

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

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| RESIDENT/HUMANITARIAN COORDINATOR | Arnaud Peral |
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REPORTING PROCESS AND CONSULTATION SUMMARY

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

The AAR was not carried out due to the existence of multiple inter-agency monitoring mechanisms for the response to the mixed flows of the Venezuelan population. There is an overload of meetings of the Working Group on Refugees and Migrants and of the UNCT itself. The analysis of the evolution of the situation and the results achieved is permanent. The Humanitarian Country Team is not active for this response due to the new structures created following the guidelines of the Regional Platform UNHCR / IOM. In addition, upon request of the CERF Secretariat, the PAF review of allocations to respond to Venezuelan migrants and refugees influx was conducted. The agencies that received resources have sent their feedback to the draft report.

- 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.

YES NO

UNCT meetings includes a point of discussion on Venezuelan situation, the implementation of projects of the CERF allocation is part of the analysis.

- 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)?

YES NO

The report was reviewed only by implementing UN Agencies. At this time, United Nations is producing the first-year report on the response to Venezuelans influx to Ecuador.

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

The funds approved by the CERF allowed the agencies of the United Nations System to complement and reinforce the actions they had been making with their own resources to meet the most urgent needs of the Venezuelan population in the Northern Border of Ecuador, their main entry point. The dynamics of the emergency and the late recognition of the humanitarian situation in Venezuela by the Government of Ecuador made it more difficult the mobilization of resources by the humanitarian partners present in the country. The CERF served as a catalyst for the mobilization of resources from other donors and to emphasize that the number of people with humanitarian needs grows every day.

The actions carried out with the resources of the CERF allowed to alleviate the most urgent needs for people arriving in Ecuador after a long and exhausting journey through Colombia, to protect the most vulnerable population, to deliver food, safe water and sanitation, NFI's, health care and protect women and girls from gender-based violence and strengthening life-saving response capability to first responders. The emergency assistance of women in 251 identified cases have allowed improving access to protection and lifesaving mechanism against GBV, trafficking and sexual exploitation of those women

1. OVERVIEW

| 18-RR-ECU-32097 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$) | |
|--|-------------------|
| a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE | 17,412,403 |
| FUNDING RECEIVED BY SOURCE | |
| CERF | 1,499,915 |
| COUNTRY-BASED POOLED FUND (<i>if applicable</i>) | 0 |
| OTHER (bilateral/multilateral) | 15,284,984 |
| b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE | 16,784,899 |

| 18-RR-ECU-32097 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$) | | | |
|---|---------------|--|---------|
| Allocation 1 – date of official submission: 18/09/2018 | | | |
| Agency | Project code | Cluster/Sector | Amount |
| UN Women | 18-RR-WOM-008 | Protection - Sexual and/or Gender-Based Violence | 130,000 |
| UNFPA | 18-RR-FPA-036 | Protection - Sexual and/or Gender-Based Violence | 100,340 |
| UNFPA | 18-RR-FPA-037 | Health – Health | 116,577 |
| UNICEF | 18-RR-CEF-096 | Water Sanitation Hygiene - Water, Sanitation and Hygiene | 173,792 |
| UNICEF | 18-RR-CEF-097 | Health – Health | 132,027 |
| UNICEF | 18-RR-CEF-098 | Protection - Child Protection | 100,000 |
| WFP | 18-RR-WFP-056 | Food Security - Food Aid | 536,002 |
| WHO | 18-RR-WHO-038 | Health – Health | 211,177 |

| | |
|--------------|------------------|
| TOTAL | 1,499,915 |
|--------------|------------------|

| 18-RR-ECU-32097 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$) | |
|---|------------------|
| Total funds implemented directly by UN agencies including procurement of relief goods | 1,152,383 |
| - Funds transferred to Government partners* | 0 |
| - Funds transferred to International NGOs partners* | 204,313 |
| - Funds transferred to National NGOs partners* | 143,219 |
| - Funds transferred to Red Cross/Red Crescent partners* | 0 |
| Total funds transferred to implementing partners (IP)* | 347,532 |
| TOTAL | 1,499,915 |

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

The political, humanitarian and economic crisis in Venezuela is causing thousands of people to leave their home country, mainly to other countries of South America. While Colombia and Peru are still the main destination for Venezuelans, Ecuador is increasingly becoming a destination country, apart from the main hub for transit of Venezuelans aiming to reach Peru or countries further south.

According to Ecuadorian migration authorities, in 2018 and the first quarter of 2019 more than 1,135,000 Venezuelans arrived in Ecuador. An estimated 30% remain in Ecuador. Venezuelans are now the first nationality of asylum seekers in Ecuador, as well as the highest number of those requesting a residence visa. According to DTM information, 44% of people interviewed in Quito do not have a regular migration status, while UNHCR protection monitoring shows that 69% have international protection needs.

The Government of Ecuador is recognizing the increase in human mobility flows, National Government declared State of Emergency on August 8th to the provinces of Carchi, El Oro and Pichincha. There are two main border crossings at the northern border of Ecuador, Rumichaca and San Miguel. Rumichaca is receiving the largest part of the population, with between 2,500 and 3,500 people arriving daily since the beginning of the emergency, straining border management capacities, as well as public services available locally. San Miguel is a smaller border crossing, prepared for receiving 20-40 crossings daily, but currently receiving more than 10 times as much.

While the Ecuadorian authorities are responding to the increase in arrivals (e.g. by deploying more migration staff at border crossings and the installation of mobile health posts and of additional sanitary facilities), they have insufficient capacity to cope. This is resulting in many Venezuelans being stuck for days at border crossings and/or in bus terminals on their way South, lacking proper shelter, needing food, medical assistance, NFIs and facing various protection concerns including trafficking and sexual exploitation. These conditions require an urgent humanitarian response. In the Displacement Tracking Matrix (DTM) surveys, the predominant issues during the journey indicated by the arriving population were lack of means of transportation, lack of access to food, lack of information, lack of shelter, documentation issues and general insecurity.

The search for economic options; partial or complete family separation; barriers in social assistance, exposure to higher risks of Gender Based Violence (GBV); including violence perpetrated by armed groups; traffickers, and others, create special needs and vulnerability situations for women and adolescents, especially. On the other hand, Ecuador has high levels of gender-based violence (GBV). 60% of women have experienced GBV, and 25% have been victims of sexual violence. Since 2014, Ecuador registers a femicide every three days. There has been at least three femicides of Venezuelan women, in the province of Manabi and Guayas.

According to DTM information, 17% of the population surveyed indicated knowing friends or family who arrived to Ecuador through means of people smuggling, which is underlining the increased risks of the population also with regards to trafficking in persons with a high possibility of being used for sexual exploitation, exploitative work, and criminal activity, as identified by the UN Population Fund (UNFPA) at the border in San Miguel.

Many reported being attacked and robbed in Colombia. These issues are life threatening, in particular for the population in a situation of vulnerability, such as children, adolescents and women, among others. The demographic profile among the arriving and transiting population shows that around 18% are under 19. As children under 9 years are not issued identity cards by the Venezuelan authorities (paragraph see below), many carry only their birth certificate, which Ecuador usually does not recognize as a valid ID/travel document,

increasing protection concerns and risk of human trafficking and exploitation. This policy has now been reversed, and children under 9 with an original birth certificate are allowed in. Around 43% of the arriving population are women, 22% of which reported in DTM surveys in Huaquillas to be the single head of their family. Furthermore, the DTM information indicates that 1.2% of the arriving population are pregnant women, 1.5% are breastfeeding, and 3% are people living with disabilities. These numbers highlight that on a daily basis; at least 650 people arrive in situation of vulnerability, adding up to 20,000 people per month.

Preliminary results from a recent assessment conducted by UNICEF reveal worrying vulnerabilities of families arriving from Venezuela. Approximately 90% of interviewed families report not having enough money to reach their destination, 20% of these families will continue their journey relying on financial help from civil society organizations or NGOs. Among families that are part of the assessment, 53% did not have access to enough food during their journey; 31% did not have access to adequate sanitation services; 26% did not have access to drinkable water; 14% of children under 5 years of age with common child diseases, did not have access to health services. Access to official and timely information on services, legal status and routes remains one of the main barriers for Venezuelan families to access basic services.

- 1,968 children and adolescents were not registered by migration authorities between July 2018 and March 31, 2019. Most of them (38 percent) were denied registration because they lacked one of their parents travel authorization
- In March 30 percent of families interviewed by UNICEF stated that they intend to settle in Ecuador. On average, families interviewed in Rumichaca travel 12 days before arriving to the border, and 98 percent do not have enough money to arrive to their destination.
- 33 percent of children under 5 years, screened by UNICEF in Rumichaca and San Miguel have been found to be anemic and have received proper treatment. 18 percent of children under 5 screened by UNICEF in Rumichaca and San Miguel suffer from chronic malnutrition.

In the health sector, the high level of human mobility in the northern border of Ecuador has increased the risk of reintroduction of communicable diseases such as measles, yellow fever, diphtheria, malaria, HIV, TB, and other illnesses transmitted by water and food. At the northern border region and the migratory route, low levels of vaccination rates have been reported for measles and other illnesses. According to the last PAHO epidemiological bulletin, in 2018 Venezuela reported 1,613 measles cases; Colombia 40 cases; Brazil 677 and Ecuador 17 cases. Most of the measles cases in the region are foreignborn; in Ecuador the MoH reported that 11 out of 17 cases of measles correspond to Venezuelan citizens. It is important to highlight that there have been no reports of measles cases for 12 years in Ecuador, and the Americas region was declared free from measles in 2016.

According to the MoH, from January to August 2018, 7440 people on the move received medical attention in the provinces of Esmeraldas, Carchi, Sucumbios and Imbabura. On average 65% were women and 35% were men, most of the cases had acute respiratory infections, genito-urinary infections, acute diarrhea, high-risk pregnancies, and others. The health services at the northern border (hospitals, healthcare centres and primary care units) are not meeting the demand to ensure timely and efficient medical attention. The limited number of healthcare workers, equipment's, medicines and supplies, to attend an unexpected demand. Moreover, the country is passing through an economic crisis. The infrastructure of basic services such as water, environmental sanitation and elimination of solid waste collapsed at the entry and exit points during flows that exceed 4,000 people. In addition, there are HIV patients who have run out of medication and they are in a potentially life-threatening situation.

The mental health of the population on the move has clearly been affected. They exhibit hopelessness, distress and general anxiety due to the situation that has led them to leave their country (violence, political situation, lack of basic needs being met), and due to the bad conditions they have faced on their journey. The population has difficulties in accessing food and water and being able to rest, all of which is adding to their emotional vulnerability.

The presence of pregnant and breastfeeding women, unaccompanied women, children and adolescents has increased the risk of assault and sexual violence, as well as discrimination from the host communities. This requires attention in the area of sexual and reproductive health (SRH), which includes post-rape treatment: prophylaxis of sexually transmitted infections (STIs), including HIV, emergency oral contraception, emergency obstetrics and neonatal attention, and access to modern family planning methods. An identified need is also to strengthen nutritional conditions through attention to children and pregnant women.

Food security has become an urgent topic in recent months, since high levels of chronic and acute malnutrition have been reported among the Venezuelan population. The large majority of the Venezuelan population that arrives at Ecuador's northern border has not adequately eaten during their last months in Venezuela and on their journey. They cannot access food at the border due to a lack of resources and limited supply. In a profile study carried out in late 2017 by WFP, UNHCR and IOM, it was emphasized that 57% of the newly arrived households are in extreme poverty, poverty or do not cover the basic basket, which limits their access to food. To overcome this

vulnerability, households adopt negative coping strategies, which include purchasing cheap foods, and reducing food rations and the number of meals. Seventy-one per cent of Venezuelan households in Ecuador have poor dietary diversity.

The study shows that 92 percent of Venezuelan households left their country due to limited access to food and 95 percent due to insecurity. Most travelled by foot for days in an exhausting journey with limited access to food and water. This situation demanded immediate food assistance at border checkpoints to provide one-time food assistance as people continued their long journey to places as distant as Perú or Chile.

3. PRIORITIZATION PROCESS

There is a lot of information regarding the humanitarian needs of Venezuelans along the Northern Border. Some UN agencies in Ecuador have a permanent presence on the border with Colombia, mainly in Esmeraldas and Sucumbíos, so they know the area and local capacities. In addition, the UNCT has been monitoring since the beginning of the year the increase in the flow of people crossing the border, which mainly includes Colombians and Venezuelans. As of May, the United Nations technical teams at the national and local levels have been identifying and prioritizing their actions to meet the humanitarian needs of the Venezuelan population and promote the nexus with the developments actions included in the UNDAF 2019-2022.

All the regular meetings of the UNCT included the monitoring of the situation of the Venezuelan population as an agenda item, and in some cases several extraordinary meetings were held to analyse the situation. Protection and DTM monitoring were carried out, several joint meetings were held with the National Government to prioritize the interventions.

The Protection Sector of the Country Humanitarian Team held several meetings to define the intervention strategy, and subsequently UNHCR / IOM initiated coordination of actions with relevant UN partners in a direct manner. The other humanitarian sectors of the HCT have been coordinating according to the traditional humanitarian architecture and in close coordination with the UNCT and under the leadership of the Resident Coordinator.

When the possibility of requesting emergency resources for the CERF was defined, the agencies and partners participated in the framework of the Intersectorial Group of the HCT to define the priority sectors based on the needs assessments carried out and to advance with the preparation of the concept note. The criteria used were: urgency of the intervention based on the needs, response capacity and immediate implementation, impact on the deterioration of the conditions of the population in mobility and the possibility of mobilizing complementary resources from other donors. The UN Agencies agreed the sectors/projects to propose without a deep discussion.

4. CERF RESULTS

CERF allocated \$1.5 million to Ecuador from its Rapid Response window to sustain the provision of life-saving assistance to Venezuelans migrants and refugees in the northern border of Ecuador. This funding enabled UN agencies and partners to provide emergencies support benefiting 109,582 people. In addition, CERF served as an overall trigger-funding source for UN agencies emergency response.

Beyond the 4,083 children assisted with psychosocial support in Child Friendly Spaces, the child protection CERF-funded project has improved in the overall protection services for children on the move. The development of technical tools for the registration and protection of children on the move has brought together key protection stakeholders and has improved local coordination mechanisms that had been inactive prior to the process. Internal communication mechanisms have been developed because of inter-institutional interventions regarding child protection. Government capacities in migration issues and human rights for migrant population have been strengthened also during the process.

