the rights of women and girls, including their sexual and reproductive rights. An example of this is that during the pandemic the barriers were expanded and additional ones were generated to access sexual and reproductive health services (SRH), including voluntary termination of pregnancy (IVE), and the right to contraception, in terms of its regularity, continuity and access to methods. In this regard, Profamilia highlights the following reasons why women did not access SRH, in order of prevalence: because they prefer not to leave the house, because they prefer the quarantine to end, because the IPS or EPS suspended SRH services and because they do not have enough money to pay for the service[21].

[1] Kroc Institute, “Status of the implementation of the Final Agreement four years after the signing”, december 2019 to November of 2020, p. 11. Available at: https://peaceaccords.nd.edu/wp-content/uploads/2021/09/Quinto-informe-estado-de-la-implementacion-a-cuatro-anos-de-la-firma-1.pdf

[2] Krock Institute, “Report on the effective status of implementation of the Peace Agreement in Colombia”, November 2017, p. 38-39. Available at: https://kroc.nd.edu/assets/257593/informe_kroc.pdf

[3] Krock Institute, “Second report on the effective state of implementation of the Peace Agreement in Colombia”, December 2016 - May 2018”, p. 10 and 115. Available at: https://kroc.nd.edu/assets/284864/informe_2_instituto_kroc_final_with_logos.pdf

[4] Indepaz, “Report on leaders and human rights defenders assassinated as of July 26, 2019”, July 26, 2019. Available at: https://indepaz.org.co/informe-lideres-y-defensores-de-ddhh-asesinados-al-26-de-julio-de-2019/

[5] Duque, Iván, "Peace with legality", Presidency of the Republic, 2018, p. 24.
[6] Kroc Institute, "Status of the implementation of the Final Agreement four years after the signing", December 2019 to November 2020, p. 11. Available at: https://peaceaccords.nd.edu/wp-content/uploads/2021/09/Quinto-informe-estado-de-la-implementacion-a-cuatro-anos-de-la-firma-1.pdf
[7] Kroc Institue, "Five years after the signing of the Final Agreement: reflections from monitoring to implementation", December 2020 to November 2021, p. 144-145. Available at: https://curate.nd.edu/show/z029p270x6d
[8] Technical Secretariat of the International Verification Component CINEP/PPP - CERAC, "Sixth verification report on the implementation of the Final Peace Agreement in Colombia for International Verifiers Felipe Gonzáles and José Mujica", p.143-144. Available at: https://www.cinep.org.co/es/sexto-informe-de-verificacion-de-la-implementacion-del-acuerdo-final-de-paz-en-colombia-para-los-verificadores-internacionales/
[9] Kroc Institue, "Five years after the signing of the Final Agreement: reflections from monitoring to implementation", December 2020 to November 2021, p. 144-145.
[10] United Nations Verification Mission in Colombia, "Quarterly Report of the Secretary General", September 27 to December 28, 2022.
[11] CINEP, "Gold and bullets. Human Rights Report 2019", Noche y Niebla Magazine, 2019. Available at: https://www.cinep.org.co/Home2/component/k2/tag/Sur%20de%20Bol%C3%ADvar.html
[12] Information System on Attacks against Human Rights Defenders in Colombia -SIADDHH. "A Clockwork Orange. Annual report 2018". Available at: https://somosdefensores.org/wp-content/uploads/2022/12/Informe-anual-2018.pdf
[13] Information System on Attacks against Human Rights Defenders in Colombia -SIADDHH. "The blindness. Annual report 2019". Available at: https://drive.google.com/u/0/uc?id=1jYXd8GjrDjOERyTOJG5gDA4A55UEqYVN&export=download
[14] Information System on Attacks against Human Rights Defenders in Colombia -SIADDHH. "The bad hour. Annual report 2020". Available at: https://drive.google.com/file/d/1Ze-GofhR6k0c23oUCVN-ZlWrEMPH03JV/view
[15] Information System on Attacks against Human Rights Defenders in Colombia -SIADDHH "Theater of shadows. Annual report 2021". Available at: https://drive.google.com/file/d/1-cyEWpykRlGU57cO-kNZFHmcTvlOJfLy/view
[16] Indepaz, "Social leaders, human rights defenders and agreement signatories assassinated in 2022". Available at: https://indepaz.org.co/lideres-sociales-defensores-de-dd-hh-y-firmantes-de-acuerdo-asesinados-en-2022/
[17] Indepaz, "Social leaders, human rights defenders and agreement signatories assassinated in 2023". Available at: https://indepaz.org.co/lideres-sociales-defensores-de-dd-hh-y-firmantes-de-acuerdo-asesinados-en-2023/
[18] Coordination Colombia - Europe - United States, 2020."Human Rights are not in Quarantine. Consolidation of special bulletins on the situation of Human Rights in Colombia in the context of the mandatory national quarantine (March-July 2020). Available at: https://coeuropa.org.co/wp-content/uploads/Boletines-especiales-CCEEU-2020-FINAL.pdf
[19] DANE, 2022. "Situation of families with children and adolescents in Colombia in the midst of the COVID-19 crisis", p.48 Available at :https://www.dane.gov.co/files/investigaciones/notas-estadisticas/mar_2022_nota_estadistica-NNA-VF.pdf
[20] DANE, 2022. "National Multidimensional Poverty Information 2021", published on April 28, 2022. Available at: https://www.dane.gov.co/index.php/estadisticas-por-tema/pobreza-y-condiciones-de-vida/pobreza-multidimensional
[21] Profamilia, 2020. "Report 4. Sexual health and reproductive health neglected during the quarantine in Colombia". Available at:https://profamilia.org.co/wp-content/uploads/2020/06/Informe4-Saludsexualysaludreproductivadesatendidasdurantelacuarentena-ProfamiliaColombia.pdf

