COLOMBIA
UNDERFUNDED EMERGENCIES
ROUND II
POST-CONFLICT NEEDS
2020

20-UF-COL-44671

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:	
Please indicate when the After-Action Review (AAR) was conducted and who participated.	14.03.2022
Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).	Yes ☒ No ☐
Please confirm that the final version of this report was 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 ☐

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

Despite years of continuous socio-economic progress and the signing of the 2016 peace agreement between the Government and the Revolutionary Armed Forces of Colombia (FARC-EP), numerous humanitarian challenges, including dynamics of armed violence, natural disasters, the influx of mixed-migration flows from Venezuela and COVID-19 are affecting large parts of the country. Following the onset of the COVID-19 pandemic, the armed violence surged considerable, leading to multisectoral needs that surpass local response capacities particularly along the Pacific Coast.

The equivalent significant rise in the number of People in Need was not met by an increase in funding – equalling only 14% of the required funding in 2020. In this light, the support of the CERF UFE funding was imperative to provide live-saving response activities to over 182,000 people, particularly to indigenous and Afro-Colombian communities. The prioritization of the Pacific Coast departments was critical, as the region registered the highest number of IDPs and victims of confinement in over a decade. CERF funded protection activities were able to provide urgent assistance to children, adolescents and their families, among others, at imminent risk of recruitment, use, femicide and sexual violence. Furthermore, the funding enabled an expansion of the response to the structurally deprived Amazonas region and included a strong and needed focus on GBV victims.

CERF's Added Value:

The CERF UFE funding allowed humanitarian actors to reach in its majority indigenous and Afro-Colombian communities, living outside the institutional reach of the Government in regions where humanitarian actors had no prior presence and/or where local response capacities were completely depleted. As such, the response reached remote non-municipalized regions of the Amazonas, providing live-saving services to indigenous communities, and establishing for the first time an operational presence department. The allocation furthermore represented the seed funding for the Colombian part of the Tri-National Response Plan in the Amazonas region – a joined initiative of the UN Systems of Brazil, Peru and Colombia. Furthermore, the CERF UFE funding allowed the HCT to leverage its analysis capacity, prioritizing the departments along the Pacific Coast, which exhibited the highest number of people affected by mass displacements and confinements in the whole country in the following year, albeit only representing 4 per cent of the population, illustrating their disproportional affectation by dynamics of violence. Leveraging the benefits of anticipatory action, both UN Women and UNICEF set up Emergency Economic Fund for humanitarian assistance to children, adolescents and their families at imminent risk of recruitment, use, femicide and sexual violence jointly with institutional partners, providing live-saving assistance immediately.

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

Yes ☐ Partially ☒ No ☐

The CERF funding led to a rapid deployment of live-saving food assistance in the departments of Nariño and Chocó. Less than two months after the official start of the projects, WFP started. The distribution of more than 50 MT of food to over 5,500 people in Nariño and shortly thereafter distributed food directly to the affected communities in Chocó. In addition, within the first six months, UNICEF set up an Emergency Economic Fund for humanitarian assistance to children, adolescents and their families at imminent risk of recruitment, use and sexual violence jointly with various institutional partners, and which directly prevented the recruitment of children and indigenous families. In addition, the GBV block-grant allocation in 2020 to UNFPA and UN Women, following the prior UFE funding allocation, allowed a rapid project implementation, using the UFE project preparation as a catalysator and reducing the lead time of the GBV block grant funded projects. Nevertheless, the setting up of an operational capacity in the remote Amazonas department and the establishment of agreements as well as relations with indigenous authorities, communities and organizations required lead time. OCHA's satellite office was fundamental to support and accelerate this process. However, the outbreak of the Gamma COVID-19 variant in the Amazonas region and the subsequent complete isolation of the whole department in January 2021 – only being accessible by air – delayed parts of the response. Despite this, UNICEF was able to improve the access of safe, clean and drinkable water in eight critical points including 3 health facilities, 4 schools and one community in hard-to-reach areas in the Amazonas, benefiting over 4,400 people prior to the end of the first six months. Additionally, WFP delivered food assistance to over 4,300 people belonging to 20 indigenous communities in the Amazonas, including 570 households headed by women and 260 households with children under the age of 5.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

CERF funding enabled the response to time-critical needs, including to prevent the use, recruitment and sexual violence against children and adolescents through Immediate Action Teams, using community-based protocols and leveraging the emergency humanitarian fund assistance to children, adolescents and their families at imminent risk; the provision of educational materials to boys and girls to continue their classes in remote indigenous communities; lifesaving multisectoral services in the field of health, psychosocial support and protection to GBV survivors; and rapid food assistance to victims of confinement and displacement, among others.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

