

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
COLOMBIA
RAPID RESPONSE
DISPLACEMENT
2018**

RESIDENT/HUMANITARIAN COORDINATOR	Martin Santiago Herrero
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REPORTING PROCESS AND CONSULTATION SUMMARY

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

The After Review Process –AAR- was conducted in two sessions. The first one on February 11th, 2019; and the second one on February 18th 2019. The following organizations participated on both meetings: UNFPA, OIM, UNICEF, FAO, WHO, UN WOMEN, OCHA and RCO. For relevant clusters involved in the CERF RR (health, shelter, wash, etc), clusters leads were also invited and attended those meetings.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

The RC/HC report on the use of the CERF funds was discussed on the HCT. The full CERF RR process (planning, mid-term reports and AAR process) was informed by the HC during the various HCT meetings that took place along the CERF RR process.

YES ☒ NO ☐

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

The final version of the RC/HC report was shared for review with recipient agencies and involved cluster coordinators.

YES ☒ NO ☐

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

The CERF RR allocation was instrumental to address the most urgent and life-saving needs of Venezuelan migrants, Colombian returnees and host-communities in the most affected areas. In 2018, we observed a significant, unexpected and unprecedented increase on the influx of people coming from Venezuela. With already stretched humanitarian resources to respond to the humanitarian needs in Colombia, this situation overwhelmed the country capacity to respond to their humanitarian needs. A specific addendum to the 2018 HRP was elaborated by the HCT in order to frame the most pressing needs, call for funding and guide the coordinated response. CERF RR allocation was, on one hand, essential for a rapid and urgent coordinated humanitarian response, and on the other hand, it was catalytic as it triggered a wider mobilization from HCT members, Colombian authorities and donors, to increase visibility on the situation, promote further resource mobilization and enhance overall humanitarian response.

1. OVERVIEW

18-RR-COL-30738 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	102,494,209
FUNDING RECEIVED BY SOURCE	
CERF	5,929,493
COUNTRY-BASED POOLED FUND (<i>if applicable</i>)	[N/A]
OTHER (bilateral/multilateral)	[N/A]
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	5,929,493

18-RR-COL-30738 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)			
Allocation 1 – date of official submission: 18/06/2018			
Agency	Project code	Cluster/Sector	Amount
FAO	18-RR-FAO-017	Food Security - Agriculture	672,143
IOM	18-RR-IOM-022	Emergency Shelter and NFI - Shelter	233,146
UN Women	18-RR-WOM-005	Protection - Sexual and/or Gender-Based Violence	284,004
UNFPA	18-RR-FPA-025	Health - Health	286,330
UNICEF	18-RR-CEF-068	Education - Education	649,754
UNICEF	18-RR-CEF-069	Protection - Child Protection	460,999
UNICEF	18-RR-CEF-070	Water Sanitation Hygiene - Water, Sanitation and Hygiene	800,000

UNICEF	18-RR-CEF-071	Food Security - Food Aid	235,935
WFP	18-RR-WFP-041	Food Security - Food Aid	1,342,000
WHO	18-RR-WHO-026	Health - Health	965,182
TOTAL			5,929,493

18-RR-COL-30738 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	2,514,342
- Funds transferred to Government partners*	122,479
- Funds transferred to International NGOs partners*	1,357,323
- Funds transferred to National NGOs partners*	1,228,228
- Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	3,415,151
TOTAL	5,929,493

2. HUMANITARIAN CONTEXT AND NEEDS

The exodus of Venezuelan nationals is already the largest in the modern history of Latin America and the Caribbean. The acute economic and political crisis in Venezuela, characterized by a hyperinflation that could exceed 13,000% in 2018 according to the IMF, reflected in a low purchasing power and a severe shortage to access basic goods and services (food and medicine), has caused the arrival of mixed flows from Venezuela to several countries in Latin America, especially Colombia due to its geographical proximity. Officially 800.000 migrants have remained in Colombia in 2017. By the November 2018, more than a million Venezuelan nationals were living in Colombia according to official figures. However, the figure is likely to be higher since the proportion of unregistered migrants is significant. As of February 2019, 1.2 million Venezuelans live in Colombia. Colombian authorities this figure will reach 2 million by the end of 2019. In addition, it is imperative to note that in 2018 Colombian authorities estimated to at least 500,000 Colombian returnees came back to their country. Equally important to highlight that Venezuelan nationals arrive in Colombia in geographical areas also marked by a context of reconfiguration of the Colombia armed conflict and its associated increased violence.

Inter-agency characterization of mixed flows from Venezuela and multi-sectoral assessments were carried out by the end of 2017 and early 2018, with IOM, UNHCR, WFP and the support of OCHA (around 5, 000 surveys), as well as the ongoing monitoring of situation through the LCTs and the permanent presence of OCHA in the Unified Command center. Those coordinated assessment allowed to collect data's and qualitative information illustrating humanitarian needs in bordering areas with Venezuela and on several sectors such as Health, Water and sanitation, Food Security & Nutrition, Protection, Shelter, Education in emergency. With the official request of the Colombia government in February 2018 for international assistance to face the consequence of the Venezuela crisis, the HCT under the leadership of the Humanitarian Coordinator issued a "Joint Response Plan for mixed migratory flows originating from Venezuela" known as the HRP Addendum 2018 to Mixed Migratory Flows from Venezuela.

The situation was affecting at least 4 categories of population: (i) Venezuelan families coming to live in Colombia or to transit south America bound; (ii) Colombian returnees or mixed families; (iii) indigenous groups (Wayuu, Yukpa and Bari) that inhabit ancestral territories, on both sides of the border; and (iv) Colombian host-communities. With a total of US\$ 102,495,209 required for the humanitarian response included in the HRP Addendum, and less than 25% allocated for the response, the US\$ 6,000,000 CERF RR funding request was an important contribution to respond to the critical needs of these populations through lifesaving activities in the Health, Food Security and Nutrition, Water, Sanitation and Hygiene, Education in Emergency, Protection and Shelter sectors.

There is in Colombia a strong humanitarian architecture with a Humanitarian Coordinator, clusters and inter cluster coordination group, the presence of 12 local coordination teams at the territorial level, an OCHA Office and a Humanitarian and Cooperation Donors Groups. Those coordination mechanisms are in place at the central level with the different ministries, governmental institutions and international partners as well as the local level with departmental or municipal institutions as well as with representative of the civil society. Those mechanisms used in Colombia for more than 15 years for the conflict situation allowed the swift design, implementation and the monitoring of the coordinated response to the people affected by the current situation in Venezuela and crossing the border to Colombia. Finally, it is important to mention that in a country with still important challenges to address the needs of internally displaced populations and other victims of armed conflict, it was important to address vulnerabilities of Venezuelan migrants and host communities in order not to increase the risk of xenophobia. The HCT needs analysis and architecture allowed a swift response in that regard.

3. PRIORITIZATION PROCESS

The CERF RR funding request aimed at providing lifesaving activities to people affected by the migratory flows coming from Venezuela. Due to the internal Venezuela political, social and economic situation, migratory flows from Venezuela to Colombia reached 10 million people, out of which 1 million have stayed in Colombia. These population arrive in need of humanitarian assistance and have exceed the government coping capacities. This CERF RR request aimed to provide humanitarian assistance through life-saving activities from Health, Food Security and Nutrition, Water, Sanitation and Hygiene, Education in Emergency, Protection and Shelter sectors. Particular attention was to the most vulnerable people, including Venezuelan population, Colombians returnees, host communities and mixed families in the border areas of Colombia and Venezuela (Arauca, La Guajira and Norte de Santander) and other regions, where mixed migrants' concentration is high in comparison to local population (Atlántico, Magdalena, Bolivar, Nariño, Vichada and Putumayo).

Needs and priority sectors were identified through Inter-agency characterization of mixed flows from Venezuela and multi-sectoral assessments carried out by the end of 2017 and early 2018, with IOM, UNHCR, WFP and the support of OCHA (around 5, 000 surveys), as well as the ongoing monitoring of situation through the LCTs and the permanent presence of OCHA in the Unified Command center. It is important to note that these assessments included a total of 5,000 surveys with affected population. Also, the HCT elaborated a "Joint Response Plan for mixed migratory flows originating from Venezuela" in early April as an Addendum to HRP 2018. This Addendum is of a total of US\$ 102,495,209 million requirement for 9 months to assist 500,000 Venezuelans, Colombian returnees and host community members. This Addendum was approved by the HCT and was socialized with the Government, Donors and partners.

The consultation process for developing this CERF RR funding request was the result of the HRP Addendum and the Joint Assessments. It was an inclusive, collective and transparent exercise which included a series of meetings at technical and strategic-leadership level. This CERF RR included only 8 projects out of the total 53 included in the HRP Addendum, and those projects were prioritized as a result of this consultation with ICG and HCT under the leadership of the Humanitarian Coordinator in Colombia. These 8 identified projects are the most critical and live-saving interventions that were prioritized for a five-months period implementation. Specific gender needs were identified and prioritized within the 8 selected projects. Specifically, gender needs were considered in the prioritization process as the result of the GBV Subgroup -led by UN Women- documentation efforts. Those indicated that in the context of migratory flows coming to Colombia, Venezuelan women face a complex situation (in terms of needs, barriers and capacities): most women have entered Colombia illegally -through irregular border points-, which makes them more vulnerable to human trafficking and sexual exploitation. Women from Venezuela are forced into sexual work in exchange for food and medicines for their families. Also, xenophobia and constant rejection by host communities and local authorities deepens these inequalities. All these factors create a context of vulnerability for women.

Overall, the search for economic alternatives, the partial or complete separation from their families, the transformation of their living conditions and roles, the existence of gaps and barriers in assistance and exposure to all types of violence (including

violence acts perpetrated by illegal armed groups and drug traffickers) creates a vulnerability context for Venezuelan women that required attention and specific actions.

The collective exercise for the prioritization of the 8 projects involved 29 international partners through inter-cluster meetings in order to determine which of the projects within the plan should receive funds to ensure adequate response. All clusters carried out their internal consultations with partners in order to prioritize most critical actions and identify better positioned implementing partners. HC also participated at ICG and HCT meetings for project prioritization under lifesaving criteria.

It is important to clarify that the CERF RR funding request does not include a requirement from UNHCR as this has been agreed with them due to the CERF RR regional funding received. Regarding IOM that have also received a regional CERF allocation, one project is presented by IOM which is not part of the regional CERF RR funding will be implemented in the shelter sector by the Norwegian Refugees Council (NRC). This has been agreed by HCT, ICG and the Humanitarian Coordinator as it is not duplicating operations that will be implemented by the regional IOM CERF RR allocation.

4. CERF RESULTS

CERF allocated \$5,929,493 million to Colombia from its window for underfunded emergencies to sustain the provision of life-saving assistance to the most vulnerable people, including Venezuelan population, Colombians returnees, host communities and mixed families in the border areas (Arauca, La Guajira and Norte de Santander) and other regions, where mixed migrants have arrived (Atlántico, Magdalena, Bolivar, Nariño, Vichada and Putumayo). This CERF allocation estimated 63,000 total of beneficiaries and finally this funding enabled UN agencies and partners to provide livelihoods support benefiting 130,182 people; food security and food to 16,762 people; access to safe water and appropriate sanitation and hygiene to 13,306 people; access to emergency protection, including sexual and/or gender-based violence response services to 4,090 women and girls; health services to 69,454; shelter 1,932 people, child protection to 15,518 boys and girls and access to education to 9,120 people.

Through this CERF UFE grants, IOM and NRC assisted to Venezuelan people who are in transit to Ecuador or Peru and families who temporarily live in Ipiales to meet their basic emergency needs. People received households' items in kind to meet their basic needs and enjoy physical protection, delivered 500 hygiene kits, 330 dignity kits for women and 538 shelter kits. Affected people received a contribution to temporary shelter solutions to meet their basic needs and enjoy physical protection to ensure adequate access to temporary shelter solutions for 305 people in transit through Colombia.

CERF allocated US\$ 284,004 to UN Women to improve the access to protection and lifesaving mechanisms against GBV, trafficking in persons and sexual exploitation of Venezuelan women in six municipalities (in six different departments). UN Women and its implementing partner supplied emergency assistance to 646 women; provided access to information on mechanisms of attention for gender-based violence and sexual exploitation to 12,712 women; provided access to information on trafficking in persons and its referral pathway to 1,310 people, from which 898 are women; identified and provided assistance to 16 victims of trafficking in persons; elaborated and disseminated 14 local mechanisms for assistance to women from Venezuela; and broadened the information dissemination through UNHCR's campaign "Somos Panas Colombia."

Through this CERF UFE grant, UNFPA increased access to sexual and reproductive health services and sexual and reproductive rights of 5,692 Venezuelan migrants and returned, particularly to women, female adolescents and young people in the municipalities of Cucuta and Maicao. Self-care conditions for girls and adolescents were dignified and improved, protection capacities of women and communities were strengthened in the response of gender-based violence, and the institutions to provide priority services in SRH and GBV in emergencies.

CERF RR grant UNICEF and its partners provided a basic package of education services to 6,720 children and adolescents access to emergency education services, 5,000 of those children received psychosocial support. 700 teachers improved their capacities for the management of temporary educative spaces, included the prevention of Gender Based Violence and xenophobia; 280 teachers and 1,420 members of the community received psychosocial support; 50 temporary education spaces were installed or adapted in the schools. The project assisted a total 9,120 people from education communities in the 5 departments and municipalities most affected by mixed flows from Venezuela. With this project UNICEF attended not only to

migrant children and adolescents but also to the receiving communities, managing to prevent the xenophobia that can cause a focused attention only on migrants.

UNICEF and its partners implemented Child-Friendly Spaces, CFS in the departments of Arauca, La Guajira, Norte de Santander and Bolívar. In these CFS, UNICEF carried out training activities for boys, girls, adolescents and adults (parents, caregivers, teachers, and community leaders) to foster the knowledge about how to prevent recruitment, accidents with APL/UXO/IED's and Gender-Based Violence. This was achieved through pedagogical, recreational and experience-based methodologies. UNICEF simultaneously provided psychosocial support to children and families through techniques of emotional assistance using the "Return to happiness" model. UNICEF also advised families about institutional care and services available to protect children from violence, GBV and recruitment.

Through this CERF grant, UNICEF and its implementing partners in coordination with Government provided a humanitarian response in water, sanitation and hygiene directly benefitting 13,306 persons. The following results bear highlighting: a) The major crossing points between Venezuela and Colombia (Simón Bolívar bridge and La Unión bridge in Norte de Santander, and Paraguachón in La Guajira) received sanitary installations consisting of toilets, showers, water points, handwashing points and diaper changing points; b) Activities to improve access to drinking water and hygiene promotion was provided in the main concentration points for migrant populations, including settlements, health centers, schools, shelters, feeding centers, etc.

CERF RR grant, FAO achieved the rapid production of 149 Ton of diverse food (including crops, and goats' milk and meat) for 3000 people families of 18 communities (429 families, 29.6% Venezuelan, 34.3% Colombian returnees', 36.1% host) from July 2018 to January 2019 in La Guajira, with the rehabilitation of 18 water sources for human consumption and agricultural production and providing agricultural inputs and permanent technical assistance to the communities.

WHO and its partners provided assistance in general medicine, mental health, vaccination and access to other essential health supplies to 63,762 people in the departments most affected by migration of Venezuelans and the return of Colombians. La Guajira, Norte de Santander and Arauca are the territories where the greatest humanitarian needs and burden on health services are concentrated. In these territories, medicines, rapid diagnostic tests, PEP kits and supplies for the care of acute diarrheal diseases, acute respiratory infections were procured and delivered to 28 health institutions.

5. PEOPLE REACHED

CERF allocated \$5,929,493 million to Colombia from its window for rapid response to sustain the provision of life-saving assistance to the most vulnerable people, including Venezuelan population, Colombians returnees, host communities and mixed families in the border areas (Arauca, La Guajira and Norte de Santander) and other regions with high concentration of Venezuelan nationals that stretched host communities capacities to respond to the influx (Atlántico, Magdalena, Bolivar, Nariño, Vichada and Putumayo). This CERF allocation estimated a total of 63,000 beneficiaries. However, the CERF RR funding enabled UN agencies and partners to provide livelihoods support benefitting 130,182 people; food security and food to 16,763 people; access to safe water and appropriate sanitation and hygiene to 13,306 people; access to emergency protection, including sexual and/or gender-based violence response services to 4,090 women and girls; health services to 69,545; shelter 1,932 people, child protection to 15,518 boys and girls and access to education to 9,120 people.

Since the project target population is diverse and includes Venezuelan population, Colombians returnees, host communities and mixed families in the border areas, it has been challenging to establish precise figures. Lifesaving assistance was given to most vulnerable people in targeted locations regardless of their migratory status or citizenship. In the midst of the emergency response, local authorities and partners do not always have clear registration process with breakdown per category. It was particularly challenging on the health sector where disaggregated data was difficult to obtain as beneficiary health institutions are unable to generate such report of usage. Also, due to the lack of intersectoral projects in the same geographical locations, it has been difficult to establish an accurate figure estimation in terms of people globally reached with the total CERF RR contribution vs people reached per activity. Finally, on the protection sector, a flexible methodology and a better context-adapted response was required for activities offered within child-friendly spaces. Integrated activities targeting specific population groups (migrants in transit, migrants willing to stay in Colombia, local host-communities) were promoted in those spaces and resulted

in a greater number of beneficiaries but also allowed: (i) a more effective use of those spaces; (ii) the spaces to remain opened additional days during the week; (iii) offer various activities adapted to the different population profiles; (iv) sense of ownership, better integration within population groups and greater community participation. Thus, figures presented are best estimates of the number of individuals. For future opportunities, it could be to promote intersectoral projects to contribute to a more integral and pertinent response. This is part of the lessons learnt process as mentioned further below.