- Child Friendly Spaces methodology have been successfully adapted to this setting and will remain a key tool for migration or displacement emergency contexts.
- The Protocol for registration and protection for migrant children has been selected as a best practice at regional level and similar initiatives are now being adopted in Colombia and Peru. The process has opened opportunities for regional coordination and collaboration.

Through the CERF, PAHO/WHO supported the vaccination of 5,504 of them; assisted with the delivery of health care services to 6.500 migrants by ensuring availability of essential medicines and medical supplies within the health care network at the border and enhancing the vaccine program capacity; supported 2,000 migrants and government staff with mental health care; trained 100 local healthcare

workers in psychological first response; trained 50 staff members from the local government on water quality monitoring and improved this capacity with 3 provincial and 2 border water service providers.

The project assisted a total of 12,004 individuals directly and contributed to reducing the health risks faced by both the local host population and the increased number of migrants originating mainly from Venezuela and transiting through the provinces of Carchi, Sucumbios and the binational migration centers in Rumichaca and San Miguel.

CERF funds, UNFPA allowed sexual and reproductive health (SRH) actions to be incorporated in the Border Health Districts contingency plans, allowing a fast and efficient response through the acquisition of 57 SRH kits and 137 medical equipment for 29 health units, in both migratory control points and other places with greater concentration of Venezuelan population. 900 MoH staff were trained on SRH Minimum Initial Package Services (MISP) implementation.

The intervention of UNFPA and UN Women aimed to improve access to protection and lifesaving mechanisms against GBV, trafficking and sexual exploitation of young adult women, who are part of the migratory Venezuelan influx. There were 1,651 people reached with a twofold intervention. First, a cash multipurpose transfer for complementing two-month basic subsistence (equivalent to 30% of basic salary in Ecuador). Second, the intervention aimed to inform, sensitize and train first responders for the attention of possible cases of gender-based violence and trafficking, including existing routes and legal mechanisms, factors and zones of risk, and prevention of violence, including any kind of violence that can be perpetrated by public servants and the first responders themselves.

WFP and its partners provided emergency one-time food assistance to 73,783 Venezuelan migrants. This food assistance consisted of commodity vouchers that were directly distributed at the northern border migration checkpoints of Rumichaca in Carchi and San Miguel in Sucumbios. Beneficiaries were selected in coordination with other UN agencies (UNICEF, UNHCR and IOM) and government and non-government partners. Distribution took place between October 2018 and March 2019.

As for WASH interventions, CERF funding has allowed UNICEF to address the needs of 55,520 migrants at the northern border and has therefore been able to address WASH needs at the southern border with other funding sources. WASH interventions in Rumichaca has activated bi-national coordination mechanisms between Colombia and Ecuador to address WASH issues at main border crossings.

The data collected through the CERF-funded Health and Nutrition project has been key for advocacy efforts at a regional level. UNICEF during 2019 will be working on a binational (Colombia-Ecuador) assistance route for acute malnutrition cases. Through CERF funding, UN has provided health supplies to 5,188 children to treat diarrheal related illnesses; 4,000 children to treat asthma and respiratory illnesses and 1,400 children to treat parasitic diseases. In addition, UNICEF has provided baby hygiene kits benefiting 7,500 children under three years old; 4,470 children under 3 years old were benefited from nutritional supplement PlumpyDoz; and providing nutritional screening to 4,300 children under 5 years old.

5. PEOPLE REACHED

Through the implementation of the projects funded by the CERF, it was possible to reach a total population of 109,582 people who received some kind of humanitarian assistance. 52 percent of the people were women and 48 percent were men. In terms of age groups, 43 percent were minors and 57 percent were adults. In all cases, the planned population number was exceeded.

Seven out of ten people who received assistance were directly affected population and the remaining 30 percent population of the host communities. The high number of population of the communities responds mainly to the way of working of the Ministry of Health in which the health services are universal and all the people who go to a health center are attended. This situation did not affect the number of Venezuelan population that received medical attention and made it possible to strengthen the work with the host communities, where there have been significant manifestations of xenophobia.

In order to ensure a population count reached in the most precise way, the highest value in each of the age and sex groups has been considered for each of the projects and sectors and then these values were added. It has not been possible to avoid duplication in the registry of beneficiaries, the mechanisms of coordination and registration of the activities created to respond to this emergency have made it difficult to monitor and register the population served and the tools of the Humanitarian Country Team have not been used. An additional factor of complexity is that they are people in mobility in a constant flow across the border, so it is very difficult to track the type of assistance they receive when arriving in Ecuador.

18-RR-ECU-32097 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 |
| Food Security - Food Aid | 21,573 | 22,611 | 44,184 | 23,394 | 6,205 | 29,599 | 44,967 | 28,816 | 73,783 |
| Health - Health | 21,495 | 37,758 | 59,253 | 10,196 | 9,740 | 19,936 | 31,691 | 47,498 | 79,189 |
| Protection - Child Protection | 2,168 | 224 | 2,392 | 2,233 | 124 | 2,357 | 4,401 | 348 | 4,749 |
| Protection - Sexual and/or Gender-Based Violence | 2,168 | 2,283 | 4,451 | 39 | 1,491 | 1,530 | 2,207 | 3,774 | 5,981 |
| WASH - Water, Sanitation and Hygiene | 4,022 | 21,021 | 25,043 | 3,320 | 26,857 | 30,177 | 7,342 | 47,878 | 55,220 |

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

18-RR-ECU-32097 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 | 25,615 | 11,016 | 36,631 | 19,380 | 4,739 | 24,119 | 44,995 | 15,755 | 60,750 |
| Reached | 21,573 | 37,758 | 59,331 | 23,394 | 26,857 | 50,251 | 44,967 | 64,615 | 109,582 |

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding this should, as best possible, exclude significant overlaps and double counting between the sectors.

18-RR-ECU-32097 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY

| Category | Number of people (Planned) | Number of people (Reached) |
|-------------------------------------|----------------------------|----------------------------|
| Refugees | 0 | 0 |
| IDPs | 0 | 0 |
| Host population | 10,640 | 31,241 |
| Affected people (none of the above) | 50,110 | 78,341 |
| Total (same as in table 5) | 60,750 | 109,582 |

6. CERF'S ADDED VALUE

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

YES

PARTIALLY

NO

The review and approval process of the CERF concept note and CERF – RR projects took at least 3 months since the first draft proposal. During this period, the situation of the migrant population changed constantly, as well as the measures implemented by the government of Ecuador to regulate the migratory flow. The aforementioned migratory situation led to increased demand to cover the humanitarian needs in the northern border provinces with Colombia. Throughout the approval process, UN agencies mobilized additional resources from their emergency funds that facilitated support to the ongoing and planned activities. CERF funds were very

relevant for the delivery of assistance at the territorial level in coordination with the national institutions established for this purpose.

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

YES

PARTIALLY

NO

In March 2018, the government of Ecuador declared an early warning for measles to reduce the risk of transmission, considering the reports of measles outbreaks in neighboring countries and the estimated low percentages of vaccine coverage in the country. CERF Funds supported the recruitment of nurses to improve vaccine campaigns in Sucumbios and Rumichaca Bi-National Migration Centers, that contributed to increase the vaccination coverage among the migrant and local population, thus reducing the risk of reintroduction of measles. Furthermore, MoH officials were not prepared to provide mental health care services in critical contexts.

CERF GBV funds facilitate a timely implementation of activities, especially to develop actions to prevent and respond to GBV. and allowed sexual and reproductive health (SRH) actions to be incorporated in the Border Health Districts contingency plans, allowing a fast and efficient response through the acquisition of SRH kits and medical equipment for health units, both, in migratory control points, as well as other establishments of greater concentration of Venezuelan population.

Food assistance provided directly at migration checkpoints alleviated people's most immediate needs.

c) Did CERF improve coordination amongst the humanitarian community?

YES

PARTIALLY

NO

Several coordination meetings were held to agree on keys aspects such as area of intervention, scope of intervention, prioritized groups for intervention, among others. This greatly improved the coordination amongst UN agencies and partnering organizations.

CERF improved the coordination with NGO's, UN agencies and Civil society organizations mainly during the design process of the concept note and the project. In this phase with the support of OCHA and Resident Coordinator Office, the different organizations involved were able to discuss the structure, goals and budget. This helped reduce the risk of overlapping initiatives and fostered coordination in the field.

The implementation of the CERF projects allowed a better coordination between the different humanitarian actors in the northern border through actions articulated around of thematic axes. Especially regarding the attention to GBV and possible victims of trafficking and sexual exploitation, the actions of each actor was oriented to meet a specific need and to support the actions of the others, along the necessary institutional route of attention to address GBV situations.

Regarding the actions taken to improve the response to the application of mechanisms for the protection of women's rights in the face of gender-based violence and trafficking in persons, the CERF project made it possible to improve coordination with the Ministry of the Interior and the National Police At the national and local levels, what makes it possible to sustain the training is in this area police personnel of the first line.

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

YES

PARTIALLY

NO

The allocation of CERF funds to Ecuador gave visibility to the extent of the humanitarian situation and needs faced by both migrants and host population. In a context of a major migratory phenomenon affecting multiple countries of the region in different proportions and therefore the competition among countries for financial resources to address the growing needs, this helped raise the profile of Ecuador and advocate for additional humanitarian funding from other international stakeholders such as ECHO.

CERF resources were complemented with the UN agencies emergency funds. Additionally, with regular funds, prioritized development of activities not covered by the other funds. This allowed reaching territories not considered in CERF, such as the country's southern border (Huaquillas and Machala). The implementation of one-time food assistance through CERF's funds allowed to show other donors that this kind of assistance was feasible and that it met the beneficiaries most immediate requirements.

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

CERF projects for Ecuador included an innovative model of CBI interventions for protection and prevention against violence, specifically sexual exploitation, for young vulnerable women. This modality was very successful and helped to mitigate the risk of forced sexual services, survival sex, access of women to humanitarian actions and networks and generate a pilot experience linking transfers to

protection and GBV prevention.

Regarding response capabilities of institutions, the inclusion of gender perspective into fast training of first responders improved the information and mechanisms for attention to women's needs. This process can make actions more sustainable and replicable. Another highlight of the project was that UN Women and UNFPA worked together, managing a specific protection component each, aligned with the prevention of violence against women. These actions strengthened the capabilities of response, targeting and enhancing the resources invested.

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

| Lessons learned | Suggestion for follow-up/improvement |
|---|--|
| The response in an emergency context requires inter-agency coordination in place and joint efforts to mobilize resources in a timely and efficient manner to ensure that the initiatives implemented have an impact on the ongoing activities. Create new coordination structures delay the implementation of lifesaving activities in a coordinated manner and make harder the monitoring. | Conduct a deeper analysis to funding "new mechanisms of coordination" that UN agencies and partners are not familiarized with, and the potential impact in the role and functions of the Humanitarian Country Teams (HCT). |
| Humanitarian actors are not always aware of the relevance of GBV interventions in humanitarian crisis. As such, UNFPA and UNWOMEN Ecuador CO, embarked in advocacy and dialogue approaches to gather UNCT's clearance to include prevention and response to GBV in the CERF application. | Strengthen coordination among in the field and to improve the aweness of the GBV elevance in the humanitarian intervention. |
| In contexts of human mobility, scenarios and needs can be modified quickly, this particularity means that strategies and activities must respond to these changes | The political, socio-economic context and the experience of the different implementing agencies should be considered, when analysing the CERF proposals. A "lifesaving" activity definition could change from one country to another and from a natural disaster emergency to a complex humanitarian emergency including cultural, gender and ethnical diversity among others. CERF must understand the specific context where the particular emergency is going on. |
| Inclusion of gender perspective in a more integrated way, beyond specific issues regarding direct attention for GBV helped to look more clearly at different needs and impacts of an emergency and conflict situation for women and men. This strategy makes response more effective and efficient. | Continue promoting the inclusion of the gender approach in CERF proposals, and ensure the financing of projects to protect people exposed to GBV. |
| Gender based violence; particularly sexual exploitation and survival sex are in a great deal a consequence of the loss of economic means and autonomy by women. CBI used in a context of conflict and complemented with other humanitarian actions for protection and lifesaving information can be effective and sustainable. | Enhance interventions regarding CBI to improve protection, recovery and economic relief for women, particularly those at risk of or in a situation of violence. |

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
|--|---|--|
| The role of the RC and the coordinating agency should be clearly defined and differentiated from | An assessment of the effectiveness of the Working Group on migrant population lead by IOM | Resident Coordinator Office, OCHA-HCT, IOM – UNHCR |

| | | |
|--|--|---|
| <p>coordination mechanism, as this may lead to potential overlapping of activities. Duplication of Coordination Mechanisms (HCT and Regional Platform) is confuse to partners and donors.</p> | <p>– UNHCR to planning with technical criteria, mobilize resources and coordinate activities should be considered.</p> | <p>(Regional Platform).</p> |
| <p>Adequate coordination with other humanitarian parnters, regarding planning, budgeting, approaches, implemeting partners and beneficiaries can help for effectivity of actions</p> | <p>Improve coordination and joint planning and monitoring. Avoid duplicate coordination mechanisms.</p> | <p>UNHCR-IOM / UN agencies</p> |
| <p>There is a need to provide continuity to these processes through a defined plan that includes enhanced national capacities and training, define coordination mechanisms, name committed focal points in each district that responds to this plan, and regular monitoring and periodic results evaluation.</p> | <p>Agencies must consider activating multisectorial coordination mechanisms in keeping with the mandate. Plans and proposals must be defined in the medium and long term</p> | <p>Resident Coordinator Office – OCHA – UN agencies</p> |
| <p>Also, strengthen communication among UN agencies.</p> | <p>Strengthen coordination among agencies through participatory mechanisms in the field and establish a communication strategy.</p> | <p>UNCT / GCOM</p> |

PART II

8. PROJECT REPORTS

8.1. Project Report 18-RR-WOM-008 - UN Women

| 1. Project information | | | |
|--|--|---|---------------------|
| 1. Agency: | UN Women | 2. Country: | Ecuador |
| 3. Cluster/Sector: | Protection - Sexual and/or Gender-Based Violence | 4. Project code (CERF): | 18-RR-WOM-008 |
| 5. Project title: | Enhance access to protection and lifesaving mechanisms to respond and prevent GBV, particularly trafficking and sexual exploitation of women who are part of the Venezuelan migratory influx. | | |
| 6.a Original Start date: | 03/10/2018 | 6.b Original End date | 02/04/2019 |
| 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\$ 260,000 |
| | b. Total funding received for agency's sector response to current emergency: | | US\$ 130,000 |
| | c. Amount received from CERF: | | US\$ 130,000 |
| | d. Total CERF funds forwarded to implementing partners | | US\$ 111,849 |
| | <ul style="list-style-type: none"> ▪ <i>Government Partners</i> US\$ 0 ▪ <i>International NGOs</i> US\$ 55,000 ▪ <i>National NGOs</i> US\$ 56,849 ▪ <i>Red Cross/Crescent</i> US\$ 0 | | |

2. Project Results Summary/Overall Performance

Through this CERF grant, UN WOMEN and its partners reached 1,373 first responders (police officers) and 27 community-based leaders who are trained and are sensitized on gender-based violence and trafficking to improve identification, prevention and address risks of trafficking and sexual exploitation of women along the northern border of Ecuador, and prevention of violence, including any kind of violence that can be perpetrated by public servants and the first responders themselves. The project reached a total of 1400 persons (187 females and 1213 males) who were direct beneficiaries of the training activities.