The CERF UFE allocation considerably improved the coordination amongst the members of the Local Coordination Teams (LCTs). Imperative was thereby the involvement of the LCTs at an early stage, respectively during the prioritization and programme design phase of the UFE allocation. This reenforced the joined understanding of needs and response priorities and provided the necessary funding to enable the response. Furthermore, the joined workshops and coordination promoted an inclusive and gender-sensitive humanitarian actions within humanitarian architecture as an advocacy tool also within Local Coordination Teams (LCTs) and with local institutions. A joint analysis with protection actors within Local Coordination Teams, allowed the prioritization of emergencies (forced displacements, natural disasters) and enabled direct and adequate response. In addition, the CERF UFE response was a catalysator of the HCT und UNCT to elaborate the Pacific Coast Strategy in response to the ongoing surge in conflict dynamics in the region.

Did CERF funds help improve resource mobilization from other sources?

Yes ☐ Partially ☒ No ☐

The CERF UFE funding enabled humanitarian actors to rapidly build up an operational humanitarian presence in the remote Amazonas region following the surge in COVID-19 cases and being the seed funding for the Colombian part of the Tri-National Response Plan in the Amazonas region. A follow-up funding by a different donor to an NGO consortium guaranteed the continuation of the response in the Amazonas region with a similar scope. However, the Pacific Coast remains considerably underfunded, considering the rise in humanitarian emergencies in the region, surpassing response capacities.

Considerations of the ERC's Underfunded Priority Areas[1]:

Although the four areas are already deep-seated in the humanitarian response, the CERF funding allowed to significantly increase the number of recipients. Particularly the support for women and girls, including tackling gender-based violence, reproductive health and empowerment was critically underfunded following the country's five months long lockdown in 2020, during which GBV surged and access to critical health services, such as reproductive health, was alarmingly low. The UNCT in discussions with the Local Coordination Teams thus decided to allocate 25 per cent of the CERF UFE funding to tackle these structural and chronically underfunded emergencies, provision lasting solutions in the departments. Furthermore, leveraging the unique combination of the GBV envelope of the UFE 2020 allocation and the simultaneous GBV Block Grant allocation to Colombia, UN Women and UNFPA were able to leverage economies of scale effects, providing a closely coordinated and complementary response. UNW leads subjects on gender-based perspective, relevant GBV standards and laws and the rights of PwD (accessibility for women with disabilities) and UNFPA leads the strengthening of health-related services, among others.

With most schools having been closed for over 15 months, the pandemic had a devastating impact on the country's youth, affecting particularly low-income families and families living peripheral areas. Their lack of electronic devises, access to the internet and the need to support the income of the family during economically difficult times led a to high dropout rates of adolescents and children, for many of which schools represented protection spaces in the context of the armed conflict. In this context, the education component in the Amazonas ensured the continuity of education and a safe return to schools during the COVID-19 pandemic through the delivery of educational materials to boys and girls to continue their classes as well as the technical assistance to the education secretariat and indigenous authorities in the active search for indigenous children out of school or who dropped out of school due to the pandemic, as a result 3,853 children enrolled.

[1] In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas here.

The confluence of the lack of opportunities and the exclusion of IDP children and adolescents from the education system due to forced displacement events, puts them in high risk of forced recruitment and of their use in illicit activities managed by illegal armed groups in hostile environments. UNHCR equipped strategic education institutions with safe playgrounds so that they can productively spend their free time, thus contributing to creating safe spaces in conflict-afflicted areas. Furthermore, the child protection component prevented the use, recruitment and sexual violence against them. Nevertheless, as recognized by humanitarian actors, the targeting of people with disabilities in the programme design still has scope for improvement.

Funding Envelope for Gender-based Violence Programming:

The Funding Envelope for Gender-based Violence Programming constituted a well-founded signal for the need to address the underfunding of GBV related projects, which was even more critical in light of the global surge in GBV cases during the COVID-19 pandemic. The UNCT shares this view of the Emergency Relief Coordinator as well as the CERF Secretariat and increased the funding allocation from US$ 500,000 to US$ 705,202 for GBV programming, allocating the funding to its two technical leading agencies, respectively UN Women and UNFPA. The overall GBV programming, funded by the CERF UFE 2020 allocation, benefited a total of 9,854 persons, including over 5,600 women and 3,400 girls through unconditional emergency cash transfers to women and girls at immediate risk; provision of resilience kits; the establishment of GBV referral pathways and case management systems; the training of health care workers and institutions in the inclusion of gender aspects in the response to the pandemic, among others.