4. Evaluation methodology and limitations

4.1. Work focus

This evaluation exercise took Project Cycle Management as its starting conceptual reference, a term used to describe the management and decision-making activities and procedures used during the life of the project. This approach ensures that the projects are framed and correspond to the policy lines of the entities involved, either as executors or as financiers. It also ensures that the projects are relevant to the agreed strategy and respond to real problems of real people. It corroborates the viability of the projects, with measurable objectives that can be achieved in a real way and adjust to the contextual working conditions and with the capacities of those who carry out the implementation, likewise supports the verification that the benefits generated by the project can be sustained over time.

4.2. Evaluative activities

Within the evaluation framework (once the secondary information of the project corresponding to the execution reports of each of the 5 phases, the products developed in the different components and the means of verification provided for this exercise were been reviewed by the technical team of the Colombian Red Cross) the planned visits to the areas where project activities have been carried out were advanced. A total of 32 evaluation activities associated with these visits were obtained. Likewise, a set of virtual interviews were developed in order to complement this information.

4.3. Sample

A total of 2,884 people from the territories where the action is progressing participated in this external evaluation exercise. 63.2% of the sample corresponds to women and the remaining 36.8% to men. The majority are people between the ages of 36 and 60 (37.9%), followed by the group of people between the ages of 19 and 35% (33.6%), 25.1% correspond to adolescents and young people between the ages of 14 and 17, some of them from the educational entities that have been integrated into the project's actions. Only 3.4% correspond to people over 60 years of age. 39% of the sample was collected in the department of Cauca, 14.7% in North Santander, 14.6% in Arauca, the same proportion being collected in Caquetá, while in the department of Antioquia the 8.9% of the sample and 8.1% in the Meta department.

In terms of the profile of the participants, 90.6% of the sample corresponds to people from the surrounding communities, among which we find leaders, young students, teachers, JAC representatives and representatives of the Community Health Committees. 7.1% of the sample is represented by men and women peace signatories, some of them participating in the homologation process and the employability component. Finally, 2.3% represents personnel from the health sector, active in ESEs, among which are hospital managers, medical personnel, nursing assistants, pharmacy managers, among others.

17.6% of the participants contributed their view of the project through semi-structured interviews, which corresponds to 505 people from the 6 departments. 4.8% of people participated through surveys available online, which correspond to neighboring communities, medical personnel and approved signatories (140 people). On the other hand, 77.6% of the people participated through a survey applied by the team of volunteers of the Colombian Red Cross before, during and after the visits of the evaluation team (2,239 people).

4.4. Evaluation limits

This evaluation did not have conditions or limits that made it difficult to access the internal information of the project. There was an important compendium of project information, delivered by the National Coordination of the project, said information was presented in a rational and understandable order that facilitated the collection of evidence of the technical process that was supplied in terms of monitoring, annual planning, review results and financial reports.

In the same way, throughout the meetings and focus groups with each of the regional ones, it was possible to validate the procedures for the collection of the primary information that is the basis of the means of verification of the project, and that rest in the project files. at the national level.

On the other hand, the possibility of coming into direct contact with direct beneficiaries of the action in the surrounding communities, with the groups of peace signatories that remain in the ETCR, as well as with the medical personnel of the local health entities, It made it possible to deepen the information produced throughout the life of the project and to establish the level of effects that the actions have had on the lives of the target populations of the action.