18-RR-COL-30738 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR¹

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Shelter - Shelter	148	975	1,123	194	615	809	342	1,590	1,932
Food Security - Food Aid	4,221	4,496	8,717	4,184	3,862	8,046	8,405	8,358	16,763
Health - Health	21,673	22,711	44,384	12,460	12,610	25,070	34,133	35,321	69,564
Education	3,500	1,500	5,000	3,220	900	4,120	6,720	2,400	9,120
Protection - Child Protection	5,278	2,985	8,263	6,036	1,219	7,255	11,314	4,204	15,518
Protection - Sexual and/or Gender-Based Violence	250	2,849	3,099	138	853	991	388	3,702	4,090
WASH - Water, Sanitation and Hygiene	1,637	5,634	7,271	1,764	4,271	6,035	3,401	9,905	13,306

18-RR-COL-30738 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING²

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	14,859	18,778	33,637	14,031	15,332	29,363	28,890	34,110	63,000
Reached	36,707	41,150	77,857	27,996	24,330	52,326	64,703	65,480	130,183

18-RR-COL-30738 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>	1,675	10,120
<i>IDPs</i>	2,808	1,846
<i>Host population</i>	19,072	35,677
<i>Affected people (none of the above)</i>	39,445	82,540
Total (same as in table 5)	63,000	130,183¹

¹ For the WHO case, a greater number of beneficiaries (63,762 in total) was reached through cost saving and by increasing the number of medicine kits and UAICs delivered to health institutions. However, disaggregated data was difficult to obtain as beneficiary health institutions are unable to generate such report of usage (for example use of UAICs). A total of 34,674 migrants,

6. CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES ☒

PARTIALLY ☐

NO ☐

The CERF funds were the fastest resources to respond quickly to an unprecedented and unexpected migratory crisis. Also, given the accelerated increase of mixed migratory flows from Venezuela, the lack of alternative of funds, the political transition (change of government and no emergency declaration), and the timely articulation with the HRP addendum (that established the most pressing humanitarian needs), those funds allowed to rapidly cover sector needs and geographical areas the government was not prioritizing.

b) Did CERF funds help respond to time-critical needs?

YES ☒

PARTIALLY ☐

NO ☐

The CERF allowed to respond to time-critical needs such as: contraception measures (already suspended by the government); increase mobile health teams to reinforce authorities' capacities to attend malnourished and life-saving medical cases that collapsed Emergency wards at public hospitals; strengthening public health centers with medicines and medical equipment availability; increasing vaccination points; mental health activities; primary health care; and hygiene promotion to mitigate Hepatitis A outbreak (imported cases).

Also, it provided life-saving emergency food assistance to highly dependent migrant populations (60% having no alternative food source); provided timely livelihood support to most vulnerable host communities mitigating social tensions and xenophobia; activated mechanisms to protect against gender-based violence, sexual exploitation and trafficking in persons; provided shelter and NFI assistance to vulnerable migrants trapped at border with Ecuador or sleeping over public places in Ipiales (border town with Ecuador).

c) Did CERF improve coordination amongst the humanitarian community?

YES ☒

PARTIALLY ☐

NO ☐

CERF RR improved HCT articulation since it supported the humanitarian response in the framework of HRP addendum and HNO. Response was carried through cluster and inter-cluster schemes. For instance, there were inter-agency project proposals (c.f Food security sector with joint interventions from FAO, WFP, UNICEF). Besides, field coordination took place at Local Coordination Teams (LCT) and articulated with local authorities and partners. Since September on, articulation included also local GIFMMs. CERF also strengthened the inter-agency dialogue on the importance of incorporating a gender approach in all rapid response actions, highlighting the agreements of the Istanbul Humanitarian Summit (2016).

d) Did CERF funds help improve resource mobilization from other sources?

YES ☒

PARTIALLY ☐

NO ☐

Due to the timely accurate of the CERF RR funding, the humanitarian needs of migrants and refugees coming from Venezuela started to be on the agenda of the humanitarian donors. The interventions developed through the CERF RR contributed to making visible the assistance gaps and lack of information about the humanitarian needs in rural areas. In some cases, donors mobilized to complement existing CERF RR efforts. For instance, SIDA and the Brazilian Cooperation contributed to the emergency response led by FAO in the Department of La Guajira, which tripled the initial number of beneficiary

1,844 Colombian returnees and 1,333 persons from host communities were reported to have benefitted from the project. Additionally, the health facilities informed that migrants, returned and host communities continue to use and benefit from the kits and supplies purchased by the project. For this reason, the total does not correspond to the sum of the data presented.

households. Similar case was for WFP that with the support of CERF funds, it facilitated WFP's fundraising efforts attracting contributions from other donors (e.g. Germany, USAID).

In other cases, CERF RR funding allowed the complementarity of resources to expand the humanitarian response. For example, in the shelter sector, with the resources provided by CERF, it was possible to improve and enhance the offer of humanitarian assistance (NFI's and Shelter) that Norwegian Refugee Council provided to migrants located in Ipiales – Nariño.

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

The CERF added value to the humanitarian response in several ways. First, it allowed the Colombian humanitarian team to strengthen, accelerate and expand its response capacity and within the framework of the Humanitarian Response Plan (HRP). Second, it favoured a response model that included host communities, contributing to the reduction of discrimination and xenophobia. Thirdly, the intervention developed by some agencies with CERF RR resources allowed to make visible the humanitarian and protection needs in rural areas. It is to note that at the beginning of 2018, the information on humanitarian needs related to migrants and refugees coming from Venezuela and to host communities, was only gathered on urban areas. Fourth, through funds provided by CERF it was possible to carry out a diagnosis of the humanitarian needs in the shelter sector and implement the specific response in a sector that had smaller humanitarian response.

Fifth, on the health sector, CERF funds provided the required response interventions despite the fact the no emergency declaration had been made by the government. Additionally, with the complex medicine importation process, CERF funds flexibility allowed local purchases to rapidly support the overwhelmed health facilities with urgent needs of specific items. Besides, CERF flexibility allowed funding for sexual reproductive health promotion (such as contraception) and health services strengthening on voluntary interruption of pregnancy, that most of donors do not fund due to their internal policies. Finally, CERF funds also increased communities' participation in the response by reporting on Sexual and Reproductive Rights (SRHR) cases. Community organizations made visible the violence to which women are victims, such as "sex for survival" strategies, and resulted on pressing prevention government-response.

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
The formulation process had multiple requests for adjustments by different people inside the CERF secretariat. In some cases, the requests for clarifications and adjustments overlapped to what another CERF colleague had asked previously to adjust.	The revision process of the proposals at the CERF secretariat should be carried in an integral way where all the reviewers (including financial and budget reviewers), analyze the information at the same time and consolidate all the comments to swift the process.
It is expected that in 2019, around 300 000 people will be in need of direct emergency assistance as a consequence of the migration from Venezuela.	It would be highly advisable to assign a new CERF RR for Colombia, thus allowing a quick response to the needs identified.
While mental health and psychosocial intervention it is often not considered a life-saving activity, experience in this migration situation illustrates that it is a priority at both individual and family levels, in points of entry and in transit areas, facilitating monitoring and surveillance of diseases.	Necessity to include and enhance mental health service provision to migrant population due to increased risk conditions of this population and because this not this included in government's health emergency response.
It is important to contribute to the coordinated work between the education and protection sectors	Promote and finance intersectoral education and protection projects

There are serious effects and specific risks associated with gender, ethnicity and age in this migratory process that must be taken into account to save lives.	Strengthen from the requirements of the CERF the inclusion of a gender and differential approach in the design and monitoring of projects.
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TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Precarious conditions of migrant population's health require interventions of medium and high complexity that are only provided in the public hospitals. Hence, it is important to support health facilities with the required medicines and health supplies given their financial limitation for this increase demand in health care services.	It is critical to assist hospital and other health institutions, including support to health personnel, equipment and supplies of hospital management.	PAHO/WHO
Support to and strengthening of vaccination activities is fundamental in light of this migrant situation. These activities need to be conducted at the points of entry and in transit areas in order to not only to protect the public health situation of Venezuelan migrants, but also of the Colombian host communities.	Increase vaccination points on border areas, particularly at points of entry and transit areas.	PAHO/WHO
In the migration context in Colombia, emergency initiatives in food and nutrition security and livelihoods have to integrate protection actions, either directly financed with the project, or through coordination with other actors that have expertise in the subject; such is the case of UNHCR and the NRC.	Food security and livelihoods humanitarian interventions developed in a migration crisis context should include specific protection actions from the very formulation of the projects.	FAO Food security and nutrition cluster
Taking into account the short duration of the emergency responses financed by the CERF RR and the fact that 95% of the migrant families located in the project's area of impact remain in Colombian territory, one of the main challenges is the management of initiatives that would allow to continue accompanying communities once the project is finalized, with the objective of stabilizing and consolidating diversified and resilient food production; as well as strengthening the social, economic and cultural integration of the migrant population in the host communities.	To manage medium and long-term initiatives to strengthen the resilience of the livelihoods of the communities intervened with the CERF RR funds in the migration context.	FAO Food security and nutrition cluster
Field coordination contributes to the effectiveness and quality of the response to those affected by mixed flows	Formal coordination scenarios between the classic humanitarian architecture and the GIFFM (" <i>Grupo Interagencial de Flujos Mixtos Migratorios</i> ")	OCHA-RCO

Intersectoral projects contribute to the integral and pertinent response	Joint formulation of multi and intersectoral projects	Intercluster team
One of the main challenges faced during implementation was the limited capacity of implementing partners in the project areas (Arauca, La Guajira, Norte De Santander, Nariño). In addition, different agencies have been working with the same local implementing partners, increasing pressure on the existing capacity.	Improve coordination and promote joint efforts to build capacity of the implementing partners through continued training and support by funding agencies.	Local Coordination Teams
In some areas WFP faced resistance of local government officials who considered food assistance as an incentive attracting more vulnerable populations. In this case the coordination and continued dialogue with government authorities was pivotal to guarantee the success of the operation.	Increase joint advocacy efforts to ensure that the objectives and principles of the humanitarian response are accepted and supported by all government levels.	Local Coordination Teams
The main barrier in the institutions for the provision of the abortion service is the ideological objection of its medical staff, while the demand for access to this service by migrant women rises, consequently, the abortion performed in unsafe conditions can increase its importance as a determinant of maternal mortality in the country. In this regard, implement additional measures to provide and support the institutions to ensure women's effective access to safe abortion services.	Because within the framework of humanitarian action it is not possible to solve structural problems such as sociocultural patterns of gender, which prevent women from accessing abortion services in the country, in order to respond to this emergency, the direct provision of interruption of pregnancy services must be contemplated.	UNFPA

PART II

8. PROJECT REPORTS

8.1. Project Report 18-RR-IOM-022 – IOM

1. Project information			
1. Agency:	IOM	2. Country:	Colombia
3. Cluster/Sector:	Emergency Shelter and NFI - Shelter	4. Project code (CERF):	18-RR-IOM-022
5. Project title:	Temporary shelter contribution for people affected by the Venezuelan crisis		
6.a Original Start date:	12/07/2018	6.b Original End date	11/01/2019
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	11/02/2019
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 250,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 233,146
	c. Amount received from CERF:		US\$ 233,146
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 210,393
	<ul style="list-style-type: none"> ▪ <i>Government Partners</i> ▪ <i>International NGOs</i> ▪ <i>National NGOs</i> ▪ <i>Red Cross/Crescent</i> 		<div style="text-align: right;">US\$ 0</div> <div style="text-align: right;">US\$ 210,393</div> <div style="text-align: right;">US\$ 0</div> <div style="text-align: right;">US\$ 0</div>

2. Project Results Summary/Overall Performance
<p>Through this CERF RR grant, IOM and NRC assisted a total of 1,932 Venezuelan people who are in transit to Ecuador or Peru and families who temporarily live in the city of Ipiales, Colombia. As part of Output 1. people receive households' items in kind to meet their basic needs and enjoy physical protection, delivered 500 hygiene kits (women: 298, men: 202), 330 dignity kits for women and 538 shelter kits (women: 243, men: 295). As part of Output 2. Affected people receive a contribution to temporary shelter solutions to meet their basic needs and enjoy physical protection, 809 nights were put at disposal by hotel agreements to ensure adequate access to temporary shelter solutions for 305 people in transit through Colombia. Finally, as part of Output 3. Affected people receive cash for rent contribution for temporary shelter, 100 cash transfers were made for the payment of 2 months of rent canon benefiting 100 families with a total of 395 people.</p> <p>The Project was implemented between August 2018 and February 2019 and allowed vulnerable groups (mothers head of family, parents head of family, people with disability levels within the family nucleus, pregnant or lactating women) to meet their basic emergency needs.</p>

3. Changes and Amendments

First, the NFI need assessment led by NRC allowed more accurate needs analysis and adjusting the items of the Shelter, Hygiene and Dignity kits making them fit for purpose and reach more people as originally planned.

Secondly, in addition to what had been mentioned in the Non-Cost Extension and Reprogramming Request Form (See Annex 01), the original description of Output 3. Affected people receive contribution for temporary shelter solutions by cash to meet their basic needs and enjoy physical protection was changed to Output3. Affected people receive cash for rent contribution for temporary shelter. Due to these changes, the expected original activities of Output 3 regarding the improvement activities on houses were not executed because the houses where the targeted people live are above standard and cash base interventions for shelter improvements were not required. Nevertheless, due to overcrowding (more than one family in the same room) of these housings there is a striking need for enlargement. However, funds were not sufficient for this. Due to this change and the existing lack of income and economic resources in the families to pay an adequate and safe apartment, it was decided to opt for "cash for rent" intervention. The request for a one-month No-Cost Extension was made on 11/12/2018 (received by CERF secretariat on 18/12/2018). Approval notification 18/12/2018.

Finally, the displacement dynamics are more complex than initially analysed. The number of people and their intentions to stay in Colombia or continue to Ecuador varied on a weekly basis. Aside from Ipiales, NRC staff has identified growing needs in rural contexts, where assistance is not available, but an increasing number of Venezuelans are arriving. The identified municipalities are: Cordon fronterizos: Tumaco, Guachucal, Aldana, Contadero, Cuafpud, Cumbal, Funes, Iles, Potosí, Puerres, Pupiales, Pasto, Remolino.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	327	723	1,050	168	332	500	495	1,055	1,550
Reached	148	975	1,123	194	615	809	342	1,590	1,932

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>		
<i>IDPs</i>		
<i>Host population</i>	140	
<i>Affected people (none of the above)</i>	1,410	1,932
Total (same as in 4a)	1,550	1,932

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

The increasing in the number of beneficiaries is to be explain as follows:

- NRC's programmatic and risk analysis allowed to better select the items for the kits according to the identified needs of the target population and, hence, to increase number of people reached.
- An increase in the number of beneficiaries was evidenced as a result of the requested change of the indicators of housing improvements to the cash for rent activities who managed to reach 100 families instead of 50 originally planned.
- Due to the change of the indicators of housing improvements to the cash for rent activities, no support to the host community was provided.

5. CERF Result Framework				
Project objective		1,550 people affected by the Venezuelan crisis have access to adequate temporary shelter.		
Output 1	Affected people receive households' items in kind to meet their basic needs and enjoy physical protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of individuals receiving Shelter Kits	500 persons (200 men, 300 women)	538 persons (295 men, 243 women)	Distribution list, Beneficiaries list, photos of activities, satisfaction surveys
Indicator 1.2	# of individuals receiving Hygiene Kits (NFI) disaggregated by displacement status (PNIP or host population) / sex	500 persons (200 men, 300 women)	500 persons (202 men, 298 women)	Distribution list, Beneficiaries list, photos of activities, satisfaction surveys
Indicator 1.3	# of women and girls receiving Dignity Kits disaggregated by displacement status (PNIP or host population)	300 persons (75 girls, 225 women)	338 persons (66 girls, 272 women)	Distribution list, Beneficiaries list, photos of the activity, satisfaction surveys
Explanation of output and indicators variance:		Regarding the selection of beneficiaries, NRC created a database which was crossed with the databases of Pastoral Social in order to avoid the duplication of deliveries and generate an articulated intervention with organizations present in the field. Regarding the level of satisfaction of beneficiaries, after the delivery of kits, the application of satisfaction surveys evidenced that 94% were satisfied with the deliveries made, 92% said that the delivered hygiene kit was enough to cover their shelter and hygiene needs and 94% said that the Shelter kit had the elements they required. Moreover, 94% considered that the time chosen for the delivery of the kit was adequate.		
Activities	Description		Implemented by	
Activity 1.1	Analysis of different protection needs to define items of the shelter kit, hygiene kit, and dignity kit		NRC emergency field staff in coordination with social civil organizations and international humanitarian actors present in the field. In addition, the Shelter area team leader, the Shelter and WASH Programme Development Manager and the Protection staff were involved in the technical discussions and the construction of tools.	
Activity 1.2	Delivery of 1,300 kits (in kind)		NRC emergency field staff	
Activity 1.3	Assessment of satisfaction with the delivered kits		NRC emergency field staff	
Output 2	Affected people receive a contribution to temporary shelter solutions to meet their basic needs and enjoy physical protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of individuals receiving an NRC contribution to temporary shelter (hotel)	50 persons (20 men, 30 women)	305 persons, 87 families/households (149 men, 156 women)	Beneficiaries list, satisfaction surveys
Explanation of output and indicators variance:		To identify hotels that provide a quality service to Venezuelan families, a commercial, geolocation and technical analysis of places in the downtown area was carried out. An agreement was reached with the hotel <i>el Nogal</i> (7th street and 13th street of Ipiales). An additional breakfast service was provided.		