The decision to allocate over US$ 2.5 million of the global 2020 CERF Block-Grants for GBV programming to Colombia following the CERF UFEE 2020 allocation, created significant synergies, allowing UN Women and UNFPA to efficiently scale-up their projects both in size and geographical coverage within the country, providing a large-scale response to the surge in GBV cases, leveraging effects economies of scale effects and empowering women-led organizations in the country.

However, acknowledging that addressing GBV is not an isolated programmatical aspect, but rather a critical component across all sectors, the participating agencies agreed to mainstream GBV and gender in all CEF-funded projects. Thanks to the support of the Technical Secretariat of the GBV Subgroup, co-led by UNFPA and UN Women, an orientation workshop on Gender and GBV mainstreaming in the allocation was organized. During the workshop, participating focal points were capacitated in the analysis and identification of GBV risks in the project implementation; GBV frameworks; thematical section for each cluster with concrete and practical examples; and concrete recommendations for the project design. Agencies thus considered GBV components carefully throughout the design of their projects, including in the training and sensibilisation of implementing partners; the technical support to institutions in the implementation of gender mainstreaming approach by incorporating a Gender, Age and Diversity approach in their activities; among others. In addition, the thorough capacitation provided critical programming guidance, allowing recipient agencies to transfer this knowledge to the overall in-country humanitarian programming.

Finally, recipient agencies and OCHA focal points, including OCHA's Head of Office, participated in subsequent research, reviewing CERF's support to GBV programming.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**493,600,000**
CERF	5,000,000
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	61,580,027
Total funding received for the humanitarian response (by source above)	**66.580,027**

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US$)

Agency	Project Code	Sector/Cluster	Amount
UN Women	20-UF-WOM-005	Protection - Gender-Based Violence	307,275

UNFPA	20-UF-FPA-037	Health	549,518
UNFPA	20-UF-FPA-037	Protection - Gender-Based Violence	397,927
UNHCR	20-UF-HCR-030	Protection	743,151
UNICEF	20-UF-CEF-057	Protection - Child Protection	672,433
UNICEF	20-UF-CEF-057	Water, Sanitation and Hygiene	200,726
UNICEF	20-UF-CEF-057	Education	130,472
WFP	20-UF-WFP-046	Food Security - Agriculture	524,817
WFP	20-UF-WFP-046	Food Security - Food Assistance	364,704
WHO	20-UF-WHO-036	Health	1,108,977
Total			**5,000,000**

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US$)

Total funds implemented directly by UN agencies including procurement of relief goods	**3,330,526**
Funds sub-granted to government partners*	15,092
Funds sub-granted to international NGO partners*	988,557
Funds sub-granted to national NGO partners*	665,825
Funds sub-granted to Red Cross/Red Crescent partners*	-
Total funds transferred to implementing partners (IP)*	**1,669,474**
Total	**5,000,000**

Note: Of the directly by UN agencies implemented funds, a total of US$254.20 USD was returned by UN Women to the CERF Secretariat due exchange rate differential surpluses.

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

The arrival of the COVID-19 pandemic has significantly impacted the most vulnerable populations in Colombia, aggravating pre-existing conditions including the impact of internal conflict dynamics, disasters, and large migration movements. With the expansion of the pandemic, the number of people in need of humanitarian assistance surged from five million at the end of 2019 to 7.7 million by 2022. The departments of Chocó and Nariño are among the most affected by the armed conflict in the country, leading to mass displacements and forced confinement with a severe impact on rural, mostly indigenous population and in particular on women and children. During 2021, 85 per cent of all people living in confinement (55,638 people) came out of these two departments, despite only accommodating 4 per cent of Colombia's population. Similarly, 35,347 of the 73,974 people affected by forced mass displacements came out of Chocó and Nariño, illustrating the fact that the armed groups leverage the pandemic to increase their territorial and social control over the population, particularly in the prioritized departments. Following the finalization of the CERF-funded projects, the department of Chocó, among others, continues to be heavily affected by the armed conflict. Over 42,000 people from 94 indigenous and Afro-Colombian communities are in confinement due to the territorial expansion of the country's largest paramilitary group, called AGC, and the territorial recovery strategy of the ELN – the country's largest guerrilla group. Furthermore, both departments are heavily impacted by the pandemic with high infection rates. The poverty rate in Chocó (61.1%) is among the highest in Colombia, as is the level of food insecurity at household level (76.8%). In addition, Chocó and Nariño are the departments with the highest maternal and perinatal mortality rates in the country.