5. Findings and recommendations

Aspect	Findings	Recommendations
Improvement in the quality of essential health services and strengthening of local health institutions (ESE and IPS)	▪ 91% (2,046) of the surveyed people acknowledge that the actions developed from the project have facilitated the access of communities to essential health services. ▪ The fact that the project has a fund to support particular cases that require priority health care. This fund allows people in situations of vulnerability and poverty to access the health service. However, this fund was not implemented in all project territories. ▪ The health brigades developed by the Red Cross have allowed women access to methods of contraception and SRH services. ▪ The good relationship and articulation that the Red Cross had with some JACs and town halls to design and coordinate actions regarding access to health services is highlighted. However, this articulation has been more bidirectional and not necessarily grouping the mentioned actors, all from the local level. ▪ The improvements in infrastructure for water treatment, the delivery of inputs and materials for the construction of community aqueducts and the delivery of water filters have implied a significant contribution to the communities, in terms of improving health and preventing derived diseases from contaminated water consumption. ▪ In the rural territories where the project is implemented, there are still needs regarding access to essential health services. This especially in the most remote villages, where there are no health posts that manage to provide coverage; there is no access to more specialized health services; There is also no ambulance service, nor permanent medical personnel in the nearest health posts; ▪ Distances, topographical difficulties, confinement dynamics due to the armed conflict and other events such as armed strikes and natural disasters have prevented communities from accessing essential health services; situation in which it has been fundamental for the communities to have health brigades in their territories, whether these are provided by the ESE or by the CRC. ▪ There are deficiencies in the follow-up and health accompaniment of people who live in the villages and with difficult access. This accompaniment from the community level is essential in areas where communities do not have access to health services. ▪ Progress is identified on the part of local health institutions in the recognition of sexual violence from a rights approach and in the interest in providing increasingly humanized care ▪ In general, access to essential and specialized health services in indigenous territories is made complex by the language barrier. There are people who do not speak Spanish and sometimes do not have someone to help with paperwork or administrative procedures.	▪ Within the training framework, make known and work with the Health Committees basic legal tools for the enforceability of the right to health, such as guardianship and the right to petition; as well as general national legal frameworks governing the right to health ▪ To strength the SRH component within the framework of broad work in health, including it more decisively in the training processes and keeping it in the health brigades developed by the CRC from other projects. ▪ To strenght knowledge about medicinal plants and disease prevention from their own knowledge; as well as generate spaces for national exchange between Health Committees around the uses and benefits of medicinal plants in health care and in the treatment of diseases. ▪ Within the project closure framework and systematization of the experience, it is recommended to develop a compendium of the works developed by the project and the endowment delivered to the communities, with documentation of the positive effects on health that these works had and thus highlighting the relationship between the mentioned works and the objective of the project related to the improvement of the health of the surrounding communities. ▪ It is recommended to extend to other territories the work of restoration of the water eyes, streams, basins, as it was done in the department of Cauca; understanding that the improvement of water quality is a fundamental aspect for the health of the community. ▪ It is recommended to continue the strategy of articulation of the project with other projects implemented by the Red Cross, as it has been developed in Arauca, which allow the development of health brigades to the communities; or to strengthen extramural care actions already carried out by some ESEs. ▪ To strength the preventive health models that the communities require, from their uses and customs and community and cultural dynamics; and strengthen ESEs on issues such as humanized treatment in health care, which continues to be a challenge in the territories. ▪ During the training sessions and in the accompaniment strategies, it's imperative the presence of available staff who speak their mother tongue and Spanish, both to reduce barriers to accessing health services, and to include the differential approach and ethnic in care. ▪ It is necessary to strength and document this open and empathetic dialogue with the surrounding participating communities and with the ETCR about their own conception of health, to enrich and nourish it from the diversity of territories and actors that the project brings together; deepening the relationship between health and territory and body as the first territory, key in rural communities, both indigenous and peasant.
Training and capacity building with neighboring communities	▪ The surrounding communities participating in the training processes highly value the theoretical-practical methodologies from which the training processes are developed, there is interest in the communities in replicating the knowledge learned, starting with the family and community space. The articulation with JAC and other organizational spaces and having didactic and pedagogical materials for the development of these replication exercises is key for this process.	▪ Although some replication exercises are already being carried out to date, it is recommended to support and reinforce with much more emphasis the replication exercises proposed by the communities participating in the project's training actions. For this, methodological support is required from La Cruz Red in the key to training trainers in health issues. ▪ Search for relevant topics, methodological and didactic tools to summon young people to participate in training spaces to influence their spaces and daily life.

	▪ The training processes focused on young people and adolescents were developed more strongly in the early phases of the project, being a strategy that weakened in the last phases, after the Covid-19 pandemic. ▪ Educational institutions, teachers, have a key role as first responders in health against accidents or emergencies that may occur to children and adolescents in educational institutions. ▪ Training on antipersonnel mines and proper action during combat is recognized as highly relevant and necessary knowledge for communities due to the persistence of the armed conflict in the project implementation territories; however, these trainings have only been developed in some of the project implementation territories. ▪ The positive impact of the education and training offered by the CRC in health matters is recognized, however, emphasis is placed on the need to have constant and more continuous training processes ▪ Taking into account that the project is implemented mainly in rural areas, there is interest in contributing to the training of young people in agro ecology, reforestation and conservation of water sources. ▪ Within the training process framework, in some communities, it was especially difficult for the teams to address issues such as sexual violence (considering that the project is developed in contexts where the armed conflict continues, in addition to the social norms and patriarchal imaginaries that naturalize , justify or make this violence invisible); SSR (especially against the use of contraceptive methods and IVE) or prevention of consumption of psychoactive substances; for which the teams built strategies that allowed them to address these issues progressively and avoiding negative reactions or confrontations with the participating communities.	▪ Focusing of certified health training processes (first aid, psychosocial first aid, SRH, GBV and non-violent communication) with adolescents and young people, with their own methodologies according to their age and interests. ▪ Thus, the need to ensure training spaces in first aid and psychosocial first aid focused on teachers from educational institutions strengthened by the project is evident, while at the same time it is possible to plan more continuous and frequent training processes. ▪ It is recommended to unify criteria regarding the certification of training processes with the surrounding communities and inform all communities about it. ▪ It is required, thinking about the exit phase of the project, to further strengthen the practical component in the topics covered; for example, through specific spaces for updating and putting into practice the topics already discussed, with the leadership of the Community Health Committee, which in turn would strengthen their role within the communities and motivate them to start or continue the replication exercises, as the case may be.
Constitution and operation of Community Health Committees	▪ Most of the Health Committees are not assuming a role as first responders in health within their communities, which implies differential levels of strengthening. ▪ Currently the Health Committees are made up mainly of women, which in principle can be read as a positive aspect in terms of gender equity, but the participation of women in this space may be strengthening as an extension of traditional care roles ▪ There is an important opportunity to link young people from the surrounding communities to the Health Committees, which requires concrete actions aimed at achieving their link to these spaces. ▪ In some communities there is still no adequate level of recognition of the Health Committees regarding their functions and role in health promotion and prevention. ▪ Although the project in its progress reports, especially in the final report of Phase V, reports the formulation of 26 work plans (A.2) and support in the implementation of 17 of these plans (A.3) ; Only 5 of the 36 Health Committees consulted in the framework of the evaluation acknowledge having a work plan. ▪ The lack of systematization, continuity regarding the issues and the constant change of personnel both in the communities and in the CRC team can cause wear and tear on the people participating in the training spaces.	▪ Within the framework of the project closure process, it is recommended to carry out a brief characterization/measurement of the level at which each Health Committee constituted and/or strengthened from the project is located. ▪ It is recommended to analyze and correct the causes why, despite the fact that 70% of the Health Committees are at an intermediate or advanced level, most of them do not function autonomously and independently without the presence and accompaniment of the CRC and are not clear enough about how they project the work of the Committee. ▪ It is necessary to articulate in a more oriented way the work of the Health Committees with authorities, JAC presidents and as such with assembly and community spaces, to keep the community informed of the processes carried out by the Health Committees. ▪ Within the framework of the closing phase of the project, it is suggested to resume with each of the Health Committees the formulated work plans, formulate them in those cases with which a plan is not yet available; ensuring a higher level of appropriation of this tool that will be useful for the planning and sustainability of the action. ▪ It is recommended to have specific training spaces with the Health Committees, in addition to those developed with the community in general; incorporating a training plan that allows a deeper study of the topics and more hours devoted to the training process.
Homologation of knowledge and	▪ Of the 211 people who completed the approval process, the CRC initially identified 80 people as possible interested parties to participate in the employability component. Of these 80 people, at least 32 stated that they were not interested, because they already had an income from a	▪ It is recommended to design a training strategy in stages, beginning with the homologation phase that allows reaching a technical level of training, and then offering a higher level of training to those who have successfully completed the previous stage and wish to continue their training process.