The project also reached 251 adult women victims of VBG and in risk of trafficking in persons receive cash assistance for complementing 1-month basic subsistence and were trained on VBG. In addition, indirectly around 650 persons of the families of the 251 women victims of VBG and in risk of trafficking in persons benefited from the actions.

In total, the project assisted a total of 1651 people and allowed to enhance access to protection and lifesaving mechanisms to respond and prevent GBV, particularly trafficking and sexual exploitation of women who are part of the Venezuelan migratory influx.

3. Changes and Amendments

Changes in military authorities including the Director of Human Rights (counterpart of our project) at the end of 2018 demanded new contacts and lobby initiated on December. Due to the no answer of the new authorities and the evaluation of the context, it was decided to increase the number of police personnel for the fast training activities, considering the high demand of this institution. Less than 10% of budget from the activities of monitoring was moved in order to open a new group of police officers in Ibarra city. During the project development we have identified that some of the women that entered Ecuador through the Rumichaca border in the past months, victims of sexual exploitation, are settled in nearby areas of Ibarra. They were also included as beneficiaries. On the other hand, the initial budget for direct assistance was increased by \$5000, which allowed to increase the initial amount of the CBI from \$ 200 to \$ 220. This change was possible because UN Women assumed directly a part of the monitoring with HQ seed funding, and we did not contract a monitoring person as planned in 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 | 0 | 374 | 374 | 0 | 906 | 906 | 0 | 1,280 | 1,280 |
| Reached | 4 | 434 | 438 | 0 | 1,213 | 1,213 | 4 | 1,647 | 1,651 |

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

| Category | Number of people (Planned) | Number of people (Reached) |
|-------------------------------------|----------------------------|----------------------------|
| Refugees | 0 | 0 |
| IDPs | 0 | 0 |
| Host population | 1,030 | 1,400 |
| Affected people (none of the above) | 250 | 251 |
| Total (same as in 4a) | 1,280 | 1,651 |

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 number of police officers trained was greater than planned, given that the police institutions increased the participation of officers in some specific topics of the training.

5. CERF Result Framework

| | |
|--------------------------|---|
| Project objective | Enhance access to protection and lifesaving mechanisms against GBV, trafficking and sexual exploitation of women who are part of the Venezuelan migratory influx in Rumichaca and San Miguel, in the northern border of Ecuador |
|--------------------------|---|

| | | | | |
|-------------------|--|------------------------------------|---|-------------------------------|
| Output 1 | First responders (military and police officers) and community-based leaders receive training, lifesaving information and are sensitized on gender-based violence and trafficking | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | Number of first responders who receive training, lifesaving information and who are sensitized on gender-based violence | 1,000 military and police officers | 1,373 police officers (12% women – 88% men) | attendance lists |

| | | | | |
|---|--|---|---|------------------|
| | and trafficking | | | |
| Indicator 1.2 | Number of community-based leaders who receive training, lifesaving information and who are sensitized on gender-based violence and trafficking | 30 community-based leaders (80% female, 20% male) | 27 community-based leaders (81% female, 19% male) | attendance lists |
| Explanation of output and indicators variance: | | <p>An information and training package were developed regarding the competence of the security institutions of Ecuador to improve the response and apply mechanisms to protect women's rights in cases of GBV and trafficking in persons. Three training modules on human mobility, GBV and violence against children and trafficking in persons were generated, especially for the purpose of sexual exploitation.</p> <p>The trainings were agreed at the national and local level with the Ministry of the Interior and the National Police.</p> <p>Regarding the leaders of local organizations, although there were differences between the provinces where the training was held, in general terms there was adequate participation and interest.</p> | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Select and hire training team | UN Women / CEDEAL (Rumichaca) | | |
| Activity 1.2 | Deliver quick emergency packaged training, lifesaving information and sensitize first responders and community-based leaders | UN Women/ CEDEAL (Provinces: Esmeraldas, Sucumbios, Carchi, Imbabura) | | |
| Activity 1.3 | Monitor and evaluate trainings | UN Women / CEDEAL (Provinces: Esmeraldas, Sucumbios, Carchi, Imbabura) | | |

| | | | | |
|---|--|---|-----------------|--|
| Output 2 | 250 young adult women (especially those between 18-24 years old) victims of trafficking in persons receive cash assistance for complementing 1-month basic subsistence | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | Number of young adult women victims of trafficking in persons who receive cash assistance as part of attention packages | 250 | 251 | Signed receipt |
| Indicator 2.2 | Total value of cash distributed | 50,000 | 55,000 | Financial report of the implementing partner |
| Explanation of output and indicators variance: | | <p>The beneficiaries of the project were identified through missions and visits to the different communities of the province of Carchi and Imbabura, as well as through individual interviews of women referred by other humanitarian actors.</p> <p>Through the experience of HIAS, implementing partner, we identified cases of Venezuelan women at risk who entered Ecuador in the period between August 2018 to February 2019.</p> <p>Evaluations of the situation of women are carried out through tools such as in-depth interviews. The women were informed about the project, and articulations were generated with other actors and humanitarian programs according to each specific situation.</p> <p>With the women beneficiaries of the CBI, workshops were held on the proper use of monetary assistance taking into account the planning of the family budget around the cost of living in Ecuador, and on protection routes and services in cases of violence and sexual exploitation.</p> <p>The delivery of subsidies in cash through a sealed envelope or by check for those who had a passport. In each installment, the importance of using the</p> | | |

| | | funds in an adequate manner was reiterated. |
|--------------|---|---|
| Activities | Description | Implemented by |
| Activity 2.1 | Identify young adult women victims of trafficking in persons through a research study on trafficking in persons | UN Women/HIAS (Rumichaca, Tulcán, Ibarra) |
| Activity 2.2 | Provide cash assistance to 250 young adult women victims of trafficking in persons | Un Women/ HIAS (Tulcán, Ibarra) |
| Activity 2.3 | Monitor and evaluate CBI | UN Women/ HIAS (Tulcán, Ibarra) |

6. Accountability to Affected People

A) Project design and planning phase:

The project was designed by UN Women, co-leader of the GBV in Emergencies subgroup. The designers of this project are specialized in gender, and guided previous conversations with multisector leaders and different partners at local and national level for the planning phase. The intervention was designed considering the experience of UN Women in 2016 emergency actions for the earthquake relating protection and prevention of Gender based violence, and the information provided by information collected at the northern border about risks confronted by Venezuelan women in search of livelihoods in Ecuador and compelled to get involved in sexual exploitation and transactional sex. This information was complemented and corroborated by similar studies in Colombian territory, organized by the Colombian VBG Subgroup about women from Venezuela in prostitution or sexual exploitation during the first quarter of 2018. A DTM survey in Ecuador has also provided valuable information on the needs reported by target communities.

B) Project implementation phase:

During the implementation phase due to the CBI component, the dissemination of the project was carried out through the humanitarian actors present in the Tulcán and Rumichaca area, in order to achieve a better identification of the beneficiary women with the CBI. In this way, it was guaranteed that the dissemination of the project will reach women victims of GBV and at risk of sexual exploitation in a timely manner.

Regarding the training, the information was shared with the Ministry of the Interior and the National Police from the beginning, who made contributions to the contents and topics that they considered most necessary.

Constantly evaluations were carried out with the trained people in order to adjust the contents of the training according to the needs identified. Similarly, regarding the location of women victims of sexual exploitation, the feedback of the first beneficiaries was crucial to achieve a better targeting.

The feedback received from police officers, community leaders and women at risk of sexual exploitation was taken into consideration for the contents of the training and the accompaniment of women.

Surveys were conducted at the end of each training meeting with the police. In the case of the women beneficiaries of the CBI, complete psychosocial interviews were conducted in order to have the complete profile of the women.

The trainings were constantly adjusted in terms of their contents according to the feedback, as well as the inclusion of the city of Ibarra for some activities due to the information received from the beneficiaries.

C) Project monitoring and evaluation:

UN WOMEN has its own institutional measurement tools, procedures and team for the evaluation of the project, especially for gender aspects. The Subgroup of GBV met on a monthly basis to evaluate the progress and implementation of the project. The results were presented and evaluated with the beneficiaries.

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 |
| Multi-purpose Cash | US\$ 220 | Multi-purpose cash | Unconditional | Unrestricted |

| 8. Evaluation: Has this project been evaluated or is an evaluation pending? | |
|--|--|
| <p>From the evaluation applied to police officers we can point out that:</p> <p>Regarding the contents of the trainings, 61% of the participants rated it with the highest rating, that is, 5 points, and 30% with a rating of 4 points.</p> <p>Regarding the extent to which the modules responded to their expectations, 51% offer the highest rating of 5 points and 37% with a rating of 4 points.</p> <p>Regarding the application of the knowledge acquired in their professional activity, 46% indicate that the process has allowed them to objectively know the topics to be able to apply it and 31.6% indicate that they will apply them in their work immediately.</p> <p>As recommendations, the national police indicated that it would be appropriate to establish a continuous training process in the future, with more training time and more teaching materials.</p> <p>From the evaluation made to leaders who were trained, it can be inferred that the contents are useful and will be used in the role they perform locally. Regarding the content: 44% of the participants rated it with the highest rating of 5 points, and 19% with a rating of 4 points. Regarding learning, 62% rated it with the highest rating of 5 points and 8% with a rating of 4 points.</p> <p>The evaluations made with the women beneficiaries of the CBI, have allowed to identify the level of appropriation of the contents of the workshops, and to know the impact of the CBI from their own vision. In general terms, the women pointed out that the amount of the CBI allowed them to meet emerging food and health needs. Some indicate that the grant helped them start small ventures. It was also noted that in some cases the money was used to access the residence documents in the country, which will allow them to reduce the vulnerabilities to which they are exposed.</p> | EVALUATION CARRIED OUT <input type="checkbox"/> |
| | EVALUATION PENDING <input checked="" type="checkbox"/> |
| | NO EVALUATION PLANNED <input type="checkbox"/> |

8.2. Project Report 18-RR-FPA-036 - UNFPA

| 1. Project information | | | |
|--|--|--|---------------|
| 1. Agency: | UNFPA | 2. Country: | Ecuador |
| 3. Cluster/Sector: | Protection - Sexual and/or Gender-Based Violence | 4. Project code (CERF): | 18-RR-FPA-036 |
| 5. Project title: | Safe spaces for Venezuelan women and adolescents in a situation of mobility | | |
| 6.a Original Start date: | 02/10/2018 | 6.b Original End date | 01/04/2019 |
| 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\$ 100,340 |
| | b. Total funding received for agency's sector response to current emergency: | | US\$ 100,340 |
| | c. Amount received from CERF: | | US\$ 100,340 |
| | d. Total CERF funds forwarded to implementing partners of which to: | | US\$ 0 |
| | | <ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent | |

2. Project Results Summary/Overall Performance

Through this CERF grant, UNFPA highlights key achievements in Sucumbíos and Carchi as follows:

- 3011 people directly assisted, 2694 women and girls, 317 men and boys.
- Two GBV safe spaces set up, 2700 women, girls, men and boys directly assisted or referred to multisectoral services,
- Governmental and CSO actors integrated in two local networks and developed two GBV functional referral pathways in Rumichaca (Carchi) and San Miguel bridge (Sucumbíos), including improvement of local coordination and strengthening of capacities, in partnership with Lunita Lunera NGO
- Developed a GBV mapping services and a multisectoral protocol, which contains minimum standards to address GBV
- 311 government officials trained on GBV in emergencies applying the "GBV Manual in emergencies", as well as case management and self-care.
- 1650 dignity kits delivered to Venezuelan women and adolescents in coordination with MOH.
- A GBV prevention campaign, includes a video, radial wedges, dissemination of flyers, brochures and document holders in regard to GBV service map and the referral pathway, in partnership with Lunita Lunera NGO, and dissemination of key information through social networks.

A GBV basic case management and a self-care guide were elaborated and published, to be used by GBV networks.

3. Changes and Amendments

There were no substantial changes in the plan, activities, indicators, or outcomes, all of them were achieved; rather than, we adapted to constant transformation of the continuous flows of Venezuelan citizens and we optimized the funds management, as a result of that, we obtained additional achievements to the planned with the same resources, in order to improve our intervention and to generate a greater impact to save lives by GBV prevention and response. As the number of Venezuelan people women and girls and their needs increased, we attended in the safe spaces with extended schedules and approaching to them directly.

There were at least two critical events during this period, those were: Ecuadorian government adopted the decision to require an apostilled criminal record certificate for the entry of Venezuelan people to Ecuador after a Venezuelan man committed a femicide in Ibarra city, on January 2019. This event triggered a wave of outrage, xenophobic reactions and incidents during the following days. As a result, some Venezuelan refugees and migrants left Ibarra and even Ecuador.

These events resulted in many of the people, who were not allowed to entry due to the absence of the required documents, entered to Ecuador through traffickers or irregular and insecure roads, which exposed them to greater protection risks. Then it was critical to give information and advice to prevent and respond to GBV using social networks as whatsapp. Currently, this measure was suspended by a decision of the Constitutional Court.