The remote department of the Amazonas, only accessible by boat from Brazil or by plane from other parts of Colombia, has experienced - with 3,400 confirmed cases per 100,000 habitants - the country´s highest infection rate of COVID-19 during the first wave in 2020, 325 per cent above the nationwide ratio, in addition to one the highest fatality rate per capita worldwide. Subsequent preventive isolation measures have exacerbated existing needs. 59 per cent of the population in the department faced food insecurity prior to COVID-19 in addition to widespread poverty amongst the mostly indigenous population (57.5 per cent). Self-sufficiency is low in the Amazonas department; over 70 per cent of goods must be imported. Health facilities have a basic level (no intensive care capacity) in the department's capital and are close to absent in other parts of the department. Access to multi-sectoral GBV services for women and girls are restricted, weak, and remote during the pandemic.

Operational Use of the CERF Allocation and Results:

The $5 million CERF UFE allocation came at a critical moment to scale up and set up operations in key areas. The funding enabled the multisector response to at least 182,300 people – in its majority indigenous and Afro-Colombian communities, living outside the institutional reach of the Government in regions – where humanitarian actors had no prior presence and/or where local response capacities were completely depleted. The severe socioeconomic implications of the five-months lockdown in the Amazonas, having been compounded by the complete isolation of the department during the outbreak of the Gamma variant and health impact were mitigated by a multisectoral response in health, SSH, food assistance and agricultural support, education and WASH activities, benefiting over 51,000 people. The allocation furthermore represented the seed funding for the Colombian part of the Tri-National Response Plan in the Amazonas region. In addition, GBV, SHH, health, protection (including child protection) and food assistance response activities provided the urgently needed relief to over 131,000 people in the conflict-affected Pacific Coast departments of Nariño and Chocó. The joined prioritization process through the involvement of Local Coordination Teams created a joint understanding of the needs and incentivized the provision of a multisectoral response, leveraging the comparative advantage of humanitarian actors in terms of access and proximity to communities; reducing costs in these hard-to-reach areas; while strongly signalling the affirmative action intended by the ERC to focus on those most vulnerable, including women and children and on Protection, GBV, SRH and women's empowerment. With over 100,000 beneficiaries, the response had a strong focus on health-related activities, providing a well needed support to the local institutions, which were stretched by their response to the COVID-19 pandemic. The provision of access to potable water and the rehabilitation of sanitation and hygiene facilities benefited a total of 22,634 persons; while live-saving protection efforts assisted a total of 18,628 people in addition to 14,072 girls, boys, adolescents and their families who benefitted from child protection efforts. Ultimately, rapid food assistance assisted 11,632 people, agricultural activities supported 4,368 people to recover their livelihoods, education response activities provided urgent support to 7,895 mostly indigenous children and 9,882 people received critical support related to GBV.

People Directly Reached:

To allow for a detailed analysis of the number of people directly reached, all agencies reported their figures by department, population type, gender and age. Leveraging this detail level, the greatest figure for a specific population type, disaggregated by gender and age and department was used to calculate the number of beneficiaries directly reached by sector. No significant variances were reported, and most sectors surpassed their target values. Taking into account the confluence of a small population in the Amazonas department, the high share of people with multisectoral needs and the corresponding multisector response, only the greatest value of all respective sectors disaggregated by population type, age and gender was used to calculate the total number of people directly reached. Due to the surging needs in Chocó and Nariño, considerably surpassing response capacities, these measures were not applied. Small variances by population type are reported, mainly related to a fewer refugees assisted by the health response as planned, similar to boys and girls. However, the refugee and migrant response is not part of this CERF allocation with a comparatively small number of the population type living in Chocó and the Amazonas.

People Indirectly Reached:

An estimated 97,757 people benefited indirectly from Community for Development activities in the Amazonas region, receiving by the community created information on healthy practices to prevent COVID-19, prevention of GBV and remote education at home. In addition, some 4,000 people in rural areas of the Amazonas have access to improved water systems and 15,000 people are using handwashing stations. Furthermore, some 5,400 people benefitted from awareness messages related to referral pathways for prevention, protection, and response to GBV survivors, among others. In addition, a large number of institutions and their employees, among them health care workers, benefited from strengthened skills and expertise, allowing them to provide improved services to the people of their communities. Some 206,000 official victims of the conflict in Chocó and 357,000 people Nariño will benefit indirectly from improved immediate protection mechanisms and referrals, and the implementation of differentiated age, gender and diversity approaches. About 2,000 women in reproductive age benefited indirectly from the community component from the actions in SRH and GBV prevention. Ultimately, activities related to the health sector favoured non-differentiated attention for the communities residing in the prioritized municipalities and subregions of public health interest defined by each of the departments, thus minimizing access barriers and favouring the timeliness of the provision and training of human talent in the different components of risk management for the care and maintenance of health, especially in crisis situations.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Education	1,975	2,057	1,820	1,744	7,596	2,097	1,945	2,003	1,850	**7,895**
Food Security - Agriculture	827	942	1,089	1,142	4,000	1,398	1,179	917	874	**4,368**
Food Security - Food Assistance	2,961	2,313	3,627	2,967	11,868	3,114	3,087	2,868	2,813	**11,782**
Health	36,946	24,508	26,492	21,576	109,522	31,687	35,376	17,446	16,164	**100,673**
Protection	4,938	5,533	3,133	4,350	17,954	5,212	5,185	3,942	4,289	**18,628**
Protection - Child Protection	1,925	1,575	2,162	2,438	8,100	6,038	1,001	3,761	3,272	**14,072**
Protection - Gender-Based Violence	7,366	234	766	123	8,489	5,670	256	3,474	482	**9,882**
Water, Sanitation and Hygiene	6,065	6,500	4,693	4,958	22,216	6,046	6,593	4,934	5,061	**22,634**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	2,542	123
Returnees	514	2,513
Internally displaced people	47,286	63,552
Host communities	35,580	45,159
Other affected people	99,823	71,043
Total	**185,745**	**182,390**

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	62,176	61,540	839	689
Men	42,720	51,553	656	503
Girls	42,693	36,940	446	284
Boys	38,156	32,357	330	288
Total	**185,745**	**182,390**	**2,271**	**1,764**

3. LESSONS LEARNED:

OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
The inclusion of specific funding envelopes, such as the GBV envelope, are useful to provide the required funding to chronically underfunded sectors and provide a meaningful support to priority areas/sectors.	Funding envelopes should be included in most allocations, earmarking 10-20% of the funding to priority sectors. A context/funding analysis is required prior to the decision.
The discussions with Implementing Partners including the. Elaboration of MOUs and other contractual modalities hinders a rapid start of CERF funded activities.	Recipient agencies should be proactively encouraged to start discussions with Implementing Partners once they finalize the project design and prior to the final approval of the CERF funding.

OBSERVATIONS FOR <u>COUNTRY TEAMS</u>

Lessons learned	Suggestion for follow-up/ improvement	Responsible entity
Inclusion of Local Coordination Teams in the prioritization process and the programme design phase generated a greater local coordination and joint understanding of the priorities/needs.	To be encouraged.	UNCT/HCT, LCTs
Emergency Humanitarian Response Funds for the rapid disbursement of CVA combined with frameworks adjusted to the local context that are triggered in defined cases of immediate risk are highly effective to reduce the suffering course and/or prevent suffering	To be encouraged.	Recipient agencies
The provision of workshops on gender and GBV mainstreaming with concrete steps and recommendations by sector during the project design phase generated visible results. The material should also be shared with IPs.	To be encouraged	GBV/Gender focal points, IPs and recipient agencies.

PART II – PROJECT OVERVIEW

4. PROJECT REPORTS

4.1 Project Report 20-UF-WOM-005

1. Project Information

Agency:	UN Women	**Country:**	Colombia
Sector/cluster:	Protection - Gender-Based Violence	**CERF project code:**	20-UF-WOM-005
Project title:	GBV in the context of COVID-19 pandemic: Gender-sensitive and life-saving response for most affected and at-risk women, in Nariño and Chocó		
Start date:	24/11/2020	**End date:**	23/02/2022
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☒

Funding

Total requirement for agency's sector response to current emergency:	**US$ 2,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 307,275**
Amount received from CERF:	**US$ 307,275**
Total CERF funds sub-granted to implementing partners:	**US$ 215,977.80**
Government Partners	US$ 0.00
International NGOs	US$ 112,245.00
National NGOs	US$ 103,772.80
Red Cross/Crescent Organisation	US$ 0.00

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UN Women and its 2 implementing partners (Lutheran World Federation and FUNDEAS) provided a gender-sensitive, differential and inclusive response to Gender-Based Violence (GBV) to a total of **1,397 women and 157 girls**, 161 of them with different types of disability (156 women and 5 girls), including LGTBQI+ people; the achieved population belongs mainly to afro descendant and indigenous communities, which face highest levels of vulnerability in Chocó and Nariño departments (Pacific Region, Colombia), especially during the COVID-19 pandemic. All women and girls reached out by the project received life-saving information on GBV pathways, when needed in accessible format (sign language); 1513 of them acceded to resilience kits distributions, 2 of them (with disability) were also provided with wheelchairs, while 44 women (3 of them with disability) at high risk of feminicide have been protected thanks to the emergency protection mechanism. 58 public servers (35 women and 23 men) strengthened their knowledges and capacities on gender-sensitive, differential, and inclusive response to GBV, 13 local entities and 11 Women-led Organizations (WLOs) and Women's Rights Organizations (WROs) participated in the elaboration of 2 referral GBV prevention, mitigation, and response pathways in Quibdó (Chocó) and Barbacoas (Nariño) municipalities.