	<p>Originally, the Project contemplated the accommodation per person of 5 nights, but several families made use of the hotel accommodation for only 1 or 2 nights, because they were in transit. They used it as a place to stay while carrying out the migration procedures in Colombia and regularized their situation to continue the route.</p> <p>The satisfaction surveys proved that 100% of the people consider hotel accommodation (temporary alternative solution) as a good option due to the economic and physical conditions in which they were. 70% of the families attended with accommodation said, before receiving NRC support, they were sleeping on the street because of the scarcity of resource. This is why they see the support with temporary shelter as a protective measure.</p>
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Activities	Description	Implemented by
Activity 2.1	Identification and selection of hotels suitable for temporary accommodation	NRC emergency field staff. In addition, the Shelter area team leader, the Shelter and WASH Programme Development Manager and the Protection staff were involved in the technical discussions and the construction of tools
Activity 2.2	Identification and prioritization of vulnerable Venezuelans in transit in Colombian territory	NRC emergency field staff in coordination with existing social civil organizations and international humanitarian actors
Activity 2.3	Facilitation of temporary accommodation for 50 people through agreements with hotels (payment of accommodation up to 1 week of \$375)	NRC emergency field staff
Activity 2.4	Monitoring of timely access to temporary shelter (accommodation up to 1 week)	NRC emergency field staff
Activity 2.5	Assessment of satisfaction with temporary shelter solution	NRC emergency field staff

Output 3	Affected people receive contribution for temporary shelter solutions by cash to meet their basic needs and enjoy physical protection.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of individuals receiving an NRC contribution for temporary shelter	200 persons (80 men, 120 women)	395 persons (207 men, 188 women)	Distribution list
Indicator 3.2	# of individuals receiving cash for temporary shelter contribution with a total value of \$35,700	50 persons (20 men, 30 women)	100 persons (43 men, 57 women)	Distribution list, visit report
Indicator 3.3	# of individuals receiving information on topics related to temporary shelter solutions	50 persons (20 men, 30 women)	77 persons (19 men, 58 women)	Beneficiaries list
Indicator 3.4	# of awareness raising on GBV and cash-based protection	50 persons (20 men, 30 women)	77 persons (19 men, 58 women)	Beneficiaries list, photos of the activity
Explanation of output and indicators variance:		According to the approved Non-Cost Extension and the Reprogramming Request Form, a total of 395 people benefited, instead of the 400 persons originally expected. This is because the actual average of members per family was lower than the initially calculated average of 4 members.		

		Follow-up visits and the satisfaction survey showed that 100% of the families stated that the money received was sufficient to cover their needs for accommodation on time and 90% said that the rented space is sufficient to cover housing needs.
Activities	Description	Implemented by
Activity 3.1	Establishing prioritization criteria according to a vulnerability matrix and selection of people affected by the Venezuelan crisis	NRC emergency field staff. In addition, the Shelter area team leader, the Shelter and WASH Programme Development Manager and the Protection staff were involved in the technical discussions the construction of tools
Activity 3.2	Analysis of protection risks	NRC emergency field staff in coordination with social civil organizations and international humanitarian actors present on the field. In addition, the Shelter area team leader, the Shelter and WASH Programme Development Manager and the Protection staff were involved in the technical discussions and the construction of tools
Activity 3.3	Provide workshops on issues related to adequate housing	NRC emergency field staff
Activity 3.4	Provide workshops on issues related to protection, GBV, cash-based protection	NRC emergency field staff
Activity 3.5	Distribution of conditional and restricted cash transfers (vouchers) for the improvement of housing	NRC emergency field staff
Activity 3.6	Monitoring of the priorities made for improvement and the implementation of the works	NRC emergency field staff
Activity 3.7	Post distribution monitoring of the cash transfers	NRC emergency field staff
Activity 3.8	Assessment of satisfaction with temporary shelter contribution	NRC emergency field staff

6. Accountability to Affected People

A) Project design and planning phase:

The shelter tool box generated for this project includes visibility and clearly instructs NRC field staff to inform people assisted, for example by an intro text in the beginning of documentation used, to introduce the project to people interviewed as part of protection need assessments.

B) Project implementation phase:

Beneficiary feedback is actively sought and taken into account through participative socialization meetings on the project's implementation and permanent dialogue with affected Venezuelan people, civil society organizations and humanitarian actors. For this project, NRC carried out individual interviews with Venezuelan people and families that were forced to transit to Ecuador from Venezuela.

C) Project monitoring and evaluation:

All Outputs were evaluated through satisfaction surveys. In addition, training programs included post-evaluations that allow for the collection of inputs to improve or maintain undertaken activities. Lastly, one-to-one follow-up of undertaken cash for rent distributions enabled NRC to identify the main obstacles and evaluate how effective the Shelter services are and take corrective measures.

7. Cash-Based Interventions				
7.a Did the project include one or more Cash Based Intervention(s) (CBI)?				
Planned		Actual		
Yes, CBI is a component of the CERF project		Yes, CBI is a component of the CERF project		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Rental Support Cash Grants	US\$ 35,700	Sector-specific	Conditional	Restricted
<i>Supplementary information (optional)</i> Cash for rent activities focused on Venezuelans, initially in transit but now stranded in Ipiales with no access to documentation or economics incomes. The cash transfer was conditioned to the assistance to workshops on topics related to adequate housing, protection mechanisms, cash-based protection and GBV. The total amount per family was 357 USD to cover 2 months of rent. The transfer was split into two payments with the second one only being realised after a visit of NRC staff to their homes after the first month.				
8. Evaluation: Has this project been evaluated or is an evaluation pending?				
With the support of the Monitoring and Evaluation Unit of the IOM, the project performance balance (BDP) tool will be used. The criteria will be defined together with the project coordinator on which the exercise will be focused (relevance, efficiency, effectiveness, impact panorama, sustainability panorama, humanitarian action and transversal approaches). The Balance will be made at the end of the intervention, based on the inputs generated by NRC. NRC used the following tools to monitor and evaluate the activities described: - Satisfaction surveys - Home visits to the 100 families prioritized for the delivery of the cash for rent - Monitoring and evaluation matrix - Financial monitoring of the project - Baseline reports		EVALUATION CARRIED OUT <input type="checkbox"/>		
		EVALUATION PENDING <input checked="" type="checkbox"/>		
		NO EVALUATION PLANNED <input type="checkbox"/>		

8.2. Project Report 18-RR-WOM-005 - UN Women

1. Project information			
1. Agency:	UN Women	2. Country:	Colombia
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence	4. Project code (CERF):	18-RR-WOM-005
5. Project title:	Access to protection and lifesaving mechanisms against GBV, trafficking in persons and sexual exploitation		
6.a Original Start date:	10/07/2018	6.b Original End date	09/01/2019
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 340,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 284,004
	c. Amount received from CERF:		US\$ 284,004
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 99,125
	<ul style="list-style-type: none"> ▪ Government Partners US\$ 0 ▪ International NGOs US\$ 99,125 ▪ National NGOs US\$ 0 ▪ Red Cross/Crescent US\$ 0 		

2. Project Results Summary/Overall Performance
<p>CERF RR allocated US\$ 284,004 to UN Women to improve the access to protection and lifesaving mechanisms against GBV, trafficking in persons and sexual exploitation of Venezuelan women in six municipalities (in six different departments). UN Women and its implementing partner supplied emergency assistance to 646 women; provided access to information on mechanisms of attention for gender-based violence and sexual exploitation to 12,712 women; provided access to information on trafficking in persons and its referral pathway to 1,310 people, from which 898 are women; identified and provided assistance to 16 victims of trafficking in persons; elaborated and disseminated 14 local mechanisms for assistance to women from Venezuela; and broadened the information dissemination through UNHCR's campaign "Somos Panas Colombia."</p>

3. Changes and Amendments
<p>The project did not have any change, its implementation was according to the results framework.</p>

4. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	254	1,030	1,284	180	446	626	434	1,476	1,910
Reached	250	2,849	3,099	138	853	991	388	3,702	4,090
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees									
IDPs									
Host population									
Affected people (none of the above)	1,910					4,090			
Total (same as in 4a)	1,910					4,090			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The total number of people benefited by the project grew significantly compared to the numbers estimated due to the high flow of Venezuelan population in the second half of 2018. The number of people from Venezuela entering Colombia went from 796,012 in 2017 (from which 368,189 were women) to 1,032,016 by the end of 2018 (from which 454,884 were women).								

5. CERF Result Framework	
Project objective	Improve access to life-saving protection mechanisms against GBV, trafficking and sexual exploitation of 1,910 women, (adults and youth), who are part of the mixed migratory influx, in 7 municipalities of 6 Colombian departments.

Output 1	1,410 victims, especially women (adults and youth), of mixed influx, have access to lifesaving protection mechanisms and information against GBV, in Riohacha (department of La Guajira), Santa Marta (department of Magdalena), Barranquilla (department of Atlántico) and Cartagena (department of Bolívar).			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of victims in the identified municipalities who have access to lifesaving protection mechanisms against GBV.	1,410 (229 young women, 730 women, 155 young men and 296 men) of the victims identified by the teams of the project has access to lifesaving protection mechanisms against GBV	646 women and 5 men of the victims identified by the teams of the project has access to lifesaving protection mechanisms against GBV	Attendance lists Proof of delivery kits dignity Photographic record Reports submitted by the implementing partner
Indicator 1.2	Number of victims in the identified municipalities who have access to lifesaving information against GBV.	1,410 (229 young women, 730 women, 155 young men and 296 men) of the victims identified by the teams of the project	2,112 women and 573 men of the victims identified by the teams of the project access to lifesaving information against GBV	Attendance lists Photographic record Reports submitted by the implementing partner

		access to lifesaving information against GBV		
Explanation of output and indicators variance:		Although it was possible to provide information regarding the protection mechanisms to a greater number of people, the access to protection mechanisms to save lives had more obstacles because the Venezuelan population has high mobility, being difficult the activation of them. The significant increase of mix migratory flows obliged the project to adapt its intervention and provide access to lifesaving protection mechanisms and information against GBV to more women.		
Activities	Description	Implemented by		
Activity 1.1	Provide emergency assistance and activate protection mechanisms against GBV (including healthcare response and access to justice) in identified cases.	Norwegian Refugee Council and UN Women		
Activity 1.2	Publish and disseminate lifesaving information against GBV in the identified municipalities.	Norwegian Refugee Council and UN Women		

Output 2	40 women (youth and adults) victims of human trafficking within mixed influx, have received immediate assistance and protection of their human rights, in the departments of Arauca and Norte de Santander			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of victims identified and assisted	100% of victims identified and 75% assisted (300 women, 150 men and 50 adolescents)	100% of identified victims received assistance (18 women) and trafficking routes were reported with 89 girls, 898 women, 77 boys and 341 men. ²	Assistance lists Photographic record Reports submitted
Indicator 2.2	Number of routes designed to identified and to assist trafficking in persons victims in each department	2 routes designed and implemented	2 routes for victims of human trafficking in Norte de Santander and Arauca were designed and implemented.	Brochures with a route
Indicator 2.3	Number of public authorities and NGOs strengthened to identify and refer possible cases of trafficking in persons	5 authorities and 3 NGOs strengthened to identify and refer possible cases of trafficking in persons or sexual exploitation	Each department (Norte de Santander and Arauca) have a route for the identification and assistance of victims of human trafficking. 201 women and 241 men from 32 public institutions and 5 NGO strengthened their	Brochures with a route Assistance lists

² In the project proposal it was agreed to target 500 people (300 women, 150 men and 50 teenagers) as the population universe in which UN Women would work to identify and assist 40 victims of human trafficking. Given the increase in the population universe (due to surge of migratory flows) the global indicator (40 people) was surpassed and was subsequently adapted by working with a higher number of people than the one initially expected. Trafficking routes were reported for 1,405 people (987 women) but global indicator for women receiving immediate assistance for Output 2 was maintained at 40 women.

			capacities to identify cases of human trafficking in Norte de Santander and Arauca	
Explanation of output and indicators variance:		The difficult economic conditions of many people from Venezuela and their status as irregular migrants are a high risk of trafficking in persons for labour exploitation, and in the case of women of sexual exploitation, however, there are many difficulties for that accept this situation and activate the routes for fear of deportation.		
Activities	Description	Implemented by		
Activity 2.1	Design and implement the critical route for the identification and assistance of women victims of or at risk of trafficking in persons within the mixed influx	UN Women with technical assistance of UNODC		
Activity 2.2	Design and implement the critical route for the identification and assistance of women victims of or at risk of trafficking in persons within the mixed influx	UN Women with technical assistance of UNODC		
Activity 2.3	Improve the capacities of local authorities and Non-governmental organizations to identify and refer possible cases of trafficking in persons	UN Women with technical assistance of UNODC		

6. Accountability to Affected People

A) Project design and planning phase:

At the request of the Colombian Ministry of Foreign Affairs, and in view of the absence of an adequate information registry, UN Women and the UN sub-group working on GBV elaborated the report “*Characterization of Women and Girls coming from Venezuela, victims of prostitution and/or sexual exploitation in the borders of Arauca and Norte de Santander: Recommendations for a comprehensive response*”. The data provided by the report confirm that most women migrate to Colombian territory due to their fragile economic situation, with their irregular migration status makes vulnerability to gender violence increase. The interview with these 192 women, the basis of this report, allowed the initial design of the project presented to the CERF.

B) Project implementation phase:

The project was staff at each of the selected municipalities, which had different moments of dialogue with some of the beneficiaries, identifying needs and key elements in the protection paths for broadcast, which were reported in monthly meetings tracing.

C) Project monitoring and evaluation:

At the end of the project, events were held in each of the municipalities to present the routes, with the presence of public officials, representatives of NGOs and migrant women, to receive feedback on the process developed and identify the achievements recognized by the beneficiaries.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
<i>Supplementary information (optional)</i>				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p>Evaluations were carried out by the implementing partners at the end of the project with the support of UN Women. The evaluations showed the need of the sustainability of the interventions made by UN Women supported by the CERF funds, and the importance of empowering local communities and organizations of Venezuelan people, understanding that civil society have ongoing advocacy actions with local authorities to include girls and women's rights in the State response.</p> <p>The project's activities and indicators monitoring were carried out monthly in all municipalities of the intervention. This allowed to adjust the activities according to the needs of the beneficiaries and alerts during the project's implementation. At the end of the project 3 local events were carried out with the local communities, institutions and beneficiaries for accountability purposes. An internal evaluation was carried out to better implement humanitarian interventions in a short period of time.</p> <p>From this project supported by the CERF, UN Women mobilized new resources for the sustainability of the interventions in the Caribbean Coast with the active participation of civil society and local institutions. Internal evaluation report attached to this report (Spanish version).</p>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.3. Project Report 18-RR-FPA-025 - UNFPA

1. Project information			
1. Agency:	UNFPA	2. Country:	Colombia
3. Cluster/Sector:	Health - Health	4. Project code (CERF):	18-RR-FPA-025
5. Project title:	Sexual and Reproductive health rights for migrant population, with emphasis on women, adolescents and young people		
6.a Original Start date:	09/07/2018	6.b Original End date	08/01/2019
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 520,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 286,330
	c. Amount received from CERF:		US\$ 286,330
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 144,228
	<ul style="list-style-type: none"> ▪ Government Partners US\$ 0 ▪ International NGOs US\$ 0 ▪ National NGOs US\$ 144,228 ▪ Red Cross/Crescent US\$ 0 		
2. Project Results Summary/Overall Performance			
<p>Through this CERF RR grant, UNFPA increased access to sexual and reproductive health services and sexual and reproductive rights of 5,692 Venezuelan migrants and returned, particularly to women, female adolescents and young people in the municipalities of Cucuta and Maicao. Self-care conditions for girls and adolescents were dignified and improved, protection capacities of women and communities were strengthened in the response of gender-based violence, and the institutions to provide priority services in SRH and GBV in emergencies.</p> <p>It was achieved that 1,852 women and 541 adolescents, Venezuelan migrants and Colombian returnees received access to contraceptive services provided through public hospitals and other service delivery points that are equipped with supplies. 2,667 contraceptive methods, 1,333 long-term contraception, 636 emergency contraceptives and 698 temporary contraceptives. 3,491 people received lifesaving information or route of attention of SRHR and GVB and educational material on self-care, among them 2,238 people received hygiene Kits.</p> <p>9 youth volunteers and 6 community-based organizations trained on sexual and reproductive health and gender-based violence, 105 personnel trained on priority services in SRH (abortion safe, contraception and rape attention) in 17 health facilities, 4 services received technical assistance in comprehensive assistance to sexual violence and 6 services were equipped with AMEU for abortion services.</p>			

3. Changes and Amendments

There were no significant changes of scope (target beneficiaries, sector, activities, or geographic area) that affected the intended objective or targets of the project approved by the ERC. Small changes were made due to the needs of the population and implementation challenges; therefore, adjustments were made to strengthen the activities already proposed, which were accompanied by budgetary adjustments. The budget adjustment did not pertain to a cumulative shift of more than 15 percent between budget categories. Changes and causes of these changes are presented as follow:

The biggest challenges presented by the execution were with the offer of Voluntary Interruption of Pregnancy (IVE) services for Venezuelan migrants. IVE services present the greatest barriers in SRH for Colombian woman for ideological reasons, these barriers worsen for migrant population, the human resources are poorly trained, most health entities had no interest in implementing the service. Institutions see it difficult to charge for this service because it is not considered a part of the urgency care service, so the pregnancy is a consequence of sexual violence. Additionally, in all institutions, abortion management was still carried out with by curettage procedure, a practice that is less safe for patients. For this reason, in addition to delivering the MVA equipment and updating the professionals in its management, it was necessary to hire additional training for the Erasmo Meoz Regional Hospital (Cúcuta), in the implementation of the processes to carry out the IVE, which was achieved that the service will remain operational at the end of the intervention and that women can access this SRH priority service.