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 | 247 | 1,403 | 1,650 | 0 | 0 | 0 | 247 | 1,403 | 1,650 |
| Reached | 845 | 1,849 | 2,694 | 39 | 278 | 317 | 884 | 2,127 | 3,011 |

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

| Category | Number of people (Planned) | Number of people (Reached) |
|-------------------------------------|----------------------------|----------------------------|
| Refugees | 0 | 0 |
| IDPs | 0 | 0 |
| Host population | 0 | 311 |
| Affected people (none of the above) | 1,650 | 2,700 |
| Total (same as in 4a) | 1,650 | 3,011 |

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 estimated number of beneficiaries based on the initial needs assessment carried out jointly with the MoH in August, 2018 and in UNFPA standards. CERF Project was approved two months later and the number of Venezuelan population in humanitarian assistance increased significantly, as well as our response and the number of women and girls assisted. In addition, boys and men were not excluded of our interventions when required. That is why the number of people directly targeted increased.

5. CERF Result Framework

| | |
|--------------------------|--|
| Project objective | Save lives of women and adolescents by improving quality, availability and access to survivor-centered, multi-sectoral and psychosocial support services, and referral pathways to prevent and respond to GBV incidents that could affect to Venezuelan women and adolescents in humanitarian assistance needs, by implementing two safe spaces. |
|--------------------------|--|

| | | | | |
|---|---|--|----------------------------------|----------------------------------|
| Output 1 | Delivery of GBV prevention and response, as well as psychosocial services in safe spaces for women and adolescents. | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | Number of safe spaces set up | 2 | 2 | UNFPA files, safe spaces picture |
| Indicator 1.2 | Number of women, adolescents who access to quality, availability and access to survivor-centered, multi-sectoral and psychosocial support services, and referral pathways to prevent and respond to GBV incidents | 1,650 | 2,700 women, girls, men and boys | Monthly reports |
| Explanation of output and indicators variance: | | Increase of Venezuelan people in humanitarian assistance needs | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Implementation of a basic workstation (one for each safe space) | UNFPA | | |
| Activity 1.2 | Hiring a case manager (one team for each safe space) | UNFPA | | |
| Activity 1.3 | Direct attention on GBV prevention and response, as well as psychosocial services in safe spaces for women and adolescents (from Wednesday to Sunday) | UNFPA | | |

| | | | | |
|---|--|--|-----------------------------------|--|
| Output 2 | Communities, CSO and governmental actors are integrated to promote GBV survivors access to comprehensive services in the framework of a referral pathway | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | Number of Referral Pathways in place and functional: Governmental and CSO actors integrated in GBV in referral pathway in Rumichaca (Carchi) and San Miguel bridge (Sucumbíos) | 2 | 2 | UNFPA files: Document contains 2 Referral pathways |
| Indicator 2.2 | Number of public institutions staff, trained to give an emergency response to cases of GBV. | Justice sector: 50 national officers MoH: 100 national and local officers Ministry of Economic and Soc | 311 governmental officers trained | UNFPA files and records |
| Explanation of output and indicators variance: | | Through an efficient resource management and scale economy, the target was exceeded. | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | Undertake a rapid mapping of all GBV services for inclusion in the referral pathway | Lunita Lunera, NGO hired by UNFPA | | |
| Activity 2.2 | Coordinate the establishment of a GBV referral system, building on existing GBV services (psychosocial, legal/justice services) and the referral of cases | Lunita Lunera, NGO hired by UNFPA | | |
| Activity 2.3 | Monitor the quality of services to ensure they are functional and meet minimum standards of care, in line with the GBV guiding principles | Lunita Lunera, NGO hired by UNFPA | | |
| Activity 2.4 | Training sessions in response to emerging violence cases, operation of safe spaces and reference path | Lunita Lunera, NGO hired by UNFPA | | |

| | | | | |
|---|--|---|-----------------|---|
| Output 3 | GBV survivors access to GBV protection toolkits and lifesaving and support information | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 3.1 | Number of crisis-affected women and adolescent receiving dignity kits | 1,650 | 1,650 | UNFPA Files, MoH lists of kits distribution |
| Explanation of output and indicators variance: | | [N/A] | | |
| Activities | Description | Implemented by | | |
| Activity 3.1 | Procurement of Life saving GBV protection toolkits to women and adolescents | UNFPA | | |
| Activity 3.2 | Distribution of Life saving GBV protection toolkits to women and adolescents | UNFPA in coordination with Ministry of Health | | |

6. Accountability to Affected People

A) Project design and planning phase:

In May, 2018, the MoH team activated an emergency called, due to the unusual increase of Venezuelan people entries through the northern border checkpoints. UNFPA, in coordination with MoH, conducted an initial needs assessment in the northern and southern borders, in order to identify the needs of Venezuelan women and girls, and the capacities of the local institutions to respond to SRH and GBV in human mobility. In addition, there was a process of joint development of the project along with all UN agencies, all of them contributed with the information of their respective assessments.

B) Project implementation phase:

UNFPA designed a strategy to guarantee the fulfilment of the outcomes and to ensure that interventions are appropriate and timely, based on the needs of women and adolescents and IASC Guidelines for Integrating GBV in Humanitarian Action. Their components were:

- Safe spaces: The direct attention in the safe spaces to Venezuelan women and girls allowed to know their needs and GBV risk they face, including sexual violence, trafficking, robberies. We also confirm they prefer to continue their journey, instead of reporting any cases of GBV. Then, the referral pathway and case management methodology were developed, taking into consideration these elements.
- Integration of communities, CSO and governmental actors to promote GBV survivors' access to comprehensive protection: this implied GBV services mapping; strengthening capacities of government, civil society and local GBV networks; improvement of local coordination; everyone were developed with participative methodologies. A self-care guide was developed at the request of the first line responders. The capacity to prevent and respond to GBV comprehensively in the current humanitarian context is yet limited in the national and local institutions and NGOs, it is necessary to keep strengthening their capacities.
- Dignity kits contents: set of female panties, sanitary napkins, damp cloths, disinfectant gel and a mini GBV prevention kit containing: whistle, flashlight, padlock, GBV brochures. Venezuelan women and adolescents consider the content of the dignity kit was appropriate. The delivery was coordinated with MoH and other humanitarian actors and was an opportunity to inform about GBV services, rights, services and referral pathways.
- Lifesaving and GBV protection communication materials: designed in consultation with Venezuelan women through focus groups and interviews.

Lunita Lunera, the hired NGO, is an innovative organization with recognized technical capacity and knowledge of humanitarian context, which prioritized the participation of the Venezuelan women and the local actors in all their interventions, including participative trainings, focus groups, interviews, consultations.

There was a coordination with UNWOMEN to implement the projects related to GBV. In the framework of the Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela, UNFPA is member of the Protection Cluster and leads GBV sub-

cluster along with UNWOMEN.

CER fund was complemented with other resources, that UNFPA mobilized, such as UNFPA Emergency Fund and regular funds, to maximize the interventions and to reach territories not considered in CERF, such as the southern border (Huaquillas and Machala).

C) Project monitoring and evaluation:

UNFPA monitored the project in the national and local level, in order to guarantee the timely implementation and the fulfilment of the outputs. In the field, UNFPA staff reports monthly about their actions; while the NGO hired also reported at the end of their contract. Monitoring includes field visits from national team.

In addition, UNFPA has its own monitoring system, which includes specific indicators related to GVB in emergency related with this CERF project.

Random surveys were conducted to gather beneficiaries' feedback on the quality of the services delivered by the MoH, including those of GBV. Venezuelan women recognized the good quality of our services, the informative brochures and the usefulness of the Dignity kit, especially the female underwear.

At the end of the project implementation, UNFPA organized meetings with the key local partners (NGOs and government) to conduct a rapid assessment, identify the key achievements, challenges and recommendations. All the actors expressed their acknowledgment and valued the actions developed. Anyway, it is necessary to maintain the presence and actions to prevent and respond to GBV, because the emergency is far from over.

| 7. Cash-Based Interventions | |
|---|-----------------|
| 7.a Did the project include one or more Cash Based Intervention(s) (CBI)? | |
| Planned | Actual |
| No | Choose an item. |

| 8. Evaluation: Has this project been evaluated or is an evaluation pending? | |
|---|--|
| An evaluation is planned for June, 2019 | EVALUATION CARRIED OUT <input type="checkbox"/> |
| | EVALUATION PENDING <input checked="" type="checkbox"/> |
| | NO EVALUATION PLANNED <input type="checkbox"/> |

8.3. Project Report 18-RR-FPA-037 - UNFPA

| 1. Project information | | | |
|--|---|--|---------------|
| 1. Agency: | UNFPA | 2. Country: | Ecuador |
| 3. Cluster/Sector: | Health – Health | 4. Project code (CERF): | 18-RR-FPA-037 |
| 5. Project title: | Respond to the life-saving SRH needs of migrant Venezuelan women and girls in border areas | | |
| 6.a Original Start date: | 02/10/2018 | 6.b Original End date | 01/04/2019 |
| 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\$ 230,000 |
| | b. Total funding received for agency's sector response to current emergency: | | US\$ 69,000 |
| | c. Amount received from CERF: | | US\$ 116,577 |
| | d. Total CERF funds forwarded to implementing partners of which to: | | US\$ 0 |
| | | <ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent | |

| 2. Project Results Summary/Overall Performance |
|--|
| <ul style="list-style-type: none"> • CERF funds allowed sexual and reproductive health (SRH) actions to be incorporated in the Border Health Districts contingency plans, allowing a fast and efficient response through the acquisition of 57 SRH kits and 137 medical equipment for 29 health units, in both migratory control points, as well as other points of greater concentration of Venezuelan population. • 900 (565 women and 335 men) Health professionals are committed and trained to implement the SRH Minimum Initial Package Services (MISP) in benefit of people in human mobility. • Local humanitarian actors to prepare them to develop SRH promotion actions with 41,500 women in childbearing age (6,500 in mobility and 35,000 of host population), 5,500 men (2,500 in mobility and 3,000 in host population), perform 1020 pregnancy controls, 37 births attended by qualified professionals, and avoid 19 maternal deaths through emergency obstetric and neonatal care networks in each locality. • 2,150 women aged 20-49 years and 860 adolescents 10-19 years of Venezuela receive counselling in SRH in the migratory control points of the north and south. <p>CERF SRH funds assisted 47,000 people and strengthened the actions implemented by the MoH to offer timely and quality care to people in mobility. It meant a 20% increase in the total number of consultations in health units. This made it possible to reduce the gap of the number of consultations resulting from the increase of flow in patients care.</p> |

| 3. Changes and Amendments |
|---|
| The initial proposal estimated the purchase of 90 emergency SRH kits, based on the initial needs assessment carried out jointly with the MoH in the month of August 2018. The CERF Project was approved two months after the proposal was sent and by then, the |

humanitarian scenario changed, as did the needs of the MoH. The number of Venezuelan population (15-20%) that required medical attention increased significantly, so it was necessary to adapt the epidemiological surveillance posts of the migratory controls and turn them into medical care posts.

Due to the change, it was necessary to acquire medical equipment such as fetal dopplers, weighing scales, tensiometers, among others. In addition to inputs such as long-term planning methods (Implants) for the care of SRH, not available in the enough amount at that time in the MoH.

To resolve these acquisitions, the number of Emergency SRH Kits was reduced and the budget allocated for this activity was not affected.

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 | 2,880 | 16,320 | 19,200 | 3,120 | 17,680 | 20,800 | 6,000 | 34,000 | 40,000 |
| Reached | 8,300 | 33,200 | 41,500 | 900 | 4,600 | 5,500 | 9,200 | 37,800 | 47,000 |

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

| Category | Number of people (Planned) | Number of people (Reached) |
|-------------------------------------|----------------------------|----------------------------|
| Refugees | 0 | 0 |
| IDPs | 0 | 0 |
| Host population | 10,640 | 38,000 (*) |
| Affected people (none of the above) | 29,360 | 9,000 (**) |
| Total (same as in 4a) | 40,000 | 47,000 |

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 country's Health System guarantees universal access for all people living in the territory, regardless of their migratory status, therefore, activities must be carried out with the population that regularly attends to health services, without differences. This justifies the significant increase in the number of people in the host population who received these different services.

(**) On the other hand, the migratory conditions of most of Venezuelan people, influence directly in the number of people who attend to these services, who for fear of being deported, violated their rights or mistreated do not request the service, even when they need it.

