



United Nations

**CENTRAL  
EMERGENCY  
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
BOLIVIA  
RAPID RESPONSE  
FLOODS**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Ms. Katherine Grigsby**

## REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

There were two events that brought significant inputs to the CERF implementation review: the first one was a lessons learned workshop held in 25<sup>th</sup> and 26<sup>th</sup> August 2014. It took place in El Beni with the participation of 57 people representing more than 40 humanitarian partners, municipal, departmental and national government authorities. The second event formally designated as the AAR took place on 17<sup>th</sup> December 2014 with the participation of UN implementing Agencies and their field partners in the framework of the HCT.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES  NO

This report was prepared with the active participation of the RC/HC and the HCT.

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES  NO

The dissemination of the final version of the RC/HC report will start in parallel with the submission to the CERF Secretariat

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$23 Million		
Breakdown of total response funding received by source	Source	Amount
	CERF	3,175,302
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	None
	OTHER (bilateral/multilateral)	3,243,632
	<b>TOTAL</b>	<b>6,418,934</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 09-Mar-14			
Agency	Project code	Cluster/Sector	Amount
FAO	14-RR-FAO-016	Agriculture	235,954
IOM	14-RR-IOM-023	Shelter and non-food items	899,566
UNFPA	14-RR-FPA-019	Health	135,274
WHO	14-RR-WHO-026	Health	141,326
WFP	14-RR-WFP-027	Food	869,436
WFP	14-RR-WFP-028	Coordination and Support Services Logistics	103,250
UNICEF	14-RR-CEF-055	Education	139,924
UNICEF	14-RR-CEF-056	Health-Nutrition	105,718
UNICEF	14-RR-CEF-057	Protection	146,866
UNICEF	14-RR-CEF-058	Water and sanitation	397,988
<b>TOTAL</b>			<b>3,175,302</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	2,662,641
Funds forwarded to NGOs for implementation	505,457
Funds forwarded to government partners	7,204
<b>TOTAL</b>	<b>3,175,302</b>

## HUMANITARIAN NEEDS

Prolonged heavy rains since the start of the rainy season in late October 2013 caused severe floods and landslides throughout Bolivia, particularly in lowland areas. This season's floods were considered the worst since 2008, affecting more than 67,700 families (335,000 people) in 143 municipalities<sup>1</sup>, many of which were still under water until late August. The Bolivian Civil Defence reported a total of 64 deaths and 10 people missing. In addition, 44 thousand hectares of crops were damaged just days before harvesting, seriously affecting livelihoods of rural and indigenous families.

Floods, landslides and hailstorms are common during Bolivia's rainy season (October-March), particularly during "El Niño" years. Although "El Niño" conditions have not been present this year, the rainy season in 2014 resulted in above-average rainfalls, particularly since January 2014, affecting seven out of the country's nine departments and resulting in the displacement of thousands of people and significant damages to homes, infrastructure, and livelihoods. Pre-existing vulnerabilities related to social, economic, and political factors meant that certain communities, notably those in the lowland areas and located near rivers, were more vulnerable to the effects of these events. Fortunately, although the rain followed similar trends as in 2007/2008 (in terms of extent and scope), considerably fewer people have been affected (67,700 families in 2014 compared to 100,000 in 2007 and 140,000 in 2008) due to disaster risk reduction efforts, including the construction of flood barriers encircling a number of villages.

**Table No. 1: Number of affected people**

Department	No. affected families	No. people affected
<b>Cochabamba</b>	22,431	112,155
<b>Chuquisaca</b>	12,284	61,420
<b>Beni</b>	10,701	53,505
<b>La Paz</b>	8,889	44,445
<b>Santa Cruz</b>	5,988	29,940
<b>Potosi</b>	5,042	25,210
<b>Pando</b>	1,727	8,635
<b>Oruro</b>	170	850
<b>Tarija</b>	567	2,835
<b>Total</b>	<b>67,799</b>	<b>338,995</b>

Source: VIDECI, 5 March 2014

The accumulation of rain and the overflow of rivers and landslides have had serious humanitarian consequences. Due to the topography of the country, the rainfalls affected different parts of the country at different times. Starting from mid-January, heavy rain, snowfall and hailstorms flooded highland areas of the country (La Paz, Cochabamba, Santa Cruz, Chuquisaca and Potosi). This led to elevated water levels in the rivers, which subsequently led to flooding in lowland areas (Beni, Pando) in mid-February. Although the rain started to diminish between March and April, the rainy season lasted longer than usual and extended into May and April, depending on the region. While water levels returned to normal in La Paz, Cochabamba, and Santa Cruz, large parts of the northern part of Beni remained flooded until August.

The priority humanitarian needs differed by geographical area, as outlined below:

- In Beni, the humanitarian needs were the most severe requiring a multi-sectoral approach given that large parts of the department were flooded for more than 6 months. People urgently required shelter, food, protection, and basic services, including health, water, sanitation, and education. Livelihoods support was also critical since the lowlands were predominantly inhabited by small indigenous and farming communities. Moreover, the flooding of roads impeded access to affected areas. According to VIDECI, 10,700 families (50,000 people) were affected by the floods in Beni.

<sup>1</sup> Source: Vice Ministry of Civil Defence; 5 March 2014.

- In La Paz, Cochabamba, Santa Cruz, and Pando the period of displacement was shorter because water levels started to return to normal by March. Access conditions in these departments gradually improved around March, enabling local and national authorities to provide assistance. Approximately 39,000 families (195,175 people) were affected in these four areas.
- In Chuquisaca and Potosí, the primary humanitarian need was the recovery of the agricultural sector to preserve rural livelihoods.

## II. FOCUS AREAS AND PRIORITIZATION

In February 2014, the Humanitarian Country Team (HCT) developed some preliminary assessments based on secondary sources in order to identify key response gaps and prioritize sectors, geographical areas, and urgent life-saving activities according to the humanitarian profile of the population involved. At that time, access to affected areas for more in depth evaluations was extremely difficult especially in dispersed rural communities. Subsequently, UN agencies, NGOs, and the Bolivian Red Cross carried out further assessments while implementing CERF and ECHO funded activities in Beni to complement the information and confirm the priority of sectors and geographical areas.

Assessments confirmed the severity of the humanitarian impact in Beni and the need of this department for urgent assistance as agreed among the HCT, the Ministry of Planning and VIDECI. Given the urgency of the humanitarian situation identified, life-saving assistance was provided in that region of the country by firstly supporting IDPs living in camps and informal settlements in the central part of Beni and then gradually moving on to increase support at the north of the department. In accordance with the assessments and gaps analysis, from the onset the main focus was on shelter as the principal sector of the HCT intervention, nevertheless, given the complexity and the need of a comprehensive response strategy, most of the other sectors were also considered key priorities along with shelter, especially WASH, protection, and nutrition followed by health, food, agriculture, education, and logistics.

The humanitarian profile of the population supported by CERF funded activities included the most vulnerable groups: women, children, adolescents, and youth with emphasis on rural and indigenous people given that the CERF implementation process was accompanied by a strong advocacy for a rights protection approach.

## III. CERF PROCESS

A complex series of consultations involving the HCT, UNCT and the government were carried out prior to the submission of the CERF request. In parallel with this process some UN Agencies were gradually moving to the field starting operations supported by the Emergency Cash Grant mobilized by the RC. Additionally, ECHO partners were also preparing a small-scale operation in some areas of Beni and La Paz. UNETT coordinated with those initiatives and proposed actions that took those initiatives into account.

The main coordination and consultation process is described below:

- **February 05.** Coordination and expression of willingness to complement the government emergency response
- **February 07.** The UN System's internal analysis of the situation and definition of possible support to complement governmental response capacities.
- **February 13.** Analysis of the UN System response and funding mobilization after the government welcomed and accepted international support
- **February 14.** Development of a technical recommendation to the UNDMT regarding response strategy; evaluation of prospective funding requests to complement undergoing response and definition of a timetable and workflow.
- **February 15.** Outline of proposal for an integral camp management strategy to be implemented between the UN, CAHB, and Bolivian Red Cross. Definition and articulation of a joint proposal to request CERF funds.
- **February 21.** Definition of a workflow and agenda to draft and present CERF proposals
- **February 27.** Presentation of funding possibilities for rapid emergency response and request. Agencies acquiesce to continue with the development of CERF Projects proposals.
- **February 27 to March 09** Development of project proposals. Consultation process with the CERF Programme Unit and adjustment of projects.

The prioritization process for each cluster/sector is described below:

**Shelter:** Members of the Shelter Working Group (led by VIDECI) prioritized urgent sectoral actions and geographical areas, mostly in the department of Beni, where needs for shelter were most acute. They agreed on the need to develop an integral multi-sectoral response to ensure adequate access to services and protection for IDPs living in camps and informal settlements. In addition, they suggested suitable areas for the establishment of camps.

**Health:** PAHO/WHO met with the Ministry of Health and agreed on priority interventions needed to help address the gaps in the response of the Ministry of Health and the Departmental Health Services as well as other authorities at the municipal level and national and departmental disaster, epidemiology, and environmental health authorities in Beni. The sector coordinated with other partners on WASH, health, and nutrition issues.

**Food:** Out of the total 67,700 flood-affected families, VIDECI prioritized food assistance to 35,000 families for three months. Based on this analysis, the Food Security and Nutrition (FFSN) sector group – led by the Ministry of Rural Development and Land and the VIDECI - established a total food gap of approximately 2,500 MT for 3 months. The gap was calculated based on a total need of 5,300 MT and the estimated contribution of the government (VIDECI and the Departmental governments of Beni, La Paz, Cochabamba, and Santa Cruz) of 2,800 MT of food for the next 3 months. The FFSN sector group agreed to request CERF to cover part of the gap. The response strategy of the FFSN sector was closely related to other sectors such as agriculture, nutrition, and WASH.

**WASH:** Within the WASH sector, a constant dialogue with the Ministry of Environment and Water and NGOs present in the field enabled evidence-based decision making in the geographical areas of intervention, identification of key partners for implementation, and prioritization of the most important WASH response activities. The WASH sector contingency plan, which includes a complete WASH response plan for the specific scenario of floods in the Beni department, facilitated the geographical prioritization process and formulation of the response strategy and plan.

**Education:** The education sector, led by the Ministry of Education and co-led by UNICEF in consultation with the Departmental Directions of Education and Civil Defense at the local level, carried out assessments to enable the prioritization of response activities. Several sectors were involved in inter-sectoral coordination, including the shelter sector to enable children to return to classes, and the Protection Sector to provide children with access to psychosocial support.

**Nutrition:** The Nutrition Sector project was prepared based on consultations with and information from the Ministry of Health, particularly the Nutrition Unit of the Health Promotion Direction. UNICEF was also in constant dialogue with the Consortium of NGOs and others NGOs functioning in Beni in order to complement ongoing interventions and to assess the urgent needs in the field.

**Protection:** Protection activities were coordinated with the protection and shelter sectors, INGOs and other agencies of cooperation, such as UNFPA and IOM.

**Agriculture:** Livelihood activities were closely coordinated with SENASAG, which acted as an operational planner of health campaigns and provided technical recommendations regarding the use of veterinary products. FAO also previously coordinated with: the Federation of Livestock Breeders of Beni (FEGABENI); Regional Associations of Livestock, government, municipality and other projects implemented simultaneously in the area (such as the FAO/ TCP and the early intervention project implemented by ECG funds). CERF intervention was developed in a collaborative and participatory manner under the direction of MDRyT and FAO.

#### IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 339,000				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Agriculture	5,664	6,245	11,909
	Shelter and non-food items	8,509	7,991	16,500
	Health	39,500	18,500	58,000
	Food	8,764	8,736	17,500
	Coordination and Support Services Logistics	None	None	None
	Education	2620	2610	5230
	Health-Nutrition	7,506	4,539	12,045
	Protection	2,350	2,343	4,693
	Water and sanitation	9,004	9,004	18,008

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	9,500	30,000
Male	8,820	10,000
Total individuals (female and male)	18,320	40,000
Of total, children <u>under</u> age 5	4,250	8,075

#### **BENEFICIARY ESTIMATION**

As in previous CERF processes, the beneficiary estimation required two steps: a) accountability and monitoring within each sector and b) intersectorial analysis to obtain the aggregated figures. Regarding the sectorial estimation, each agency applied a different methodology to ensure a precise result. For the WASH, education, and protection projects, continuous monitoring and reporting by the implementing partners enabled a rigorous analysis of attended communities and beneficiaries in each municipality. The beneficiaries of nutritional supplies were harder to estimate as supplies were administered according to individual needs in each municipality

In this context, the CERF managed to serve 2,802 families, 16.75% over the number projected (2,400 families). 6.7% more animals served on the provisions of the project (180,000 head), the dissemination of zoonotic diseases was controlled, and due to the project intervention cattle deaths were reduced with a worth of \$us 25.747.852,4.

The health/protection project (Sexual and Reproductive Health/prevention and protection against Gender Based Violence) implemented by UNFPA was able to assist more than 40,000 men and women, including girls, boys and adolescents (male and female), with the provision of kits, medicines, and medical supplies to cover the needs of affected people as well as technical assistance and training to strengthen capacities of service providers and local authorities. As this is the largest beneficiary estimation, the total of 40,000 direct beneficiaries was used to estimate the overall direct beneficiaries reached. Similarly, the nutrition sector, covering a total of 8,075 children, was considered to determine the overall number of children reached<sup>2</sup>.