The project helped supporting the humanitarian response to emergencies in Nariño and Chocó, supporting women with life-saving information (GBV prevention) and resilience kits, strengthen the access to life-saving protection mechanisms for GBV response in the context of the COVID-19 crisis, in Nariño and Chocó, promoting a differential (especially respecting ethnicity, sexual and gender orientation, and age diversity) and inclusive (especially towards disability) approach, in a context marked by a sharp worsening in

security and humanitarian conditions, especially during 2021 (during which, for instance, an increase of + 179% of forced displacement was registered compared to 2020).

3. Changes and Amendments

During the implementation of the CERF UFE project, a modification from the original plan (no-cost extension) was requested (on date 2/9/2020) and approved by CERF (until 23/02/2022), to face a deep worsening of the already challenging humanitarian context, both at national and local levels. During the first semester of 2021, a new peak of COVID-19 pandemic coupled with a two-months long national strike with confinements, roadblocks, violent turmoil and sever food, medicaments and NFI shortages; this situation contributed to further increase presence and control of armed groups in Nariño and Chocó departments, while mining civilian population´s trust in local and national institutions. The Programme Criticality Strategy adopted by the UN and Humanitarian Country Team to deal with the situation, limited humanitarian actors' movements in the field: thus, also UN Women and the IPs forcedly reduced field missions and could not keep the planned implementation timing, and, as consequence, the spending on travel expenses was below that expected.
However, delays in implementations did not result in any unspent funds, neither in changes on project's outputs: UN Women, jointly with its IPs, relocated the funds to purchase more resilience kits and reach other 600 women in risk of GBV for the recrudescence of armed conflict, confinements and other multiple emergencies, like disasters (mainly floods and landslides), adopting the following adjustments for a more efficient use of funds to respond to multiple humanitarian affectations to women of Chocó and Nariño departments:

- Reduction of travel expenses (US$ 9.000 instead of US$ 26.916)
- Reduction of services contract amount (US$ 4.807 instead of US$ 9.000)
- Increasing in Transfers and Grants (US$ 11.055)
- Increasing in Supplies, Commodities, Materials (US$ 11.054, for resilience kits).

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	10	0	0	0	**10**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	200	0	0	0	**200**	607	0	0	0	**607**
Host communities	600	50	0	0	**650**	503	73	139	0	**715**
Other affected people	50	0	0	0	**50**	433	0	23	0	**456**
Total	**850**	**50**	**0**	**0**	**900**	**1,553**	**73**	**162**	**0**	**1,788**
People with disabilities (PwD) out of the total										
	50	0	0	0	**50**	**156**	**0**	**5**	**0**	**161**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Approximately **5,204 persons** from communities in Quibdó (Chocó) and Barbacoas (Nariño) indirectly benefitted from the project's activities: especially, family members of women and girls prioritized and reached by the project, including children, mainly from afro descendant and indigenous communities. Moreover, public servants from local state institutions (in the areas of health, education, protection, justice) were also benefitted by the project. Among the main activities through which those people were indirectly reached out:

- Awareness and life-saving messages, as referral pathways for prevention, protection, and response to GBV survivors.
- Distribution of resilience kits (mainly containing protection and biosecurity elements, personal hygiene items, and food).
- Attention provided in the safe spaces of Quibdó (Chocó) and Pasto (Nariño) for women GBV survivors.
- Emergency protection fund activation for women at high risk of feminicide (mainly providing cash for them to safely move to a secure place with their children).