In this framework, other barriers were also identified so that the most vulnerable people (irregular migrants) could access SRH and GBV services. The provision of this service for migrants had been interrupted not only due to lack of supplies, but also due to lack of human resources and lack of interest by the hospital in their provision. To solve this problem in addition to the delivery of contraceptive methods, human resources (psychosocial professionals and nurses) were supported by health institutions, which guaranteed that attention to survivors of GBV and contraceptive care was provided, the human resource was hired through of FECOLSOG and PLAN. Additional contraceptives were also purchased due mainly to the balances from taxes and the variation in the exchange rate.

Finally, the Colombian federation of gynaecology obstetrics FECOLSOG was not included as implementing partner, instead a service contract was made. It was estimated that the process to advance a MOU as a partner exceeded the estimated time for the MOU, since it required prior evaluation, which implied delays in execution, for which reason it decided to change to a contracting modality. This modality was adequate and effective for the prompt implementation of the project.

The implementation resulted in estimated balance de USD 2,174.83, the unspent funds will be returned to CERF according to internal policies.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	1,235	3,459	4,694	517	300	817	1,752	3,759	5,511
Reached	1,109	3,423	4,532*	118	1,042	1,160*	1,227	4,465	5,692

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>		
<i>IDPs</i>		
<i>Host population</i>		
<i>Affected people (none of the above)</i>	5,511	5,692
Total (same as in 4a)	5,511	5,692

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The purchase of contraceptive methods and the dignity kits was increased, therefore the beneficiaries reached were higher than estimated.
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* The total population does not correspond to the sum by age, because the age variable was not measured in all cases.

5. CERF Result Framework	
Project objective	Increase access to sexual and reproductive health services and promote sexual and reproductive rights of 5,511 migrant population, particularly to women, adolescents and young people in the municipalities of Cucuta and Maicao.

Output 1	2,248 women of reproductive age who will receive long-term and emergency contraceptive methods and 313 who will access to voluntary interruption of pregnancy through the public health services of Cúcuta and Maicao			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of long-term and emergency contraceptive methods delivered to public hospital of Cucuta and Maicao	2,248	2,916	Delivery documents to hospitals
Indicator 1.2	Number of AMEU Kits delivered to public hospital of Cucuta and Maicao (313 expected demand due to the number of uterine curettage on migrant pregnancy women in 2017).	4	8	Delivery documents to hospitals
Explanation of output and indicators variance:		<p>It was possible to buy 4 additional AMEU kits more than those included in the initial proposal, with balances in favor of tax refunds. The need to make this purchase was based on improved health and IVE services (although it is a reusable device it has a short lifespan). The kits were delivered to 6 institutions, the distribution was made according to the need expressed by the health authority and public hospitals.</p> <p>Given the high unmet need for contraceptive methods among the population and the balances related to lower transport costs and adjustment of the exchange rate, a greater number of contraceptive methods were purchased. We added 394 emergency pills (LNG_1.5MG) and 137 implants (LNG micronized 75 mgr JADELLE).</p>		
Activities	Description	Implemented by		
Activity 1.1	Establish agreement with FECOLSOG responsible for the purchase of the AMEU kits, the delivery of contraceptives and the support to public hospitals in the correct use of these supplies.	UNFPA		
Activity 1.2	Acquisition of supplies of long-term and/or emergency contraception	UNFPA		
Activity 1.3	Purchase of AMEU Kits	FECOLSOG		
Activity 1.4	Delivery of AMEU Kits	FECOLSOG		
Activity 1.5	Delivery of long-term and emergency contraceptives to the public hospitals	FECOLSOG		
Activity 1.6	Monitoring the delivery of contraceptives to women	FECOLSOG		

Activity 1.7	Evaluation and final report	UNFPA, FECOLSOG

Output 2	1,890 women and men of reproductive age from Cúcuta and Maicao will receive Personal Care Kits and / or educational material.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of Personal Care Kits and educational material on self-care and sexual and reproductive rights, route of attention to victims of violence delivered to adolescent and young women belonging to migrant population in Cucuta and Maicao and accompaniment for its use.	1,890	2,238	Delivery lists to the population
Indicator 2.2	Number of men and women who receive educational material on self-care and sexual and reproductive rights, route of attention to victims of violence and accompaniment for its use (does not include personal care kits for these people).	1,060	1,253	Delivery lists to the population
Indicator 2.3	Number of young leaders trained in SRH through the United Nations Volunteer programmes to implement a peer strategy	11	11	Assistance lists
Explanation of output and indicators variance:		The balances in favor derived from the variation of the exchange rate and tax refund were reinvested in the purchase of 348 dignity kits for women and men and communication material 600 Primer and Folding.		
Activities	Description	Implemented by		
Activity 2.1	Establish agreement with PLAN Foundation Plan will buy and deliver 1,890 personal care kits, educational materials, support communities for their use and to achieve sexual and reproductive rights and access to sexual and reproductive health services.	UNFPA		
Activity 2.2	Acquisition and assembly of personal care kits and sexual and reproductive rights educational material.	UNFPA		
Activity 2.3	Delivery of 1,890 Personal Care Kits and educational material about sexual and reproductive rights to young people	PLAN Foundation		
Activity 2.4	Implementing a peer strategy	PLAN Foundation		
Activity 2.5	Monitoring delivery of personal care kits to the target population	PLAN Foundation		
Activity 2.6	Evaluation and final report	UNFPA and PLAN Foundation		

6. Accountability to Affected People

A) Project design and planning phase:

The planning phase was based on the SRH needs identified in different analyses carried out by the Ministry of health and social protection, other UN agencies and organizations that make up the health cluster. These needs were validated with the local authorities and health service providers.

Before delivery health services UNFPA conduct information sessions to ensure beneficiaries and local institutions were aware and actively involved in decisions related to assistance received, as well as to enhance the efficient implementation of UNFPA programmes. These sessions included information on programme objectives, beneficiary selection criteria, implementation.

B) Project implementation phase:

In the implementation phase, the field coordinators of the project carried out the socialization of the project with territorial authorities and with community leaders, to inform about their developments and achievements and to adjust the field operation with them. The delivery of supplies to the local hospitals was done in coordination and prior agreement with the territorial health authorities. The delivery of SRH kits to women and adolescents was carried out after meetings with community groups.

C) Project monitoring and evaluation:

An accountability meeting was held with the community and local institutions, a meeting was held with the health authority to assess the relevance of the intervention and a monitoring and evaluation report was made.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional)

8. Evaluation: Has this project been evaluated or is an evaluation pending?

Regular on-site monitoring was done by Implementing Partner and UNFPA to track the implementation of the project and progress towards the intended results.

Rigorous monitoring of the planned activities was carried out by the UNFPA SRH Advisor. Daily progress updates were collected centrally to monitor the project activities and implementation status. Monthly progress reports have been submitted by implementing partner agencies and were shared with UNFPA's Monitoring and Evaluation team for review, compilation and analysis.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

8.4. Project Report 18-RR-CEF-068 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Colombia
3. Cluster/Sector:	Education - Education	4. Project code (CERF):	18-RR-CEF-068
5. Project title:	Education in emergencies assistance for children affected by mixed flows from Venezuela		
6.a Original Start date:	05/07/2018	6.b Original End date	04/01/2019
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 650,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 649,754
	c. Amount received from CERF:		US\$ 649,754
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 566,062
	<ul style="list-style-type: none"> ▪ Government Partners US\$ 0 ▪ International NGOs US\$ 335,943 ▪ National NGOs US\$ 230,119 ▪ Red Cross/Crescent US\$ 0 		

2. Project Results Summary/Overall Performance
<p>Through this CERF RR grant UNICEF and its partners provided a basic package of education services to 6,720 children and adolescents access to emergency education services, 5,000 of those children received psychosocial support. 700 teachers improved their capacities for the management of temporary educative spaces, included the prevention of Gender Based Violence and xenophobia; 280 teachers and 1,420 members of the community received psychosocial support; 50 temporary education spaces were installed or adapted in the schools.</p> <p>The project assisted a total 9,120 people from education communities in the 5 departments and municipalities most affected by mixed flows from Venezuela. With this project UNICEF attended not only to migrant children and adolescents but also to the receiving communities, managing to prevent the xenophobia that can cause a focused attention only on migrants.</p> <p>Implementing partners with high recognition in the field managed to meet with the planned resources a greater number of children, adolescents and members of the host communities, using their own resources.</p>

3. Changes and Amendments
<p>The increase in the entry of migrant and Colombian population returned from Venezuela has overwhelmed the institutional capacities for the service provision in education of this population especially in Norte de Santander, La Guajira and Arauca. The CERF projects promoted access and permanence of these children in protective school environments and UNICEF with other resources of their own and those of other donors managed to surpass the goal of attention in the number of children and adolescents attended.</p>

The close collaboration of UNICEF and its partners with educational authorities at the national and local level also allowed for the assistance of migrant children and adolescents and members of the host communities.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	3,060	1,200	4,260	2,940	800	3,740	6,000	2,000	8,000
Reached	3,500	1,500	5,000	3,220	900	4,120	6,720	2,400	9,120

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>	100	150
<i>IDPs</i>	1,800	596
<i>Host population</i>	5,000	5,000
<i>Affected people (none of the above)</i>	1,100	3,374
Total (same as in 4a)	8,000	9,120
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Implementing partners with high recognition in the field managed to meet with the planned resources a greater number of children, adolescents and members of the host communities, using their own resources and UNICEF resources from other donors.	

5. CERF Result Framework

Project objective	Provide a basic package of education services to children and adolescents, their families and their communities in five departments affected by the migratory influx.
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Output 1	6000 children and adolescents, 500 teachers and local education authorities and 1500 parents and community leaders have access to emergency education assistance.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# children and adolescents with access to emergency education services	6,000 boys and girls	6,720	Donation certificates, records of participants, reports of implementing partners and audio-visual record
Indicator 1.2	# of children and adolescents that received school supplies delivered	4,600 boys and girls	5,000	Donation certificates, records of participants, reports of implementing partners and

				audio-visual record
Indicator 1.3	# of temporary educative spaces installed	50 educative spaces	50 educative spaces installed or adapted	Donation certificates, records of participants, reports of implementing partners and audio-visual record
Indicator 1.4	# of teachers and local education authorities trained for the management of temporary educative spaces.	500 teachers and education authorities	700	Donation certificates, records of participants, reports of implementing partners and audio-visual record
Explanation of output and indicators variance:		UNICEF was able to work in precisely the 50 educational spaces originally foreseen, but through economies of scale and working with slightly larger groups, the project was able to reach slightly more children and teachers than targeted.		
Activities	Description	Implemented by		
Activity 1.1	Purchase and distribution of school kits, educational kits for teachers, recreational sports kits, and emergency kits	Corporación Infancia y Desarrollo (Arauca) NRC (Magdalena) World Vision International (La Guajira) Fundación Plan (Cúcuta, municipality) Corporación Opción Legal (Atlántico)		
Activity 1.2	Installation of temporary educative spaces	Corporación Infancia y Desarrollo (Arauca) NRC (Magdalena) World Vision International (La Guajira) Fundación Plan (Cúcuta, municipality) Corporación Opción Legal (Atlántico)		
Activity 1.3	Training Sessions for teachers, educative authorities and managers for the management of temporary educative spaces.	Corporación Infancia y Desarrollo (Arauca) NRC (Magdalena) World Vision International (La Guajira) Fundación Plan (Cúcuta, municipality) Corporación Opción Legal (Atlántico)		

Output 2	Children, adolescents, teachers and members of the educational community receive psychosocial support			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# children with access to psychosocial assistance	4,000 boys and girls	5,000 boys and girls	Donation certificates, records of participants, reports of implementing partners and audio-visual record
Indicator 2.2	# teachers and managers that receive psychosocial assistance	200 teachers and managers	280	Donation certificates, records of participants, reports of implementing partners and audio-visual record

Indicator 2.3	# members of the community that receive psychosocial assistance	800 community leaders and parents	1,420	Donation certificates, records of participants, reports of implementing partners and audio-visual record
Explanation of output and indicators variance:		UNICEF was able to surpass the targets set because the demand for psychosocial support was constant and larger than expected. By dint of hard work with implementing partners and economies of scale, the project was able to reach roughly 25% more beneficiaries than originally foreseen.		
Activities	Description	Implemented by		
Activity 2.1	Implementation of the "Retorno de la Alegría" strategy	CID (Arauca) World Vision International (La Guajira) Corporación Opción Legal (Atlántico) UNICEF (Cúcuta municipality)		
Activity 2.2	Purchase and distribution of psychosocial kits: "Retorno de la Alegría"	CID (Arauca) World Vision International (La Guajira) Corporación Opción Legal (Atlántico) UNICEF (Cúcuta municipality)		
Activity 2.3	Psychosocial assistance sessions with teachers and local education authorities	CID (Arauca) World Vision International (La Guajira) Corporación Opción Legal (Atlántico) UNICEF (Cúcuta municipality)		
Activity 2.4	Psychosocial assistance session with leaders and parents	CID (Arauca) World Vision International (La Guajira) Corporación Opción Legal (Atlántico) UNICEF (Cúcuta municipality)		

6. Accountability to Affected People

A) Project design and planning phase:

The project was designed taking into account the needs expressed by the communities identified during the needs assessment and in agreement with the local education secretariats.

UNICEF and its partners have a presence in the targeted territories with emergency response and other regular programs, which facilitates permanent communication with the population in need.

B) Project implementation phase:

The project was presented, and its implementation agreed with the populations served, local authorities and directors of the schools. The proposed activities were coordinated with teachers and children and adolescents.

UNICEF has in the 5 departments consultants specialized in education in emergencies who organized the project's implementation, in coordination with the local education authorities and the implementing partners. Also the implementing partners have offices and teams of professionals deployed in these regions and know the culture and customs of these populations which facilitates communication in a language accessible to all.

In all phases of the project, the recommendations of local authorities, teachers and children and adolescents were incorporated and applied.

C) Project monitoring and evaluation:

UNICEF designed instruments for the permanent monitoring of project activities and the implementing partners made a monthly report. Also, UNICEF held monthly technical committees with the participation of education secretariats, implementing partners and UNICEF

consultants. In these committees, monitoring was carried out for each of the indicators, making decisions when it was necessary to make the implementation more effective. UNICEF conducted field visits to schools and the temporary educational spaces and held a final meeting with educational communities to present the results of the project.

Despite the results obtained in this project, due to the dimension of the impact of migratory flow, exist important challenges related with access to education opportunities: i) Legal & administrative barriers including legal status and availability of documentation; ii) Confusion and difficulties in interpretation of the Ministry of education circular – particularly for children of irregular legal status – and lack of knowledge among parents, school staff, on available services and iii) Lack of (affordable and available) transportation in rural or hard-to-reach areas; iv) Lengthy administrative processes that lack flexibility and responsiveness meaning schools and local administrations are paralyzed in responding to fluctuating situations; vi) lack of clear and simple mechanisms and procedures for the recognition of prior learning children arriving in Colombia from Venezuela and vii) no arrangements or mechanisms in place for certification and accreditation of learning for migrant children in Colombia's education system.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional)

8. Evaluation: Has this project been evaluated or is an evaluation pending?

<p>No formal evaluation was foreseen nor conducted, since the project underwent a systematic process of monitoring, assessment and adjustment through accompaniment of implementing partners in the field by consultants and staff officers in the targeted regions, following up on the expected results.</p> <p>Instruments for monitoring with the population in need were agreed with the UNICEF partners. All the lines of attention were arranged with the population in need and during the implementation the partners monitored the degree of satisfaction of the population with the project proposal. The partners collected audio-visual records of the activities, lists of participants, records of delivery of supplies and life stories documenting cases.</p>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.5. Project Report 18-RR-CEF-069 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Colombia
3. Cluster/Sector:	Protection - Child Protection	4. Project code (CERF):	18-RR-CEF-069
5. Project title:	Protection of children against recruitment, sexual violence, landmines and family separation		
6.a Original Start date:	05/07/2018	6.b Original End date	04/01/2019
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency: <i>Guidance: Refer to the project proposal for the amount in 7a.</i> <i>For <u>rapid response</u> requests, this refers to the funding requirements of the requesting agency in the prioritized sector for this specific emergency and the new emergency response phase only.</i> <i>For <u>underfunded emergency</u> requests, this refers to the agency's funding requirements for the corresponding activities in the HRP. If HRP project exists, use the project requirement. Where no HRP exists, 'total project requirement' should reflect the funding requirements of the requesting agency for its humanitarian programme in the prioritized sector.</i>		US\$ 1,600,000
	b. Total funding received for agency's sector response to current emergency: <i>Guidance: Indicate the total amount received to date against the total indicated in 7a above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.</i>		US\$ 1,000,000
	c. Amount received from CERF:		US\$ 460,999
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 386,131
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 0 US\$ 0 US\$386,131 US\$ 0

2. Project Results Summary/Overall Performance

UNICEF and its partners implemented Child-Friendly Spaces, CFS in the departments of Arauca, La Guajira, Norte de Santander and Bolívar. In these CFS, UNICEF carried out training activities for boys, girls, adolescents and adults (parents, caregivers, teachers, and community leaders) to foster the knowledge about how to prevent recruitment, accidents with APL/UXO/IED's and Gender-Based Violence. This was achieved through pedagogical, recreational and experience-based methodologies. UNICEF simultaneously provided psychosocial support to children and families through techniques of emotional assistance using the "Return to happiness" model. UNICEF also advised families about institutional care and services available to protect children from violence, GBV and recruitment.