## **CERF RESULTS**

Government counterparts as well as the HCT consider CERF results highly significant. CERF funded activities played a crucial role in jumpstarting humanitarian operations with a comprehensive and rights based approach. As mentioned in the next section, not only did the CERF project meet the initial quantitative expectations, it also added value to the humanitarian response alleviating humanitarian gaps in a coordinated and comprehensive manner.

It is important to note that during these particular flooding episodes when it was particularly difficult to leverage funds for a wider humanitarian response due to factors beyond the control of HCT, CERF interventions turned out to be the only available relief provided by the international community for some sectors in certain geographic areas. The strong emphasis on the need of integral support made it mandatory to enhance multicluster communication and coordination mechanisms. The Resident Coordinator Office and OCHA promoted and facilitated such mechanisms in the field as well as in the capital.

Each sector successfully secured the outcomes of each project, including an outstanding performance of the shelter sector, which was able to promote a multicluster approach with high humanitarian standards, installing and coordinating model camps in the cities of Trinidad, Guayaramerín, and Riberalta. This has been acknowledged repeatedly by the government and implementing partners, as well as by OCHA and ROLAC on monitoring visits.

Thanks to CERF funds, children received support to continue school and Municipal Children and Adolescents Defence Offices were strengthened to cope with increasingly urgent responsibilities. More than 1,000 youth leaders and teachers were trained in the application of leisure methodologies. For the first time in the country's history, child friendly spaces (shelters) were installed according to international standards.

Protection measures were taken to prevent gender based violence in risk areas improving security measures in shelters and increased capacities to provide primary care and orientation and immediate referral to municipal protection services. Local protection workers received information on sexual and reproductive health and sexual and reproductive rights.

The nutrition project prevented the deterioration of the nutritional status of children and pregnant women, significantly reducing the impact of the crisis among affected children. Additionally, health personnel are now more capable to respond to emergencies and to protect the nutritional and health status of children during the next rainy season and in this way CERF actions indirectly favoured short-term resilience building. 8,075 children under the age of 5 received nutritional attention and were monitored through the surveillance system. 942 lactating women received breastfeeding assistance during the emergency.

The WASH project focused on 9 camps or shelters in 4 municipalities. The project attended directly to 622 families of 2,629 men and women. 102 rural communities and five neighbourhoods identified in the 6 municipalities were prioritized. In these communities the project attended directly to 2,723 families, 11,535 women and men, and 2,827 children. The families in the camps and in the communities had access to safe drinking water and sanitation facilities. The project also provided laundry facilities and hand washing stations.

Following food security assessments, the food cluster prioritized the assistance of 3,500 families (17,500 persons) of Beni in the 9 most affected municipalities for a period of 45 days. WFP supported the remaining families in the other departments and increased the assistance on average to 60 days with own funds. Beneficiaries were mainly indigenous households of the rural areas, depending on staple crops such as rice, maize, banana and cassava. People living in camps and shelters were also supported by the project.

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<sup>2</sup> We have changed the word project instead of sector, because the maximum number of beneficiaries corresponds to the project of "Sexual and Reproductive Health/prevention and protection against Gender Based Violence"



In the case of rural communities, the agriculture and food projects aimed to bring relief to rural subsistence farmers and indigenous households living mostly along the rivers, by covering immediate food needs in rural areas. It provided life-saving and preventive assistance to 3,500 families (17,500 people) through general food distribution (GFD). Overall GFD beneficiaries received a ration to cover 45 days during a 3-month period. To assure an effective response, food assistance was part of an integral intervention with the WASH, health, shelter, and agricultural sectors, all of them implemented by governmental, UN, and NGO partners. Food was provided by road, river, and air in coordination with the government.

In the case of agriculture, results were achieved with the active participation of national bodies such as the MDRyT, SENASAG, and breeders' associations in the different municipalities. The project also created synergies with other projects, such as the case of the project executed by SENASAG with funds of SGC and TCP "Agricultural shares for immediate relief and rehabilitation to populations affected by floods seven priority municipalities of Beni and La Paz", implemented with FAO funds.

CERF funded activities reduced negative health impacts, particularly in the municipalities of Trinidad, San Ignacio, Riberalta, Guayaramerín, Santa Ana, and Loreto, benefiting 18,000 people, including some 1,800 children below the age of 5. This was achieved through: (i) the provision of medicine and basic health supplies in health facilities and shelters; (ii) the provision of water treatment solutions, disinfection material and water quality surveillance; (iii) strengthening child nutritional in shelters through the procurement of supplementary food (60,000 bags of Chispitas nutricionales or Microencapsulate ferrous fumarate to attend 1000 2-years old children per 2 months and 6,000 bags of Nutribebé to attend 1,500 2-years old children per 2 months of 2 years old); (iv) sanitary training, promoting health and mental health tools. (vi) the provision of Sexual and Reproductive Health kits to health care units and the strengthening of their capacities to provide adequate and timely care to pregnant women (pre and post natal checks and care delivery), women with obstetric and maternal complications and treatment of STI's among women and men in shelter and prioritized affected areas.

## **CERF's ADDED VALUE**

### **a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?**

YES  PARTIALLY  NO

Yes, partially. Even though the decision making process of requesting CERF funds and formulating projects remains too slow, especially in the case of slow-onset flooding, once the application and approval process was completed, CERF funds led to a fast delivery of assistance to beneficiaries. In some cases security and logistical limitations also hindered a faster response.

### **b) Did CERF funds help respond to time critical needs<sup>3</sup>?**

YES  PARTIALLY  NO

Yes, CERF funds were used to carry on essential, rapid, and time-limited actions to minimize additional losses and damages and to restore minimal human security conditions.

As expected during the planning process, all prioritized sectors were crucial for delivering timely critical assistance.

In the case of Shelter and most of the prioritized sectors, the combination of the use of ECG disbursed prior to the CERF disbursement proved useful.

The fast delivery within the agriculture sector was similarly crucial in order to be prepared for the sowing season. A delay in the support for the agriculture sector would have seriously undermined food security in the affected region.

### **c) Did CERF funds help improve resource mobilization from other sources?**

YES  PARTIALLY  NO

- WHO emergency activities were followed and complemented by a project in the health sector carried out with financial support from ECHO.
- WFP directed own resources for emergency response, given that CERF was already approved.
- UNICEF also mobilized additional resources from COSUDE and the private sector to match the CERF intervention.

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<sup>3</sup> Time-critical response refers to necessary, rapid, and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  PARTIALLY  NO

Since CERF was planned, drafted, and executed in an integral and coordinated way, it improved the relationship to other humanitarian agencies and the understanding of the work they do in emergencies. It also permitted better coordination with the government counterparts and humanitarian NGOs. CERF enabled a closer collaboration and coordination at inter-cluster level and with government sectors at central, departmental, and municipal levels. This coordinated work allowed CERF to assist the population in need, and in this regard CERF promoted partnership between UN and non-UN humanitarian actors, ensuring that all humanitarian actors adhered to the rights of the affected people. Coordination mechanisms were fostered by the RCO with the support of OCHA

Regular coordination meetings were held at field level to guarantee the response operation; this required a lot of intra and inter-agency coordination, as well as coordination with government sectors to avoid duplication of activities.

**e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response**

CERF actions enabled further reflections around the need to formalize the terms of reference of the HCT.

The CERF monitoring process was very useful to identify important security and operational constrains that UN Agencies and implementing partners need to solve for future emergencies.

## V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-	Responsible entity
<p>The consecutive rainfall deficits registered in Bolivia during the last five years are key evidence for considering that each particular drought episode is usually part of a larger continuum or cycle in which damage and negative effects occur repeatedly and accumulatively impact human security conditions over the years, perpetrating poverty conditions with increasing humanitarian needs.</p> <p>Due to the close connection between drought-related humanitarian crises and poverty conditions, and given that fighting against poverty is considered a development concern, most of the traditional emergency donors are reluctant to finance short or medium-term response actions even though the needs are indeed urgent. This usually leaves CERF Funds as the only option to support communities, especially in countries where an appeal for different reasons is not an option.</p> <p>While DRR and development actions take place and have an impact in vulnerable communities, the relief of essential humanitarian needs continue to be as relevant and urgent as in rapid onset disasters. On the other hand, even though pertinent and efficient humanitarian response measures are frequently demanded, it is important to consider that recurrent humanitarian operations can also generate a harmful dependence on international aid. Therefore, under the “Do No Harm” (DNH) approach, the humanitarian community is called to bring relief through lifesaving activities as well as to innovate non-structural but durable solutions that reduce the possibility of new humanitarian interventions shortly after the CERF projects finish. This is frequently very hard to achieve within the rapid response and the lifesaving criteria, as these are currently stated in the CERF mechanism.</p>	<p>Drought-related humanitarian crises and also some slow-onset recurrent floods do not fit exactly into the rapid response or protracted crisis windows. A third window as a specific option for recurrent slow-onset emergencies could have a greater impact. It should have a precise balance in both preserving the lifesaving criteria and allowing for the incorporation of some basic or essential resilience building measures, such as capacity building actions, innovative ways to restore food security while restoring basic local economic conditions, etc. Slight changes in the current planning and request and implementation process of CERF funds could promote a significant change in the pertinence of the CERF Process.</p>	<p>CERF secretariat with the support of OCHA, ROLAC, could start reflecting on a third Window for recurrent medium scale disasters. The Latin American Region (in particular, Guatemala, Honduras, Paraguay, and Bolivia) has interesting examples illustrating the importance of exploring new funding mechanisms for such emergencies.</p>
<p>The broad time frame of drought and flooding emergencies in Bolivia has become an important challenge in terms of coordination and information management for emergency governmental authorities as well as for the humanitarian community.</p> <p>Additionally, the scale and diversity of the territories involved make it almost impossible to carry out rapid and efficient assessments able to fill the information gaps at the right moment for the planning process. A rapid assessment at the beginning of the crisis would hardly result in categorical statements that could guide a detailed planning process as required by the current rapid response window.</p> <p>As previously mentioned, during the past events, and particularly in the case of the drought emergency of 2013, it has proved very difficult to establish a threshold for when international assistance, using CERF Rapid response, could add value to governmental response, and how it should be used. The difficulties in establishing such a threshold were</p>	<p>Humanitarian impact and information flow in new slow-onset emergencies differ from the traditional procedures that can be applied to gather evidence and design a pertinent six month response project. This kind of crises would be better understood and alleviated with a multi-stepped CERF process. A first disbursement could allow to jumpstart urgent humanitarian evident needs while assessing the progress of the event for further actions. OCHA ROLAC should conduct a regional reflection around the Humanitarian Program Cycle implications in the light of new slow-onset recurrent emergencies would be very useful and pertinent to Bolivia and similar countries.</p>	<p>CERF Secretariat/ OCHA</p>

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-	Responsible entity
<p>caused by the deterioration of human security, the uncertainty and slow pace of governmental response, and the deteriorating humanitarian consequences. The HCT had to wait until more signs of deterioration and the need for international assistance were manifest.</p> <p>Once some evidence of the presence of important humanitarian impact was gathered, the HCT could finally advocate for humanitarian assistance and it took a long time before the government accepted to proceed with the CERF request.</p>		
<p>The CERF Request template has become increasingly complex compared to the first years of CERF implementation. The HCT recognized that such level of detail in the information is important, however some innovative software tools could enhance the process both at the country level and in the CERF Secretariat. This is also valid for the reporting process.</p>	<p>Given the complexity of the drafting process and considering that there is a fluent exchange of information and several people contributing with inputs to each project at the country level, a CERF drafting platform could be created. This platform could automatically control contradictions between figures in separate sectors and also limit the length of the text provided by each cluster lead.</p>	<p>CERF Secretariat</p>
<p>Requirement and approval criteria to access CERF funds seem to be increasingly demanding, with requests for information that is not always readily available in the midst of an emergency. This situation sometimes delays the rapidity of disbursement of funds, which limits the ability to respond immediately and provide the life-saving assistance needed. This is even more acute when agencies do not have their own resources to respond immediately to an emergency or disaster.</p>	<p>Despite these difficulties, CERF funds remain strategic and crucial resources to respond swiftly to emergencies. As truly life-saving activities are the ones implemented within the first 48-72 hours of an emergency, it is suggested that the concept is reviewed and expanded to include activities that are not always considered life-saving but which indirectly "save lives" by preventing mortality and reducing risks.</p>	<p>CERF Secretariat</p>
<p>There should be an official monitoring methodology promoted by CERF and agreed on by the UN Agencies.</p>	<p>FAO has a monitoring and evaluation methodology/mechanism (SMEP) which could serve as basis for developing a specific monitoring system for CERF</p>	<p>OCHA</p>