6. CERF Results Framework

Project objective	Women and women's organizations access life-saving protection mechanisms for GBV response in the context of the COVID-19 crisis, in Nariño and Chocó
Output 1	Women in Barbacoas, Pasto (Nariño) and Quibdó (Chocó) effectively access lifesaving mechanisms and GBV services during the COVID-19 pandemic

Was the planned output changed through a reprogramming after the application stage? Yes ☒ No ☐

Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# of most at risk women and men who received lifesaving information and orientation on GBV prevention and referral pathways	900 (850 women and 50 men)	1,200 women and 50 men from Quibdó and Barbacoas	Sensitization workshops attending list. Pictures of the sensitization workshops. Systematization documents.
Indicator 1.2	# of GBV referral pathways updated and implemented	2 (1 Quibdó, 1 Barbacoas)	2 (1 in Quibdó and 1 in Barbacoas) GBV referral pathways updated and implemented, jointly with and by local state institutions, WLOs and women's leaders	2 GBV referral pathways available. Documents and pictures of the training activities organized in Quibdó and Barbacoas to update and validate the referral pathways. Proofs of socialization of the referral pathways with WLOs (acts of meetings).
Indicator 1.3	# of resilience kits procured and distributed.	900	1,513 resilience kits created and distributed to women and girls exposed to humanitarian emergencies in Quibdó and Barbacoas.	Database of women prioritized. Synthesis of distribution activity sessions. Documents on best practices and lessons learned on resilience kits distribution.

				Survey results. Procurement process documents
Indicator 1.4	# of local institutions receiving technical support for incorporating a gender perspective in local response plans to the pandemic	5 local institutions (Ombudsman's Office, Attorney General's Office, Family Commissioner's Office)	13 local institutions of Quibdó and Barbacoas receiving technical support (Woman's Secretariat; Family Commissioner's Office; Governmental Secretariat; Local Health Direction; Local health Secretariat; Development and Social Inclusion Secretariat; Legal Medicine; Ombudsman's Office; San Francisco de Asís Hospital; Prosecutor Office).	Institutional commitment agreements. Synthesis of workshops Document "COVID-19 impact on women and girls in Quibdó – Gender approach in COVID-19 pandemic response" "Quibdó Municipality Development Plan 2020-2023"
Explanation of output and indicators variance:		The positive variance between targeted (900) and effectively achieved women (1200) is linked to the modification from the original plan (no-cost extension) that was requested on date 2/9/2020 and approved by CERF on date 27/9/2020, to face a deep worsening of the humanitarian context due to the worsening of the pandemic effects, the increased control by armed groups, the socio-economic turmoil, and the consequent mobility limitations for humanitarian actors. Reallocation of funds allowed an extra-purchase and delivery of 600 resilience kits, and other 300 provided through GBV referral pathways. This resulted in a more efficient implementation, directly responding to immediate needs of women exposed at GBV risks in an uncertain and volatile humanitarian setting.		

Activities	**Description**	**Implemented by**
Activity 1.1	Update and validation of GBV referral pathways (guaranteeing their accessibility for women with disabilities) during COVID-19 pandemic, through remote consultations with female community leaders/women's organizations and local institutions from Quibdó and Barbacoas	In Barbacoas (Nariño department): - UN Women, through Implementing partner "Fundación para el Desarrollo Ambientalmente Sostenible – FUNDEAS" (in articulation with UNFPA IPs - Alianza por la Solidaridad APS and the Barbacoas Gender Office). In Quibdó (Chocó department): UN Women, through its IP "Lutheran World Federation LWF" (in articulation with 13 public institutions - GBV prevention, health, protection and justice sectors -, 5 international cooperation agencies and 9 women´s organizations).
Activity 1.2	Provision of Resilience Kits for most at-risk and affected women (with a focus on women-headed households and women with disabilities), in Quibdó and Barbacoas	In Barbacoas (Nariño department): - UN Women, through Implementing Partner "Fundación para el Desarrollo Ambientalmente Sostenible – FUNDEAS" (in articulation with Health sector and the Barbacoas Gender Office).

		In Quibdó (Chocó department): IP "Lutheran World Federation" (in articulation with a women's network of 10 organizations, 7 public institutions - GBV prevention, health, protection and justice sectors -, and 3 international cooperation agencies.
Activity 1.3	Dissemination of lifesaving information and key messages (with an ethnic and disability perspective) on gender-based risk mitigation and GBV referral pathways, the gender dimensions of humanitarian crises (including the pandemic), and coping mechanisms	In Barbacoas (Nariño department): - UN Women, through Implementing partner "Fundación para el Desarrollo Ambientalmente Sostenible – FUNDEAS" (in articulation with local medias and the Communication Area of Barbacoas Municipality). In Quibdó (Chocó department): UN Women, through its IP "Lutheran World Federation" with women and women leaders.
Activity 1.4	Provision of technical assistance and equipment (including personal protective equipment, telecommunications equipment, internet and mobile data) for supporting non-medical services (including shelters in Pasto), both in person and remote, to address GBV during COVID-19 pandemic, while guaranteeing their accessibility for women with disabilities, in Quibdó and Barbacoas	Safe space in Pasto (Nariño department): - UN Women, through IP FUNDEAS (in articulation with UNICEF; UNHCR, AECID and Gender offices – Gender and Social Inclusion Secretariat of Nariño Government and Women Secretariat of Pasto Municipality) Safe space in Quibdó (Chocó department): UN Women, through IP Lutheran World Federation (in articulation with 7 organizations of the Women, peace and Security Roundtable of Chocó – who created and manage the Safe space – and 4 organizations of young women - who lead community strategies of GBV prevention in Quibdó).
Activity 1.5	Provision of technical and financial support for implementing emergency protection mechanisms for women at high risk of feminicide, in Quibdó and Barbacoas	In Barbacoas (Nariño department): - UN Women, through IP FUNDEAS (to activate Emergency Fund in articulation with the Family Commissariat and Police). In Quibdó (Chocó department): UN Women, through IP Lutheran World Federation (to activate Emergency Fund in articulation with protection referral pathway entities – Family Commissariat, Gender Tandem, Prosecutor office – and international cooperation agencies).