11,314 children participated actively in this process, among them 5,278 girls and 6,036 boys. Actions in child-friendly spaces included 4,204 people from families and caregivers. Some 39% of the participants were Venezuelans, the rest were from Colombian host communities, including Colombians returnees. The actions undertaken have enabled the identification of out-of-school, unaccompanied or separated children, as well as child victims of violence or those at high-risk of victimization. As a result, through referrals, the Colombian Institute for Family Welfare (ICBF) and the Ministry of Education have assisted these children in ensuring the fulfillment of their rights.

3. Changes and Amendments

There were no changes or amendments.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	2,425	250	2,675	1,575	250	1,825	4,000	500	4,500
Reached	5,278	2,985	8,263	6,036	1,219	7,255	11,314	4,204	15,518

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>		
<i>IDPs</i>		
<i>Host population</i>	1,500	9,448
<i>Affected people (none of the above)</i>	3,000	6,070
Total (same as in 4a)	4,500	15,518

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

UNICEF implemented strategies that were broadly accepted by host communities, preventing demonstrations of xenophobia and increasing significantly the number of Colombian participants. With regard to the Venezuelan population, the community focus of actions served to motivate higher participation and increased the overall number of participants.

The community focus of UNICEF activities as well as the promotion of elements of peaceful coexistence between host communities and migrants, served to augment confidence and participation by beneficiaries in identifying situations of risk, which were duly referred the local authorities, using the normal protocols for such cases. The fact that several activities were integrated within the same child-friendly space enabled UNICEF and the implementing partners to work on different topics with the entire community (e.g. parents, infants, adolescents, etc.)

5. CERF Result Framework

Project objective	Provide a basic package of protection services to children and adolescents, their families and their communities in four departments affected by the mixed influx from Venezuela.
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Output 1	Girls, boys, adolescents, their families, their communities and local leaders are sensitized about gender-based violence, commercial sexual exploitation of children (CSEC) & trafficking and are able to access local protection services.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of targeted children and women at risk of gender-based violence who benefit from sensitization and referral to government services.	3,100 girls, boys, adolescents and women	14,299	Reports from counterparts Reports from Verification Missions Minutes from technical meetings
Indicator 1.2	Number of targeted children in humanitarian situations benefitting from psychosocial support	3,100 girls, boys, adolescents and women (same target population as above)	11,314	Reports from counterparts Reports from Verification Missions Minutes from technical meetings
Indicator 1.3	Number of children for whom response routes are activated	(To be determined based on demand)	473	Reports from counterparts Reports from Verification Missions Minutes from technical meetings
Explanation of output and indicators variance:		The community focus of UNICEF activities as well as the promotion of elements of peaceful coexistence between host communities and migrants, served to augment confidence and participation by beneficiaries in identifying situations of risk, which were duly referred the local authorities, using the normal protocols for such cases. The fact that several activities were integrated within the same child-friendly space enabled UNICEF and the implementing partners to work on different topics with the entire community (e.g. parents, infants, adolescents, etc.)		
Activities	Description		Implemented by	
Activity 1.1	Sensitize communities on GBV		Renacer Corporación Infancia y Desarrollo - CID Apoyar Aldeas Infantiles SOS Pastoral Social Nacional	
Activity 1.2	Support local authorities and communities to identify risk factors		Renacer Corporación Infancia y Desarrollo - CID Apoyar Aldeas Infantiles SOS Pastoral Social Nacional	
Activity 1.3	Protect victims via referral and activation of response routes.		Renacer Corporación Infancia y Desarrollo - CID Apoyar Aldeas Infantiles SOS Pastoral Social Nacional	

Output 2	Child recruitment and utilization are addressed and prevented in targeted communities.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of children reached through programmes and services to prevent	900 girls, boys and adolescents (all of whom	11,054	Reports from counterparts

	recruitment and use by non-State armed groups (NSAG).	benefit from the GBV interventions above)	girls, boys and adolescents (all of whom benefit from the GBV interventions above)	Reports from Verification Missions Minutes from technical meetings
Indicator 2.2	Number of local authorities and community leaders sensitized about child recruitment and use.	50 local authorities and community leaders	80	Reports from counterparts Reports from Verification Missions Minutes from technical meetings
Indicator 2.3	Number of communities sensitized about preventing family separation	10 communities	15	Reports from counterparts Reports from Verification Missions Minutes from technical meetings
Explanation of output and indicators variance:		The community focus of UNICEF activities as well as the promotion of elements of peaceful coexistence between host communities and migrants, served to augment confidence and participation by beneficiaries in identifying situations of risk, which were duly referred the local authorities, using the normal protocols for such cases. The fact that several activities were integrated within the same child-friendly space enabled UNICEF and the implementing partners to work on different topics with the entire community (e.g. parents, infants, adolescents, etc.)		
Activities	Description	Implemented by		
Activity 2.1	Implement "Somos Paz", Golombiao and other techniques (through partners) with girls and boys in target communities.	Apoyar Aldeas Infantiles SOS Pastoral Social Nacional		
Activity 2.2	Protect victims via referral and activation of response routes	Apoyar Aldeas Infantiles SOS Pastoral Social Nacional		
Activity 2.3	Sensitize communities on prevention of family separation	Apoyar Aldeas Infantiles SOS Pastoral Social Nacional		

Output 3	The use of landmines and other indiscriminate or illicit weapons by state and non-state actors is prevented, and their impact is addressed.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of children, adolescents, family and community members in targeted areas who learn to protect themselves and others from APM/UXO/IED.	2,000 (of which 600 are also benefitting from other protection interventions noted above)	5,968	Reports from counterparts Reports from Verification Missions Minutes from technical meetings
Indicator 3.2	Number of victims of accidents with APM/UXO/IED who receive support in accessing their rights.	unknowable	16	Reports from counterparts
Explanation of output and indicators variance:		The community focus of UNICEF activities as well as the promotion of elements of peaceful coexistence between host communities and migrants, served to		

		augment confidence and participation by beneficiaries in identifying situations of risk, which were duly referred the local authorities, using the normal protocols for such cases. The fact that several activities were integrated within the same child-friendly space enabled UNICEF and the implementing partners to work on different topics with the entire community (e.g. parents, infants, adolescents, etc.)
Activities	Description	Implemented by
Activity 3.1	Implement mine risk education (MRE) in communities in crisis.	Corporación Paz y Democracia
Activity 3.2	Provide assistance to victims to access rights (transport, food, lodging and guidance)	Corporación Paz y Democracia

6. Accountability to Affected People

A) Project design and planning phase:

The selection of topics to be addressed and of methodologies to be adapted to the local migratory context were undertaken in participatory fashion with community members. The geographical locations were likewise chosen jointly with the local authorities and migrant communities, along with the participation of local social organizations and migrant groups previously identified in each municipality.

B) Project implementation phase:

In similar fashion, specific times were established for seeking and providing feedback with the affected communities. These included meetings to socialize the progress and follow-up to commitments made by UNICEF and the implementing partner to the communities and local authorities. As a result of this feedback process, activities were expanded or adjusted, new worksites were identified, and the number of beneficiaries was increased. As the communities began to feel comfortable with the process, they themselves appropriated the activities and promoted them more widely than UNICEF or its partners could.

C) Project monitoring and evaluation:

The above-mentioned moments of feedback also served to provide an informal evaluation at the close of the projects. In each municipality, meetings were held to assess results and self-evaluate the process.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional)

8. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT ☐

No formal evaluation was foreseen nor conducted, as the project underwent systematic monitoring and follow-up to adjust the methodology and actions in a process of constant feedback.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.6. Project Report 18-RR-CEF-070 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Colombia
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project code (CERF):	18-RR-CEF-070
5. Project title:	Access to safe water, sanitation and hygiene in the context of the Venezuela migration emergency		
6.a Original Start date:	05/07/2018	6.b Original End date	04/01/2019
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 13,500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,200,000
	c. Amount received from CERF:		US\$ 800,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 639,125
	<ul style="list-style-type: none"> ▪ Government Partners US\$ 0 ▪ International NGOs US\$ 516,160 ▪ National NGOs US\$ 122,965 ▪ Red Cross/Crescent US\$ 0 		

2. Project Results Summary/Overall Performance
<p>Through this CERF RR grant, UNICEF and its implementing partners in coordination with Government provided a humanitarian response in water, sanitation and hygiene directly benefitting 13,306 people. The following results bear highlighting: a) The major crossing points between Venezuela and Colombia (Simón Bolívar bridge and La Unión bridge in Norte de Santander, and Paraguachón in La Guajira) received sanitary installations consisting of toilets, showers, water points, handwashing points and diaper changing points; b) Activities to improve access to drinking water and hygiene promotion was provided in the main concentration points for migrant populations, including settlements, health centers, schools, shelters, feeding centers, etc.</p> <p>The project developed actions to promote key hygiene promotion practices for 7,400 people, including 2,030 women, 1,986 men, 1,764 girls and 1,620 boys. The practices consisted of handwashing, management of solid waste, disposal of excreta, water treatment at point of consumption, management of menstrual hygiene, and health surveillance in the consumption of food and beverages, among others. Among other activities, the project distributed 5,893 hygiene kits, whose contents had been agreed upon with communities via a participatory process of consensus building.</p>

3. Changes and Amendments
No significant changes took place in the project from the way it was originally planned.

4. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (18)	Women (≥ 18)	Total	Boys (18)	Men (≥ 18)	Total	Children (18)	Adults (≥ 18)	Total
Planned	2,381	3,249	5,630	2,456	2,489	4,945	4,837	5,738	10,575
Reached	1,637	5,634	7,271	1,764	4,271	6,035	3,401	9,905	13,306
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	1,575					9,970			
IDPs	1,008					1,250			
Host population	7,932					1,936			
Affected people (none of the above)	60					150			
Total (same as in 4a)	10,575					13,306			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The project plan contemplated reaching a much higher percentage of host community members, however the final data indicates that fully 75% of beneficiaries were Venezuelan migrants while only 15% were host community. This is probably because the principal activities were carried out in the major crossing points between the two countries, in Norte de Santander, La Guajira, Arauca and Nariño.								

5. CERF Result Framework	
Project objective	Access to safe water, sanitation and hygiene for 10,575 people in the context of the migration emergency with Venezuela.

Output 1	Access to safe water for human consumption for 10,575 people.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people with access to 15l/day/person (minimum) of safe water in shelters, schools and affected communities.	10,575 (under 18 years: 4.837; 18 years and older: 5.738)	13,306 (under 18 years: 3,401; 18 years and older: 9,905)	Reports from Implementing Partners. Monitoring Reports.
Indicator 1.2	Number of analysis of water quality in communities, shelters and schools	100% water quality analysis programmed Minimum three analyses of water quality for communities, shelters and schools.	100%	Reports from Implementing Partners. Monitoring Reports.
Indicator 1.3	Number of people accessing water treatment systems in communities, shelters, and schools.	10,575 (under 18 years: 4.837 18 years and older: 5.738)	13,306 (under 18 years: 3,401; 18 years and older: 9,905)	Reports from Implementing Partners. Monitoring Reports.

Explanation of output and indicators variance:		Outputs surpassed the planned target because the response was aimed as sites with the largest presence of migrant populations.
Activities	Description	Implemented by
Activity 1.1	Provision of drinking water through to the rehabilitation and improvement of community supply water system.	Lutheran World Federation. Plan Foundation. Action against Hunger. HALU Foundation.
Activity 1.2	Monitoring and analysis of water quality in communities, shelters and schools	Lutheran World Federation. Plan Foundation. Action against Hunger. HALU Foundation.
Activity 1.3	Distribution of water treatment systems in homes (home filters for water treatment).	Lutheran World Federation. Plan Foundation. Action against Hunger. HALU Foundation.

Output 2	Access to improved sanitation with handwashing facilities for 10,575 people.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of men, women, boys and girls with access to a functioning, appropriate and safely managed toilet with hand washing facilities (gender sensitive and people with disabilities)	10,575 (Men: 2,838; Women: 2,900; Children: 2,317; Girls: 2,520)	13,306 (Men: 4,271; Women: 5,634; Children: 1,764; Girls: 1,637)	Reports from Implementing Partners. Monitoring Reports.
Indicator 2.2	Number of shelters, communities and schools with an established and functional system for solid waste management.	100% of shelters, communities and schools with an established and functional system for the management of solid waste. 10 communities - 4 schools - 3 centers of services for the migrant	100% 12 communities - 10 schools - 5 centres of services for the migrant	Reports from Implementing Partners. Monitoring Reports.
Explanation of output and indicators variance:		Outputs surpassed the planned target because the response was aimed as sites with the largest presence of migrant populations.		
Activities	Description	Implemented by		
Activity 2.1	Improvement and/or construction of school and community toilets facilities (considering gender, protection and disability issues).	Lutheran World Federation. Plan Foundation. Action against Hunger. HALU Foundation.		
Activity 2.2	Installation of waste containers in strategic emplacements of urban and peri-urban affected area.	Lutheran World Federation. Plan Foundation. Action against Hunger. HALU Foundation.		

Output 3	Improved hygiene practices for 7,400 people.			
Indicators	Description	Target	Achieved	Source of verification

Indicator 3.1	Number of women, men, girls and boys with access to appropriate hygiene items.	7,400 (Men: 1,986; Women: 2,030; Children: 1,620; Girls: 1,764)	9,314 (Men: 2,990; Women: 3,944; Children: 1,235; Girls: 1,145)	Reports from Implementing Partners. Monitoring Reports.
Indicator 3.2	Number of people adopting hygiene key practices	7,400 (Men: 1,986; Women: 2,030; Children: 1,620; Girls: 1,764)	9,314 (Men: 2,990; Women: 3,944; Children: 1,235; Girls: 1,145)	Reports from Implementing Partners. Monitoring Reports.
Explanation of output and indicators variance:		Outputs surpassed the planned target because the response was aimed as sites with the largest presence of migrant populations.		
Activities	Description	Implemented by		
Activity 3.1	Delivery of 7,400 hygiene kits for families and school children, with a gender approach. The distribution is planned within five months and the partners are already advancing some administrative processes.	Lutheran World Federation. Plan Foundation. Action against Hunger. HALU Foundation.		
Activity 3.2	Implementation of the hygiene promotion strategy in the area with an emphasis on waterborne diseases and vector control (dengue, chikungunya, zika, etc), handwashing, solid waste management, menstrual hygiene, safe excreta disposal and household water treatment.	Lutheran World Federation. Plan Foundation. Action against Hunger. HALU Foundation.		

6. Accountability to Affected People

A) Project design and planning phase:

The projects were built with implementing partners that had full-time presence in the WASH Cluster, and this guaranteed that the design and planning would take place in accordance with humanitarian standards for the sector. At the same time, the physical presence of these same partners on the ground in each of the departments (La Guajira, Arauca, Norte de Santander) facilitated the task of characterizing humanitarian needs in the communities and special concentration sites for migrant populations. For this purpose, they used tools previously designed in the cluster that permitted the collection and systematization of community needs and perceptions, as well as the formulation of possible response scenarios that were subsequently discussed and adjusted with various affected populations. During this phase, needs were also consensually discussed with different Government institutions and civil society organisations that were also responding, to ensure complementarity of actions.

B) Project implementation phase:

During the implementation phase of the projects, various mechanisms were established to receive feedback from beneficiary communities, including:

- Coordination with local government authorities to define the spaces in which to intervene.
- Establishment of comment-boxes and suggestion boxes to understand community perception of the humanitarian responses provided and to identify potential improvements.
- Identification of community leaders with whom continuous dialogue was maintained to provide information about the progress of activities and to understand their perceptions.

Training of key community members to turn them into facilitators of the interventions to be carried out and so that they might communicate back potential needs for improvement when these arose.

C) Project monitoring and evaluation:

In this phase UNICEF carried out visits, including dialogues with community leaders and members, in order to receive feedback on the progress of the projects and to gather perceptions from the community on the need for adjustments or opportunities for improvement.

In the final phase of the implementation, data collection tools were used to measure community perceptions, which were compared to the information gathered in the initial baselines.

In the same manner, at the end of the projects final meetings with the community were organized, to present the results, discover the perceptions of beneficiaries about the response they received, and establish some recommendations on sustainability of the actions that had been implemented.

According to the monitoring process and closure of the projects, the perception of participants was that the results were indeed aligned with what had been planned and agreed to with communities.