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible</b>
Response standards varied significantly depending on whether shelters were supported by UN agencies and NGOs in cooperation with municipalities and government or depended solely on the government and its departments (SEDES, SEDEGES, etc.).	A simple and practical tool of accountability to assess quality of response actions, based on Sphere standards should be available for local authorities and civil society leaders.	United Nations System - HCT and Civil Defence Vice-Ministry
The correct selection criteria established in coordination with the government for municipalities, communities, and families has allowed better identification of beneficiaries from the municipalities, communities, and families.	Establishing selection criteria should be a key action during the project implementation. It should be led by VIDECI as the main actor in planning emergency assistance and rehabilitation in Bolivia.	VIDECI - OCHA
Interagency coordination between UN agencies, NGOs, and government at all three levels was a key to assist in a timely manner, increasing impact, geographical coverage, and number of beneficiaries.	This coordination should continue through meetings convened by the central government and should not only pertain to the development and implementation of the project, but also the operational closure of CERF.	HCT - VIDECI
Interagency coordination has been affected by the political situation, impacting the partnership between municipalities as well as with SENASAG, delaying or disturbing coordination.	There must be different ways to carry out the coordination with the government actors in order to avoid delays.	VIDECI
Participatory development of the project has allowed for precise identification of needs, gaps, and areas of coverage in a coordinated manner in order to avoid duplication of functions and resources.	Coordination should be improved between different government institutions and ministries in order to ensure a shared vision of the intervention, since different visions often cause problems at the time of intervention.	All actors
It is important to coordinate the implementation of emergency resources, thus optimizing use and efficiency. The government and humanitarian actors should not leave the area after the emergency but should stay during the recovery plan, adding to the plans and strategies laid out by the government.	Once the emergency is unfolding, coordination must continue with appropriate frequency in the recovery phase.	All actors
The cluster approach is a proper coordination mechanism and offers space for discussion and information sharing between government sectors and humanitarian actors.	There is a need to maintain a good level of cluster representation at the national and field levels to reinforce the response capacities of national and local authorities and attain a more coherent international response capacity	Government sectors, cluster leaders, and Cluster Members
There is a need to improve the national information management system to manage the response operations more effectively.	Support the government to reinforce the Information Management System (use of tools /analyse and process data and produce good quality information). Support the decentralized authorities to raise the capacity for providing timely information/estimations from the field (rapid need assesment)	Government and humanitarian partners
HCT needs to continue advocating for the application of humanitarian principles especially when different	The UN System need to enhance its mediation	VIDECI and SNU

government levels do not have a political agreement.	role to bring the involved parties closer together.	
It is recommended for all camps/shelters that tankers that are contracted by the municipality and other institutions and used as source and supply point for drinking water, as well as treatment plants procured from water cooperatives, are undergoing treatment and chlorination of water.	Establish standards and protocols from COEs and municipal government to transfer water for human consumption with tankers.	Municipality and government
While there is a significant amount of supplies and response actions, it is important to review their pertinence in terms of their immediate impact on cultural, linguistic and social issues.	Provide relevant and timely supplies appropriate to the immediate needs of children.	UNICEF
There is not an information system specifically prepared to estimate the impact of a given population in emergencies which impedes effectiveness and timely planning.	Necessary to develop a tool for estimating the population affected or displaced, based on different emergency scenarios and secondary information across the country (population census information, existing surveys, levels of vulnerability at the municipal level, access to/coverage by services (e.i. water and sanitation), etc.)	UNICEF
(There is a need to) strengthen the capacity of municipalities and the provincial levels to provide nutrition facts that can support decision making during emergency responses.	Improve the capacity of health systems at municipal and departmental levels to collect information on nutritional status, food availability, nutrition care services, etc.	UNICEF
Due to CERF process, it was necessary to approve all the CERF proposals together why some projects start later than others.	A possibility for future CERF funds may be to find a different mechanism so all projects related to the same emergency can start simultaneously.	UNICEF

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	FAO	5. CERF grant period:	[31.3.2014 – 30.06.2014]
2. CERF project code:	14-RR-FAO-016	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project title:	REHABILITATION AND URGENT SANITARY TREATMENT OF LIVESTOCK IN HIGH RISK, AFFECTED BY FLOODS IN BENI		
7. Funding	a. Total project budget:	US\$ 2,900,000	d. CERF funds forwarded to implementing partners <sup>4</sup> :
	b. Total funding received for the project:	US\$ 451,454	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 235,954	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	4, 320	5, 664	The work received extra attention and coverage due to the fact that the activities were implemented with support from SENASAG (National Health Service and food safety), municipalities, and other projects. Those other projects were executed by SENASAG with funds from SCG (Small Cash Grant from the Resident Coordinator of UN), and a TCP FAO project was executed with own funds.
b. Male	6, 480	6, 245	
c. Total individuals (female + male):	10, 800	11, 909	
d. Of total, children <u>under</u> age 5	1, 156	2, 102	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>Reduce the imminent mortality of thousands of animals owned by small-scale livestock owners in flooded areas in order to preserve the main source of livelihoods for those families and maintain their food security and employment.</li> <li>Prevent flood-related animal diseases involving transmission of zoonosis events from animals to humans.</li> <li>Restoration and protection of food availability and livelihoods of those affected.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>✓ 2,400 vulnerable families are identified and receive sanity services for their cattle</li> <li>✓ 180,000 animals will receive veterinarian assistance through the vaccinations and distribution of veterinarian supplies</li> <li>✓ 70 %of the treated animals will receive injected hydrolysed vitamins and solid mineral salts</li> <li>✓ 70% of identified sites with infection will receive controlling measures in a timely manner</li> <li>✓ 50% decrease in the incidences of zoonotic diseases, clostridiosis, and rabies (the latter will be handled through coordination with PAHO)</li> </ul>			

<sup>4</sup> In the final approved CERF project proposal there was an amount of \$25,000 budgeted for subgrants. However, according to FAO there were no funds forwarded by FAO

✓ The economic losses related to livestock fatalities avoided or significantly reduced.

#### 11. Actual outcomes achieved with CERF funds

1) 2,802 families benefited from the project, representing 16.7% more than the initially proposed outcome of 2,400 families. These families belong to 519 communities and particular farms in the municipalities of San Borja, Loreto, Santa Ana, Reyes, and in the department of Beni.

2) Early attention to livestock at risk through the supply of minerals, vitamins, de-worming, and vaccines has benefited 192,177 heads of cattle, all affected by the floods caused by the overflowing of the rivers Beni and Mamore. Those animals belong to 2,802 families of small farmers whose main livelihood is breeding and livestock meat production. The attended heads represent 6.7% more than originally expected.

3) The project provided hydrolysed vitamins (Olivitasan and Ivermec) and solid mineral salts for 191,047 cattle heads, which represents 99.4% of the animals served by the project (192,177 heads). This means that the project reached 39.4% more cattle than planned, since initial planning suggested that 70% of all animals should be attended.

4) The assessment developed by the project in the cities of Santa Ana, Loreto, San Borja, and Reyes preoperatively identified 715 sites at risk of spread of infectious and zoonotic diseases. Of these, the project attended 519 affected sites, representing 72.5% of the sites identified as being at risk. This result is 2.5% above the goal proposed by the project (70%).

5) In order to reduce the incidence of zoonotic diseases like Clostridiosis and Rabia, the immunization was developed in coordination with the SENASAG, the Federation of Livestock Breeders of Beni (FEGABENI), Livestock Associations at the regional level, and municipalities. Along with other interventions such as the ECG of UN and the FAO/TCP project, 103,347 heads of cattle were attended. This represents 53% of the total livestock was attended by the project, 3% more than the initial target of the project.

6) An economic analysis of this intervention has determined that the value of cattle at risk from the effects of flooding amounted to \$us. 85.927.4717, equivalent to \$us 30,666 for each family (2,802 families). This intervention, through rehabilitation and timely attention has prevented the loss of \$us. 25.747.852 avoiding the loss of weight of the animals, differentiated them by their physiological status and body condition (calves, heifers, young bulls, cows and bulls), which means having prevented the loss of \$us. 9.189 per family.

#### Summary of the results achieved by the CERF project:

- **2 400 vulnerable families are identified and received sanity services for their cattle**

The project has been implemented with the national authorities of MDRyT, SENASAG, municipal governments, the Federation of Livestock Breeders of Beni and its regional associations. The FAO /TCP project "Emergency assistance for immediate and early rehabilitation through agricultural actions to relieve affected populations against flood in seven municipalities of Beni and La Paz" and some funds from the ECG/UN also contributed to the achievements. This allowed joining efforts to expand health care coverage to the victims.

Communities and families were selected considering criteria agreed upon with the national government (SENASAG), municipalities and Regional Cattlemen's Associations of Beni. The selection criteria of the municipalities were:

- Communities who have reported damage of livestock to any government office.
- Index of vulnerability in the affected municipalities.
- Animal husbandry at risk at medium and small livestock producers.
- State of Food Insecurity

The criteria for selection of beneficiary families were:

- Small farmers, peasants, and indigenous whose cattle have been affected by the 2014 floods.
- Breeders with less than 500 heads of cattle
  - Indigenous or peasant families who have communally owned livestock (priority).
- People who own small ruminants or smaller species and received assistance with emergency cures and veterinary treatment.



### Benefited Families for Municipality

Municipalities	Loreto	Reyes	San Borja	Santa Ana	Total
Number of families	568	335	783	1116	2802
Attended sites by each municipality	118	14	136	251	519

**Source:** FAO – SMEP, 2014 Project OSRO.BOL.401.CHA

The project served 2802 families (16.7% more than expected in the project)

- **180 000 animals will receive veterinarian assistance through the implementation of vaccinations and distribution of veterinarian supplies**

The project developed a work plan in coordination with SENASAG considering the following aspects:

- Timeline intervention led by SENASAG
- Implementation of the project was implemented through SENASAG, FAO, and veterinary technicians of each of the municipalities
- Cold chains were established in each of the municipalities to be served.

The intervention of the project allowed the rehabilitation of 192,177 head of cattle through the delivery of mineral salts with 5% phosphorus, 10% calcium and trace elements such as iodine (25-35 ppm), iron (60 ppm) and other trace elements, and vaccines against Clostridia and Rabies. These vaccines were applied considering the endemic areas. Attention has been 6.7% higher than the requirements of the project.

#### Number of animals attended for during the project, by municipality

Municipality	Families	Heads of Animals	Heads of Animals /family
Loreto	568	49.910,00	88
Reyes	335	7.024,00	21
San Borja	783	38.414,00	49
Santa Ana	1116	96.829,00	87
Sub Total	<b>2802</b>	<b>192.177,00</b>	<b>69</b>

**Source:** FAO – SMEP, 2014 Project OSRO.BOL.401.CHA

The 192,177 cattle that were treated belong to 2,082 families, resulting in an average of 69 heads of cattle per family.

The application of vaccines has reduced the risk of activation of Cabies and clostridia which may have caused the death of livestock that was in poor health due to lack of food, water pollution, and other adverse factors. The application of Olivitasan (Multivitamin), Sulfatrop (Anti diarrhea), and Ivermic (Vitamin and de-worming) has allowed for rehabilitation and de-worming of the livestock.

Project support allowed to protect and restore the livelihoods of smallholders and the livestock under community property system among indigenous and peasant communities.

- **70 per cent of the treated animals received injected hydrolysed vitamins and solid mineral salts**

The project served 191,047 heads of cattle with the distribution of 60 tons of mineral salts, besides providing Olivitasan and Ivermic, thereby reaching 29.4% more heads of cattle than originally planned in the project.

#### Treated animals with mineral salts and de worming products

Municipality	Families	Treated animals	Animals by Family
Loreto	568	50.744,00	89
Reyes	335	3.111,00	9
San Borja	783	26.991,00	34
Santa Ana	1116	110.201,00	99
<b>Total</b>	<b>2802</b>	<b>191.047,00</b>	<b>68</b>

**Source:** FAO – SMEP, 2014 Project OSRO.BOL.401.CHA

Mineral salts were given to 766 small farmers whose livestock was at high risk of dying from weight loss (greater than 35% of their initial weight before the floods). For seven days, the cattle were fed with fodder mixed with mineral salts delivered by the MDRyT in order to improve the nutritional content of the food. This strategy could reinvigorate animals at risk, preventing their death.

The cattle treated with Salts and Ivermic Olivitasan belonged to 2,082 families of different municipalities, representing an average of 68 animals per family.

- **70% of the identified sites with infection will receive controlling measures in a timely manner**

The following table shows the sites (communities and farms) identified by the project where health control measures were implemented in a timely manner to the animals at risk of being contaminated with infectious and zoonotic diseases. After identification of the sites, care was provided in coordination with SENASAG. Sites were identified based on records of FEGABENI and requests for services from the distinct municipalities.

**Sites identified for livestock with health at risk**

Municipality	Communities and farms identified	Attended Communities and Farms	Percentage of attention (%)
Loreto	150	118	78,7
San Ana	330	251	76,1
San Borja	215	136	63,3
Reyes	20	14	70,0
<b>Total</b>	<b>715</b>	<b>519</b>	<b>72,6</b>

**Source:** FAO – SMEP, 2014 Project OSRO.BOL.401.CHA

As the above table shows, the project attended 72.6% of the identified communities and farms; a 2.6% increase compared to the initial plans of the project.

- **Decrease of 50% in the incidence of zoonotic diseases, clostridiosis, and rabies (the latter to be handled through direct coordination with PAHO)**

The project focused on responsibly preventing the spread of zoonotic diseases among cattle with high risk of contagion for humans. It proceeded quickly by organized brigades providing immediate care in order to control animal diseases such as Adenitis, Piroplasmosis, Anaplasmosis, Clostridial disease, cutaneous Abronemosis, Rabies, Cachexia, eye Infections, diarrhea, Pneumonia and Alopecia. Attention was given to the application of rabies vaccines, clostridia, antibiotics, and, in some cases, installation of small areas for insulation for presumably sick animals.

The project served 97,317 cattle, a number 50.6% higher than projected. In this case we also record the assistance provided through the OCHA/ECG funds.

The activities have prevented the transmission of disease to the inhabitants of the region, as no occurrence of transmissions has been reported during the project implementation.

- **The economic losses related to livestock fatalities avoided or significantly reduced.**

In order to gauge the economic risks posed by the flooding to small livestock farmers in the municipalities of intervention, FAO's technical team has conducted an economic assessment of the damages that were mitigated by the implementation of project activities.