5. CERF Result Framework

| | |
|--------------------------|--|
| Project objective | Venezuelan migrant women and adolescents have access to life-saving sexual and reproductive health (SRH) services, supplies, and information through the implementation of Minimum Initial Service Package (MISP) in selected areas. |
|--------------------------|--|

| | | | | |
|-------------------|---|---------------|-----------------|-------------------------------|
| Output 1 | Delivery of Reproductive Health kits to the MoH to be distributed to medical units in affected areas. | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | Number of kits SRH delivered | 90 | 57(*) | MSP-UNFPA delivery / |

| | | | | |
|---|--|--|-----|---|
| | | | | reception and donation certificates |
| Indicator 1.2 | Number of health providers trained to use SRH kits | 40 | 900 | UNFPA files: Activity compliance reports and attendance lists |
| Explanation of output and indicators variance: | | (*) The initial proposal estimated the purchase of 90 emergency SRH kits, based on the initial needs assessment carried out jointly with the MoH in the month of August 2018. The CERF Project was approved two months after the proposal was sent and by then, the humanitarian scenario changed, as did the needs of the MoH. The number of Venezuelan population (15-20%) that required medical attention increased significantly, so it was necessary to adapt the epidemiological surveillance posts of the migratory controls and turn them into medical care posts. | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Procurement and delivery of SRH kits | UNFPA | | |
| Activity 1.2 | Training session for MoH staff concerning kit distribution and kit management at the health center level | MoH and UNFPA | | |
| Activity 1.3 | Distribution of kits and on-site training on the kit use and management | MoH and UNFPA | | |

| | | | | |
|---|---|---|------------------|-------------------------------|
| Output 2 | Ensure access to essential sexual and reproductive health (SRH) services including Emergency Obstetric Care Services (EmOC). | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | # Of women and girls with major obstetric complications who have access to Emergency Obstetric Care Services (EmOC). | 60 | 9 (*) 62 (**) | MoH records |
| Indicator 2.2 | # of specific health units are supplied with clinical delivery assistance kits | 4 | 29 | MoH records |
| Indicator 2.3 | # of visibly pregnant women who receive a clean delivery kit | 800 | 920 (*) | MoH records |
| Explanation of output and indicators variance: | | (*) Venezuelan women (**) Ecuadorian women | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | Establish a system of appropriate and timely referral between the border care posts to the primary health centers; between primary health centers and hospitals in order to provide basic and complete EOC and other reproductive health problems | MoH | | |
| Activity 2.2 | Provide assistance to each health unit for the management of the clinical delivery kit | UNFPA | | |
| Activity 2.3 | Provide every targeted health facility with Clinical Delivery Assistance Kits | MoH-UNFPA | | |

| | | | | |
|---|---|------------------------------------|-------------------------|---|
| Output 3 | Women and adolescents access counseling on: Sexual and Reproductive Rights, use of modern contraceptive methods especially the long-term; and identification of danger signs in pregnancy, delivery and postpartum. | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 3.1 | # of women and adolescents who have access to SRH counselling | 5,000 | 2,150 (*) 3,200 (**) | MoH records |
| Indicator 3.2 | # of women and adolescents who access to SRH information materials | 5,000 | 10,000 | MoH records, UNFPA files: Activity compliance reports |
| Explanation of output and indicators variance: | | (*) Venezuelans (**) Ecuadorian | | |
| Activities | Description | Implemented by | | |
| Activity 3.1 | Awareness sessions on the prevention of gender-based violence, including sexual violence and sexual exploitation, sexual and reproductive rights and the identification of obstetric danger signs. Peer methodology | MoH-UNFPA | | |
| Activity 3.2 | Production of informative materials | UNFPA | | |

6. Accountability to Affected People

A) Project design and planning phase:

In May 2018, the MoH team activated an emergency response due to the unusual increase of Venezuelan entries through the northern border checkpoints. In coordination with the MoH, UNFPA conducted an initial needs assessment of the Health Districts of the northern and southern borders, which allowed to know the training needs of personnel in SRH and GBV care for people in human mobility; equipment for health services, especially the immigration control posts of the two borders.

B) Project implementation phase:

An Action Plan for Health District was prepared with the direction of Zone 1 and 7 Coordination and the MoH in Quito, including monitoring and evaluating actions. With Emergency Funds, local consultants were hired to support the MoH teams in the implementation of the Plan.

A cooperation agreement with the MoH was established to: i) Strengthen capacities of border health professionals in the implementation of the Minimum Initial Service Package (MISP); ii) Acquisition of SRH kits, including family planning methods and medical equipment for 29 border health units; and, iii) management of SRH and Obstetric Emergency kits in line with MoH SRH guidelines prepared with the support of UNFPA during the 2016 earthquake framework.

UNFPA signed a Letter of Understanding with international RET to i) Coordinate training activities for adolescents and young people on SRH and GBV issues in emergency situations; ii) Develop joint actions to strengthen youth organizations capacities to promote SRH and GBV in San Miguel Bridge (Sucumbios); and, iii) Provide adolescents, young people and women in situation of Human Mobility with "Dignity Kits" in close coordination with the MoH. Prior to the delivery of kits there is an implementation talk of awareness related to concerns.

The delivery of the Dignity Kits to Venezuelan women and adolescents was a great opportunity to inform about prevention of GBV and Rights to SRH, danger signs in pregnancy, childbirth and post - partum, Family Planning and places where they can receive these services and Kit contents: set of underwear, sanitary napkins, damp cloths, disinfectant gel and a mini GBV prevention kit containing: whistle, flashlight and padlock.

This activity allowed to make direct contact with the population and to know their concerns, needs and opinions about the service provided.

The training in use of the emergencies RSH Kits to the health personnel of the first and second level Health Units, contributed to improve the quality of SRH care including Obstetric and Neonatal Emergencies.

C) Project monitoring and evaluation:

UNFPA field staff monitored the project on a permanent basis. This allowed them to properly coordinate the timely delivery of Dignity kits and Emergency SRH Kits. UNFPA field staff verified that Venezuelan people were treated with respect and information was properly registered.

This monitoring was reinforced with visits from national staff. Random surveys were conducted to gather beneficiaries' feedback on the quality of the services delivered by the MoH. All Venezuelan people recognized the quality of service and appreciated the kindness with which they attended.

7. Cash-Based Interventions

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

| Planned | Actual |
|---------|-----------------|
| No | Choose an item. |

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

| | |
|---|--|
| In evaluation is planned for June 2019. | EVALUATION CARRIED OUT <input type="checkbox"/> |
| | EVALUATION PENDING <input checked="" type="checkbox"/> |
| | NO EVALUATION PLANNED <input type="checkbox"/> |

8.4. Project Report 18-RR-CEF-096 -- UNICEF WASH

| 1. Project information | | | |
|--|---|---|--------------------|
| 1. Agency: | UNICEF | 2. Country: | Ecuador |
| 3. Cluster/Sector: | Water Sanitation Hygiene - Water, Sanitation and Hygiene | 4. Project code (CERF): | 18-RR-CEF-096 |
| 5. Project title: | Provision of safe water, sanitation and hygiene services to population in migratory condition in border points | | |
| 6.a Original Start date: | 29/08/2018 | 6.b Original End date | 27/02/2019 |
| 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\$ 4,000,000 |
| | b. Total funding received for agency's sector response to current emergency: | | US\$ 432,328 |
| | c. Amount received from CERF: | | US\$ 173,792 |
| | d. Total CERF funds forwarded to implementing partners of which to: | | US\$ 90,772 |
| | <ul style="list-style-type: none"> ▪ <i>Government Partners</i> US\$ 0 ▪ <i>International NGOs</i> US\$ 90,772 ▪ <i>National NGOs</i> US\$ 0 ▪ <i>Red Cross/Crescent</i> US\$ 0 | | |

2. Project Results Summary/Overall Performance

Through the CERF funding, UNICEF and implementing partners provided access to safe water, sanitation and handwashing facilities for 55,220 people in Rumichaca and San Miguel border points, including 7,342 children and 473 people with disabilities. The CERF project has been part of a broader response including additional funding and complementary activities which also included the response at the southern border of Huaquillas.

The activities have been coordinated locally with the involved institutions, principally municipalities, municipal water service providers and MoH on one hand and with other civil society actors with activities supporting improvement of access to WASH services.

WASH facilities were improved with a focus on accessibility for children and people with disabilities, with emphasis on gender issues including safety and privacy.

3. Changes and Amendments

No significant changes have been made to the project from the original proposal and project plan. The project proposals were drafted and submitted in August 2018, when the number of Venezuelan entries were expected to rise for the remainder of 2018 and beginning of 2019. Institutional coordination, specifically at the level of the Rumichaca border has been the main bottleneck for timely conclusion of sanitation facilities rehabilitation. Also, the project proposed the rehabilitation of sanitation services in bus terminals, which was finally rejected because the management of the bus terminal (private concession) did not agree to ensure that sanitation facilities would be

free of charge, and funding was reoriented towards the rehabilitation of sanitation facilities in the shelter house for unaccompanied adolescents that was set up in Tulcán by UNICEF. These bottlenecks did not lead to significant changes in activities, indicators or costing.

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 | 13,500 | 6,750 | 20,250 | 13,500 | 6,750 | 20,250 | 27,000 | 13,500 | 40,500 |
| Reached | 4,022 | 21,021 | 25,043 | 3,320 | 26,857 | 30,177 | 7,342 | 47,878 | 55,220 |

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

| Category | Number of people (Planned) | Number of people (Reached) |
|-------------------------------------|----------------------------|----------------------------|
| Refugees | 0 | 0 |
| IDPs | 0 | 0 |
| Host population | 0 | 0 |
| Affected people (none of the above) | 40,500 | 55,220 |
| Total (same as in 4a) | 40,500 | 55,220 |

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

Discrepancies between planned and reached beneficiaries in age distribution of beneficiaries are due to the characteristics of the migrating population. Approximately 20% of all entries of the last months of 2018 were children, as opposed to 25% calculated during the planning phase. This discrepancy might be attributed to changes in the migratory population profile but also to inaccurate figures at planning stage. Girls and boys have been specifically targeted by the intervention with a near 100% coverage of all entries for these age groups. Overall, the total number of people reached was exceeded.

5. CERF Result Framework

| | |
|--------------------------|--|
| Project objective | Assure quality, free and continuous access to save WASH services for the vulnerable population in migratory condition. |
|--------------------------|--|

| Output 1 | People in migratory condition have access to potable water points at the border and transit points | | | |
|---------------|--|---|--|------------------------|
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | Number of people in vulnerable condition that have access and use potable water points | Total: 40,500 Children and adolescents (under 18): 27,000 Women: 20,250 Men: 20,250 Elderly people: 1,000 People with disabilities: 300 | Total: 55,220 Children and adolescents (under 18): 7,342 Women: 21,021 Men: 26,857 Elderly people: n/a People with disabilities: 470 | Partner reporting |

| | | | | |
|---|---|--|----|-------------------|
| Indicator 1.2 | Number of drinking water points established | 30 | 30 | Partner reporting |
| Explanation of output and indicators variance: | | None | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Procurement of triple action water filters for drinking water | UNICEF | | |
| Activity 1.2 | Procurement of water tanks of 2,500 and 5,000 liters | UNICEF | | |
| Activity 1.3 | Improvement of drinking water storage capacity | UNICEF, ADRA | | |
| Activity 1.4 | Continuous monitoring, operation and maintenance of drinking water stations | UNICEF, ADRA in coordination with MoH (Agency for Sanitary Regulation and Control) | | |

| | | | | |
|---|---|--|--|-------------------------------|
| Output 2 | People in migratory condition have continuous access to quality, safe and free sanitation services (toilets and showers) at the border and transit points | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | Number of people in vulnerable condition that have access and use toilets | Total: 40,500 Children and adolescents (under 18): 27,000 Women: 20,250 Men: 20,250 Elderly people: 1,000 People with disabilities: 300 | Total: 55,220 Children and adolescents (under 18): 7,342 Women: 21,021 Men: 26,857 Elderly people: n/a People with disabilities: 470 | Partner reporting |
| Indicator 2.2 | Number of people in vulnerable condition that have access and use showers | Total: 10,000 Children and adolescents (under 18): 5,000 Women: 5,000 Men: 5,000 Elderly people: 300 People with disabilities: 100 | Total: 4,419 Children and adolescents (under 18): 588 Women: 1,682 Men: 2,149 Elderly people: n/a People with disabilities: 38 | Partner reporting |
| Indicator 2.3 | Number of toilets rehabilitated and in conditions for use (hygienic, accessible and operational) | 30 | 29 | Partner reporting |
| Indicator 2.4 | Number of showers rehabilitated and in conditions for use (hygienic, accessible and operational) | 20 | 13 | Partner reporting |
| Explanation of output and indicators variance: | | Demand for the use of showers has been lower than estimated, specifically in Rumichaca border points, which explains discrepancy between targeted and achieved beneficiaries accessing and using showers. Bottlenecks for the rehabilitation of toilets and showers were linked to delays in the formal authorizations required from the institutions and administrators of the infrastructure, and higher than estimated rehabilitation costs. Complementary funding from other partners (Red Cross, NRC) have been fundamental also to | | |

| | | increase capacity of sanitation facilities. |
|--------------|--|---|
| Activities | Description | Implemented by |
| Activity 2.1 | Procurement of cleaning products for sanitation facilities | ADRA |
| Activity 2.2 | Rehabilitation and redesign of sanitation facilities | ADRA |
| Activity 2.3 | Provision of maintenance and cleaning products for sanitation facilities | ADRA |
| Activity 2.4 | Continuous monitoring, operation and maintenance of toilets and showers | UNICEF, ADRA |

| Output 3 | People in migratory condition have continuous access to quality, safe and free services to carry out key hygiene practices (eg. handwashing with soap) at the border and transit points | | | |
|---|---|---|--|------------------------|
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 3.1 | Number of people in vulnerable condition that have access to and use handwashing stations with soap | Total: 40,500 Children and adolescents (under 18): 27,000 Women: 20,250 Men: 20,250 Elderly people: 1,000 People with disabilities: 300 | Total: 55,220 Children and adolescents (under 18): 7,342 Women: 21,021 Men: 26,857 Elderly people: n/a People with disabilities: 470 | Partner reporting |
| Indicator 3.2 | Number of handwashing stations with soap habitated and in conditions for use (hygienic, accessible and operational) | 30 | 31 | Partner reporting |
| Indicator 3.3 | Number of people that receive a family hygiene kit | Total: 10,000 Children and adolescents (under 18): 5,000 Women: 5,000 Men: 5,000 Elderly people: 300 People with disabilities: 100 | Total: 10,929 Children and adolescents (under 18): 5,354 Women: 2,602 Men: 2,863 Elderly people: n/a People with disabilities: 110 | Partner reporting |
| Explanation of output and indicators variance: | | N/A. | | |
| Activities | Description | Implemented by | | |
| Activity 3.1 | Procurement of hygiene kits | ADRA | | |
| Activity 3.2 | Promotion of key hygiene practices for population in migratory condition | ADRA | | |
| Activity 3.3 | Continuous monitoring, operation and maintenance of handwashing stations with soap | ADRA | | |
| Activity 3.4 | Distribution of family hygiene kits | ADRA | | |

6. Accountability to Affected People

A) Project design and planning phase:

UNICEF included specific monitoring mechanisms within the partner agreement with ADRA to assure that quality of services was continuously monitored and progressively improved. A questionnaire has been developed in the planning phase to be able to receive feedback from beneficiaries on contents of hygiene kits.

B) Project

Continuous monitoring took place in sanitation and handwashing facilities, at a daily basis in border points, including also partially other strategic points like bus terminals, formal and informal shelters and child friendly spaces. During this monitoring, direct feedback was also received from beneficiaries on quality of WASH services. The specific questionnaire on contents of hygiene kits and quality of sensitization activities for hygiene promotion was shared with 50 beneficiaries in the southern border, on the support received in Rumichaca and San Miguel. Evidence showed general satisfaction with the services provided, and the information has been used to make certain adjustments in service provision.