The decision on a final evaluation is still under debate, however UNICEF is carrying out a broader needs assessment in the communities since the situation continues to deteriorate.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional)

8. Evaluation: Has this project been evaluated or is an evaluation pending?

No evaluation was foreseen nor conducted, as the project underwent systematic monitoring and follow-up to adjust the methodology and actions in a process of constant feedback.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

8.7. Project Report 18-RR-CEF-071,18-RR-FAO-017,18-RR-WFP-041 - UNICEF, FAO, WFP

1. Project information			
1. Agency:	UNICEF FAO WFP	2. Country:	Colombia
3. Cluster/Sector:	Food Security - Food Aid	4. Project code (CERF):	18-RR-CEF-071 18-RR-FAO-017 18-RR-WFP-041
5. Project title:	Food Security and Nutrition Assistance		
6.a Original Start date:	12/07/2018 (UNICEF) 13/07/2018 (FAO) 13/07/2018 (WFP)	6.b Original End date	11/01/2019 (UNICEF) 12/01/2019 (FAO) 12/01/2019 (WFP)
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (UNICEF) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (FAO) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (WFP)	if yes, specify revised end date:	12/02/2019
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (UNICEF) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (FAO) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (WFP) (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,960,000 FAO US\$ 43,676,678 WFP US\$ 550,000 UNICEF
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,496,000 FAO US\$ 35,688,891 WFP US\$ 310,935 UNICEF
	c. Amount received from CERF:		US\$ 2,250,078
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 436,206
	UNICEF <ul style="list-style-type: none"> ▪ Government Partners (Health institutions) ▪ International NGOs (Action Against Hunger) 		US\$ 122,479 US\$ 34,000
	FAO <ul style="list-style-type: none"> ▪ International NGOs (Action Against Hunger) 		US\$ 168,802
	WFP <ul style="list-style-type: none"> ▪ International NGOs (Action Against Hunger) ▪ National NGOs (Cruz Roja Colombiana, Misioneros de San Carlos, Pastoral Social, Parroquia Nuestra Señora de las Gracias de Torcoroma). 		US\$ 26,900 US\$ 84,025

2. Project Results Summary/Overall Performance

Through this CERF RR grant, FAO achieved the rapid production of 149 Ton of diverse food (including crops, and goats' milk and meat) for 3000 people families of 18 communities (429 families, 29.6% Venezuelan, 34.3% Colombian returnees', 36.1% host) from July 2018 to January 2019 in La Guajira, with the rehabilitation of 18 water sources for human consumption and agricultural production and providing agricultural inputs and permanent technical assistance to the communities.

UNICEF provided micronutrient supplements to 1.549 children under five and to 593 pregnant women; vaccinated 1.140 children from 6 months to 15 years; attended 697 pregnant women in prenatal control; assisted 2.229 parents on adequate feeding of children under 2; transferred nutritional key messages to 5.576 people; trained 162 institutional health government staff in management of severe malnutrition; provided nutritional equipment to 19 health institutions; and referred 23 children with acute moderate and severe malnutrition for treatment. All people attended were from the mixed migratory flow, in the 3 departments.

WFP supported 4,640 vulnerable Venezuelan migrants, Colombian returnees and members of host communities through monthly vouchers of the value of 96,000 COP (US\$ 30) in the departments of Arauca and Norte de Santander and 12,123 vulnerable migrants with two daily hot meals for an average of 9 days in community kitchens in the departments of Arauca, Norte de Santander, La Guajira and Nariño.

3. Changes and Amendments

For FAO, UNICEF and WFP there were no changes or amendments to the original proposal.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	4,243	4,399	8,642	4,279	3,579	7,858	8,522	7,978	16,500
Reached	4,221	4,496	8,717	4,184	3,862	8,046	8,405	8,358	16,763

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs		
Host population	4,500	3,352
Affected people (none of the above)	12,000	13,411
Total (same as in 4a)	16,500	16,763

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

With the implementation of the CERF project was evidenced that the Venezuelan families and Colombian returnees stayed at the rural areas with Colombian hosts communities were higher than the projected. In the stages of the CERF RR formulation, according to information of needs assessments, people of hosts communities at the rural areas were higher than migrants (60% of Colombian host communities vs 40% of migrants) while in the implementation phase, these numbers changed and the percentage of migrants in rural areas increased so much that at the end of the project the migrant population (between Venezuelan people and Colombian returnees) were almost of 60%.

5. CERF Result Framework

Project objective	To save lives and prevent the deterioration of food security and nutritional status of migrant population in temporary shelters informal settlements and indigenous communities in the Departments of Arauca, La Guajira and Norte de Santander through the provision of emergency food assistance.
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Output 1	FAO: Rapid recovery of food production for 3,000 vulnerable persons belonging to the indigenous Wayúu recipient and migrant (returnee) population in the rural area of the Department of La Guajira.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of participating communities that rapidly restore agricultural production to obtain food for human and animal consumption	Around 10 communities (100%)	10 communities (100%)	List of registered families Crops Records Photographic record
Indicator 1.2	Number of persons belonging to the recipient and returning population who receive agricultural inputs and supplies for the recovery of their productive capacity	3,000 persons (1,550 women and 1,450 men)	3,000 people (1,920 women, 1,080 men) belonging to 429 families, receiving 100% of agricultural inputs	List of registered families. Supplies delivery minutes Photographic record
Indicator 1.3	Percentage of communities with rehabilitated water supply systems for human consumption and for agricultural production	Around 9 communities (90%)	18 communities through the implementing partner Action Against Hunger	Report on rehabilitation activities of water points by the implementing partners (AAH)
Indicator 1.4	Animal health brigade coverage as a percentage. There are 3 animal health brigades to be developed with an interval of time between each brigade of 7 weeks	100% of communities (around 10) and 80% of animals (around 3,900) (This target corresponds to the number of communities and animals that will benefit from the 3 health brigades)	10 communities benefited from 3 animal health brigades with the attention of 7,524 animals	Report of veterinary brigades Photographic record
Explanation of output and indicators variance:		The CERF RR allocation allowed the rehabilitation of water supply systems for 18 communities in total, in which 10 were assisted in the rapid food production with the CERF resources, and 8 were assisted thanks to the mobilization of other funds as the Brazilian cooperation and the FAO's Early Warning Early Action (EWEA) funds. Thanks to the CERF resources and the rehabilitation of the water supplies, FAO increased the people reached and benefited more communities than planned.		
Activities	Description	Implemented by		
Activity 1.1	The signing of a letter of agreement with the implementing partner.	FAO		
Activity 1.2	Purchase of agricultural inputs and supplies for emergency assistance. These supplies are described under FAO's budget, Category B.	FAO		
Activity 1.3	Rapid distribution of agricultural inputs (silage, veterinary inputs, seeds, tools, irrigation systems) for the recovery of the food production capacity of the rural Wayúu host families and the migrant population.	FAO		

Activity 1.4	Rehabilitation of 10 water supply systems for human consumption and for agricultural production, which are necessary to recover and protect food availability and essential livelihoods of the indigenous Wayúu recipient families and the migrant population. The execution of this activity has been coordinated and articulated with UNICEF (WASH proposal) as was described above in this document.	IMPLEMENTING PARTNER (Action Against Hunger)
Activity 1.5	3 Animal health brigades as a measure to protect the survival of animals (sheep-goats, the main livelihood of the Wayúu indigenous population) of rural families that are recipients of the migrant population.	FAO
Activity 1.6	Basic technical assistance for the implementation of rapid food production models and protection of agricultural livelihoods.	FAO

Output 2	UNICEF: 500 boys and girls from 6 to 59 months have access to adequate management of acute, moderate and severe malnutrition, through the application of guidelines for the comprehensive care of acute, severe and moderate malnutrition in boys and girls aged 6 to 59 months, including the use of therapeutic formulas.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	i) # and % targeted children 6-59 months with Severe Acute Malnutrition receiving therapeutic care ii) # and/or % children 6-59 months with Moderate Acute Malnutrition admitted receiving supplementary care for specified period of time	500 children between 6-59 months receive appropriate care for severe and moderate acute malnutrition	100 children were at risk of malnutrition. 21 children with severe acute malnutrition were referred. 2 children with moderate acute malnutrition were referred.	Implementing partners reports.
Explanation of output and indicators variance:		A total of 2600 child under 5 years were evaluated and their caregivers received general recommendations on adequate feeding, proper practices in breastfeeding, care and upbringing. Of them, 1.549 were attended with micronutrient supplements and antiparasitic tablets, 100 of them were at risk of malnutrition and their families received accompaniment in the administration of the micronutrient supplement. On the other hand, 10 girls and 11 boys were identified with moderate acute malnutrition, and two children presented severe acute malnutrition, all of them were referred to the health institutions and recovered satisfactorily.		
Activities	Description	Implemented by		
Activity 2.1	3 capacity building workshops and on-the-job coaching of health providers at facility and community level for the adequate management of severe and moderate acute malnutrition in La Guajira, Arauca and Norte de Santander	UNICEF with the Ministry of Health and the National University of Colombia developed 3 workshops about the Guidelines for the Integral Management of the acute severe and moderate malnutrition in children from 0 to 59 months, in the departments of La Guajira, Norte de Santander and in the city of Bogotá at the national level. In these workshops, 162 institutional health professionals were trained. Additionally, at the municipal level, 50 health professionals received training in breastfeeding, anthropometry, complementary feeding and hygiene.		

Output 3	UNICEF: Strengthen the capacities and knowledge of 3,500 people, community and state actors to prevent malnutrition through the promotion of breastfeeding, complementary feeding, micronutrient supplementation and nutrition education, using health risk management teams and other nutrition and health strategies at community level.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of children under 5 years of age receiving essential health and nutrition services	2,500 boys and girls	2,300	Implementing partners reports.
Indicator 3.2	# of pregnant women receiving essential prenatal care and nutrition services	1,000 pregnant women	697	Implementing partners reports.
Indicator 3.3	# of people receiving basic information on breastfeeding, complementary feeding, hygiene and micronutrient supplementation	3,000 people	5,576	Implementing partners reports.
Explanation of output and indicators variance:		The CERF resources allowed UNICEF and its partners to meet all the health and nutrition needs of pregnant women, mothers, and children at the points of care. The indicator 3.1 was achieved in 92% and 3.2 in 70%. The people receiving basic information on breastfeeding, complementary feeding, hygiene practices, and micronutrient supplementation (indicator 3.3) were yet higher than the planned, correcting the low coverage of people reached in the other indicators against the target.		
Activities	Description	Implemented by		
Activity 3.1	Health and nutrition prevention services, primary health care, health promotion activities, for host and migrant communities, with priority given to children 0-59 months, pregnant and lactating women, in Arauca and Norte de Santander.	The implementing partners were the State Social Enterprises: Jorge Cristo in Villa del Rosario (Norte de Santander), Jaime Alvarado in Arauca (Arauca), Nuestra Señora del Perpetuo Socorro in Uribia (La Guajira) and Action Against Hunger in Cúcuta (Norte de Santander) and Riohacha (La Guajira).		

Output 4	WFP: Food assistance provided to 16,000 beneficiaries with vouchers (direct distribution and indirect through IP).			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of beneficiaries receiving food assistance Disaggregated by Community Kitchens or value vouchers activity, and by nationality, age, women, men, girls, boys, and vulnerable groups	16,000 beneficiaries assisted	16,763	WINGS (Reconciliation Reports)
Indicator 4.2	Improved food consumption score, diet diversity, food expenditure share and coping strategies WFP will provide a baseline before the beginning of the implementation.	Target: 100% of targeted households have at least borderline food consumption score. Target: 100% of targeted households consume at least 5 food groups (diet diversity) on average. Target: 100% of tar	94% of the households had an acceptable food consumption score compared to the baseline of 66%. The percentage of households with poor FCS went down from 18% to 1%. The Dietary Diversity Score (DDS) measures the number of different food groups consumed by a family during a seven-day period and	Post-distribution/outcome monitoring

			provides an estimate of the quality of their diet. ³	
Explanation of output and indicators variance:		Savings due to fluctuations in the exchange rate and reduction of implementing costs allowed to reach a higher number of beneficiaries than what originally planned. Nevertheless, beneficiary migrant families still have to resort to negative coping strategies such as borrowing food and relying on help from relatives or friends, as they face huge challenges in meeting other basic needs such as housing, health care and education.		
Activities	Description	Implemented by		
Activity 4.1	Acquisition of individual value vouchers of \$34 each from local retailers in each department for 4,000 beneficiaries per month for a period of three months (CBI)	Pastoral Social Cruz Roja Colombiana Misioneros de San Carlos Parroquia Nuestra Señora de las Gracias de Torcoroma World Vision		
Activity 4.2	Delivery of monthly individual value vouchers through Implementing Partners to the beneficiaries that can redeem them against food items in identified supermarkets (CBI)	Pastoral Social Cruz Roja Colombiana Misioneros de San Carlos Parroquia Nuestra Señora de las Gracias de Torcoroma World Vision		
Activity 4.3	Value vouchers are delivered to Implementing Partners to purchase the necessary food items, cook, and supply hot meals in the community kitchen for the beneficiaries (not CBI)	WFP		

6. Accountability to Affected People

A) Project design and planning phase:

FAO developed socialization workshops in each of the 10 communities in La Guajira, through the community's leaders, the families attended the call of the FAO and knew about the project and the source of the resources, and agreed in the technical production model, area of implementation of the production model, the vegetal species to establish, and all the activities related to the food production. The socialization process covered 100% of people reached.

UNICEF socialized the project with the authorities, local health institutions and community members in the 3 departments, in which were selected, in a concerted manner, the actions lines of the project.

WFP provided training and support to the partners to ensure that sensitization is done properly and following corporate standards. In the latter part of the year, WFP also distributed leaflets explaining requirements for enrolment and nature of the food assistance at reception areas.

³ A score of 6 is considered "good," whereas a score of 4.5 or less is considered "poor". Analyses of the results of the DDS showed that at the end of WFP's intervention, more than half of the surveyed households consumed 6 food groups during the week, an improvement compared to consumption patterns at the beginning of the intervention. The percentage of food expenditure measures economic households' vulnerability, as the greater food expenditure within the general budget of a household is in relation to other items and services, the more economically vulnerable the family is. Results show that in households receiving in-kind food assistance, food expenditure went from 64 to 48 Percent, allowing families to have more money for non-food expenditure to access basic services such as health, housing and transportation. The Coping Strategy Index (CSI) measures the use of negative coping strategies by families facing crises that impacted their food security. The percentage of assisted households that had to resort to negative coping strategies such as working only for food and accepting risky jobs went down from 47 to 35 percent. Similarly, the percentage of households that did not have to resort to any negative emergency coping strategy also increased, from one percent to 14 percent. More than 60 percent of households reduced the use of strategies that directly affected food consumption, meaning that fewer families had to resort to limiting portion size at meals, restricting consumption by adults so that small children could eat, and reducing the number of meals eaten in a day.

B) Project implementation phase:

FAO designed 4 agrotechnical models adjusted to the humanitarian, ethnic and ecosystem context (migration situation, indigenous communities, and drought) to apply risk management techniques. The areas of each agricultural product were agreed with 100% of the families as also was the training sessions themes. In addition, FAO developed 38 training sessions with the families benefited, as a process of accountability to determine the capacities acquired by the families and where the participants expressed their points of view and suggestions. This feedback of the communities were important inputs that FAO used for the planning of the next sessions.

WFP created a hotline to register and analyze feedback but also to take immediate action whenever operational issues were flagged. The service is available to the entire population in the departments of Norte de Santander, La Guajira, Arauca y Nariño. The service is advertised in all distribution points, retailers and community kitchens through banners and leaflets. The hotline works through phone calls but also through WhatsApp instant messages and email.

C) Project monitoring and evaluation:

For the 3 agencies, the monitoring and evaluation process was developed periodically, based on an operative plan, tracking the actions planning against the indicators with the corroboration of means of verification.

UNICEF has based its monitoring based in results-based follow-up and in the following of the commitments of the implementation partners, whom agreed to develop accountability sessions with the beneficiaries to determine the satisfaction degree, the relevance of the inputs and assistance delivered, and the level of participation of the community in the health and nutrition strategies, and to report to UNICEF through activities reports, interviews and cases documentation.

WFP uses the hotline also as a remote monitoring tool.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
Yes, CBI is a component of the CERF project	Yes, CBI is a component of the CERF project

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Vouchers (monthly individual)	US\$ 329,401	Sector-specific	Unconditional	Restricted
Vouchers (to purchase food for community kitchens)	US\$ 488,645	Sector-specific	Unconditional	Restricted

Supplementary information (optional):

WFP actions in the CERF project are CBT based. Individual monthly vouchers of the value of 96,000 COP were distributed to beneficiaries through implementing partners; while vouchers of the value of 3,200 COP per person per day were distributed to cooperating partners to purchase food to prepare two meals per day per person in community kitchens.

8. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT ☐

No formal evaluation was foreseen nor conducted, as the project underwent constant and systematic monitoring and follow-up to adjust the methodology and actions in a process of constant feedback.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.8. Project Report 18-RR-WHO-026 - WHO

1. Project information			
1. Agency:	WHO	2. Country:	Colombia
3. Cluster/Sector:	Health - Health	4. Project code (CERF):	18-RR-WHO-026
5. Project title:	Increase the access of the migrant population to complementary health services that protect and save lives in La Guajira, Norte de Santander and Arauca		
6.a Original Start date:	11/07/2018	6.b Original End date	10/01/2019
6.c No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 3,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,545,182
	c. Amount received from CERF:		US\$ 965,182
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 226,761
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		<div>US\$ 0</div> <div>US\$ 0</div> <div>US\$ 226,761</div> <div>US\$ 0</div>
2. Project Results Summary/Overall Performance			
<p>Through this CERF RR grant, WHO and its partners provided assistance in general medicine, mental health, vaccination and access to other essential health supplies to 63,762 people in the departments most affected by migration of Venezuelans and the return of Colombians. La Guajira, Norte de Santander and Arauca are the territories where the greatest humanitarian needs and burden on health services are concentrated. In these territories, medicines, rapid diagnostic tests, PEP kits and supplies for the care of acute diarrheal diseases, acute respiratory infections were procured and delivered to 28 health institutions.</p> <p>The humanitarian interventions carried out prioritized access for women, pregnant women, children, and seniors to priority health services and medicines that are complementary to the Colombian government's health scheme that is only available for emergencies, vaccinations and public health surveillance actions.</p> <p>The strategies used to improve access to health services were health service provision by fixed and mobile health units delivering general medical care, psychosocial care, specialized care (e.g. nutrition, pediatrics and gynecology), rapid diagnostic tests for syphilis, HIV / AIDS and the provision of medicines and basic health supplies for ambulatory care of migrant patients admitted for emergencies cases in 28 prioritized hospitals considering their migrant patient uptake.</p> <p>Additionally, Municipal health secretaries of health were provided with rapid diagnostic tests for malaria. Target health facilities were provided with Community Integral Care Units (UAIC) and PEP Kits for the prevention and ambulatory management of acute diarrheal</p>			

disease, acute respiratory infection, screening and management of acute malnutrition, as well as emergency care for people who are victims of sexual violence or situations of risk to HIV and STIs.,

While the Ministry of Health provided the vaccines to immunize both migrants and host communities, the lack of personnel and basic supplies in the immunization program were major issues to be addressed. Hence at the request of the both departmental and municipal Secretaries of Health, vaccinators were recruited to increase the capacity of local immunization programs and to increase access of migrant population to immunization services at border entry points, transit areas and transport terminals.