The project supported the rehabilitation of 192,177 head of cattle belonging to 2802 families. The following table shows the average composition of livestock herds and type of animals that were treated:

**Average composition of the local livestock**

Physiological Stage of the animals	Percentage (%) of animals during emergency	Attended animals
Young cows (1 year old)	20	38.435
Young bulls (1 year old)	20	38.435
Cows	50	96.089
Bulls	10	19.218
<b>Total</b>	<b>100</b>	<b>192.177</b>

Source: FAO – SMEP, 2014 Project OSRO.BOL.401.CHA

The above table shows that adult cows with calves representing 50% of the herd of cattle. A total of 96,089 cows and 19,218 bulls were attended.

The following table shows the value of cattle at risk due to the effects of the flooding, representing a total value of \$us 85.927.4717, with an average value of \$us 30,666 us. per family

**Monetary Value of the Livestock at Risk**

Physiological Stage of the animals	Attended animales	Price of live cattle (Bs)	Total Loss (Bs)
Young cows (1 year old)	38.435,4	1000	38.435.400,0
Young bulls (1 year old)	38.435,4	1210	46.506.834,0
Cows	96.088,5	3840	368.979.840,0
Bulls	19.217,7	7500	144.132.750,0
Total	192.177,0	3387,5	598.054.824,0
<b>American Dollars</b>			<b>\$us. 85.927.417,2</b>

Source: FAO – SMEP, 2014 Project OSRO.BOL.401.CHA

By the following table it is possible to know that, by implementing this project, through rehabilitation and timely attention to regional livestock, the prevented actions avoided the loss of \$us 25,747,852 by reducing the chance of loss the body weight and performance of livestock, prevented a loss per household equivalent to SUS. 9,189

**Values of weight loss from treated cattle**

Livestock Type	Heads of cattle attended	Live Weight (kg)	live weight of all animals	Percentage of live weight loss in relation to total corporal mass (%)	Quantity of lost meat (kg)	Price of cattle (Bs/Kg) (alive)	Value of weight loss (Bs)
Young Cows (one year old)	38.435,4	100,0	3.843.540,0	25,0	960.885,0	10,0	9.608.850,0
Young Bulls (One year old)	38.435,4	110,0	4.227.894,0	25,0	1.056.973,5	11,0	11.626.708,5
Cows	96.088,5	320,0	30.748.320,0	35,0	10.761.912,0	12,0	129.142.944,0
Bulls	19.217,7	500,0	9.608.850,0	20,0	1.921.770,0	15,0	28.826.550,0
<b>Total</b>	<b>192.177,0</b>		<b>48.428.604,0</b>		<b>14.701.540,5</b>		<b>179.205.052,5</b>

<b>Total \$us</b>	<b>25.747.852,4</b>
<b>Source:</b> FAO – SMEP, 2014 Project OSRO.BOL.401.CHA	
As indicated by the table, the project has had a significant impact on the rehabilitation of the life systems of small farmers in the Beni.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Results 1 to 5: Upper: 1) 16.7% more families benefitting than planned, 2) 6.7% more (cattle attended?) than expected by early intervention for livestock at risk through the provision of mineral salts, vitamins, de-worming and vaccination, 3) 39.4% more cattle than expected attended with hydrolysed vitamins (Olivitasan and Ivermec) and minerals, 4) 2.5% more sites than planned identified as at risk of infectious diseases and zoonotic and 5) 3% more in the care of cattle at risk of infection and spread of zoonotic diseases. The differences stem from the close and effective coordination between the agencies SENASAG, FEGABENI, Cattlemen Associations Regionally, and municipalities, in addition to the contributions of projects with other sources of funding: ECG /UN, TCP / FAO and commitment of government counterparts to provide good management of human and financial resources, which allowed for a significant increase in the coverage of the humanitarian assistance project.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>If 'YES', what is the code (0, 1, 2a or 2b):</b> <b>If 'NO' (or if GM score is 1 or 0):</b> Gender equality was responsibly incorporated into the project; FAO has been working through a gender perspective in Trinidad, training with focus on female-headed households; also treatment of livestock managed by women was prioritized.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
FAO has its own monitoring and evaluation system called Monitoring and Evaluation Project System (SMEP), which is extremely useful for the implementation and ongoing evaluation of all activities included in this project.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	IOM	5. CERF grant period:	[20.02.2014 – 14.09.2014]
2. CERF project code:	14-RR-IOM-023	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Shelter and non-food items		<input checked="" type="checkbox"/> Concluded
4. Project title:	Providing and Improving Emergency Shelter and NFIs to displaced families		
7. Funding	a. Total project budget:	US\$ 5,300,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 899,566	▪ NGO partners and Red Cross/Crescent: US\$ 136.000 <sup>5</sup>
	c. Amount received from CERF:	US\$ 899,566	▪ Government Partners: US\$ 7,204
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	5,100	8,509	Under the emergency, the COEM department of Beni Guayaramerin jointly with IOM distributed NFIs along the Mamore River, meeting the needs of family members of communities that were not originally contemplated.
b. Male	4,900	7,991	
c. Total individuals (female + male):	10,000	16,500	
d. Of total, children <u>under</u> age 5	1,360	2,244	
9. Original project objective from approved CERF proposal			
The project aims at preserving human life providing emergency shelter and basic Non-Food items for the most vulnerable families affected by flood disasters.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>2,000 families (10.000 IDPs) affected by flood assisted with emergency shelter in suitable and equipped camps (adequate shelter, water, sanitation solutions, food supply, and school attendance) for 3 months in three new camps and in at least 10 improved camps.</li> <li>2,000 families (10,000 IDPs) were supplied with basic Non-Food items for 3 months (Hygiene kits, kitchens, and household kits).</li> <li>200 Operational officers from the national, department and municipal governments, responsible for selected camps, have received suitable equipment and were trained in Camp Coordination and Camp Management field (In total, IOM plans to train 500 officers in La Paz, Cochabamba, Pando, and Beni departments.)</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>3,300 families were assisted in the department of Beni through the implementation of camps and/or shelters, which complies with international standards.</li> <li>3,300 families were provided with non-food items (kitchen sets, shelter kits, hygiene kits, mosquito nets).</li> <li>584 government officials (officers, sub officers and Bolivian armed classes) were trained in workshops focused on assistance in</li> </ul>			

<sup>5</sup> This figure is different from the \$160,000 budgeted for subgrants to NGOs in final approved project proposal.

camps.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
No discrepancy	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b):</b>  <b>If 'NO' (or if GM score is 1 or 0):</b>  IOM, in coordination with the departmental COEM and Autonomous Municipal Government of Beni and Humanitarian partners perform input distribution for women; prevent sexual and gender-based violence which endanger the physical and mental integrity of women. Coupled with various activities, lectures address issues of reproductive health, gender-based violence prevention, and response to protect the subsistence needs of women and girls.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
There were no resources budgeted for this activity	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	[25.03.14 – 24.09.14]
2. CERF project code:	14-RR-FPA-019	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	Provide Emergency Reproductive Health Services, prevent gender based violence and respond to lifesaving needs of women, adolescents and young people		
7. Funding	a. Total project budget:	US\$ 1,668,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 135,274	▪ NGO partners and Red Cross/Crescent: US\$ 80,082.48
	c. Amount received from CERF:	US\$ 135,274	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	5,100	30,000	<p>According to initial estimations based on figures at the time of drafting the CERF proposal, around 10,000 families (50,000 persons) might have been displaced during the first trimester of 2014 in several affected municipalities.</p> <p>Because of a lack of information disaggregated by sex and age, UNFPA made a population data assumption to estimate targeted individuals for the proposal. After the commencement of the project and with the accelerated return of displaced families living in shelters to the affected areas, initial estimations changed considerably.</p> <p>As a result, UNPFA contextualized specific actions comprised in the proposal according to the needs of the affected population. In that scenario, not all actions reached the same number of adolescents and adult women as initially estimated.</p> <p>Based on information provided by UNICEF, UNFPA estimated to indirectly target 2,000 children. Yet, none of the actions included in the proposal and carried out were meant to benefit children in a direct manner.</p>
b. Male	4,900	10,000	
c. Total individuals (female + male):	10,000	40,000	
d. Of total, children <u>under</u> age 5	2,000	None	
9. Original project objective from approved CERF proposal			
<b>HEALTH</b>		<b>PROTECTION</b>	
<b>General Objective (Health)</b>		<b>General Objective (Protection)</b>	
Provide emergency supplies to strengthen sexual and reproductive health services for women, in health centres of municipalities of Trinidad, Riberalta, San Ignacio, and Santa Ana, in the Department of Beni, in shelters and		To prevent and address sexual and gender-based violence which endanger physical and mental integrity of women, adolescents, and young people in municipalities of Trinidad, Riberalta, San Ignacio, and Santa Ana, in the	

areas affected by floods.	Department of Beni.
<p><b>Specific Objectives (Health)</b></p> <ul style="list-style-type: none"> <li>• Promote the attendance of pre and post-natal controls, timely reference and institutional labors of pregnant women who live in shelter areas affected by the floods.</li> <li>• Provision of supplies in order to prevent STIs, HIV and unplanned pregnancy, including the provision of materials for cases of sexual violence.</li> <li>• Support the capacities of institutions that are responding to the emergencies to implement life-saving activities in sexual and reproductive health, sexual and reproductive rights, and gender based violence</li> </ul>	<p><b>Specific Objectives (Protection)</b></p> <ul style="list-style-type: none"> <li>• Prevent violence against women and promote reporting, attention, and timely reporting on cases of violence in the shelters, with emphasis on sexual violence.</li> <li>• Provision of supplies to prevent and attend cases of sexual violence.</li> <li>• Support the capacities of institutions that are responding to the emergencies in life-saving sexual and reproductive health, sexual and reproductive rights, gender based violence, and masculinity.</li> </ul>

10. Original expected outcomes from approved CERF proposal

**HEALTH**

Expected outcomes	Indicators
<ul style="list-style-type: none"> <li>• Maternal and neonatal deaths reduced in the population affected in the municipalities of Trinidad, Riberalta San Ignacio, Santa Ana, and in the Department of Beni</li> <li>• Obstetric and neonatal services of the four municipalities have the capacity to provide obstetric emergency, and prenatal and delivery care services.</li> <li>• Dissemination materials for pregnancy and STIs prevention targeting adolescent and young people available and distributed.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of health care units with strengthened response capacity to provide quality care and timely referral of pregnant women (pre and post-natal checks and care delivery).</li> <li>• 50 local health workers with strengthened response capacity in the use of sexual and reproductive health kits and prevention and attention to gender based violence in emergencies. These training activities will be carried out during the first month of project implementation as soon as the kits arrive to the country.</li> <li>• 100% of the health services that provide assistance in the shelters and the affected areas provided with equipment and supplies to attend labours and to offer methods of contraception and informational material.</li> <li>• Number of women, adolescents and young people receive information on sexual and reproductive health and sexual and reproductive rights.</li> <li>• 1 Clinical Delivery Assistance kit to attend labours without complications provided to health services. Each kit will serve to cover the needs of a total affected population of 10,000.</li> <li>• 1 Management of miscarriage and complications of abortion kit provided to health services. Each kit will serve to cover the needs of a total affected population of 10,000.</li> <li>• 1 Treatment of Sexually Transmitted Infections (STI) kit provided to health services. Each kit will serve to cover the needs of a total affected population of 10,000.</li> </ul> <p>The emergency kits Clinical Delivery Assistance and Management of miscarriage included in the proposal are calculated to meet the needs of 30,000 people for three months.</p> <p>The STI kit is calculated to meet the needs of 10,000 people for three months.</p>



## PROTECTION

This CERF project will be implemented in maximum 3 months and during that time indicators will be as follows:

Expected outcomes	Indicators
<ol style="list-style-type: none"> <li>1. Violence against women prevented.</li> <li>2. Affected women who are victims of violence have access to health care and counselling services.</li> <li>3. Dissemination of materials on prevention of violence against women in the targeted municipalities.</li> <li>4. Shelters implement security measures for women.</li> </ol>	<ul style="list-style-type: none"> <li>• Number of lamps installed in shelters as a protection mechanism to prevent gender based violence in risk areas.</li> <li>• 100% of the camps spread printed materials promoting sexual and reproductive health and prevention of gender based violence.</li> <li>• 1 solar torch provided to women to prevent gender based violence.</li> <li>• Number of shelters that implement minimum-security measures to prevent violence against women, including protection brigades, formed in the selected camps to promote prevention of gender-based violence.</li> <li>• Number of women, adolescents, and young people receive information on how to prevent and denounce gender-based violence.</li> <li>• 1 Rape Treatment Kit and 1 Contraceptive kit (masculine condoms) provided to health services and medical post in the shelters.</li> <li>• Number of Gender Based Violence and Women Hygiene kits distributed prioritizing mothers and pregnant and lactating women</li> </ul> <p>All the emergency kits included in the proposal are calculated to meet the needs of 10,000 people for three months.</p>

### 11. Actual outcomes achieved with CERF funds

With CERF funds UNFPA was able to achieve the following:

- Provision of 1 Clinical Delivery Assistance kit to attend labours without complications provided to health services. Each kit serves to cover the needs of a total affected population of 30,000.
- Provision of 1 Management of miscarriage and complications of abortion kit provided to health services. Each kit serves to cover the needs of a total affected population of 10,000.
- Provision of 1 Treatment of Sexually Transmitted Infections (STI) kit provided to health services, each kit serves to cover the needs of a total affected population of 10,000.
- 16 health care units (third level) with strengthened response capacity in the use of Sexual and Reproductive Health (SRH) kits and prevention and attention to Gender Based Violence (GBV) in humanitarian contexts. These health facilities served as reference for centres that provided adequate and timely care to pregnant women (pre and post natal checks and care delivery), women with obstetric and maternal complications, and treatment of STI's among women and men in shelter and prioritized affected areas in the municipalities of Trinidad, Riberalta, and Guayaramerín.
- 152 local health workers with strengthened response capacity in the use of Sexual and Reproductive Health (SRH) kits and prevention and attention to gender based violence in emergencies. Health workers were sensitized on issues related to gender equity in emergency contexts. Initial training activities reaching 52 local health workers took place in the three municipalities covered by the project between and right after the SHR kits arrived to the country.
- 100% of first level health services covering prioritized affected areas in the municipalities of Trinidad, Riberalta, and Guayaramerín received male condoms and related informational material.
- 1 nurse was deployed in each municipality (a total of three nurses) to provide primary medical attention and conduct immediate referral to municipal maternal-infant hospitals to women with pregnancy complications, childbirth, including emergency obstetric care in order to prevent maternal and neonatal deaths. In total 105 cases of pregnancy and obstetric complications were referred to and monitored at health facilities. Technical assistance was provided for the adequate approach to obstetric emergency care
- 741 women and 134 men received information on sexual and reproductive health and sexual and reproductive rights.