employability with peace signatories	▪ productive project or basic income. Of these 80 people, to date, only 18 have accessed a job within the framework of the agreements with the ESE. ▪ Of the 18 peace signatories who have accessed the employability component, 12 people participated in the evaluation process. Who mostly refer a positive experience within the ESE, carry out a process of successful adaptation to new work dynamics and relationships in the labor and community sphere, as well as a valuable learning experience and practice of knowledge acquired. ▪ Only 1 of the people interviewed, refers to having received workplace harassment, mistreatment or discrimination for being a peace signatory; The other people state that they receive adequate, respectful, considerate, humane treatment and without discrimination in the ESEs where they work. ▪ In turn, the interviewed ESEs rate the experience as positive; highlighting the good and quick adaptation to work, availability, receptivity, commitment and responsibility that characterizes employed peace signatories. Likewise, they highlight the contribution in human resources that this strategy supposes for the ESEs and how this contribution of the project helps to improve the provision of the service. ▪ Some of the challenges experienced by the people who accessed the employability component are related to: i) high knowledge to carry out all the administrative processes and documentation required in the framework of the contracting; ii) the lack of knowledge regarding the functioning of the State in its times and forms of contracting; and iii) the delay in the contracting processes, which generated demotivation and uncertainty. Faced with these challenges, the permanent and committed accompaniment of the CRC team stands out, being, in the end, a learning scenario for them, in which they gained skills to face new contracting processes. ▪ Job opportunities normally do not take into account the place of residence of those approved, for which reason many of them must change their place of residence depending on the job offer that is managed.	▪ Select successful cases of the approval, certification and employability process, to delve into the factors that positively affect these processes and that motivate other people in the process. ▪ Advance in the systematization of the homologation strategy from its formulation, methodological development and implementation phase, to recover lessons learned and characterize the model, as a contribution to future replication processes with ex-combatants and position the experience as an innovation tool in construction of peace in the country. ▪ In the closing phase of the project and as a sign of action without harm, an employability plan can be implemented that covers other nearby municipalities, which brings together other ESEs, the Ministry of Health and others, so that agreements can be established of hiring percentages of the approved reincorporated workers. ▪ As part of the reincorporation process, to be sustainable, the relationship must be linked to the approved professional qualities, rather than to the condition of reincorporation. This finding is of great importance because the companies show a business vision (valuing the professional for what he knows and does and for how he does it). It is recommended that the CRC involve the ESEs that have been satisfied with those approved in the job search process for those approved who have not yet accessed a job. ▪ It is necessary to identify an employability model for certified health workers, which is part of the reincorporation plans and has state funding, to guide the work of the certified to provide their services within the ETCR and the surrounding communities, with the recognition and articulation with local ESEs. ▪ There are facts, such as salary remuneration, that the project cannot change. In this sense, it is recommended that from the beginning of the training, candidates for approval be presented with a simple business plan that helps them compare what their current income is and what an ESE would offer them, in such a way that in this way, the reincorporated persons make an autonomous and free decision on whether to continue with the homologation process or not, and to avoid subsequent frustrations and disappointments. ▪ Facilitate that future State or cooperation interventions take these people into account to provide health training to communities, following the principle of recognizing and valuing local capacities and not substituting them.
Community integration and reconciliation processes	▪ A central result of the project is related to community integration and reconciliation. Although this strategy has made it possible to advance in destigmatization and bring neighboring communities and ETCR closer together, it was not enough to guarantee reconciliation; due to structural dynamics that persist in some of the communities visited, such as the suspicion of focusing projects and resources on the ETCR and not in the same way in the communities. Communities feel disadvantaged with respect to the ETCR. In this regard, they point out: ▪ The formation of Community Health Committees between peace signatories and the surrounding community has strengthened their relationship, the process of reincorporation into civilian life and the reconstruction of the social fabric in the territories where the ETCR are located. ▪ Thus, there is evidence of progress in the recognition by the communities and peace signatories regarding the construction of peace in the country and the possibility of advancing in community reconciliation. They manifest the possibility that artistic practices give as a fundamental path in the construction of peace and reconciliation.	▪ When designing future interventions, improve the quality of community participation in the construction of the proposal. Improved communication and participation could overcome future resistance from host communities. ▪ Interventions must comply with the principle of equity. Integration and reconciliation is not possible if one of the parties is offered benefits that the other party cannot enjoy. It is recommended that equity and equal opportunities are principles to be taken into account in integration processes. ▪ Likewise, it is recommended to take into account the security conditions of the communities through context analysis and attentive listening to the communities and reincorporated persons. The creation and strengthening of this kind of mixed spaces is recommended, in which the reincorporated and the community share common interests. The importance of these spaces lies in the fact that integration occurs through institutional relations and compliance with rights, rather than through the quality of interpersonal relationships. The Community Health Committees are an excellent example of how the search for the exercise of rights is a source of reconciliation.