C) Project monitoring and evaluation:

A powerful tool in monitoring and evaluation of the WASH project permitted to monitor the access and functioning of services, based on daily inspection and reporting (including residual chlorine), managed to detect service provision gaps and quality issues timely. This tool showed that the contribution and engagement of all actors (principally the water service provider, infrastructure administrators and municipality in collaboration with our partner ADRA) is key to maintain high standards of WASH services quality.

7. Cash-Based Interventions

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

| Planned | Actual |
|---------|-----------------|
| No | Choose an item. |

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

Although no specific evaluation has been planned, UNICEF through other funding sources is conducting and external documentation of lessons learned of the WASH response in this context of migration. These lessons learned will then be used as inputs for a contingency planning document, which will be the guiding document for the further workplan and to strengthen coordination by the governmental sector authorities.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.5. Project Report 18-RR-CEF-097 -- UNICEF – HEALTH

| 1. Project information | | | |
|--|---|---|--------------------|
| 1. Agency: | UNICEF | 2. Country: | Ecuador |
| 3. Cluster/Sector: | Health - Health | 4. Project code (CERF): | 18-RR-CEF-097 |
| 5. Project title: | Rapid Response In Health And Nutrition For Vulnerable Groups | | |
| 6.a Original Start date: | 02/09/2018 | 6.b Original End date | 01/03/2019 |
| 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\$ 2,455,710 |
| | b. Total funding received for agency's sector response to current emergency: | | US\$ 403,208.27 |
| | c. Amount received from CERF: | | US\$ 132,027 |
| | d. Total CERF funds forwarded to implementing partners of which to: | | US\$ 12,093 |
| | <ul style="list-style-type: none"> ▪ <i>Government Partners</i> US\$ 0 ▪ <i>International NGOs</i> US\$ 12,093 ▪ <i>National NGOs</i> US\$ 0 ▪ <i>Red Cross/Crescent</i> US\$ 0 | | |

2. Project Results Summary/Overall Performance

The CERF grant supported the implementation of UNICEF's response to the immigration crisis through strategic life-saving health and nutrition interventions for children under 10. Through CERF funding, UNICEF through the MoH and implementing partner ADRA, has provided health supplies to 5,188 children to treat diarrheal related illnesses; 4,000 children to treat asthma and respiratory illnesses and 1,400 children to treat parasitic diseases. In addition, UNICEF has provided baby hygiene kits benefiting 7,500 children under three years old; 4,470 children under 3 years old were benefited from nutritional supplement PlumpyDoz; and providing nutritional screening to 4,300 children under 5 years old.

Through these interventions UNICEF has improved the health and nutrition of children on the move by ensuring their access to essential medication for prevalent childhood illness. Through the nutritional screenings, acute malnutrition and anaemia cases have been timely referred to MoH health care facilities. Nutritional screening processes have been conducted by ADRA-UNICEF in coordination with MoH. The data collected through this exercise has been key in advocacy efforts with the MoH.

3. Changes and Amendments

UNICEF health and nutrition interventions were implemented as planned with some delays in the distribution of medical supplies, which is why not all interventions have reached their targets. There reasons are as follows:

Firstly, the number of people entering Ecuador's northern border decreased from November to February and has started slightly increasing in March 2019. This has impacted the total number of children the intervention has been able to reach.

Secondly, we estimated numbers of acute malnutrition treatments as well as for other childhood diseases based on the projection of a

worst-case scenario. Luckily, these numbers are not as high as originally expected, nevertheless in the last two months there has been a significant increase in cases of acute malnutrition and diarrheal diseases in children under 5 years old.

Thirdly there were bureaucratic delays in the distribution of medical supplies to the Ministry of Health's northern border health care posts and therefore, delays in the start-date of the distribution of these supplies to the affected population. In addition to this, some medicines such as Albendazole were redistributed by the Ministry of Health to northern border health facilities prior to UNICEF's donation. Nevertheless, the delivery of these supplies will continue beyond CERF funding period.

Finally, the number of nutritional supplements per child was modified from three sachets per child to five sachets per child. This was done to standardize the response between Ecuador and Peru, as UNICEF Peru also delivers nutritional supplements to children under three years old. The increase in number of sachets per children has also decreased the original target population from 8,000 to 6,000 children. The previous experience and the data collected indicate that this intervention is a priority need and should be continued in the future.

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 | 5,318 | 0 | 5,318 | 5,318 | 0 | 5,318 | 10,636 | 0 | 10,636 |
| Reached | 12,111 | 0 | 12,111 | 8,074 | 0 | 8,074 | 20,185 | 0 | 20,185 |

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

| Category | Number of people (Planned) | Number of people (Reached) |
|--|-----------------------------------|-----------------------------------|
| <i>Refugees</i> | 0 | 0 |
| <i>IDPs</i> | 0 | 0 |
| <i>Host population</i> | 0 | 0 |
| <i>Affected people (none of the above)</i> | 10,636 | 20,185 |
| Total (same as in 4a) | 10,636 | 20,185 |

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

We report the total number of affected people based in the distribution of health cards in northern border health care facilities. This is a key strategy that prevents duplication in the vaccination scheme of children and pregnant women on the move. UNICEF distributed health cards in multiple health care facilities across the northern border region, and thus covered almost the entire population of children entering the country - it is mandatory for all children to go through the vaccination posts at the border.

5. CERF Result Framework

| | |
|--------------------------|--|
| Project objective | Reduce morbidity and mortality especially in vulnerable children in a situation of human mobility through timely access and comprehensive treatment of prevalent childhood and adolescent diseases and ensure an adequate comprehensive health care. |
|--------------------------|--|

| | | | | |
|---|---|---|-----------------|-------------------------------|
| Output 1 | Ensure provision of life saving supplies such as Oral rehydration salts (ORS) in combination with Zinc, to diminish the severity and shorten the duration of diarrheal episodes for all children and medical essentials for the treatment of the most prevalent pathologies in children and adolescents in a situation of human mobility. | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | Number of girls and boys who present diarrhoea have access to and receive comprehensive treatment that includes oral rehydration salts and Zinc according to the integrated management of childhood illness. | 7,500 | 7,000 | Ministry of Health registers |
| Indicator 1.2 | Number of girls and boys presenting asthma / bronchospasm has access to and receive timely comprehensive treatment that includes the use of salbutamol according to the integrated management of childhood illness... | 5,000 | 4,000 | Ministry of Health registers |
| Indicator 1.3 | Number of girls and boys who present parasitic diseases have access to and receive comprehensive treatment that includes the use of albendazole according to the integrated management of childhood illness. | 2,500 | 1,400 | Ministry of Health registers |
| Explanation of output and indicators variance: | | We haven't reached our expected target population for indicators 1.1, 1.2 and 1.3 due to our initial projection on a worst-case scenario. There were also bureaucratic delays in the distribution of medical supplies to Ministry of Health's northern border health care posts. In addition to this, some medicines such as Albendazole were redistributed by the Ministry of Health to northern border health facilities prior to UNICEF's donation. Nevertheless, the delivery of these supplies will continue beyond CERF funding period. | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Procurement of medical essentials and supplies | UNICEF | | |
| Activity 1.2 | Distribution of medical essentials, treatment and supplies to health facilities. | Ministry of Health | | |
| Activity 1.3 | Provision of medical essentials | UNICEF | | |

| | | | | |
|---|--|--|--|-------------------------------|
| Output 2 | Support establishment of a system - supplies - for early detection and referral of children U5 with malnutrition (acute malnutrition, anemia, etc.) (stadiometers, infantometers, scales, hemo-Q, health cards). | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | Number of facilities with the necessary equipment for early detection and referral of children U5 with malnutrition (stadiometers, infantometers, scales, hemo-Q, health cards). | 8 | 5 (To date more than 20,000 health cards have been delivered) | Ministry of health registers |
| Indicator 2.2 | Number of children U5 with moderate or severe acute malnutrition receiving treatment with ready-to-use therapeutic foods according to the standard of integrated care of prevalent childhood care. | 3,600 | 407 | Ministry of Health registers |
| Explanation of output and indicators variance: | | Target 2.1 wasn't reached because there are only five health care posts that catch the highest number of migrant populations in northern border crossings. Targets for indicator 2.2 were not met due to our original | | |

| | | estimation on a worst-case scenario, which didn't happen. Nevertheless, there has been an increased in number of children diagnosed with acute malnutrition. |
|--------------|--|--|
| Activities | Description | Implemented by |
| Activity 2.1 | Procurement of the necessary equipment and the ready-to-use therapeutic food | UNICEF |
| Activity 2.2 | Distribution of the necessary equipment and provision of the ready-to-use therapeutic food to health facilities. | Ministry of Health |

| Output 3 | Ensure adequate protection, promotion and support of appropriate infant and young child feeding in emergencies (IYCF) through information dissemination promoting lifesaving practices (e.g., breastfeeding, health-seeking behaviour, hand washing, hygiene and sanitation) and provision of nutritional supplement. | | | |
|---|---|--|----------|--|
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 3.1 | Number of children U3 who receive the baby kit (nappies, wet wipes, cream etc.) | 3,600 | 3,600 | Implementing partner registration forms, UNICEF Supply division purchases |
| Indicator 3.2 | Number of children under two years of age identified in a situation of greater vulnerability who receive the nutritional supplement. | 10,636 | 4,470 | Implementing partner registers, UNICEF M&E |
| Indicator 3.3 | Promotional and edu-communication activities in health and nutrition (hygiene promotion, breastfeeding etc). | 10,636 | 10,636 | The promotional material is present in northern border posts, reaching target population. Numbers are based on UNICEF field staff estimations. |
| Explanation of output and indicators variance: | | For Indicator 3.2 the ideal dose was revised and adapted from three sachets per child to 5 sachets per child, considering the condition in which children arrive to the border and number of days remaining until they reach their journey. This was also done to standardize the response between Ecuador and Peru – UNICEF Peru also delivers nutritional supplements to children under three years old. | | |
| Activities | Description | Implemented by | | |
| Activity 3.1 | Procurement (nutritional supplement and baby kit that includes nappies, wet wipes, cream etc.) | Implementing partner ADRA and UNICEF | | |
| Activity 3.2 | Distribution of baby kits and nutritional supplement | Implementing partner ADRA | | |
| Activity 3.3 | Elaboration and dissemination of key messages | UNICEF and Implementing partner ADRA | | |

6. Accountability to Affected People

A) Project design and planning phase:

UNICEF has been closely coordinating the MoH conducting needs assessments and exchanging on the most pressing needs of migrant children who require medical attention in the public health facilities. The design and implementation of the project took in account the MoH recommendations on the risks to migrant population.

B) Project implementation phase:

The nutritional screenings undertaken by our implementing partner ADRA have supported the communication between affected communities and our projects. Through this intervention, we are able to provide accessible information to families on the move about UNICEF and our work in health and nutrition and we actively seek feedback from them. In addition, we engage them in health and well-being of their children through talks. We explain what malnutrition is to parents and provide them with information, so they can look after their children's nutrition.

C) Project monitoring and evaluation:

UNICEF maintains ongoing monitoring of all health and nutrition activities on the field. We maintain ongoing field monitoring of all activities implemented by our partner to ensure messages and services are provided following humanitarian standards. The data collected through nutritional evaluations indicate the most pressing needs are anaemia.

7. Cash-Based Interventions

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

| Planned | Actual |
|---------|-----------------|
| No | Choose an item. |

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

As with other UNICEF projects, no formal evaluation has been planned for the UNICEF Health CERF-funded project. However, UNICEF, as part of its overall lessons learned, and evaluation exercises will assess the results of the Health and Nutrition intervention, including CERF funded actions. UNICEF country office will conduct an After-Action Review in May (1 year of the emergency response) to assess the overall response strategy and define priority actions for the for the following months considering the current regional, national and local contexts. The outcome of the AAR will be used as inputs for our future programming.

Also, the nutritional assessments being carried out by implementing partner ADRA will be evaluated through UNICEF evaluation internal procedures aimed to assess the main achievements, challenges and lessons learned faced during the project implementation.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.6. Project Report 18-RR-CEF-098 - UNICEF

| 1. Project information | | | |
|--|--|-----------------------------------|--------------------|
| 1. Agency: | UNICEF | 2. Country: | Ecuador |
| 3. Cluster/Sector: | Protection - Child Protection | 4. Project code (CERF): | 18-RR-CEF-098 |
| 5. Project title: | Protecting children on the move | | |
| 6.a Original Start date: | 04/10/2018 | 6.b Original End date | 03/04/2019 |
| 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\$ 3,859,040 |
| | b. Total funding received for agency's sector response to current emergency: | | US\$ 1,037,013 |
| | c. Amount received from CERF: | | US\$ 100,000 |
| | d. Total CERF funds forwarded to implementing partners of which to: | | US\$ 71,400 |
| | <ul style="list-style-type: none"> ▪ <i>Government Partners</i> US\$ 0 ▪ <i>International NGOs</i> US\$ 46,448 ▪ <i>National NGOs</i> US\$ 24,952 ▪ <i>Red Cross/Crescent</i> US\$ 0 | | |

2. Project Results Summary/Overall Performance

The CERF funding allowed UNICEF to continue the Child Friendly spaces installed in Rumichaca and San Miguel northern border crossings providing psychosocial support for 4,083 boys and girls on the move. Trainings on Child Protection Minimum Standards and Violence and Human Trafficking prevention were provided to 147 border staff in Rumichaca and San Miguel. Through other funding sources that were triggered by CERF rapid response funding, UNICEF could train over 210 public workers on the same child protection issues.

UNICEF could also continue to provide technical assistance on the development of technical tools intended for the registration and protection of children on the move entering Ecuador. CERF funding allowed the constant monitoring of the application of these tools, directly benefitting 295 children and adolescents who were interviewed and registered formally by Migration authorities thanks to the procedures developed by UNICEF.

The project benefitted a total of 4,749 people including 4,401 children and adolescents on the move.

3. Changes and Amendments

Formal amendments to the project have were not made, however, the national and local context has been constantly changing since the beginning of the response. This is especially relevant for the protection sector in which any action or policy in one country impacts the other countries also receiving by the migratory influx. In January, the Government announced that Venezuelan citizens entering the country would be required to present their criminal record as an additional document upon their entry. Even though children and adolescents were not required to do so, the new requirements directly affected the number of children who were not being properly

registered by migration, as they are denied their entry registration if their family members who travelled with them lacked these documents.