513 families benefited from psychosocial support, 779 people participated in health promotion and disease prevention campaigns and 824 people benefited from personal and family health protection kits.

In collaboration with the Colombian Red Cross 2,462 migrants requiring medical care were assisted through the delivery of medicines and basic supplies in the three departments.

3. Changes and Amendments

During the implementation of the Project, some adjustments were made to the project plan:

- Although 4 mobile units had been planned this project, only one was developed. The local authorities of Arauca requested that the remaining three units were to be adjusted as fixed points of care. This resulted to surpassing the target of 3,200 people receiving care, achieving in total 3,740 people attended (540 more people). With the contribution of health partner, the Colombian Air Patrol (PAC for its acronym in Spanish), the mobile unit of Arauca was complemented with dental care (126 people served) and delivery of family planning methods (101 subdermal implants). However, the target number of obstetric ultrasounds performed was lower than estimated due to a lower number of pregnant women seeking antenatal care. (only 58 ultrasounds out of the 100 targeted).
- The recruitment of 14 vaccinators for 5 months was estimated to vaccinate 4,900 people. However due to request from municipal health authorities 24 vaccinators were finally recruited for the municipalities of Riohacha, Maicao, Cúcuta, Villa del Rosario and Arauca, reaching 16,487 people vaccinated.
- 180 PEP kits were planned to be procured in this project. However, due to some changes in the Ministry of Health protocol and costs, 180 PEP kits were finally acquired and delivered.
- 53 medicines kits were procured and delivered instead of the planned 47 medicine kits. Better costs were negotiated with local providers, thereby increasing the number of purchased kits. This allowed an increase in the number of beneficiaries from 4,700 to 5,300 with 28 local health institutions (instead of 20 as target) supported.
- The savings made out of the purchase of medicines kits allowed the project to procure nutritional supplements requested by the Secretaries of Health of La Guajira and Norte de Santander. These were to support migrant malnourished children and Colombians who didn't have health insurance. 80 nutritional supplement packs were delivered to both departments who requested them and to Colombian Red Cross in Norte de Santander who assisted malnourished Yupka indigenous children.
- Support was also provided to the Riohacha hospital with supplies and equipment for the pediatric emergency room that experienced a significant increase in the demand for health services, thereby exceeding their response capacity. The purchase of 12 tents for prepositioning for health care points for the health response. The acquisition and delivery of UAIC for ambulatory management of acute diarrheal disease, acute respiratory infection, dehydration and malnutrition was increased to 13 (initial target 10), facilitating the care of 3,900 people (instead of 3,000 people targeted); elements that entities continue to use at the time, a process that the Organization has been monitoring.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	10,097	15,971	26,068	10,509	16,623	27,132	20,606	32,594	53,200
Reached	20,564	19,288	39,852	12,342	11,568	23,910	32,906	30,856	63,762

4b. Number of people directly assisted with cerf funding by category		
Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs		
Host population ⁴		15,941
Affected people ⁵	53,200	47,821
Total (same as in 4a)	53,200	63,762
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	A greater number of beneficiaries was reached through cost saving and by increasing the number of medicine kits and UAICs delivered to health institutions. Health facilities informed that migrants, returned <u>and</u> host communities benefited from the kits and supplies purchased by the project.	

5. CERF Result Framework	
Project objective	Increase access to essential lifesaving health services and disease prevention measures to prevent further damage to the health of migrants in border areas, focusing on 53,200 people among the most vulnerable groups.

Output 1	50,200 vulnerable individuals have access to essential primary health care services in the border areas of the three prioritized departments			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of men, women, pregnant women, children, and elderly migrants who receive emergency primary care in physical and psychosocial health.	50,200 people receiving medical assistance through 4 mobile health units (of partners: PAC 800 persons and Halu Foundation 2,400 persons) and 47,000 persons benefited with the drugs, supplies and va	2,834 people benefited by the HALU Foundation, 906 people by PAC) and 53,000 people benefited by local institutions through the use of the drug kits and supplies delivered, including the Colombian Red Cross Norte de Santander branch.	HALU Foundation report, PAC report, record of delivery to hospitals, record of delivery to the Red Cross, report monitoring the use of medicines, and photographic record.
Indicator 1.2	Number of migrant population vaccinated through the support of PAHO/WHO for regular immunization program.	4,900 (BCG, Hepatitis B, Influenzae, Rotavirus, Sarampión, Rubeola, Neumococo, Paperas, Difteria, Paperas, Tos ferina, Tétanos, Polio, Fiebre Amarilla).	16,487 persons vaccinated, 44,761 doses of vaccine applied according to the country Immunization Plan.	Vaccinators report

⁴ Includes Colombian host population.

⁵ Includes migrants.

Indicator 1.3	Number of health facilities equipped with medicine kits and supplies for the comprehensive care of migrants.	20 local health institutions.	28 public health institutions and the Colombian Red Cross were supported with supplies and medicines for the care of the migrant population.	Hospital records, reports by Colombian Red Cross and photographic record sent by health facilities.
Explanation of output and indicators variance:		Better results due to low prices in the purchase of medicine kits and gain in the exchange rate, situations that allowed for greater acquisition and delivery of supplies.		
Activities	Description	Implemented by Colombian Air Patrol and “Fundación Bienestar Humano - HALU”		
Activity 1.1	Deliver through Mobile Health Unit general and specialized medical consultations, medicines, ultrasound scans, nutritional screening and HIV / Sifilis tests.	In the Municipality of Arauca 906 people received medical care, 28% were attended in gynecology, pediatrics and nutrition, 1,616 medical consultations done, 919 medical prescriptions issued, 106 gynecological procedures carried out, 235 children received pediatric care, 245 nutritional assessment conducted, 428 people attended in general medicine, 126 dental care and 101 subdermal implants applied.		
Activity 1.2	Provide primary health care services to pregnant women, infants, people with disabilities and elderly, through 4 Mobile Health Units.	In the La Guajira Department 1,252 people were treated and Norte de Santander Department 1,602 for a total of 2,834 people attended; in general medicine 1,539, and nursing care 741, nutritionist consultations 420 and 120 for psychosocial care in fixed points of care and mobile sites.		
Activity 1.3	Provide psychosocial support to individuals and families in an emergency situation with a gender focus.	1,519 persons received individual, family and community psychosocial care services.		
Activity 1.4	Update health care routes for migrants and development of priority education campaigns with an ethnic approach.	779 people benefited from health promotion and prevention campaigns, consisting of 5 themes: handwashing, breastfeeding, healthy eating, early detection of pregnancy complications, vaccination, measles, prevention of cervical cancer, breast cancer and vector diseases. Health information was disseminated in vaccination centers and hospitals using tools through messages on hand fans, puppets and aluminum bottles with printed health messages.		
Activity 1.5	Contract and deploy 14 vaccinators to provide emergency vaccination to children under 5 years of age, pregnant women, the elderly population of host and migrant populations that does not show a vaccination record.	Recruitment of 24 vaccinators assisted in the immunization of 16,487 migrants, application of 44,761 vaccine doses. Distribution by department: 1,015 people in Maicao and Riohacha, 9,949 people in Cúcuta and Villa del Rosario and 3,523 people in Arauca.		
Activity 1.6	Purchase of 47 kits of medicines and medical supplies for general care (care of 1,000 people per kit)	53 medicine kits were purchased, 80 boxes with 150 food packages for malnutrition. Supplies for the pediatrics area of the Riohacha hospital and 12 tents for sanitary response.		
Activity 1.7	Delivery of 47 kits to priority service points.	53 kits of therapeutic formula delivered; 27 were destined for the Municipality of Maicao aimed at migrant population treatment, 27 to Colombian Red Cross in the Municipality of Villa del Rosario, Cúcuta to assist indigenous Yukpa children and 26 for the Institute of Health in Norte de Santander to prioritize migrant children and basic supplies for the pediatrics department of the Riohacha hospital		

Activity 1.8	Purchase of 15 Pet-kits for adults	108 adult PEP kits were purchased.
Activity 1.9	Delivery with training of 15 Pet-kits for adults to priority service points.	They were distributed in health institutions in 3 departments.
Activity 1.10	Purchase of 15 Pet-kits for pediatrics.	72 pediatric PEP kits were purchased.
Activity 1.11	Delivery with training of 15 Pet-kits for pediatrics to priority service points.	They were distributed in health institutions in 3 departments.

Output 2	3,000 children at-risk of respiratory infections and diarrheal diseases are rapidly diagnosed and receive timely and quality treatment.			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of children under 5 years of age with Severe Acute Respiratory Infection (ARI) and Acute Diarrheal Disease (ADD) treated	3,000 people served through Community Integral Care Units	Delivered 13 UAIC to health institutions attending 3,900 children for control of (ARI, ADD), delivered in 11 local health institutions and 1 indigenous community, were trained and follow-up control.	Delivery record, photographic record and follow-up report.
Indicator 2.2	Number of patients screened for the diagnosis of malaria	5,000 people	Delivered to the Departmental Institutes of Health 5,000 tests to detect malaria and trained in its use.	Delivery record, photographic record and follow-up report.
Indicator 2.3	Number of families that receive essential supplies to reduce health risks.	500 migrant families.	824 persons received personal protection and family health kits, divided into groups of: Walkers, transmissible, pregnant, elderly and skin care. 185 in Arauca, 146 in Guajira and 265 in Norte de Santander, 89.6% are migrants and 10.4% are returnees.	HALU report, delivery record and photographic record.

Explanation of output and indicators variance:	Better results due to low prices in the purchase of UAIC's kits and gain in the exchange rate, situations that allowed for greater acquisition and delivery of supplies.			
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Activities	Description	Implemented by Fundación Bienestar Humano - HALU
Activity 2.1	Purchase 200 rapid tests and supplies for the diagnosis of malaria.	200 rapid tests for the diagnosis of malaria were donated to the health secretariats, which was coordinated with the Ministry of Health, guaranteeing the diagnosis and treatment of this pathology, which has increased in the last year in the country.
Activity 2.2	Purchase 10 Community Comprehensive Care Units for the management of respiratory and diarrheal diseases CICU Community Integral Care Units (300 people care Unit)	13 UAICs kits were acquired for the treatment of ARI, ADD, benefiting 3,900 people.

Activity 2.3	Distribute rapid tests, medicines and health supplies for malaria, ARI and ADD to local health centers and health brigades	Delivered in donation 13 UAICs: Department of Arauca: Arauca, Saravena, Puerto Rondón and Cravo Norte. Department of Norte de Santander: Palmarito, Iquiacarora Indigenous Community (Tibú), Puerto Santander, Campo 2 (Tibú), Hacarí and San Calixto. Departamento of La Guajira: Uribia, Manaure and Maicao.
Activity 2.4	Training of healthcare personnel in the management of complicated malaria (3 workshops /75 persons)	70 people trained in complicated malaria care (14 in Arauca, 28 in La Guajira and 28 in Norte de Santander)
Activity 2.5	Implement 3 community health promotion and prevention campaigns on ADD and ARI	71 people trained in the appropriate use of the UAIC (27 Arauca, 41 Cúcuta, 29 Ocaña).
Activity 2.6	Delivery of 300 Family Kits of essential protection and prevention supplies to reduce health risks in the family environment. (Components - see annex).	824 persons received personal and family health protection kits for situations such as: gestation, disability, walkers and patients in isolation condition or chronic illnesses.

6. Accountability to Affected People

A) Project design and planning phase:

Coordination was carried out with the Ministry of Health, local health authorities and visits to hospitals by conducting interviews with the migrant population who arrive at health services in the territory, thus identifying gaps and opportunities for cooperation.

B) Project implementation phase:

The Project facilitated the continuity of actions carried out by PAHO in the territory with regular funds or another donor.

C) Project monitoring and evaluation:

Follow-up meeting with authorities, visits to health institutions and interviews with beneficiaries on the actions carried out.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional)

8. Evaluation: Has this project been evaluated or is an evaluation pending?

An internal evaluation exercise was made with PAHO emergency technical to identify achievements, challenges and lessons learnt. A meeting with local health authorities is	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input checked="" type="checkbox"/>

being planned to also determine project outputs and ways to improve project implementation and collaboration.

NO EVALUATION PLANNED ☐

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
18-RR-WOM-005	Common Humanitarian Air Service	UN Women	INGO	\$99,125
18-RR-FPA-025	Health	UNFPA	NNGO	\$144,228
18-RR-CEF-068	Education	UNICEF	INGO	\$163,703
18-RR-CEF-068	Education	UNICEF	NNGO	\$107,072
18-RR-CEF-068	Education	UNICEF	INGO	\$53,262
18-RR-CEF-068	Education	UNICEF	NNGO	\$123,047
18-RR-CEF-068	Education	UNICEF	INGO	\$118,978
18-RR-CEF-069	Child Protection	UNICEF	NNGO	\$43,291
18-RR-CEF-069	Child Protection	UNICEF	NNGO	\$35,445
18-RR-CEF-069	Child Protection	UNICEF	NNGO	\$53,080
18-RR-CEF-069	Child Protection	UNICEF	NNGO	\$30,207
18-RR-CEF-069	Child Protection	UNICEF	NNGO	\$45,687
18-RR-CEF-069	Child Protection	UNICEF	NNGO	\$128,062
18-RR-CEF-069	Child Protection	UNICEF	NNGO	\$50,359
18-RR-CEF-070	Water, Sanitation and Hygiene	UNICEF	INGO	\$187,648
18-RR-CEF-070	Water, Sanitation and Hygiene	UNICEF	INGO	\$161,857
18-RR-CEF-070	Water, Sanitation and Hygiene	UNICEF	INGO	\$166,655
18-RR-CEF-070	Water, Sanitation and Hygiene	UNICEF	NNGO	\$122,965
18-RR-WFP-041	Food Assistance	WFP	NNGO	\$5,698
18-RR-WFP-041	Food Assistance	WFP	NNGO	\$28,412
18-RR-WFP-041	Food Assistance	WFP	INGO	\$26,900
18-RR-WFP-041	Food Assistance	WFP	NNGO	\$2,631
18-RR-WFP-041	Food Assistance	WFP	NNGO	\$2,970
18-RR-WFP-041	Food Assistance	WFP	NNGO	\$33,054
18-RR-WFP-041	Food Assistance	WFP	NNGO	\$8,560
18-RR-WFP-041	Food Assistance	WFP	NNGO	\$1,653
18-RR-WFP-041	Food Assistance	WFP	NNGO	\$1,046
18-RR-CEF-071	Nutrition	UNICEF	GOV	\$122,479
18-RR-CEF-071	Nutrition	UNICEF	NNGO	\$34,000
18-RR-FAO-017	Livelihoods	FAO	INGO	\$168,802
18-RR-WHO-026	Health	WHO	NNGO	\$176,492
18-RR-WHO-026	Health	WHO	NNGO	\$50,269
18-RR-IOM-022	Shelter & NFI	IOM	INGO	\$210,393

ANNEX 2: SUCCESS STORIES

Project Report 18-RR-WOM-005 - UN Women

CERF INTERVENTION IN THE CARIBBEAN COAST

Humanitarian crises have a different impact on women and girls, men and boys. In the Colombian context and the situation of migratory flows from Venezuela, thousands of migrant women from Venezuela face, daily, new forms of violence, as a consequence of xenophobia and gender-based discrimination. In this context, vulnerabilities acquire new dimensions, and inequalities are deepened.

Andrea Ariza is the Coordinator for the Human Rights Program (from Cartagena's Secretary of Interior and Citizenship Coexistence). From this State Institution and as a public servant, she accompanies migrant women from Venezuela in their arrival to Colombia, and she became part of the process of articulation UN Women implemented with relevant State institutions during this CERF Project ("Access to protection and lifesaving mechanisms against GBV, trafficking of persons and sexual exploitation"). She states: *"The situation for migrant women is complicated: they face all kind of stereotypes due to their origin and nationality; they are threatened by vulnerabilities in their new context, besides suffering violence for the fact of being women."* Due to this, Andrea recognizes *"the importance of women being able to identify differentiated patterns of violence, xenophobia and discrimination, for them to know existing State institutions and the normative framework for their protection and guarantee of their rights, even if they are not Colombian citizens"*.

For this reason, UN Women implemented a series of activities to improve access to protection mechanisms and attention routes in cases of gender-based violence, human trafficking and sexual exploitation for 4.090 women, mainly Venezuelan migrant women. This was possible through the CERF Project, which was implemented simultaneously in the following departments: Norte de Santander, La Guajira, Arauca, Magdalena, Bolívar and Atlántico. Relevant activities included providing emergency kits, access to information on attention routes in GBV cases, life-saving information, the identification and attention on cases of sexual exploitation and trafficking and, lastly, the strengthening of NGOs and State institutions.