	▪ There is a need to build trust bonds between the communities, the peace signatories and the military, since it is considered that the lack of training of the latter in matters of Human Rights and IHL, which is configured as a barrier to the peace building.	
Provision and improvement of infrastructures and community spaces	▪ First-aid kits and first-aid kits were delivered to the Health Committees, who take care of them and give them good use and follow-up. But there is a gap in the provision of first-aid kits to educational institutions, including educational institutions linked to the project. ▪ Within the framework of the visits carried out to the 6 project implementation departments by the evaluation team, shortcomings were identified in some of the infrastructure works and in community aqueducts and the non-functioning of some of these; in certain cases, due to deterioration, in others due to lack of maintenance. ▪ The improvements in the infrastructure of the community meeting spaces represent the possibility of meeting to work on the issues that concern them as a community, having at least a safe and comfortable space to continue with their organizational processes.	▪ It is recommended to give priority to educational institutions in the delivery of first-aid kits or to accompany the review and update of existing ones. ▪ It is recommended to carry out jointly, with communities and ETCR, a risk analysis regarding the involvement of the public force in the activities of the project; weighing differential risks for children and women and contemplating measures to mitigate them; Based on this, make decisions about it. At the same time, since the areas in which the ETCR are located, in general, continue to be regions of armed conflict, it is recommended to prioritize the strict application of International Humanitarian Law. ▪ In the closing phase of the project, it is recommended to carry out a visit and technical supervision of the 35 infrastructure works built or improved within the framework of the project, as well as the 10 community aqueducts; in order to establish the current state of the same and build an action plan for the arrangement or replacement of those that are not in proper operation.
Prevention of Gender-Based Violence (VBG)	▪ Progress is identified in the recognition and denaturation of GBVs; as well as tools to identify and prevent them. Through different training processes and community meetings, GBV care routes were made known. ▪ Participation in spaces for training and raising awareness about GBV with neighboring communities has been mainly women, with little participation from men. ▪ In some areas, the Health Committees indicate that they still do not have support material to discuss and carry out pedagogy in the communities about DSDR and the prevention of adolescent and unwanted pregnancies. ▪ The issues of GBV, VS and violence prevention are not being addressed with clear tools in the spaces and meetings of the JAC. However, when faced with a case of GBV or domestic violence, they go to the JAC, as the highest authority, but the JAC is not prepared to deal with these cases.	▪ To explore possible alliances with community/local radio stations to disseminate information on the key issues of the project. Production of radio pieces (for broadcast on radio and WhatsApp), a strategy in which young people from the surrounding communities could be linked. ▪ It is recommended to reinforce the training processes in the closing phase of the project with the Community Action Boards on the issues of GBV and care routes, since as first responders they can improve their management in these cases, with the support of the project. ▪ In future projects, new methodologies can be developed to deepen the training in the SRH and Sexual and Reproductive Rights block, which implies incorporating into the CRC team personnel specialized in the subject of SRH and DSDR. ▪ Develop new methodologies to be able to deepen the training in the SSR and Reproductive and DSR block, which implies incorporating specialized personnel in these topics into the CRC team.
Mainstreaming the gender and diversity approach	▪ No other actors have been identified that can play a key role in the first response to GBV situations (such as the fire department). ▪ Integration activities, group games, role plays are carried out, in which the gender and diversity approach can be mainstreamed. ▪ There is a very limited notion of GBV, which leads to denial or ignorance of them in the territory and therefore implies that they cannot be addressed or prevented. ▪ In some territories, processes are being carried out in terms of care routes and/or forms of GBV prevention and care according to the particularities of the communities and territories, so it is important that organizations in this case such as the Red Cross learn about these and articulate with what is already being advanced in the territories. ▪ The Health Committees as allies in the work to transform macho and GBV imaginaries and practices.	▪ Training in psychosocial first aid for the fire brigade (they are a community actor, benchmark and mediator in health care (patient transfer), community and young people with mental health and consumption problems accompaniment, conflict resolution: our mandate is focused on fire prevention and care, emergency care and rescue in all its modalities). ▪ Recover and enhance the experiences of articulating project actions with women's processes in the territories to formulate training spaces in terms of GBV and training with a gender focus.

6. Good practices and learned lessons

6.1. Good Practices

- The project ensured a flexible understanding of the territorial realities and the pandemic context: incorporating particular, unforeseen actions, to respond to emerging needs during the pandemic. As well as the effort of the local teams to maintain the accompaniment from virtuality and making visible and influencing the increased risks for the communities.