Significant under-achievements in the number of children and adolescents interviewed and registered by migration are due to many reasons including weak national and local leadership of the emergency response which has resulted in low commitment in child protection-related issues; bureaucratic delays in the socialization and implementation of UNICEF child protection supported tools (Protocol), and the overall operational response handled by the Government, specifically the Ministry of Social and Economic Inclusion. To counteract the effects of the situation, and as reinforcement to support the application of the Protocol, UNICEF recruited an additional child protection specialist in Rumichaca in charge of overseeing the application of the Protocol. Also, trainings and workshops to strengthen local capacities, technical meetings on the protocol and advocacy efforts at national level escalated to meet the needs. Please refer to Indicator 3.1 for further explanations.

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 | 2,430 | 680 | 3,110 | 1,620 | 453 | 2,073 | 4,050 | 1,133 | 5,183 |
| Reached | 2,168 | 224 | 2,392 | 2,233 | 124 | 2,357 | 4,401 | 348 | 4,749 |

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

| Category | Number of people (Planned) | Number of people (Reached) |
|-------------------------------------|----------------------------|----------------------------|
| Refugees | 0 | 0 |
| IDPs | 0 | 0 |
| Host population | 120 | 147 |
| Affected people (none of the above) | 5,063 | 4,602 |
| Total (same as in 4a) | 5,183 | 4,749 |

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

Total numbers of affected population targets were not met as the number of children and adolescents interviewed and registered (indicator 3.1) below expected. Reasons include the way in which the Ministry of Social Inclusion decided to handle the procedure; signing a cooperation agreement with INGO ADRA that consists of a team of 3 people who cannot handle the work load. Please refer to explanation in output 2.

5. CERF Result Framework

| | |
|--------------------------|--|
| Project objective | Child protection for the vulnerable population in the context of human mobility. |
|--------------------------|--|

| Output 1 | Child Friendly Spaces for children (CFS) | | | |
|---|---|----------------|----------|------------------------|
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | Number of children between the ages of 3 to 17 served in the child-friendly space | 3,750 | 4,083 | Partner reporting |
| Explanation of output and indicators variance: | | N/A | | |
| Activities | Description | Implemented by | | |

| | | |
|--------------|---|------|
| Activity 1.1 | Functioning of the child-friendly space to serve children between the ages of 3 to 17 | HIAS |
|--------------|---|------|

| | | | | |
|---|---|--|-----------------|--|
| Output 2 | Training on minimum standards for child protection | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | Number of trained officials from the central government on minimum standards for child protection. | 50 | 55 | Partner reporting and attendance lists |
| Indicator 2.2 | Number of public and private institutions from the child protection system trained on the thematic areas of violence prevention, and human trafficking | 50 | 10 | Partner reporting and attendance lists |
| Explanation of output and indicators variance: | | Indicator 2.2 target refers to number of trained officials from public institutions trained on violence and human trafficking prevention. 71 public workers from 10 institutions were reached with these trainings. In addition, through the same cooperation agreement with UNICEF implementing partner Alas de Colibrí and different funding sources, trainings were also carried out in other important migration hubs such as San Lorenzo (northern border Esmeraldas crossing) and Manta (Manabi) overall reaching 210 public workers with trainings on Child Protection Minimum Standards and violence and human trafficking prevention. | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | 2 training aimed at central government officials on minimum standards for child protection. | Alas de Colibrí | | |
| Activity 2.2 | 2 trainings addressed to the central government and local institutions on the protection of children's rights, prevention violence and human trafficking. | Alas de Colibrí | | |

| | | | | |
|---|--|---|-----------------|-------------------------------|
| Output 3 | Development of technical tools (cross-sector protocols) for the registration and protection of children on the move entering Ecuador | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 3.1 | Number of children, adolescents and adults interviewed and registered | 1,313 | 295 | MIES Registries |
| Indicator 3.2 | Number of technical assistance meetings on protocol procedure | 5 | 25 | UNICEF attendance lists |
| Indicator 3.3 | Number of local professionals trained on the protocol procedure | 20 | 92 | Partner reporting |
| Indicator 3.4 | Number of cases attended to by unaccompanied children | 25 | 24 | Partner reporting |
| Explanation of output and indicators variance: | | Indicator 3.1: Firstly, The Ministry of Social and Economic Inclusion (MIES) had difficulty socializing the new tool (Protocol) to its front-line workers and in the same line, the lack of a clear leadership in the emergency response caused difficulties in convening all stakeholders involved. The tool was therefore not properly socialized. Secondly MIES signed a cooperation agreement with ADRA to handle the interviews and the following registration process of children and adolescents with problems with their documentation. The INGO team consists of professionals in Tulcán who cannot handle the number of cases that enter daily. MIES also decided to include a | | |

| | | <p>psychosocial evaluation in the interview process and in some cases interviews every family member, which has caused significant delays in the planned process. UNICEF directly supported 120 of these 295 cases reported as achieved.</p> <p>Indicator 3.3: The need for reinforcing knowledge on the application of the protocol and the rotation of public workers led to the need of extending trainings to 4 in total (2 in Tulcan and 2 in Lago Agrio), which is why the number achieved exceeds the target.</p> |
|--------------|--|---|
| Activities | Description | Implemented by |
| Activity 3.1 | Interview with children and adolescents traveling without documents | Ministry of Social and Economic Inclusion, Alas de Colibrí |
| Activity 3.2 | Technical assistance meetings on protocol procedure to implementing institutions | UNICEF, Alas de Colibrí |
| Activity 3.3 | 2 trainings for the local operators on protocol procedure | Alas de Colibrí |
| Activity 3.4 | Technical assistance to adapt the model for unaccompanied children in shelter care | UNICEF |

| 6. Accountability to Affected People |
|--|
| <p><u>A) Project design and planning phase:</u></p> <p>UNICEF systematically collects first-hand information on the situation of families on the move since July 2018. The data collected has indicated the need for a system that allows the registration of children and adolescents who have problems with their documents and are therefore not being registered by Migration authorities upon their entry. This information has been crucial in advocacy efforts to include key stakeholders such as Ministry of Interior, Ministry of Foreign Affairs and Human Mobility, Ministry of Social and Economic Inclusion and Local Protection Boards in the process of developing and applying tools for the registration.</p> <p><u>B) Project:</u></p> <p>UNICEF complemented child protection interventions through its communications strategy by providing families with children on the with life-saving messages to ensure their protection throughout the journey. These messages were delivered through brochures and talks in CFS and other spaces where UNICEF has direct intervention. Through these interventions, affected populations were provided with information on UNICEF actions at border crossings. In coordination with other UN Agencies present at border crossings an information stand was set up at Migration through which information on the available services is provided.</p> <p><u>C) Project monitoring and evaluation:</u></p> <p>UNICEF continues to collect information on families arriving to the northern border to assess the most pressing needs of children and adolescents on the move. UNICEF is now also conducting quick interviews on the key child-protection messages that are being delivered in CFS and other UNICEF spaces. Through 424 interviews 98% considered the information useful; 41% expressed the need of accessing information on health services, 34% on education services and 21% on how to prevent/address violence and discrimination situations. UNICEF is currently using this information to improve communication strategies and also include new topics on the information that is delivered to families on the move.</p> |

| 7. Cash-Based Interventions | |
|---|-----------------|
| 7.a Did the project include one or more Cash Based Intervention(s) (CBI)? | |
| Planned | Actual |
| No | Choose an item. |

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

The CERF Child Protection project is part of the broader emergency response carried out by UNICEF Ecuador which is in line with UNICEF Humanitarian Action for Children strategy operating at a regional level. UNICEF country office will conduct an After-Action Review to assess the overall response strategy and define priority actions for the for the following months considering the current regional, national and local contexts. In this process all child protection interventions will be evaluated, including the CERF funded project. The outcome of the AAR will be used as inputs for our future programming.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.7. Project Report 18-RR-WFP-056 - WFP

| 1. Project information | | | |
|--|---|-----------------------------------|--------------------|
| 1. Agency: | WFP | 2. Country: | Ecuador |
| 3. Cluster/Sector: | Food Security - Food Aid | 4. Project code (CERF): | 18-RR-WFP-056 |
| 5. Project title: | Emergency food assistance for vulnerable Venezuelans arriving at the Ecuadorian northern border | | |
| 6.a Original Start date: | 03/10/2018 | 6.b Original End date | 02/04/2019 |
| 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\$ 11,157,404 |
| | b. Total funding received for agency's sector response to current emergency: | | US\$ 9,289,895 |
| | c. Amount received from CERF: | | US\$ 536,002 |
| | d. Total CERF funds forwarded to implementing partners of which to: <i>Guidance: Please make sure that the figures reported here are consistent with the ones reported in Annex 1.</i> | | US\$ 61,418 |
| | <ul style="list-style-type: none"> ▪ Government Partners US\$ 0 ▪ International NGOs US\$ 0 ▪ National NGOs US\$ 61,418 ▪ Red Cross/Crescent US\$ 0 | | |

2. Project Results Summary/Overall Performance

Through this CERF RR project, WFP and its partners provided emergency one-time food assistance to 73,783 Venezuelan migrants. This food assistance consisted of commodity vouchers that were directly distributed at the northern border migration checkpoints of Rumichaca in Carchi and San Miguel in Sucumbíos. Beneficiaries were selected in coordination with other UN agencies (UNICEF, UNHCR and IOM) and government and non-government partners. Distribution took place between October 2018 and March 2019.

Considering the high influx of Venezuelan migrants daily crossing the northern migration checkpoints, commodity vouchers were deemed as the best alternative to provide ready to eat food products on the spot. Through these vouchers, beneficiaries accessed a preestablished food kit that provided over 2,000 kcal. This nutritionally balanced kit included cereals, dairy products, canned fish, fruits and water. Priority was given to pregnant and lactating women and children and adolescents.

3. Changes and Amendments

The field level agreement subscribed with ADRA established a lesser amount of funds to be transferred than what was originally planned. This, along with other adjustments on actual values of supplies, commodities and materials, released additional funds that could be used to assist an additional 13,033 beneficiaries. It must be noted that this overachievement did not imply a cumulative shift of more than 15 percent between budget categories of the direct project costs or any change to staff costs or programme support costs. Nevertheless, this was timely informed in the interim report.

| 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 | 25,615 | 11,016 | 36,631 | 19,380 | 4,739 | 24,119 | 44,995 | 15,755 | 60,750 |
| Reached | 21,573 | 22,611 | 44,184 | 23,394 | 6,205 | 29,599 | 44,967 | 28,816 | 73,783 |
| 4b. Number of people directly assisted with cerf funding by category | | | | | | | | | |
| Category | Number of people (Planned) | | | | Number of people (Reached) | | | | |
| Refugees | | | | | 0 | | | | |
| IDPs | | | | | 0 | | | | |
| Host population | | | | | 0 | | | | |
| Affected people (none of the above) | | | | | 60,750 | | | | |
| Total (same as in 4a) | | | | | 60,750 | | | | |
| <p><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></p> <p>Overall, the gender ratio followed the same scheme as per the project proposal. That is, 60 percent female, 40 percent male. Nevertheless, the project's actual assistance figures show that within the female category, women represented a higher proportion of beneficiaries as per the original plans (51 percent instead of 30 percent). This also determines that the proportion of assisted adults increases from 26 percent (project proposal) to 39 percent (reached beneficiaries). This responds mainly to two factors: 1) children were mostly accompanied by a female guardian that also received assistance, and 2) vulnerable women travelling on their own also received assistance.</p> | | | | | | | | | |

| 5. CERF Result Framework | |
|--------------------------|---|
| Project objective | Improve food access through the provision of immediate one-time food assistance to 60,750 vulnerable Venezuelans crossing over the northern border with Colombia. |

| Output 1 | 60,750 vulnerable Venezuelans receive a one-time commodity voucher to relief their urgent food needs. | | | |
|---------------|---|---|---|-------------------------|
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | Number of women receiving the commodity voucher. | Around 18% of beneficiaries are women (11,016) | 31% of beneficiaries were women (22,611) | WFP's Monitoring System |
| Indicator 1.2 | Number of children and adolescents receiving the commodity voucher. | Around 74% of beneficiaries are children and adolescents (44,996 individuals) | 61% of beneficiaries were children and adolescents (44,967) | WFP's Monitoring System |
| Indicator 1.3 | Number of men receiving the commodity voucher. | Around 8% of beneficiaries are men (4,739 individuals) | 8% of beneficiaries were men (6,205) | WFP's Monitoring System |
| Indicator 1.4 | Value of commodity vouchers distributed | USD 316,808 | USD 357,018 | WFP's Financial Records |

| | | | |
|---|---|---|--|
| | among beneficiaries. | | |
| Explanation of output and indicators variance: | | Refer to section 4 for details. | |
| Activities | Description | Implemented by | |
| Activity 1.1 | Procurement of individual commodity vouchers from local providers. | WFP | |
| Activity 1.2 | Distribution of individual commodity vouchers to implementing partners for their distribution to beneficiaries. | During October 2018, distribution was coordinated with the Ministry of Economic and Social Inclusion. From November 2018 onwards, this was done by the implementation partner (ADRA). | |
| Activity 1.3 | Monitoring of project implementation. | WFP | |

6. Accountability to Affected People

A) Project design and planning phase:

In May 2018, the UNCT team activated an emergency response due to the unusual increase of Venezuelan entries through the northern border checkpoints. This triggered the distribution of emergency food assistance between May 18th and June 09th 2018. As this was a new intervention, WFP's local and national staff conducted interviews directly on the field to assess the pertinence of the proposed assistance. Beneficiaries validated the intervention and acknowledged that it responded to their most immediate food requirements.

B) Project implementation phase:

An agreement with a new implementation partner was subscribed for the implementation of this project. The selected partner, ADRA, had field experience in the humanitarian and development sector and strengthened the coordination at local level with both UN agencies and government partners, particularly the Ministry of Economic and Social Inclusion. As part of the distribution process, beneficiaries received an explanation that covered two main topics: 1) food kit contents and consumption recommendations (content not suitable for children under two years and food allergy disclaimers) and 2) information about the project and implementation agency and partners. In addition to the explanation, the food kit also included an information sheet that emphasized that the assistance was provided free of charge.