Protection:

With CERF funds UNFPA was able to achieve the following:

- 194 lamps installed in shelters as a protection mechanism to prevent gender based violence in risk areas.

<ul style="list-style-type: none"> <li>• Provision of 2 shelters with improved security measures, including reinforced perimeter fences, adequate locks, separation of toilettes and showers by sex, and timely retirement of empty tents.</li> <li>• 860 solar torches (solar radio with built-in flashlight and siren designed for humanitarian purposes) provided to women in rural areas in the municipality of Guayaramerín to prevent gender based violence.</li> <li>• 6 shelters implementing minimum-security measures to prevent violence against women, including protection brigades formed in the selected camps to promote prevention of GBV and SV.</li> <li>• 960 Family Gender Based Violence Prevention and Women Hygiene (GBVP&amp;WH) kits distributed. Each kit covers the needs of 2 women of childbearing age. 189 GBVP&amp;WH kits with differentiated items for pregnant and lactating women.</li> <li>• 1 protection specialist was deployed in each municipality to provide primary care and orientation and immediate referral to municipal protection services (Child and Adolescents Ombudsman or Integral Legal Municipal Services) to survivors of sexual and or Gender Based Violence (GBV). Due to the number and complexity of the cases of GBV in the municipality of Guayaramerín, 1 lawyer was appointed to follow-up on referred cases. In total 28 cases of GVB and Sexual Violence were referred to and monitored by municipal protection services, the police, and the prosecution.</li> <li>• 100% of formal camps in the municipalities of Trinidad, Riberalta, and Guayaramerín spread printed materials promoting sexual and reproductive health and prevention of gender based violence.</li> <li>• 1 Rape Treatment Kit provided to third level municipal infant-maternal hospitals in the three municipalities and 1 Contraceptive kit (masculine condoms) provided to first level health services covering shelters and prioritized affected areas.</li> <li>• 1,073 women and 227 men receive information on how to prevent and denounce gender-based violence.</li> <li>• 14 local protection workers with strengthened response capacity to address GBV and Sexual Violence in emergency contexts.</li> </ul> <p>54 military personnel (upper and middle levels) appointed by the Joint Command of the Armed Forces to provide physical security in IDP's camps and shelters were sensitized on how to relate with affected families and especially displaced women and girls so as to minimize the possibility of harassment on the part of military personnel.</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>We are considering the total of beneficiaries reached with the SRH kits:</p> <ul style="list-style-type: none"> <li>• Condom kits, Post Rape Treatment kit and Treatment of Sexually Transmitted Infections kit are provided for the estimated needs of 10,000 people for 3 months.</li> <li>• Clinical delivery assistance kit and Management of miscarriage and complications of abortion kit are provided for the estimated needs of 30,000 people for 3 months.</li> </ul>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b):</b> No</p> <p><b>If 'NO' (or if GM score is 1 or 0):</b> CERF-funded activities comprised in this project in both health and protection components, promoted gender equality by addressing specific health and protection needs of affected women, youth, and adolescents. Funds were allocated to interventions aimed at improving the access for women, adolescents and young people (both male and female) to reproductive health services and promoting the exercise of health and reproductive rights. In that regard, the project enabled inclusive and equitable access to information on family planning, STI's prevention and treatment, and reproductive rights, facilitating availability of contraceptive supplies (male condoms).</p> <p>Moreover, CERF funded activities contributed to the reduction of maternal and infant mortality by supporting availability of pre-natal, clinical delivery and obstetric supplies and ensuring timely referral of women with pregnancy and obstetric complications to suitable healthcare facilities.</p> <p>Activities on prevention and response to GBV and SV offered an opportunity to enhance gender equity by promoting individual and communal mechanisms and capacities to address and denounce violence cases, defying social values and attitudes that encourage gender-based discrimination. In addition, during project implementation, UNFPA provided training and sensitized health and protection workers on issues of gender equality and on prevention and response to Gender Based Violence (GBV) and Sexual Violence (SV) in emergency contexts. Most importantly, we were able to raise awareness among municipal and national authorities on the need to strengthen municipal protection services and on the relevance of integrating gender issues as part of humanitarian interventions.</p>	

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>UNFPA did not conduct an impact evaluation of this project. Nevertheless, a permanent monitoring mechanism was established from the onset of the project.</p> <p>Our project coordinator follows up on all activities carried out by UNFPA and our implementing partner carries out continuous field visits in order to guarantee the achievement of proposed activities and outcomes, identify any gaps to be addressed, and to recommend necessary adjustments on implementation in order to maximize the impact of our actions. Our project coordinator spends one third of the time in the field.</p> <p>There was a permanent coordination between UNFPA and municipal authorities, ensuring an adequate level of information exchange. This allowed us to work together with municipal health and protection services, emphasizing institutional capacity building, avoiding duplications, and enabling transfer of activities to local institutions and communities.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	WHO	5. CERF grant period:	[27.03.14 – 30.09.14]
2. CERF project code:	14-RR-WHO-026	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Integral Health emergency response to the floods in Bolivia		
7. Funding	a. Total project budget:	US\$ 800,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 553,076	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0
	c. Amount received from CERF:	US\$ 141,326	▪ <i>Government Partners:</i> US\$ 0

Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	9,500	9,500	The planned beneficiaries were reached through the interventions carried out. Following the monitoring of the water sources and systems, it was recommended to improve disinfection of water distribution systems. This activity indirectly benefits the entire population of the six targeted municipalities. Similarly, it will benefit individuals in shelters or camps.
b. Male	8,500	8,500	
c. Total individuals (female + male):	18,000	18,000	
d. Of total, children <u>under</u> age 5	1,800	1,800	
9. Original project objective from approved CERF proposal			
Prevent and control outbreaks of transmissible diseases through the provision of basic health care, the restoration of access to safe water and proper environmental health conditions as well as dissemination of key health and hygiene information to the affected population in priority municipalities in the department of Beni.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• Outcomes</li> <li>• Safe environmental health conditions restored.</li> <li>• Affected population has access to safe drinking water.</li> <li>• Continuity of basic healthcare services ensured in shelters and affected areas.</li> <li>• Indicators</li> <li>• Kits of essential medicines and medical supply delivered to local health-care services sufficient to treat 4,000 persons.</li> <li>• 6,000 distributed health promotion and environmental health materials and risk factors management in shelters;</li> <li>• 20 shelters/camps are monitored with EDAN instrument in Health, Environmental Health and Mental Health.</li> <li>• At least 10 interventions in targeted shelters or affected zones of psychosocial support;</li> <li>• 5000 families will be assisted with potable drinking water tablets (including in shelters/camps);</li> <li>• 15 water distribution systems are monitored and proper information systematized.</li> <li>• 60 health centres facilities benefit from small portable equipment for local production of chlorine through electrolysis to strengthen water quality for human consumption.</li> <li>• 2 municipalities benefit from portable laboratory of water quality.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<p>Indicators:</p> <ul style="list-style-type: none"> <li>• Medicines and health supplies to cover 4,000 people were distributed to health care providers to be used for the delivery of basic health services, prioritizing the needs of the rural population. This ensured the continuity of health care delivery in affected areas and to displaced individuals. No significant outbreaks were detected following the floods.</li> <li>• 4000 booklets and guidance material on environmental health and hygiene promotion were distributed and 2000 brochures on water and sanitation also provided. The disseminated information focused on the main health risk factors in shelters, good hygiene practices to adopt, How to Help each other in a shelter, and Mental Health and psychosocial attention in disaster and crisis situations. This activity is supplemented with training, explaining the contents of each document and how to use it. 800 CDs on four types of information on water and sanitation in emergencies and disasters were distributed through Beni SEDES and workshops.</li> <li>• Post-disaster needs assessment was carried out in 10 shelters housing individuals to assess health needs in particular mental and psychosocial support. These shelters housed 709 families affected by the floods, of which 661 (93.23%) were from urban areas and 48 (6.77%) of rural origin. The application of the EDAN revealed some typical characteristics and important health issues that often emerged among sheltered individuals after a disaster, including: concern over the collapse of their houses, symptoms of depression, few cases of assault, lack of prioritization of mental health/focus on food. The project did not reach the</li> </ul>			

<p>20 shelters planned due to the fact that several shelters had closed or merged with others.</p> <ul style="list-style-type: none"> <li>• Psychosocial support interventions were carried out in 10 selected camps and shelters hosting individuals who temporarily or permanently lost their homes in the floods. Trainings were conducted in the use of psychosocial tools and material such as the guidelines “How to help each other in a shelter” and mental health support in disaster and crisis situation. A Psychosocial evaluation was generated in these 10 camps and symptoms of depression and post disaster stress were detected. At the time of the interventions in shelters, people were mainly concerned about food and primary needs. Psychosocial support was evaluated with health authorities.</li> <li>• 770,000 water purification tablets in 3,500 bottles were distributed to 5,000 families located mainly in rural areas affected by the floods. PAHO/WHO procured the tablets to the departmental health authorities of Beni (SEDES), and provided logistical support to the Environmental Health Unit of the SEDES of Beni for their delivery. The distributed tablets were a component of the task managed by SEDES. They distributed liquid chlorine in 125 ml bottles. Health personnel and water technicians were trained to apply and measure chlorine contents.</li> <li>• Fifteen (15) drinking water sources in the 6 municipalities/communities targeted by the project were monitored to assess and improve water quality. Water distribution in shelters was carried out through water trucks and was stored in water tanks. Water quality monitoring showed that in most municipalities and communities, the water provided in shelters and camps was not treated or that levels of residual chlorine were too low compared to the recommended levels, which made it unsafe for human consumption. Following the monitoring of the water quality, the municipality of San Ignacio de Moxos distributed water purification tablets to compensate for the lack of chlorination of the water. Support is provided to the water cooperative of Trinidad, Loreto, and Riberalta and other municipalities to improve disinfection systems and establish automatic hyperchlorination. This project produced technical reports which were shared with SEDES authorities with recommendations about water quality interventions to assist populations in accordance with water regulations.</li> <li>• 60 units of portable equipment for the production of chlorine by electrolysis (50 to 500 mL, 9 two-liter and 90-liter unit) were purchased and procured to the Environmental Health Unit of SEDES of Beni. These items were then distributed directly by the departmental health authorities of Beni to selected health facilities in the six municipalities targeted by the project.</li> <li>• All six targeted municipalities were supported in their capacity to monitor water quality. Following consultation with the authorities of the department of Beni (SEDES), It was decided to procure additional portable equipment for laboratory diagnostics (individual units for biological and physical-chemical analysis) as well as reagents to ensure water quality monitoring in all the municipalities selected under this project. Workshops were conducted in Guayaramerín and Trinidad and about 70 people were trained in water analysis with portable equipment and in Chlorine production with small equipment by electrolysis.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
No discrepancy	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b): 1</b>  <b>If 'NO' (or if GM score is 1 or 0):</b> Differentiated gender issues can be better identified in the needs and activities that the project developed and not specifically on expected results. Gender issues were related to activities associated to nutritional aspects in young children and support to pregnant women, also in the psychosocial management handled in shelters, in which information was handled during domestic violence interviews.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Response operations are still ongoing in Beni and La Paz, with the support of ECHO funds. CERF interventions in Beni were strengthened through complementary actions in 5 of the 6 municipalities established in the CERF project and continued support to the SEDES of Beni. The overall impact of PAHO/WHO's response to the floods will be assessed at the end of the ECHO project. No evaluation was conducted on the CERF Project and the ECHO project is still in process. ECHO project has not a complete evaluation estimated.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS			
<b>CERF project information</b>			
1. Agency:	WFP	5. CERF grant period:	[1.4.2014 – 21.09.14]
2. CERF project code:	14-RR-WFP-027	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input type="checkbox"/> Concluded
4. Project title:	Food Assistance to flood affected population in Bolivia		
7. Funding	a. Total project budget:	US\$ 4,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 2,176,007	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ None
	c. Amount received from CERF:	US\$ 869,436	▪ <i>Government Partners:</i> US\$ None
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			

Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	8,740	8,764	The family ration distributed considers a family of 5 members and thus the number of assisted children under five corresponds to the national average.  Food has distributed under the modality of General Food Distribution (GFD).
b. Male	8,736	8,736	
c. Total individuals (female + male):	17,476	17,500	
d. Of total, children <u>under</u> age 5	2,625	2,625	

9. Original project objective from approved CERF proposal

Meet urgent food and nutrition needs of vulnerable people and communities caused by floods.