- The project incorporated a broad approach to understanding the concept of health, supporting various practices and community initiatives for health care and promotion, and developing community infrastructure works that contributed to improving the health of communities and preventing diseases and accidents.
- The project gives a relevant place to the contribution of the worldviews of indigenous peoples, rituals and spiritualties to nurture the concept of health and create bridges between their own medicine and allopathic medicine. The project at its closure, has successful experiences with an effective and real incorporation of the ethnic approach (Cauca department), from the recognition of the authorities, own organizational forms and local knowledge.
- Delivery of pedagogical and informative material after the training, which has been valued positively by the communities for the clarity in which the topics are addressed and the language used; and which allows to reinforce the contents and facilitates the replication exercises.
- Meetings of experiences development between Health Committees of different villages/municipalities; as well as the development of exchanges between villages to share and put into practice the knowledge acquired.
- The development by the Colombian Red Cross team of a humane and respectful relationship with the communities; maintaining an attitude of listening to their needs and priorities, ability to work as a team with the communities and to develop a relationship of mutual learning.
- The inclusion in the project of a GBV component in coordination with the right to health and community well-being.
- The articulation achieved with JAC for the development of the action, recognizing their role as community authorities; and the articulation of project actions to their meeting spaces, to address issues such as mental health and GBV.
- The targeting methodology used for the development of the homologation component: an initial database of people in the reincorporation process, after that, a first contact exercise to compare who were in the project implementation territories and those who expressed interest, and later the definition of a group
- The continuous accompaniment, the attentive listening to the needs of the teams and the problem-solving and propositional capacity that was given from the national coordination of the project and that allowed a timely response to the demands of the project and assume jointly with the team of the Colombian Red Cross the challenges presented.
- The key information and documentation processes were systematic: the detailed record and the written and photographic documentation of the actions and processes carried out. However, it is essential to assess how to organize and present the information in terms of achievements and impacts, beyond activities and indicators.
- Guarantee the participation of the communities with the contribution in transportation and the practice of caring for food, as fundamental aspects for the participation and interest of the communities in the training processes.

6.2. Learned lessons

- Replicate the recognition that, in some places where the project was developed, the community and the ESE have given to the Red Cross in the sense of humanizing the health service. Burnout syndrome is very common among health personnel and, in turn, is reproduced in the system and the care provided. For this reason, this recognition of the humanization of service provision is very important.
- Involve other actors such as the fire brigade, who have a key role in health care, in the training and articulation processes, as contemplated in the case of Antioquia and Norte de Santander.
- Develop specific training processes with teachers, since they play a key role in the communities as transmitters of knowledge, as community referents and as first responders in health.
- In some project implementation areas, the ETCRs are recognized by the surrounding community as reference spaces for access to health. This recognition, which responds to real experiences of the community, must be analyzed, systematized and replicated by the State and future interventions of the Colombian Red Cross and

the Norwegian Red Cross, since it is of great importance for the right to health of the population. and a benchmark for successful reincorporation.

- Take into account the high interest shown by the population of the project to learn and put into practice knowledge in mental health (4H, p. 37). The increase in mental diagnoses is an urban and rural fact, of society as a whole, which generally affects women more (depression and anxiety) than men. It is important to take into account training in community psychosocial processes and the creation of spaces for sorority among women that help prevent and improve the mental well-being of the rural population.
- Since the project formulation, it is necessary to have specific indicators related to the advocacy goals that are expected to be achieved within the framework of the project in favor of better access to health for surrounding communities and ETCR, and in favor of a successful process of reincorporation.
- The Red Cross could, with the help of the Office of the High Commissioner for Peace, the Ministry of Health, the Ministry of Labor and the Reincorporation and Normalization Agency, exercise its good offices before the ESE so that, as part of its commitment to the peace and local and regional development, are forced to hire a percentage of reincorporated approved in their personnel plant. In this regard, a recent advance is highlighted that is achieved from the advocacy actions of the project, related to the issuance by the Ministry of Health of a guideline for the hiring of peace signatories in the ESEs.
- In order to consolidate the learning about the process of homologation of knowledge in health, it is necessary to carry out a process of systematization of the experience, which leads to the presentation of the routes that were advanced for the processes of accreditation, registration, training and employability; and that can position this experience as a pioneer in the country with a high level of success and satisfaction on the part of the participating peace signatories.
- Children and adolescents are political actors and their potential and receptivity is very broad. Thus, the NNA assisting in the training processes as companions of adults, can in turn be subject to the learning process in first aid, mental health, GBV, among other topics addressed in the training processes. For this, it is necessary to design in advance and oriented specific contents and methodologies for children and adolescents, which ensure independent spaces for adults, in which they can also work around the themes of the project.

7. Evaluative criteria

7.1. Effectiveness

The project Reincorporation of ex-combatants of the FARC in community health structures. Strengthening Communities for Peace, in the five stages of its development, has reached important levels of effectiveness, insofar as it reports relevant results and achievements at the personal, community and local level in each of the three expected result areas. When reviewing the scope of the indicators planned to measure the level of achievement of the specific objective of the project, it is observed that the goals were exceeded in terms of the number of people impacted by the project's actions in the health area, reaching 93%. of the goal, that is, the project managed to involve 6,565 people out of the 7,000 expected. On the other hand, compliance with the goal for the number of hospitals is observed, which increases coverage in targeted rural areas, exceeding the goal by 230%, since it was possible to impact 23 health entities (hospitals, health centers, and health houses) through infrastructure and endowment improvement, as well as through the training processes for health sector personnel, which accumulated as of December 2022 reached 667 trained officials. In the direct action within the ETCR, the project managed to advance a process of homologation of knowledge in health, which results in the certification in different specialties of 211 ex-combatants, who through the process acquire tools and skills for their labor inclusion in the structures of the health sector at the local level.
Likewise, the goal of strengthening community health committees is met, reaching 30 committees in operation of the 12 that were expected to be monitored. The project has supported their formation, training, and staffing of 30 committees that today report work plans aimed at improve the conditions of access to health services, have been participating in exercises to characterize health needs at the village level. On the other hand, the project has managed to provide financial means to reduce the barriers to access to health for people who must travel to other locations to receive second and third level care. Finally, in terms of strengthening the skills of the surrounding communities in health care, the project managed to involve 1,283 people from the six departments in awareness-raising and training processes on prevention and promotion issues, of which 60.4% , report an increase in specific knowledge that translates into better hygiene practices, healthy eating habits, among others. The project also reports the financing and accompaniment of the