C) Project monitoring and evaluation:

WFP's field staff monitored the project on a permanent basis. This allowed them to properly coordinate the timely delivery of food kits from the selected retailer to the implementing partner. During these visits, WFP's field staff verified that beneficiaries were treated with dignity and respect and that they were fully aware that the assistance provided was free of cost. Field monitors also verified that the beneficiaries' information was properly registered. To facilitate the process, data was collected using tablets and registered on WFP's system (KOBO).

This monitoring was reinforced with visits from national staff that verified that the quantity and quality of the food kits provided by the local retailers complied with WFP's standards. Aleatory surveys were conducted to gather beneficiaries' feedback. This process showed that overall, beneficiaries were aware of the content of the food kit. They also confirmed that the products delivered were of good quality and that no payment had been requested in exchange of this assistance.

7. Cash-Based Interventions

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

| Planned | Actual |
|---|---|
| Yes, CBI is the sole intervention in the CERF project | Yes, CBI is the sole intervention in 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 |
|---------------------------------|----------------------|-----------------|-------------------|----------------|
| Commodity voucher for Carchi | US\$ 5.14 | Sector-specific | Unconditional | Restricted |
| Commodity voucher for Sucumbios | US\$ 5.43 | Sector-specific | Unconditional | Restricted |

Supplementary information (optional)

Commodity vouchers were deemed the best alternative to address the immediate food requirements of Venezuelan migrants entering Ecuador through the northern border migration checkpoints. Two separate call for proposals were launched for Carchi and Sucumbios. The cash value reflects the specific market characteristics of each location as well as the different scale of the operation which is directly related to migration flows (Carchi registers around 90 percent of the total entries).

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

| | |
|---|--|
| <p>WFP did not conduct a formal nor specific evaluation of this project. Nevertheless, the food security assessment of Venezuelans that started in late December 2018 included surveys at northern border migration checkpoints to establish the profile of Venezuelans in transit through Ecuador.</p> <p>These surveys allowed to analyse the profile of Venezuelans entering the border and the beneficiaries' perception of WFP's intervention with commodity vouchers, that is, the assistance provided under this project. In this sense, the key findings are:</p> <ul style="list-style-type: none"> - 60 percent are under or near the poverty level. - 52 percent have a poor dietary diversity and 40 percent show a borderline dietary diversity. - Food access is the main concern for 38 percent of the surveyed population. - Fruits and canned fish are the most valued components of the food kit (77 percent and 64 percent respectively). - Water is an essential component of the food kit. - 71 percent consider that additional products such as more fruits could be included as part of the food kit. | EVALUATION CARRIED OUT <input checked="" type="checkbox"/> |
| | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input type="checkbox"/> |

8.8. Project Report 18-RR-WHO-038 - WHO

| 1. Project information | | | |
|--|---|--|---------------|
| 1. Agency: | WHO | 2. Country: | Ecuador |
| 3. Cluster/Sector: | Health - Health | 4. Project code (CERF): | 18-RR-WHO-038 |
| 5. Project title: | Response to health needs on migrant population | | |
| 6.a Original Start date: | 24/09/2018 | 6.b Original End date | 23/03/2019 |
| 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\$ 670,000 |
| | b. Total funding received for agency's sector response to current emergency: | | US\$ 211,177 |
| | c. Amount received from CERF: | | US\$ 211,177 |
| | d. Total CERF funds forwarded to implementing partners of which to: | | US\$ 0 |
| | | <ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent | |

2. Project Results Summary/Overall Performance

Through this CERF RR grant, PAHO/WHO supported the vaccination of 5,504 of them; assisted with the delivery of health care services to 6.500 migrants by ensuring availability of essential medicines and medical supplies within the health care network at the border and enhancing the vaccine program capacity; supported 2000 migrants and government staff with mental health care; trained 100 local healthcare workers in psychological first response; trained 50 staff members from the local government on water quality monitoring and improved this capacity with 3 provincial and 2 border water service providers.

The project assisted a total of 12.004 individuals directly and contributed to reducing the health risks faced by both the local host population and the increased number of migrants originating mainly from Venezuela and transiting through the provinces of Carchi, Sucumbios and the binational migration centers in Rumichaca and San Miguel in Ecuador, between September 2018 and March 2019.

3. Changes and Amendments

All proposed activities were implemented by PAHO/WHO within the timeline initially contemplated, without requiring any request for re-programming or non-cost extension. Thanks to an efficient use of CERF funds and lower costs of supplies and equipment to be purchased, PAHO was able to procure an increased number of obstetrical and neonatal kits, medical supplies and diagnosis equipment to healthcare services in the border area. Some minor adjustments were made in the distribution of funds among the activities in the same budget line. This was all below the range of 15% of the allocated amount and accordingly did not required a redeployment of funds.

| 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 | 900 | 3,800 | 4,700 | 1,100 | 4,200 | 5,300 | 2,000 | 8,000 | 10,000 |
| Reached | 1,084 | 4,558 | 5,642 | 1,222 | 5,140 | 6,362 | 2,306 | 9,698 | 12,004 |
| 4b. Number of people directly assisted with cerf funding by category | | | | | | | | | |
| Category | Number of people (Planned) | | | | | Number of people (Reached) | | | |
| Refugees | 0 | | | | | 0 | | | |
| IDPs | 0 | | | | | 0 | | | |
| Host population | 3,000 | | | | | 3,601 | | | |
| Affected people (none of the above) | 7,000 | | | | | 8,403 | | | |
| Total (same as in 4a) | 10,000 | | | | | 12,004 | | | |
| In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons: | Ecuador has a health care model that provides universal coverage to all the local and foreign population living in their country. This allowed to increase the number of persons that could be assisted through the public network of services. The total number of beneficiaries reached through this project includes 8,403 migrants under 15 years who were screened on their vaccination status, of whom 5,504 were vaccinated; as well as an additional 6,500 migrants who received healthcare services in facilities supported with procurement of medicines and essential health supplies. | | | | | | | | |

| 5. CERF Result Framework | |
|--------------------------|---|
| Project objective | Reduce health risks associated to the increase of migrant flows of people in vulnerable conditions, by improving the health network capacities. |

| | | | | |
|---|---|---|-----------------|-------------------------------|
| Output 1 | Achieve and sustain a vaccination coverage of 95% against measles, rubella, mumps, diphtheria, pertussis and tetanus in migrant people under 15 years of age and local residents under 5 years of age | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | Vaccination coverage ≥95% in migrants under 15 years | ≥95% | 100% | MoH Official Report |
| Indicator 1.2 | Vaccination coverage ≥95% in local residents under 5 years | ≥95% | 90% | MoH Official Report |
| Explanation of output and indicators variance: | | Population estimation, which is based on the 2010 national census, is overestimated. Therefore, the vaccination coverage of children under 5 throughout the country could not achieve the 95% goal. Nevertheless, as a result of this project, the vaccination coverage in the targeted areas has increase by approximately 5%. | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Procurement and delivery of 46 thermal containers for | PAHO/WHO | | |

| | | |
|--------------|---|----------|
| | vaccines: 2 thermal containers per vaccination team (23 vaccination teams, from 6 health posts, 2 CEBAF, 3 health centers and 1 mobile health unit) | |
| Activity 1.2 | Contract of vaccinators (8 vaccinators for Rumichaca CEBAF) | PAHO/WHO |
| Activity 1.3 | Procurement of 2 vaccination mobile posts equipment kits | PAHO/WHO |

| | | | | |
|---|---|---|-----------------------------------|----------------------------------|
| Output 2 | 6000 migrant persons with access to healthcare services in Carchi province (including Rumichaca) and San Miguel CEBAF. | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | % of migrant population with access to healthcare services in maternal and child health, communicable and no communicable diseases. | 100% (4,000 women / 2,000 men) | 100% + (12,143 women / 9,935 men) | MoH – Migration Situation Report |
| Explanation of output and indicators variance: | | <p>The response of the state was implemented through the public services of the MoH, in the context of their universal care coverage model that guarantees attention to all individuals residing in the country regardless of their migratory status.</p> <p>Furthermore, the target was defined based on trends identified using the official reports from the MoH of the health care services provided to migrant population between January and June 2018. From September 2018 to March 2019, there was a significant increase in the number of incoming migrant population due to the worsening of the socio-economic situation in Venezuela combined with changes in the political and migratory measures implemented by neighbouring countries.</p> | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | Procurement of diagnosis, monitoring and emergency care equipment for prioritized Healthcare services | PAHO/WHO | | |
| Activity 2.2 | Procurement and delivery of diagnosis supplies, medicines and medical devices for prioritized healthcare services. | PAHO/WHO | | |

| | | | | |
|---|--|-----------------------|-----------------|-------------------------------|
| Output 3 | 2,000 healthcare workers and migrant population receiving mental health attention. | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 3.1 | Coverage of mental health attention in per cent (among healthcare workers and migrant population in prioritized provinces) | 100% (2,000 persons) | 100% (2,000) | MoH Official Report |
| Explanation of output and indicators variance: | | N/A | | |
| Activities | Description | Implemented by | | |
| Activity 3.1 | Local healthcare workers training in psychological first aid | PAHO/WHO | | |
| Activity 3.2 | Training to apply the mental health guide on the primary healthcare services in humanitarian crisis context. | PAHO/WHO | | |
| Activity 3.3 | Supportive supervision for a comprehensive approach on migrant mental health | PAHO/WHO | | |

| | | | | |
|-------------------|---|---------------|-----------------|-------------------------------|
| Output 4 | Optimize drinking water quality monitoring in the migration route with emphasis in Rumichaca an San Miguel CEBAF. | | | |
| Indicators | Description | Target | Achieved | Source of verification |

| Indicator 4.1 | Number of service providers / local water service institutions strengthened and implementing the water quality plan. | 2 service providers | 3 service providers | SENAGUA – Activities Report |
|---|---|---|---|-----------------------------|
| Indicator 4.2 | Number of border crossing points implementing water quality monitoring and verifying parameters to take corrective actions. | 2 border crossing points (Rumichaca and San Miguel) | 2 border crossing points (Rumichaca and San Miguel) | SENAGUA – Activities Report |
| Explanation of output and indicators variance: | | There were 3 water services providers on the migration route close to Rumichaca and San Miguel Bi-National migration service: Junta de Agua Punto Nuevo, Junta de Agua Santa Rosa and EMAPALA. Furthermore, the project allowed strengthening 4 public institutions and 2 shelters in Carchi and Sucumbios. | | |
| Activities | Description | Implemented by | | |
| Activity 4.1 | Procurement and delivery of equipment's and supplies for the improvement of monitoring and water quality | PAHO/WHO | | |
| Activity 4.2 | Quick training of local technicians in updating knowledges on sampling and monitoring of water quality in situ | PAHO/WHO | | |
| Activity 4.3 | On site visit to confirm requirements related to drinking water quality monitoring and activities follow up | PAHO/WHO | | |

6. Accountability to Affected People

A) Project design and planning phase:

During the Project design and planning phase, two site visits were realized to the northern border with Colombia. On these visits, an assessment of the health situation was realized with nationals and local authorities from the MoH and healthcare personnel working in the field. Furthermore, technical meetings took place to identify the specific needs of the population, ongoing activities carried out by the MoH and other health actors and coverage gaps. The objectives and activities of the project were discussed with the national level of the MoH and aligned with the national priorities.

B) Project implementation phase:

PAHO/WHO supported the elaboration and distribution of communication material, including banners and roll ups, containing relevant health information to migrant population. Information material were displayed and made accessible for all the population in the binational centre of migration in Rumichaca.

In addition, press notes were developed and disseminated through PAHO/WHO's social media channels, to communicate on the different activities deployed such as workshops, visits on the field, delivery of supplies and equipment's to the local health care network.

C) Project monitoring and evaluation:

Project monitoring was carried out directly by the PAHO/WHO team in Ecuador, in collaboration with the MoH and SENAGUA authorities and local focal points, through regular meetings at a national and local level and visits on the field. During these meetings, the teams reviewed the budget and activities implementation process and the indicators of the MoH as well (vaccination coverage, number of health services provided, and others. On March 2019, an evaluation of the projects implemented by PAHO/WHO to support the activities of the MoH were implemented to identified lessons learned and programmatic gaps.

7. Cash-Based Interventions

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

| Planned | Actual |
|---------|--------------------|
| No | No Choose an item. |

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

In March 2019, PAHO/WHO held a meeting with officials from the Ministry of Health from the local and national level, to review the activities deployed to attend the health needs of the migrant population, identify lessons learned from the process and the main gaps that the health services experienced. The meeting reviewed all the activities deployed by the Ministry of Health with the support of PAHO/WHO. A total of 45 officials from MoH and the team from PAHO/WHO office in Ecuador participated in this activity. As a result of this exercise, three matrix containing lessons learned and main gaps on the supply of health services were developed and shared with participants to guide future response interventions.

EVALUATION CARRIED OUT

EVALUATION PENDING

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-CEF-096 | Water, Sanitation and Hygiene | UNICEF | INGO | \$90,772 |
| 18-RR-CEF-097 | Health | UNICEF | INGO | \$12,093 |
| 18-RR-CEF-098 | Protection | UNICEF | INGO | \$46,448 |
| 18-RR-CEF-098 | Protection | UNICEF | NNGO | \$24,952 |
| 18-RR-WFP-056 | Food Assistance | WFP | NNGO | \$61,418 |
| 18-RR-WOM-008 | Protection | UN Women | INGO | \$55,000 |
| 18-RR-WOM-008 | Protection | UN Women | NNGO | \$56,849 |

ANNEX 2: Success Stories

[Adolescente no acompañada](#)

[Mensajes clave de protección](#)

[Actividades WASH](#)

[Historias de vida](#)

[Nota de prensa protocolo](#)

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|-----------------|--|
| MoH | Ministry of Public Health |
| SENAGUA | National Secretary Of Water |
| PAHO/WHO | Pan American Health Organization / World Health Organization |
| MIES | Ministry of Social and Economic Inclusion |
| CEDEAL | Ecuadorian Center for Development and Alternative Studies |
| ADRA | Adventist Development and Relief Agency |
| HIAS | Hebrew Immigrant AID Society |
| GBV | Gender Based Violence |
| EMAPALA | Municipal Company of Water Supply and Sewerage |
| SRH | Sexual and Reproductive Health |
| MISP | Minimum Initial Service Package for SRH |
| UNCT | United Nations Country Team |
| GCOM | United Nations Interagency Communications Group |
| HCT | Humanitarian Country Team |
| UNDAF | United Nations Development Assistance Framework |