10. Original expected outcomes from approved CERF proposal

Result	Indicator	Target
<b>Outcome 1.</b> Stabilized or improved food consumption over assistance period for target households	1.1 Food consumption score	Target: 100% of targeted households have at least borderline consumption
	1.2 Daily average dietary diversity	Target: 100% of targeted households consume at least 3 food groups on average per day
<b>Output 1.1</b> Food, nutritional products and non-food items (such as tents, boats, mobile warehouses and canteen kits), distributed in sufficient quantity, quality and in a timely manner to targeted households	1.1 Number of beneficiaries receiving assistance as % of planned (disaggregated by activity; by food, non-food items, vouchers; and by women, men, girls, boys)	Beneficiaries: 17,500 Quantity of food: 336.5 tm
	1.2 Quantity of food assistance distributed, as % of planned distribution (disaggregated by type)	

11. Actual outcomes achieved with CERF funds

Outcome 1: To estimate the Food Consumption Score among the affected households, a study including primary data collection, determined that 80% of households have at least a borderline consumption, defined as the consumption of at least five food groups. It's important to mention that the assessment considers 14 groups of food as the perfect or balanced consumption.

Output 1.1: Number of persons assisted with CERF

#### CERF Beneficiaries

Municipalities	Number of Families	Number of Persons	Women	Men	Children under five
Guayaramerín	650	3.250	1.628	1.622	488
Riberalta	651	3.255	1.630	1.625	488
Santa Ana	686	3.430	1.718	1.712	515
San Ramón	283	1.415	709	706	212
Puerto Siles	330	1.650	826	824	248
Exaltación	384	1.920	962	958	288
Trinidad	330	1.650	826	824	248
San Joaquín	171	855	428	427	128
San Borja	15	75	38	37	11
<b>Total</b>	<b>3,500</b>	<b>17,500</b>	<b>8,764</b>	<b>8,736</b>	<b>2,625</b>

As it can be seen above, 3,500 families or 17,500 people were assisted. The disaggregation corresponds to national averages. Distribution of commodities was done under General Food Distribution in the form of family ration in the understanding that it corresponded to a life-saving situation. Neither NFIs nor vouchers were distributed.

**Commodities distributed with CERF funds**

Municipalities	Planned (MT)	Food Distributed (MT)					Total (MT)	% Exec.
		Pasta	Vegetable Oil	Canned Fish	High Energy Biscuits (HEB)			
Guayaramerín	79,30	54,99	4,50	4,56	15,25	79,30	100,0%	
Riberalta	80,63	55,08	4,50	4,56	16,49	80,63	100,0%	
Santa Ana	79,66	58,09	4,75	4,76	12,06	79,66	100,0%	
San Ramon	17,52	12,73	1,04	0,67	3,08	17,52	100,0%	
Puerto Siles	21,35	14,85	1,21	0,84	4,45	21,35	100,0%	
Exaltación	24,34	17,28	1,41	0,98	4,67	24,34	100,0%	
Trinidad	21,39	14,85	1,21	0,91	4,42	21,39	100,0%	
San Joaquin	11,08	7,70	0,63	0,44	2,31	11,08	100,0%	
San Borja	1,23	0,76	0,12	0,08	0,27	1,23	100,0%	
<b>Total</b>	<b>336,50</b>	<b>236,33</b>	<b>19,37</b>	<b>17,80</b>	<b>63,00</b>	<b>336,50</b>	<b>100,0%</b>	

100% of the planned food distributions were executed, as can be seen in the table above. The choice of commodities took into account cultural preferences as well as conditions for consumption, as most of the houses were flooded.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Fill in

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? YES  NO

If 'YES', what is the code (0, 1, 2a or 2b): Fill in

If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation

14. Evaluation: Has this project been evaluated or is an evaluation pending? EVALUATION CARRIED OUT

No resources have been planned to undertake an evaluation of the operation as such. However, as explained before, WFP did a study on the food security situation after the intervention. EVALUATION PENDING

NO EVALUATION PLANNED



**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	WFP	5. CERF grant period:	[18.02.2014 – 18.08.14]
2. CERF project code:	14-RR-WFP-028	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Coordination and Support Services Logistics		<input checked="" type="checkbox"/> Concluded
4. Project title:	Logistics Support to Bolivia Flooding		
7. Funding	a. Total project budget:	US\$ 500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 103,250	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ None
	c. Amount received from CERF:	US\$ 103,250	▪ <i>Government Partners:</i> US\$ None
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			

Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	N/A	N/A	There are no planned beneficiaries because this activity is concerned with service provision to all humanitarian actors.
b. Male	N/A	N/A	
c. Total individuals (female + male):	N/A	N/A	
d. Of total, children <u>under</u> age 5	N/A	N/A	
9. Original project objective from approved CERF proposal			
To set up a support system to ensure the humanitarian community has the ability to save lives through timely and reliable logistics service support and information. The system will allow the uninterrupted delivery of life-saving relief items permitting an integrated assistance approach.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• A coordinated, predictable, timely and efficient logistics response both at national and field level;</li> <li>• The uninterrupted delivery of life saving relief items to the affected populations, for all humanitarian actors;</li> <li>• Improved capability of the Humanitarian Community to respond and operate throughout Bolivia, due to the successful identification and resolution of the logistical gaps;</li> <li>• The Humanitarian Community is better prepared, in terms of the availability of logistics assets, infrastructure, and interoperability with the national counterparts to respond to future emergencies.</li> <li>• Specific products will include Situation reports, bulletins, maps of logistics infrastructures and road conditions, inventory of Logistics capacity (3W) and a mailing list for information sharing,</li> <li>• A Cargo tracking matrix reporting on humanitarian cargo movement will be also available.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>• A coordinated, predictable, timely and efficient logistics response both at national and field level; 5 national coordination meetings between counterparts and humanitarian actors.</li> <li>• The uninterrupted delivery of life saving relief items to the affected populations, for all humanitarian actors. Total food distributed with CERF: 336.5 MT in coordination with government counterparts.</li> <li>• Improved capability of the Humanitarian Community to respond and operate throughout Bolivia due to the successful identification and resolution of the logistical gaps; more than a dozen maps with river capacities information.</li> <li>• The Humanitarian Community is better prepared, in terms of the availability of logistics assets, infrastructure, and interoperability with the national counterparts to respond to future emergency. Logistics Cluster (Mesa Sectorial de Logística) established, 5 coordination meetings between counterparts and humanitarian actors.</li> <li>• Specific products included maps of logistics infrastructures, road &amp; river conditions/capacities and an updated Logistic Capacity Assessment (LCA) for Bolivia.</li> <li>• A Cargo tracking matrix reporting on humanitarian cargo movement was proposed to government</li> </ul>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
N/A			
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): Fill in If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation			

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No resources have been programmed to carry out an evaluation.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	[27.03.14 – 26.09.14]
2. CERF project code:	14-RR-CEF-055	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Education		<input checked="" type="checkbox"/> Concluded
4. Project title:	Restoring and providing safe educational and recreational activities for vulnerable children and adolescents affected by the floods in Beni.		
7. Funding	a. Total project budget:	US\$ 1,200,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 271,870	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 19,246 <sup>6</sup>

<sup>6</sup> With the approval of the Secretariat, we transferred less money (US\$ 19,246) to our partner than the initial proposed amount (\$29,250) as there was an urgent need to purchase 2 engines for the school fluvial transport. Each engine cost around 4,800\$.

	c. Amount received from CERF: US\$ 139,924	▪ <i>Government Partners:</i> US\$ None
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**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	2,625	2,620	At least the indicated numbers of boys and girls have been reached through different strategies of response in education; see details below in actual outcomes.
b. Male	2,625	2,610	
c. Total individuals (female + male):	5,250	5,230	
d. Of total, children <u>under</u> age 5	250	230	

9. Original project objective from approved CERF proposal

- 5,250 tsimane', movima, mojeño, and other non-indigenous children and adolescents in initial and primary education have access to and remain in school, through the implementation of two strategies: a) instalment of school tents, provision and creation of teaching materials as well as books and recreational materials in the languages Spanish, tsimane', movima, and mojeño; and b) provision of school transportation in some camps in education districts.
- 20 teachers of initial and primary education levels receive materials and are prepared for working with diverse children in emergency-settings in Beni, taking into account psychosocial recovery using appropriate materials and bilingual and intra-intercultural learning contents tailored for affected children in emergency contexts.

10. Original expected outcomes from approved CERF proposal

- 5,000 tsimane', movima, mojeño, and other non-indigenous children restart school activities with intra-intercultural and bilingual educational materials and texts appropriate to the school grade and level of curricular progress, using temporary learning spaces in camps.
- 20 teachers are prepared for differentiated and effective teaching techniques, with appropriate bilingual and intra-intercultural teaching materials.
- 250 children under 5 years old have comprehensive care within child friendly spaces (provided by protection sector) with Early Child Development packages.

11. Actual outcomes achieved with CERF funds

- 5,000 tsimane', movima, mojeño and other non-indigenous children restart school activities with intra-intercultural and bilingual educational materials and texts appropriate to the school grade and level of curricular progress, using temporary learning spaces in camps:
  - o Establish of school tents in Cambódoromo, Chetequije, 27th May, and Rocha camps, in Trinidad; then in Riberalta and Guayaramerín (Beni); a total of 300 boys and girls attended.
  - o School transport services: a) 114 girls and children in the months of April and May, 60 girls and boys in June in Cambódoromo camp. b) 60 children of different educational units at camp of Rurrenabaque, in complementation to support of the, Municipal government (Beni). 140 boys and girls benefited from school transportation by boat through the provision of two boat engines, one engine to the educational district of Santa Ana del Yacuma and other engine to San Ignacio de Mojos district (Beni) (the boats have been provided by the respective municipalities).
  - o Distribution of school bags: 1,000 boys and girls benefited in Santa Ana de el Yacuma, 2,000 girls and boys in San Ignacio de Mojos, 1,000 girls and boys in Trinidad, and 1,000 boys and girls benefited in Riberalta.
- 19 teachers are prepared for differentiated and effective teaching techniques, with appropriate bilingual and intra-intercultural teaching materials:
  - o 19 movima teachers received kits of teaching materials consisting in maths, geography, sciences, and language subjects

of the curriculum of primary school.	
<ul style="list-style-type: none"> <li>• 250 children under 5 years old have comprehensive care within child friendly spaces (provided by protection sector) with Early Child Development packages: <ul style="list-style-type: none"> <li>o In partnership with Aldeas SOS national ONG and coordination with the protection sector and the SEDEGES of Beni, 3 child centres in camps and 1 in refuge have been established: 2 in Trinidad city and 2 in Riberalta city; a total of 230 boys and girls attended.</li> <li>o Training of 150 fathers and mothers on the prevention of neglect and violence in 4 shelters of Trinidad (Beni).</li> <li>o Distribution of 8 kits of early children development used with 230 children under the age of 5; 4 in Trinidad, 4 in Riberalta).</li> </ul> </li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
No significant discrepancy.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): Fill in</p> <p>If 'NO' (or if GM score is 1 or 0): Gender equality is mainstreamed in the project through an equity approach. In the proposal we intended to reach 50% girls and 50% boys and during the implementation we reach that objective.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Due to the type of project, people moving from shelters and back to their households, it was difficult to plan an evaluation.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS			
<b>CERF project information</b>			
1. Agency:	UNICEF	5. CERF grant period:	[ 10.03.2014 – 25.09.14]
2. CERF project code:	14-RR-CEF-056	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health-Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Improvement of nutritional status of children under the age of 5 and pregnant women affected by floods in Beni, Bolivia		
7. Funding	a. Total project budget:	US\$ 1,500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 105,718	▪ NGO partners and Red Cross/Crescent: US\$ 34,000
	c. Amount received from CERF:	US\$ 105,718	▪ Government Partners: US\$ None
<b>Results</b>			

8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	5,100	7,506	<p>These are direct beneficiaries from training activities and surveillance activities.</p> <p>The nutritional supplies are delivered to the FIMs (Municipal Pharmacies), so the total number of children receiving these supplies is unknown. However, we have estimated that the supplies could reach a minimum of 2,000 children, but probably more children have been reached with the intervention.</p> <p>The number of direct beneficiaries represents persons who have received training from the Project. But many promotional materials have been delivered to health services in order to improve the capacity of health personnel to do promotional activities. The beneficiaries of the action of health services are unknown for us, and they must be treated as indirect beneficiaries.</p> <p>Explanation of number of beneficiaries:</p> <p>Female: 3261 direct beneficiaries +245 health personnel = 3,506 adults</p> <p>Male: 219 direct beneficiaries +245 health personnel = 464</p> <p>Children under the age of 5: 611 children (direct nutritional surveillance anthropometric) + 5,464 children (nutritional surveillance secondary sources) + 2,000 children received nutritional supplies = 8, 075</p> <p>Among the children approx. 4,000 female and 4,075 male.</p>
b. Male	4,900	4,539	
c. Total individuals (female + male):	10,000	12,045	
d. Of total, children <u>under</u> age 5	2,000	8,075	
9. Original project objective from approved CERF proposal			
Improve the nutritional status among children under 5 years old, with an especial emphasis on children under the age of 2, and pregnant and lactating women affected by floods in the department of Beni.			
10. Original expected outcomes from approved CERF proposal			
<p>Surveillance and Monitoring:</p> <ul style="list-style-type: none"> <li>• A plan to monitor nutritional status and nutritional interventions established during the first month of project implementation.</li> </ul> <p>Emergency Training and Support to Nutrition Programs</p> <ul style="list-style-type: none"> <li>• 100 local health personnel trained in life-saving nutrition good practices, “Nutrition in emergency situations guide”, adequate use of nutritional complementary foods, and management of malnutrition during the first month of intervention.</li> <li>• One departmental workshop to disseminate the new tool “Nutrition in emergency situations guidelines” during the first month of project implementation.</li> <li>• 1000 children under 2 years old receiving emergency complementary foods and supplementary micronutrients for a period of 3 months.</li> </ul> <p>Promotion of nutritional practices in community:</p> <ul style="list-style-type: none"> <li>• 2000 women trained on “10 key practices of health nutrition and food security”, hygiene and food safety practices, breastfeeding, and the use of micronutrients and food supplements.</li> </ul>			

- Four places (1 per camp) established for counselling in breastfeeding and educational activities in nutrition promotion during the first months of project implementation.