implementation of 12 community initiatives or micro projects on health issues, which have been arranged by the communities and led with the Community Health Committees.

7.2. Efficiency

From the point of view of resources usage, the project has been implementing a set of programmatic and budgetary monitoring actions, facilitating timely decision-making in relation to the planned executions in each period. Likewise, the project has an administrative structure that has qualified personnel in each of the sections, to guarantee the implementation of the budget is in accordance with the annual action plans and complying with legal accounting regulations and the requirements of the Norway Embassy. During the implementation period, some starting changes were registered, previously authorized by the donor, which responded to changes in the execution strategy, especially during the confinement period, and also in response to humanitarian situations that arose in the communities with the greatest vulnerability in the peaks of contagion by C-19. Likewise, adjustments are identified in the mechanisms for the presentation of the implementation reports by the Embassy, which has implied a rigorous management of the information (databases) on which the means of verification of both indicators and indicators are built. budget executions. In terms of coverage, the project has maintained the goals regarding territorial coverage and the number of people involved in the training and accompaniment processes, as well as the number of Community Committees and other community structures strengthened with the project's action.

7.3. Coherency

The Strengthening Communities for Peace project has been a learning place for the Colombian Red Cross, since it implies its own reflection on the construction of peace in a commitment that integrates ex-combatants in the health sector, which necessarily leads to the revision of their own orientations and practices around neutrality. A good part of the project's actions is consistent with the projects traditionally, carried out by the CRC in the field of emergency care, community health promotion and prevention, among others.
The defined work strategies for the project implementation have facilitated a level of complementarity between the training processes, homologation of knowledge, awareness, local organizational strengthening, psychosocial support, improvement of physical spaces, support for community health initiatives, redefinition of spaces, with a clear methodological commitment to promote learning processes from the reading of the local, reflection and collective action, "learning by doing". The project has a high level of complexity, since its architecture has implied the development of articulation mechanisms that will facilitate simultaneous work in 6 departments and 64 villages and an adequate feedback of processes and products for the integral action of the intervention in these territories.

7.4. Impact.

The project has demonstrated a great capacity to generate early impacts and long-term impacts, both at the personal and organizational level, as well as at the institutional level. The set of activities carried out by the project with the help of a qualified work team have contributed to the strengthening of the different actors in the health care system. Starting from the personnel of the Health Entities that have found in the Red Cross the support to improve their action both in hospitals and in the extramural brigades. This through the training processes, the provision of medical teams to which they have not had access before (oximeter, height and weight tools, mobile units for dentistry, medicines, etc.), as well as accompaniment in the calls and in the health days themselves.
Another element to highlight is the management for the formation, training and accompaniment of 30 Community Health Committees. This implies an organizational infrastructure on which key responsibilities may fall for the management of health issues at the community level, which depends entirely on the progress achieved in the implementation of the Comprehensive Health Routes and other state provisions to advance prevention and health promotion actions, which may have a place in a new order of the National Health System.

At the community level, the main impacts of the project are evident in the collective well-being that the availability of improved community spaces has brought, and in some cases the access to instruments for the improvement of water quality and basic sanitation (installation of water points in community halls, water filters, training on excreta management, etc.), as well as telling the dialogue and accompaniment of the Colombian Red Cross, in areas where other cooperation agents do not arrive and the institutional presence is scarce or null..

It is very important to take into account that the (precarious) quality of health services in the project intervention areas is not very different from other rural areas of the country. However, due to the history of violence and conflict in the intervention areas, this project has a high impact on the legitimization of peace, the creation of confidence in rural citizens and the inclusion of peace signatories. We must not forget that for the civilian population, those reinstated were a symbol of war and power, and, now, they are symbols of life and well-being by prioritizing their status as men and women approved for the exercise of community health and well-being. This supposes a drastic change in the social imaginary and in the relations between the community and the reincorporated.

7.5. Sustainability

As mentioned throughout the document, the Strengthening Communities for Peace project has left pedagogical and accumulated balances for the target populations and for the entities committed to its implementation, as well as for local organizations and initiatives supported in the territories. This knowledge and installed capacities are a first factor of sustainability of the project actions. It is clear that the communities and entities that have been participating in the project recognize that health is a fundamental axis for the development of populations and a solid base on which the processes of permanence in the territory, reconciliation and construction of territorial peace, and that this project has provided them with tools and material means for their strengthening. The meeting and coordination spaces are central when thinking about the sustainability of the action, that is, the spaces that have begun to be taken over for the participation of the community health committees at the municipal level, the work tables, the articulation of the Committees with the Community Action Boards. It is therefore necessary to make visible the strengthening of the social fabric around a conception of health as a human right that must be preserved and strengthened in the community.