Andrea participated in the implementation process of this project and considers *"activities in this CERF Project allowed Venezuelan women to know and recognize institutions, whose names, actions and programs were previously unknown to them, besides the fact it allowed them to comprehend the norms that protect and recognize their rights. Any kind of information that can be provided to migrating people really has the potential of changing their perception, their lives and their living environment."* UN Women's work through this CERF Project had another positive impact in women's lives, according to Andrea: *"Knowing response plans and attention routes exist and are available to them, allowed women from Venezuela to change the idea that they didn't have any rights as women and human beings"*. This, in turn, has made them gain power over their own lives and impact other women's lives who face the same situation -as migrating women in a new political, social and economic context-.

IMMEDIATE ATTENTION TO POSSIBLE VICTIM OF HUMAN TRAFFICKING - ARAUCA

A Venezuelan migrant woman, 33-year-old, who was in one of the bars in the municipality of Tame- Arauca, presumed to be a victim of the crime of trafficking in persons for sexual exploitation, which was naturalized through prostitution. The woman is the mother of a child and an adolescent, aged 7 and 14 respectively, who were living in the municipality of Acarigua, Venezuela at the time of the events, and who are currently with their mother in the city of Arauca thanks to the family reunification carried out within the framework of the project. And married to a man who is currently living in Lima, Peru. According to the woman, given the situation of economic instability in Venezuela, she had to accept the job offer proposed by a colleague, who offered to work as a waitress in one of the bars in question, which resulted in a change in conditions that describes the characteristics of the configuration of the crime of human trafficking.

The second case is also a 25-year-old Venezuelan migrant woman with the same characteristics of sexual exploitation as the previous case. The woman is the mother of two girls of 4 years and 1 year respectively who were living in the municipality of Valencia, Venezuela at the time of the events, and who are with their mother in this place today thanks to the family reunification exercise carried out within the framework of the project. According to the woman, given the situation of economic instability in Venezuela, she had to accept the job offer proposed by a colleague, who offered to work as a waitress in one of the bars in question, which resulted in a change in conditions that describes the characteristics of the configuration of the crime of human trafficking.

On November 20, 2018, through the UN Women's CERF project and the services of Colombian Red Cross Section Arauca, the two women were rescued and transferred to the municipality of Arauca where they were provided with accommodation, in the first

case for 3 months and in the second for 67 days. The accommodation was provided with a hygiene kit, clothing and food. During the housing days the women received psychosocial accompaniment and psychological therapies oriented to social skills, problem solving and restoration of rights.

The case was referred to the Departmental Committee to Combat Trafficking in Persons of Arauca, who, at the head of the Social Development Secretariat of the Government of Arauca and the Office of the Ombudsman, provided the necessary health care accompaniment for medical examinations through the Protocol on Sexual Violence.

Project Report 18-RR-CEF-071,18-RR-FAO-017,18-RR-WFP-041 - UNICEF,FAO,WFP

FAO

Rapid recovery of food production for 3,000 vulnerable persons belonging to the indigenous Wayúu recipient and migrant (returnee) population in the rural area of the Department of La Guajira.

Duration: 13/07/2018 - 12/01/2019.

Description of the context and project:

Colombia hosts the largest number of refugees and migrants from Venezuela. A high number of people not yet quantified, are settling in rural areas, joining host families or invading land for the construction of improvised housing, such is the case of the population targeted by FAO as a beneficiary of the CERF RR in the department of La Guajira, an ancestral territory of the Wayúu indigenous people. Due to the migration phenomenon, the host communities saw their number of members per household increase by 150 or even 200%, which also increased the pressure on available food (receiving households decreased the amount of food by 43%) and livelihoods. The funding of the CERF RR made it possible to prevent host families from continuing to decapitalize due to the low-cost sale of their livestock assets to cover the food needs of the extended family and the loss of animals due to the drought conditions characteristic of the area; Additionally, the deterioration of food and nutrition insecurity of the Colombian and Venezuelan population was avoided, which over time increased the use of negative coping strategies.

Likewise, the role of women and the strengthening of capacities and empowerment are highlighted as Wayúu women promote the family economy and participate in agricultural activities such as sowing, irrigation, and harvesting of crops, breeding of lesser species, fishing, cleaning, and descaling the fish to be distributed in their family and also commercialize it. She is responsible for foreseeing the supply for scarcity and uses and preserves the seeds to plant and exchange them, in addition to the important task of feeding his family.

- Number of people reached and/or relief items/assistance provided:

Was benefited 3,000 people, belonging to 429 families and 18 communities. 29.6% (127) correspond to Venezuelan households, 34.3% (147) to Colombian families returned and 36.1% (155) to foster homes.

- Name of location and region/province:

Municipalities of Manaure, Maicao, Albania, Riohacha and Uribia. La Guajira – Colombia.

- Basic information on individual (name, age and background):

Mrs. Magalis Mengual Uriana, 48 years old, lives in the rural area of the municipality of Manaure, in the small population center (*corregimiento*) of La Gloria 2, in the Department of La Guajira. One of the characteristics of the Wayúu people to which Magalis and her family belong is the solidarity with which they have received their relatives who have lived in Venezuela for more than 20 years and who have returned to Colombia in the last year. This has meant to distribute the household's scarce food and income among more people, limiting almost completely the consumption of fruits, vegetables and proteins. For Magalis and the other Wayúu women who participated in the initiative, the benefits of the project are summarized in that they were able to prepare the "Apoijushi", an ancestral recipe transmitted from generation to generation among women to take care of health and of the food traditions of the Wayúu people. The ingredients for this recipe, namely yellow corn, Guajiro beans or cowpeas, goat suet, squash, Creole cucumbers or pickles and water, are grown in the families' plots. Such ingredients had not been produced in the area for some time due to the migratory crisis and the prolonged drought that the communities had to face. As Magalis stated:

"...The Apoijushi and the joy of the Wayúu people came back with the project, and now we can eat what our land produces. This type of recipes is a great nutritional contribution because it is prepared with natural, good and healthy ingredients, unlike foods belonging to other cultural traditions, which are prepared with many chemicals that can cause damage to the body. This kind of ancestral recipes helps the Wayúu people to be less sick, since they only take products obtained from harvests such as squash, beans, goat suet, water and that are low in salt. The Apoijushi is a rich dish since it nourishes children, especially girls during their first period or change of stage from girls to women, preventing them from getting fat, or their bodies declining at an early age.

It is very important because it helps us to keep our customs and our knowledge and traditions intact; it brings us closer to our mothers, children and other relatives, since we share knowledge and keep a bond forever to our traditions. It represents a sentimental value,

because my great-grandmother taught it to my grandmother, my grandmother to my mother and my mother to me. My job is to keep the line intact to show my daughters and keep the tradition. The recipe is packed in earthenware jugs so that we have food all day when we work the orchards and graze the goats..."

- Contact person from agency for follow up:

María Consuelo Vergara – Senior Specialist at the Risk and Resilience Management Unit - FAOCO. Phone: (57) 3108611386, E-mail: maria.vergara@fao.org

- Links to photos and/or video clips:

- https://drive.google.com/open?id=1d3YdK3oMqrHbB4HA9flgk_txTijnV92B



Ingredients produced at Ms. Magalis plot, preparation process of the Apojushi, ready to be consumed.

Website link if story has previously been published: <http://www.saberesysabores.org/> (Honorable Mention. Apojushi – Colombia).

UNICEF

Boys and girls from 6 to 59 months have access to adequate management of acute, moderate and severe malnutrition, through the application of guidelines for the comprehensive care of acute, severe and moderate malnutrition in boys and girls aged 6 to 59 months, including the use of therapeutic formulas (UNICEF)

Case study from Arauca:



1. Visit at home, girl of two months and 26 days, from Guasdalito / Venezuela.

2. Mother 17 years old.

Diagnosis: moderate acute malnutrition, multifactor anemic syndrome, bacteremia. Fed with milk from jar and bottle



3. Hospitalization.

4. Third day of hospitalization and receiving therapeutic formula

5



5. Re breast feeding

6. Visita a los 3 meses 23 días

Curva de avance peso (gr)



Curva de avance talla(cm)



WFP

Title: Three families. Three eyewitness accounts. Many Colombian- Venezuelan families are sharing the same problem: a seemingly endless food shortage crisis.

Yusleidi Contreras: *“The situation in Venezuela is very tough. The school canteens don’t have food for the children anymore.”*

Yusleidi sobs as she remembers the difficult situation that her family and friends are experiencing back in Venezuela. Photo: WFP/Darío Lopera



“I don’t have a job. Back in January, I sent my children to study in Cúcuta and I arrived 15 days ago myself. The situation in Venezuela is very tough, the food is expensive; the school canteens don’t have food for the children anymore. Even though I’m Venezuelan, my five children are Colombians.

It is very sad, everything is so expensive that you can’t give your children all you would want to. You feel miserable for having to leave your country to migrate to another one. I left my home, my job, everything, including my friends, part of my family—I left so much behind.

I feel that here everything is getting better. I am close to my children, I see that they eat snacks at school, that they have something to eat. Back where we came from, the school canteens are giving out only caraotas (black beans). In other words, it is a bad

diet for the children.

I cry in sadness for those who stayed behind. They are in a dire situation; some people have many children, but have no resources to feed them.

It is terrible to see our children and other people’s children suffering. It’s heart wrenching. We have been waiting for a long time for the country’s situation to change, but it has not.

Our funds had already run dry, and no more money was coming in. The money I made in my former job was never enough. That was the reason for me to leave Venezuela.

Rubén Montero: *“How to secure the next day’s meal?”*



Rubén Montero and his wife register to receive assistance from WFP. Photo: WFP/Dario Lopera

"I used to live in Venezuela with my aunt. We grew bananas—we come from a banana-growing region. I'm a construction and mechanics assistant. I came to Colombia because of the difficult situation in Venezuela. With one day of work, I could buy one kg of rice and survive, but this was not enough to feed an entire family.

I came for economic reasons. Not only is food difficult to come by, but medicine is also very scarce. You see a lot of "thinness" in Venezuela. My family, for example, was generally on the heavier side, but now all of them are thinner than me.

I have been in Cúcuta for a month and a half, and have gotten things here that you can't get over there. Right now I can eat three proper meals, but back in Venezuela I ate only one a day and then wondered how I was going to get the next day's meal.

Back in Venezuela, we ate rice with cheese, which is common there, and the bananas we grew. Getting tomato was difficult because you can't afford anything beyond one kilo of rice a day.

The help that the World Food Programme (WFP) is giving us is a 3-month opportunity for me to get back on my feet economically."

Zoraida Moreno: "Food is too expensive."



Zoraida shows the pre-paid coupons she received from WFP, which she will exchange for food to feed her family. Photo: WFP/Dario Lopera

"I had been living in Venezuela for 10 years and the country's situation forced us to come here (Colombia). Right now, my husband works in construction. I'm unemployed and live with my daughter and her eight month-old baby. That was another reason to come here—you can't find milk or even diapers in Venezuela. Food is too expensive in Venezuela. You have to search everywhere to find a bag of flour or rice. You can't get cash there either. Transportation is also expensive and there is a lot of insecurity. It's terrible.

We abandoned our house. Right now, I'm living with my sister until I find another place.

Here there are more job opportunities and we have food every day. In Venezuela, you can't eat well, you don't have enough food to eat three meals a day.

With WFP's help, I will buy the groceries I need. We will try to start a new life, to make it".

The migrant crisis and WFP's response

WFP is responding to the food emergency that Venezuelan migrants and returning Colombians are experiencing. In February, the Colombian government requested the official support of the United Nations to develop a complete response plan to address the needs of the migrant population.

In light of the border crisis, WFP is responding in the three border departments of La Guajira, Norte de Santander and Arauca.

Food assistance is being provided to Venezuelan migrants and returning Colombians experiencing food insecurity. This includes people who arrived in Colombia last year; are searching for temporary refuge or living quarters in informal settlements; have school-aged children in the department of La Guajira; are part of indigenous migrant communities that receive a significant number of Venezuelan migrants and/or returning indigenous populations; and live in homes with girls and boys between six and 59 months, pregnant and breastfeeding women, the elderly, with chronic illness and those with disabilities.

Website link if story has previously been published: <https://insight.wfp.org/three-families-three-eyewitness-accounts-9d1d52ce4d4a>

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

SRH	Sexual and Reproductive Health
GBV	Gender Based Violence
IVE	Voluntary Interruption of Pregnancy
AMEU	Endouterine Manual Vaccum Aspiration

PROJECT 18-RR-WHO-026: ADDITIONAL PROJECT INFORMATION

TOTAL NUMBER OF BENEFICIARIES OF MEDICAL KITS PER HOSPITAL

LA GUAJIRA

ESE HOSPITAL	Municipalities	# Kit delivered	# Persons
ESE HOSPITAL NUESTRA SEÑORA DE LOS REMEDIOS	RIOHACHA	3	3000
ESE HOSPITAL SAN JOSE DE MAICAO NIVEL II	MAICAO	3	3000
ESE HOSPITAL SAN RAFAEL NIVEL II	SAN JUAN DEL CESAR	2	2000
ESE HOSPITAL SAN AGUSTÍN NIVEL I	FONSECA	1	1000
ESE HOSPITAL NUESTRA SEÑORA DEL PILAR	BARRANCAS	1	<u>1000</u>
ESE HOSPITAL SAN RAFAEL	ALBANIA	2	2000
ESE HOSPITAL NAZARETH	NAZARETH	1	1000
ESE HOSPITAL NUESTRA SEÑORA DEL PERPETUO SOCORRO	URIBIA	1	1000
ESE HOSPITAL SANTO TOMÁS	VILLANUEVA	1	1000
ESE HOSPITAL SAN LUCAS	EL MOLINO	1	1000
ESE HOSPITAL DONALDO SAUL MORÓN	LA JAGUA DEL PILAR	1	1000
ESE HOSPITAL ARMANDO PABÓN LOPEZ	MANAURE	1	1000
ESE HOSPITAL SANTA RITA DE CASSIA	DISTRACCIÓN	1	1000
CRUZ ROJA COLOMBIANA RIOHACHA	RIOHACHA	2	2000
CRUZ ROJA COLOMBIANA MAICAO	MAICAO	1	1000
		22	22000

ARAUCA

ESE HOSPITAL	Municipalities	# Kit delivered	# Persons
HOSPITAL DEL SARARE ESE	SARAVENA	2	2000
HOSPITAL SAN ANTONIO DE TAME	TAME	1	1000
HOSPITAL SAN LORENZO DE ARAUQUITA	ARAUQUITA	2	2000
HOSPITAL SAN FRANCISCO DE FORTUL	FORTUL	1	1000
CRUZ ROJA COLOMBIANA	ARAUCA	2	2000
		8	8000

NORTE SANTANDER

ESE HOSPITAL	Municipalities	# Kit delivered	# Persons
EMPRESA SOCIAL DEL ESTADO IMSALUD	CUCUTA	2	2000
ESE HOSPITAL LOCAL JORGE CRISTO SAHIUM	VILLA DEL ROSARIO	2	2000
ESE HOSPITAL REGIONAL NORTE	TIBÚ	2	2000
ESE HOSPITAL EMIRO QUINTERO CAÑIZAREZ	OCAÑA	2	2000
ESE JOSÉ JOAQUÍN EMIRO ESCOBAR	HERRÁN	1	1000
E.S.E HOSPITAL REGIONAL SURORIENTAL	CHINACOTA	2	2000
ESE HOSPITAL REGIONAL SURORIENTAL	TOLEDO	1	1000
ESE HOSPITAL REGIONAL NOROCCIDENTAL	ABREGO	1	1000
ESE HOSPITAL LOCAL MUNICIPIO LOS PATIOS	LOS PATIOS	1	1000
ESE HOSPITAL JUAN LUIS LONDOÑO	EL ZULIA	1	1000
ESE HOSPITAL SAN JUAN DE DIOS DE PAMPLONA	PAMPLONA	1	1000
CRUZ ROJA COLOMBIANA NTE SANTANDER	CUCUTA	2	2000
CASCOS BLANCOS - INSTITUTO DEPARTAMENTAL DE SALUD	CUCUTA	2	2000
INSTITUTO DEPARTAMENTAL DE SALUD	CUCUTA	3	3000
		23	23000

TOTAL NUMBER OF BENEFICIARIES OF UAICs PER HOSPITAL

NORTE DE SANTANDER

ESE HOSPITAL	Municipalities	# UAICs delivered	Beneficiaries
EMPRESA SOCIAL DEL ESTADO IMSALUD	CÚCUTA	1	300
ESE HOSPITAL REGIONAL NORTE (TIBÚ) CENTRO DE SALUD	PUERTO SANTANDER	1	300
ESE HOSPITAL REGIONAL NORTE	TIBÚ	1	300
ESE HOSPITAL REGIONAL NOROCCIDENTAL	EL CÁRMEN	1	300
		4	1200

LA GUAJIRA

ESE HOSPITAL	Municipalities	# UAICs delivered	Beneficiaries
ESE HOSPITAL SAN JOSE DE MAICAO NIVEL II	MAICAO	1	300
ESE HOSPITAL NAZARETH	URIBIA	1	300
ESE HOSPITAL ARMANDO PABÓN LOPEZ	MANAURE	1	300
		3	900

ARAUCA

ESE HOSPITAL	Municipalities	# UAICs delivered	Beneficiaries
HOSPITAL SAN VICENTE ESE	ARAUCA	1	300
HOSPITAL DEL SARARE ESE	SARAVENA	1	300
HOSPITAL SAN ANTONIO DE TAME	TAME	1	300
		3	900

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