#### 11. Actual outcomes achieved with CERF funds<sup>7</sup>

Some activities were carried out and tools were developed previous to the project:

1. Rapid assessment of nutritional situation.
2. Supplies distribution programme.
3. Training programme for health personnel.
4. Training programme for pregnant and lactating women and mother of children under the age of 5.
5. Nutritional surveillance and monitoring plan.

#### **Surveillance and Monitoring: A plan to monitor nutritional status and nutritional interventions was established during the first month of project implementation**

611 children under the age of 5 affected by floods were monitored using anthropometry. Nearly the all children in camps were monitored. Children with acute malnutrition were carried to the centre of reference specialized in the management and treatment of malnutrition. The project staff monitored these children. Indirect data from health services (SNIS) were collected to monitor the nutritional status of other children who were not refugees in camps.

<b>Number of children under 5 monitored by municipality</b>		
<b>MUNICIPALITY</b>	<b>Children under 5 Direct surveillance (anthropometry)</b>	<b>Children under 5 Indirect surveillance (SNIS)</b>
TRINIDAD	110	2,458
RIBERALTA	353	682
SANTA ANA	101	1,787
SAN IGNACIO	47	537
<b>TOTAL</b>	<b>611</b>	<b>,5464</b>

#### **Emergency Training and Support to Nutrition Programs**

- 100 local health personnel trained in life-saving nutrition good practices, “Nutrition in emergency situations guide”, adequate use of nutritional complementary foods and management of malnutrition during the first month of intervention.
- One departmental workshop to disseminate the new tool “Nutrition in emergency situations guidelines” during the first month of project implementation.
- 1,000 children under 2 years old receiving emergency complementary foods and supplementary micronutrients for a period of 3 months.

For this outcome, 3 activities were implemented: training to health personnel in nutritional promotion and management, departmental workshops in Nutrition in Emergencies, and distribution of nutritional supplies. These activities aim to strengthen the response implemented by local and departmental health services due to the emergency.

**Number of workshops and health staff trained:** the expected output of 100 health personnel was surpassed. Trainings for health personnel was complemented through practical sessions focusing on the preparation of complementary food (Nutribebé) and multiple micronutrient powder (Chispitas). During trainings, health staff was motivated to repeat this session on health services for

<sup>7</sup> We have estimated that the supplies reached a minimum of 2,000 children under 2 years old, but probably more children have been reached with the intervention. The cause why we don’t have the specific information regarding the number of children under 2 years old who received emergency complementary foods and supplementary micronutrients for a period of 3 month, is we delivered the complementary foods and supplementary micronutrients directly to the Health Services. Therefore as the health services did not monitor the exact amount of reached children under 2 years old, it is not possible to know this information with accuracy.

women in order to amplify the impact of the project.

MUNICIPALITY	NUMBER OF WORKSHOPS	NUMBER OF PARTICIPANTS
TRINIDAD	2	30
SANTA ANA	2	125
SAN IGNACIO	1	23
RIBERALTA	5	205
<b>TOTAL</b>	<b>10</b>	<b>383</b>

**Departmental Workshops in Nutrition in Emergencies:** 2 departmental workshops, one in Trinidad and another in Riberalta, were held due to the high number of health staff interested in the methodological guide. The departmental workshop resulted in municipal and departmental plans for action regarding nutrition

**Number of participants in departmental workshops:**

Municipality	Number of participants
TRINIDAD	31
SANTA ANA	3
SAN IGNACIO	3
RIBERALTA	70
<b>TOTAL</b>	<b>107</b>

**Supply distribution:** Nutritional supplies were delivered to 6 municipalities. Some nutritional supplies were delivered to Exaltación and Guayaramerín due to the extreme situations that these communities were facing. Distribution of nutritional supplies:

**Complementary Food: Nutribebe**

MUNICIPALITY	CHILDREN <2	POPULATION IN CAMPS	(BOLSAS 24 UNIDADES)
TRINIDAD	4416	435	40 (960 ud)
SANTA ANA	1027	139	65 (1560 ud)
SAN IGNACIO	1579	0	85 (2040 ud)
RIBERALTA	5880	38	33 (840 ud)
ACH	-	-	2 (48 ud)
<b>TOTAL</b>	<b>12902</b>	<b>612</b>	<b>225</b>

**Supplementary Foods**



MUNICIPIO	CHILDREN <5	Vitamin A (200.000 UI)	Vitamin A (100.000 UI)	RUTF	Zinc	MMP: Chispitas Nutricionales	CMV
Trinidad	11846	50	50	30	2000	500	4
San Ignacio	2359	15	15	20	500	300	0
Santa Ana	2008	10	10	15	400	250	2
Riberalta	9907	40	40	25	1900	400	3
Guayaramerín	4650	20	20	20	1500	350	3
Exaltación	708	5	5	5	200	0	0
SEDES	-	10	10	0	0	0	10
<b>TOTAL</b>	<b>31478</b>	<b>150</b>	<b>150</b>	<b>115</b>	<b>6500</b>	<b>1800</b>	<b>22</b>

**Promotion of nutritional practices in communities:**

- 2,000 women trained on “10 key practices of health nutrition and food security”, hygiene and food safety practices, breastfeeding and the use of micronutrients and food supplements.
- Four places (1 per camp) established for providing counseling on breastfeeding and hosting educational activities promoting nutrition during the first months of project implementation.

**Promotion of nutritional practices in communities:** Community activities and workshops for women and community leaders were developed to promote the “10 key practices in health nutrition and food security”, breastfeeding, hygiene and food safety practices, and use of micronutrients and food supplements. The trainings started in official camps but were later extended to other unofficial shelters and rural communities. Educative materials and information such as banners focusing on good nutritional practices were developed and distributed in camps and health services. The same promotional materials were utilized in workshops with communities. Finally, although places for breastfeeding were not established in camps, counseling on breastfeeding and nutrition was carried out with support from community women leaders.

**Number of participants in community activities to promote nutrition**

Municipality	Female	Male	Total
Santa Ana	658	101	759
Trinidad	589	15	604
Riberalta	735	73	810
San Ignacio de Moxos	337	30	375
	<b>2319</b>	<b>219</b>	<b>2548</b>

**Number of women enrolled in breastfeeding counselling**

Municipality	Female
Santa Ana	224
Trinidad	167
Riberalta	404
San Ignacio de Moxos	147
<b>TOTAL</b>	<b>942</b>

**Distribution of equipment, educative and promotional materials**

MUNICIPALITY	“Nutrition in emergency situations guide”, “	Recipes for complementary food	Brochure “10 key practices for nutrition”	Triptych “Pros of breastfeeding”	Banners “10 key practices”, promotion of breastfeeding and others	Posters “10 key practices”, promotion of breastfeeding and others	Beam type scale for infants	Portable baby/child length/height measuring board
Trinidad	200	300	300	300	10	75	1	2
San Ignacio	100	150	150	150	5	75	1	2

Santa Ana	50	100	100	100	5	50	1	2
Riberalta	200	250	250	250	10	75	1	2
Guayaramerín	150	200	200	200	5	75	1	2
Exaltación	50	100	100	100	0	0	0	0
RED 01	200	300	300	300	0	0	1	1
RED 02	50	150	150	150	0	0	0	1
RED 05	50	100	100	100	0	0	0	1
RED 07	100	250	250	250	0	0	1	1
RED 08	50	200	200	200	0	0	0	1
SEDES	1000	400	400	400	5	0	1	1
ACH	300	1000	1000	1000	10	50	0	0
<b>TOTAL</b>	<b>2500</b>	<b>3500</b>	<b>3500</b>	<b>3500</b>	<b>50</b>	<b>400</b>	<b>8</b>	<b>16</b>

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

There are no differences between planned and reached beneficiaries.  
We know exactly the number of direct beneficiaries who have participated in the activities and trainings of the project. However, the number of people benefitting from educational material and other equipment and supplies delivered to health services is unknown.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? YES  NO

If 'YES', what is the code (0, 1, 2a or 2b): Fill in

If 'NO' (or if GM score is 1 or 0): The nutrition project is focused on women, leaders, and mothers because they are the main responsible of child nutrition. However, gender equality was managed through the involvement of men in the project activities. The community activities were opened to men and women in an attempt to involve both in the promotional activities and trainings. In the case of surveillance activities, children of both sex enjoyed the same access to nutritional status monitoring.

14. Evaluation: Has this project been evaluated or is an evaluation pending? EVALUATION CARRIED OUT

An evaluation of the impact of the project is not planned; however, a review as well as a systematization of the gained experience has been undertaken by UNICEF and by ACH separately. The results and relevant findings of these investigations are not available yet. EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	[31.03.14 – 20.10.14 <sup>8</sup> ]
2. CERF project code:	14-RR-CEF-057	6. Status of CERF grant:	<input type="checkbox"/> Ongoing

<sup>8</sup> We had an approved extension of the grant. There was a misunderstanding at the time with the CERF project code, but finally this issue was solved.

3. Cluster/Sector:		Protection	<input checked="" type="checkbox"/> Concluded
4. Project title:		Protection of Children and Adolescents in emergency, with provision of psychosocial recovery and care	
7. Funding	a. Total project budget:	US\$ 1,380,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 137,261	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 38,129 <sup>9,10</sup>
	c. Amount received from CERF:	US\$ 137,261	▪ <i>Government Partners: (supply and consultants)</i> US\$ None
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	2,500	2,350	Goals were achieved according to the ability of counterparts to access remote areas
b. Male	2,500	2,343	
c. Total individuals (female + male):	5,000	4,693	
d. Of total, children <u>under</u> the age of 5	1,500	855	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>• Provide psycho-social support and care to approximately 5,000 vulnerable children and adolescents.</li> <li>• Prevent children's rights violations in temporary shelters and camps.</li> <li>• Promote the overall enforcement of children's rights in all major affected areas.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<b>Enhanced Emergency Response for Child Protection</b>			
OUTCOME 1: Departmental government, municipalities, and institutions in charge of providing attention, protection, and restoring child rights issue 2,500 birth certificates, coordinate actions, and improve response capacity for the protection of 5,000 children in camps or shelters.			

<sup>9</sup> The final approved CERF proposal had an amount of \$ 9,200 for the government, however according to regulations of the Bolivian State, funds of international cooperation should be registered at the ministry of planning and development. Due to bureaucratic issues it was not possible to complete this registration. Therefore funds were channeled through an NGO. It is important to highlight that the NGO manage to allocated the funds to our counterpart (SEDEGES Beni) who implemented the activities.

<sup>10</sup> It is important to note that US\$ 3000 were not executed by the implementing partner (The NGO Aldeas SOS). This US\$ 3000 corresponded to an activity oriented to deliver 2,500 birth certificates to children and adolescents affected by emergencies only 860 certificates were delivered. Due to the following:

1. The process of gathering the required information for the birth certificates took longer than planned given the mobility of the population between shelters and their houses. Also parents often were not able to submit the requirements to issue the birth certificates.
2. The institution which issues birth certificates had to debug the data, to avoid duplication of documents. This institution had other emerging priorities as organizing national elections, making it difficult / delayed clearance or revision of the lists and requirements
3. Thus birth certificates were issued and delivered between August to October 2014.
4. Identity cards could not be issued because the Institution responsible to implement this action was at that time developing a program to deliver identity cards in schools. Hence the target population was covered without the execution of CERF funds.