Of course, a greater rapprochement and commitment of the mayoralties and other local and departmental authorities is required, whose commitment translates into political bets and more far-reaching strategic actions, which can take the results achieved so far and potentiate them.

Maintaining the line of organizational strengthening of the Health Committees and local support networks is essential in terms of sustainability of the action, because as many people in the territories mention, to the extent that they are strong organizations and have trained people, there are greater possibilities of interlocutor with local authorities and health entities. This is so that it can lead to the recognition of community health agents and thus give continuity to the done work so far.

Politically, the current government is more open to giving priority to the goals established in terms of community health contained in the Peace Agreement, and other planning instruments such as the PDET, the RIAS and the Local Health Plans. This must translate into an available budget for improving the quality of primary health services and the recognition of community agents for health promotion and prevention. Likewise, it must be translated into an available budget that guarantees the contractual continuity of reinstated personnel who have been certified in health through the FCP project, or in other technical skills through other projects developed in these territories.

Financially, many of the actions that have implied a significant investment of resources in the provision and reinforcement of infrastructures, the approval and training processes, among others, are not sustainable and will necessarily disappear once the project ends, unless the commitment of the corresponding state entities with the inclusion of some of these lines in their operating budgets is achieved, which surely could happen as of 2024, likewise it is necessary to establish which of the project lines can be resumed by the CRC through of other projects that have financing for the following period.

8. Evaluative conclusions

The Strengthening Communities for Peace project has been a source of multiple lessons for the Colombian Red Cross and its work team, as it has meant facing and responding to new challenges not only in the area of humanitarian assistance, but also in the issues of peacebuilding, without a doubt it has fostered new work processes and the development of methodologies. Likewise, it has been the setting to strengthen the relationship between the CRC and the delegation of the Norwegian Red Cross.

There are many challenges that have been a source of learning, among which the following stand out: methodologies have had to be developed to manage the high turnover of health personnel, which often makes work difficult, in terms of the challenges that are still accumulated, which are expected to be reached after several phases of implementation. It is clear that it is necessary to involve state actors who can help to have more and more specialized professionals from the implementation areas or interested in working in these areas.

On the other hand, the reactivation of the armed conflict in a good part of the work zones and the increase in events of forced displacement, which has been affecting not only the possibility of displacement of the work team and the assistance of the community to some activities; but also the tranquility and mental health of the communities and their willingness to projects with components of peace building and reconciliation are affected, to which are added the security conditions in some ETCR, which has even implied their relocation.

Likewise, the changes experienced in the political will of the national government during the entire period of action of the project regarding the implementation of the Peace Agreement has meant a notable decrease in the expected and necessary state support for the concretion of the results related to the homologation and employability in the health sector, as tools to support the reintegration of ex-combatants, which means that one of the key axes of the project reaches a level of development guaranteed by the project's action and remains stuck before the hiring barrier that in this phase, it must be in charge of the health entities.

Throughout the life of the project, a set of visible results have been consolidated at the level of the target populations, as well as in the local organizational dynamics around health. Proof of this is found in a village more than two hours away from the urban area, women and men part of the Health Committee, committed to dealing with the local hospital to obtain priority medical attention for the most vulnerable members of their community. , solidarity and exercise of rights unthinkable five years ago in territories hit by war and community relations fragmented by threats from armed groups. Without a doubt, the project has been an invaluable support for first-level health entities that must attend to needs that always exceed the available resources. During the evaluation visits, we found professionals grateful for the project and willing to continue in their work, ready to be summoned by the Colombian Red Cross, an organization in which they find support and recognize an ally for their work.

At the current time of the project, it is a priority to work on the exit strategy, for which it is essential to identify the key actors of the local, departmental and national government, strategic in the delivery phase of the accumulated project, so that they can be strengthened in the framework of the plans and programs articulated around health in rural areas and the implementation of the PDETs and other instruments that concretize what was agreed at the peace negotiation table, and the others that come within the framework of the new negotiation scenarios . Following the same logic, it is imperative to strengthen the dialogue and articulation between ESE and Community Health Committees, as community referents and first responders, for which the intermediation of the regional teams will be central. You can also convene a space for meeting and dialogue between the councils, JAC, corresponding institutions of the municipalities and the CRC to coordinate actions and projections that support the sustainability of the processes that were developed during the implementation of the project, where they are assumed the responsibilities of each sector from its field of action.

It is necessary for the Colombian Red Cross to design a clear and robust exit strategy from all the intervention territories, in such a way that action without harm is guaranteed, as required by the rules of cooperation in general and that of humanitarian aid. especially. Likewise, the Red Cross must take advantage of its extensive network of branches throughout the national territory to be vigilant for possible signs of deterioration of the achievements obtained by the project.
Understanding that the Red Cross will not remain in the territory, emphasis is placed on the need to leave sufficient knowledge, mainly in terms of enforceability mechanisms and the legal health framework, for access to essential health services. For which it is important to close the training processes on these issues and on others that have already been worked on and that the communities continue to request, such as the issue of first aid for which they request updating

and, if possible, certification for the people of the Health Committees, for which they additionally request more printed materials that facilitate replication activities.

Finally, and as already mentioned, it is important to include in the work plan for the last semester of work the activities that lead to the systematization of the project, taking into account the initial diagnosis, progress, scope, barriers, and challenges. As well as including the design of dissemination materials, said systematization so that the results, scope and projected actions are known by more people in the community in general and key actors at the municipal level, who can influence subsequent actions. at project closure.