1) # of the camps with protective measures for ensuring the rights of children 2) # Children and Adolescent Defence Offices functioning to promote children's rights and to prevent violence in the affected areas. 3) # parents and community members sensitized and aware on children's rights and how to protect children and adolescents in emergencies. 4) # State institution responsible for the protection and defence of children's and adolescents' rights with increased awareness on the rights of children in emergencies. 5) # children and adolescents received their birth certificate and identity card. <b>Psycho-social support</b> OUTCOME 2: 1,500 families and 5,000 children in camps or shelters receive psychosocial support, information on children's rights, how to protect themselves from violence, and where to go for protection. 1) # child friendly spaces implemented and functioning that look after 5,000 infants, children, and adolescents and provide psychosocial care and attention. 2) # community leaders trained in the methodology of psychosocial recovery of children and adolescents 3) # backpacks with fun tools to apply the methodology of psychosocial recovery distributed 4) # ludic/recreational supplies distributed 5) # information material distributed	
11. Actual outcomes achieved with CERF funds	
OUTCOME 1 <ul style="list-style-type: none"> <li>• 10 camps with protective measures for ensuring the rights of children.</li> <li>• 7 Children and Adolescent Defence Offices functioning to promote children's rights and to prevent violence in the affected areas.</li> <li>• 2,000 parents and community members sensitized and aware on children's rights and how to protect children and adolescents in emergencies.</li> <li>• 12 State institutions responsible for the protection and defence of children's and adolescents' rights with increased awareness on the rights of children in emergencies.</li> <li>• 2,030 children and adolescents received their birth certificate and identity card.</li> </ul> OUTCOME 2 <ul style="list-style-type: none"> <li>• 31 child friendly spaces implemented and functioning that look after 5,000 infants, children, and adolescents and provide psychosocial care and attention.</li> <li>• 520 community leaders trained in the methodology of psychosocial recovery of children and adolescents</li> <li>• 200 backpacks with fun tools to apply the methodology of psychosocial recovery distributed</li> <li>• 100 ludic supplies distributed</li> <li>• 2,000 information materials distributed.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
It was difficult to acquire an exact number of birth certificates issued, however, it is important to say that the capabilities of SERECI (Tribunal Supremo Electoral) were strengthened through the provision of information and equipment	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): Fill in If 'NO' (or if GM score is 1 or 0): Services and care programs were provided for boys and girls. However, the project focused on the girls, the restoration of rights (education, health and birth registration) and violence prevention or integral attention.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Due to the type of project, e.g. people moving from shelters and back to their households, it was difficult to plan an evaluation.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	[ 7.03.2014– 25.09.14]
2. CERF project code:	14-RR-CEF-058	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Water and sanitation		
4. Project title:	Access to safe water, sanitation, and hygiene for flood affected and displaced families in the Beni		

	department		
7. Funding	a. Total project budget:	US\$ 3,500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 2,542,000	▪ NGO partners and Red Cross/Crescent: US\$ 198,000
	c. Amount received from CERF:	US\$ 397,988	▪ Government Partners: US\$ None

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	9,180	7,082	The planned target (18.000 women and men) was not reached, because in some municipalities were expected to reach more families in the camps, something that did not happen for different reasons. This situation allowed attending the needs of more families in communities and neighbourhoods affected by the floods.
b. Male	8,820	7,082	
c. Total individuals (female + male):	18,000	14,134	
d. Of total, children <u>under</u> age 5	3,240	2,827	

9. Original project objective from approved CERF proposal

Assure access to safe water, sanitation and hygiene for 3,600 families (18,000 persons) through provision of technical assistance and essential supply as well as infrastructure within the established campsites and flooded communities.

10. Original expected outcomes from approved CERF proposal

**Outcome 1**

Departmental government, municipalities and institutions in charge of camp coordination and management improve their WASH response capacity towards 3,600 families in established campsites and communities affected by floods.

**Indicators**

- # of families reached through governmental WASH response aligned with the national guidelines and standards as contemplated within the national WASH contingency plan, within 3 months.
- # of major camps and municipalities which count with a specific management plan for WASH aligned with national standards, as contemplated within the national WASH contingency plan, within the first month of its operation.

**Outcome 2**

3,600 families including 3,000 children affected by floods have access to safe water, sanitation, and hygiene at family level within camps and communities and in educative spaces.

- # of families with access to WASH in camps, aligned with national standards as contemplated within the national WASH contingency plan within 3 months.
- # of children with access to WASH in educational spaces, aligned with national standards as contemplated within the national WASH contingency plan within 3 months.
- # of families with access to WASH in flooded communities, aligned with national standards as contemplated within the national WASH contingency plan, within 3 months.

WASH response component	Response Parameters and Indicators
Access to water (quantity)	<ul style="list-style-type: none"> <li>• Water supply per person: 10 liters per person per day</li> <li>• Water points: 1 per 250 persons</li> <li>• Water flow in water points: min. 0,125 liters per second</li> </ul>
Access to water (quality and safe storage)	<ul style="list-style-type: none"> <li>• Water filters: 1 per family</li> <li>• Water purifying tablets: 1 pack per family</li> <li>• Number of jerry cans (10 liters): 2 per family</li> </ul>

Sanitation	<ul style="list-style-type: none"> <li>• Capacity: 50 persons per toilet, differentiated by sex</li> <li>• Number of hand washing basins: 1 per toilet</li> <li>• Number of trash basins: 1 per toilet</li> <li>• Number of plastic bags: 10 per toilet</li> </ul>
Hygiene promotion	<ul style="list-style-type: none"> <li>• Hygiene kits: 1 per family per month</li> <li>• Scholar hygiene kits: 1 per student</li> <li>• Hygiene promotion in emergencies poster: 1 per family</li> </ul>
Human resources	<ul style="list-style-type: none"> <li>• 1 Hygiene promotion coordinator</li> <li>• General Hygiene promoters: 1 per 7 community promoters</li> <li>• Community hygiene promoters: 2 per 1,000 persons</li> </ul>

11. Actual outcomes achieved with CERF funds

Outcome 1:  
The project was carried out in close coordination with the national government, departmental government of Beni and municipal governments of intervention. UNICEF and CATHOLIC RELIEF SERVICES -CRS- identified three local implementing partners:

- FUNDEPCO (Foundation for Participatory Community Development) in the municipalities of Trinidad, Santa Ana Yacuma, and San Ignacio de Moxos.
- CARITAS (Vicariate Pastoral Social Caritas) in the municipality of Guayaramerín and communities in the municipality of Riberalta.
- WORLD VISION in camp "Siringalito" in the municipality of Riberalta.

UNICEF and partners participated in coordination meetings for the socialization of the project with local authorities: Municipal mayors, and the municipal and departmental centres for operations in emergencies units.

UNICEF, together with the associations participated in coordination meetings with OCHA and OIM to coordinate actions related to WASH in camps and the priority communities.

Additionally, through meetings with the national government (Deputy Minister of Civil Defence and the Ministry for Environment and Water), the national level was continuously informed on the project's scope, targets and progress made.

Results:

- 3.345 families reached through governmental WASH response aligned with the national guidelines and standards as contemplated within the national WASH contingency plan
- 9 camps or shelters in 6 municipalities count with a specific management plan for WASH aligned with national standards

Outcome 2:  
The families in the camps and in the communities have been given access to safe drinking water and sanitation facilities. The project also provided laundry facilities and hand washing stations.

The project focused on 9 camps or shelters in 4 municipalities. In these spaces the project attended directly to 622 families, in total 2,629 men and women.

102 rural communities and five neighbourhoods identified in the 6 municipalities were prioritized. In these communities the project attended directly to 2,723 families, in total 11,535 women and men and 2,827 children.

Additionally, the children and their families received messages to promote key hygiene practices. For the application, the project handed out supplies like hygiene kits for families and students.

The project promoted regular monitoring of water quality and the provision of water purification tablets and 3,293 ceramic filters for some families and schools.

Activities and beneficiaries in camps				
Activity	Amount	Unit	# of families	# of beneficiaries
construction of toilet in camps	91	toilet	349	1,395
construction of showers in camps	91	shower	349	1,395
Construction of laundry facilities in camps	50	Laundry	289	1,136
Construction of hand washing station	11	hand washing station	151	525
Construction of sink in camps	11	sink	151	525
Installation of water storage tank	8	Tank	367	1,375
Provision of drinking water (local piped water supply)	6	Camp	349	1,395
Provision of drinking water (supplied by water cistern)	1	Camp	96	570
Connection to the public sewer system	6	Camp	349	1,395
Hygiene Promotion	40	workshop	622	2,629
Drinking water quality control	7	Camp	598	2,533
Provision of water purification tablets	55	Bottle	55	246
Activities and beneficiaries in communities and periurban neighborhoods				
Delivery of family hygiene kits	877	Kit	878	3,237
Delivery of family ceramic filters	1142	Filter	1,142	4,032
Provision of ceramic filters for schools	293	Filter		2,600
Delivery of school hygiene kits (for students)	3000	Kit		2,827
Provision of water purification tablets	393	Bottle	393	1,469
Cleaning and disinfecting wells	54	Well	1,355	6,110
Rehabilitation, improvement and construction of water systems	11	Water System	361	1,689

Results:

- 622 families in camps or shelters with access to WASH in camps, aligned with national standards as contemplated within the national WASH contingency plan
- 2,827 children with access to WASH services, aligned with national standards as contemplated within the national WASH contingency plan
- 2,723 families with access to WASH in 102 flooded communities, aligned with national standards as contemplated within the national WASH contingency plan

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The planned target (3600 families) was not reached, because in some municipalities were expected to reach more families in the camps, something that did not happen for different reasons. This situation allowed to attend the needs of more families in communities and neighborhoods affected by the floods.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? YES  NO

If 'YES', what is the code (0, 1, 2a or 2b):

If 'NO' (or if GM score is 1 or 0): The design and implementation of projects considered alternative technologies with specific spaces for bathrooms for men and women, helping protection and security. Community development provides equal participation for both sexes throughout the whole project cycle and especially in shaping Committees for Water and Sanitation, which are responsible for the sustainability of services and for verifying the share of women in senior positions and verifying major decisions.



14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
The project did not plan to conduct an evaluation of the intervention. However, the WASH Cluster is planning to conduct a systematization of the intervention to extract lessons learned and optimize the WASH contingency plan	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
14-RR-IOM-023	Shelter & NFI	IOM	WORLD VISION BOLIVIA	yes	INGO	\$70,000	3-Jun-14	20-Feb-14	The agreement was signed retroactively for one month duration.
14-RR-IOM-023	Shelter & NFI	IOM	ACH	yes	INGO	\$66,000	28-May-14	15-May-14	
14-RR-IOM-023	Multi-sector refugee assistance	IOM	GOVERNMENT	No	GOV	\$7,204	1-Apr-14	30-Jul-14	Implementation of system of emergency (SIE)
14-RR-FPA-019	Gender-Based Violence	UNFPA	Vision Mundial	No	NNGO	\$80,082	22-May-14	26-May-14	
14-RR-CEF-056	Nutrition	UNICEF	Accion Contra el Hambre	No	INGO	\$34,000	8-Apr-14	8-Apr-14	
14-RR-CEF-058	Water, Sanitation and Hygiene	UNICEF	Catholic Relief Services	No	INGO	\$198,000	7-Apr-14	7-Apr-14	
14-RR-CEF-055	Education	UNICEF	FAUTAPO	Yes	NNGO	\$19,246	6-May-14	4-Apr-14	
14-RR-CEF-057	Protection	UNICEF	Aldeas Infantiles	Yes	NNGO	\$38,129	15-May-14	15-May-14	

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

3W	Who do, What and Where
ACF	Action Against Hunger
BRC	Bolivian Red Cross
CARITAS	Vicariate Pastoral Social Caritas
CD	Compact Disc
COE	Emergency Operations Centre
COED	Departmental Emergency Operations Centre
COE	Municipal Emergency Operations Centre
COOPI	Cooperazione Internazionale
CRS	Catholic Relief Service
COSUDE	Swiss Cooperation for Development
DNH	Do No Harm
DRR	Disaster Risk Reduction
ECG	Emergency Cash Grant
ECHO	European Commission's Humanitarian Aid and Civil Protection
EDAN	Damage Assessment and Needs Analysis
FAO	Food and Agriculture Organization of the United Nations
FEGABENI	Federation of Livestock Breeders of Beni
FFSN	Food, Food Security and Nutrition
FFW	Food for Work
FIM	Institutional Municipal Pharmacies
FUNDEPCO	Foundation for Participatory Community Development
GBV	Gender Based Violence
GBVP&WH	Gender Based Violence Prevention and Women Hygiene
GFD	General Food Distribution
HCT	Humanitarian Country Team
HPC	Humanitarian Program Cycle
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
INGO	International Non-Governmental Organization
IOM	International Organization for Migrations
LCA	Logistic Capacity Assessment
MDRyT	Ministry of Rural Development and Lands
MMAyA	Ministry of Environment and Water
MMP	Matrix Metalloproteinase
MSyD	Ministry of Health and Sports
MT or TM	Metric Tonnes (1TM=1.000 kilograms)
NFI	Non Food Items
NGO	Non-Governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OCHA/ROLAC	United Nations Office for the Coordination of Humanitarian Affairs/Regional Office of Latin America and Caribe
OSRO	Office for Special Relief Operations
PAHO/WHO	Pan American Health Organization / World Health Organization
RC/HC	Resident Coordinator/Humanitarian Coordinator
RCO	Resident Coordinator Office

RUTF	Ready-to-use therapeutic food
SEDEGES	Departmental Social Management Service
SEDES	Departmental Health Services
SENAMHI	National Meteorological and Hydrological Service
SENASAG	National Agriculture and Livestock Service
SERECI	Civil Registry Service (Supreme Electoral Tribunal)
SMEP	Monitoring and Evaluation Project System
SNIS	National Health Information System
SODIS Foundation	Solar Water Disinfection Foundation
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
SV	Sexual Violence
TCP	Technical Cooperation Programme
UI	International Units
UN	United Nations
UNCT	United Nations Country Team
UNDMT	United Nations Disaster Management Team
UNETT	United Nations Emergency Technical Team
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
VIDECI	Viceministerio de Defensa Civil
WFP	World Food Program
WHO	World Health Organization
WASH	Water, sanitation and hygiene
WVI	World Vision International