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[2] often lacking appropriate

[2] These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas here.

consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[3]:

UN Women Colombia is working with Women's Led Organizations in Nariño and Chocó departments since previous years (2014-2016). Thanks to this solid relationship, WLOs represented an invaluable ally since the design of the CERF project and in all its consequent phases, from planning to implementation and monitoring, acting as the main link to involve crisis-affected women of the communities in the development of the project. At the same time, through this mutual connection, the CERF project further boosted diversity approach within those organizations, promoting a meaningful participation even of population groups usually more excluded, as women with disability, LTBQI+ persons, indigenous women, rural women, complementarily strengthening differential approach within these organizations. In this way, heterogeneous groups of women exposed to vulnerable situations were meaningfully involved in building life-saving messages, identifying the most appropriate ways of diffusion, and selecting the resilience kits items.

b. AAP Feedback and Complaint Mechanisms:

The development of safe and efficient feedback/complaint mechanisms is extremely challenging due to the high protection risks that the humanitarian affectations can create, and the profile of targeted population – people facing situations of extreme vulnerability with limited social nets and low levels of trust towards other people. For these reasons, contacts of Implementing Partners' professionals in the field were shared with targeted groups during the project's activities, e.g., resilience kits distributions and GBV referral pathways sensitization workshops. Every report of activities contains a section on feedbacks, lessons learned and best practices. Comments were often received by WLOs and communicated to the implementing teams, as WLOs represent the only trustable channel many feel secure to count on.
LWF has a complain mechanism in compliance with the Sphere Project and the CHS to guarantee that communities count with different channels (email, mailboxes) to report misbehaviors in a safely and confidential manner, available on: https://colombia.lutheranworld.org/es/content/sistema-de-quejas-36-0

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UN Women Colombia co-leads the PSEA Task Force at national level, an added value that has been reflected in the CERF project through a PSEA strategy that combines strong inductions on SEA, audiovisual and hard-paper products, and safe and confidential complaint tools. Specifically:

- UN Women Colombia activated an institutional email address (noabusosexual@unwomen.org) to receive communication and guarantee follow-up through assigned focal points (previously, the only email address available was in English, not Spanish).
- All IPs and WLOS of the project in Chocó and Nariño received an initial and a follow-up session on PSEA at the beginning and during the project implementation.
- All IPs staff completed the online PSEA course.
- All awareness raising/information/sensitization products of the PSEA Task Force have been shared with IPs, WLOs, public servants involved in the project, territorial Gender/GBV Working Groups of humanitarian architecture, and Local Coordination Teams.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The UN Women CERF UFE is a project specifically centered on GBV against women and girls, with a strong differential approach, focusing on:

- Strengthening and promoting accessible, adapted and effective prevention, protection and response mechanisms for women and girls GBV survivors in humanitarian contexts;
- Contributing to gender equality and GBV knowledge and mitigation, increasing local institutions' capacities and articulation with WLOs;

[3] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

- Guaranteeing inclusive and differential approach, especially on disability, ethnicity, and sexual and gender minorities (accessible materials, use of Colombian sign language, involvement of trans women, translation into local indigenous languages, etc.).
- Supporting the humanitarian response to emergencies in Nariño (Barbacoas) and Quibdó (Chocó), supporting women with life-saving information (GBV prevention) and resilience kits.
- Promoting inclusive and gender-sensitive humanitarian actions within humanitarian architecture as an advocacy tool also within Local Coordination Teams (LCTs) and with local institutions responsible for humanitarian response.

e. People with disabilities (PwD):

161 women and girls with disability at risk or victims of GBV, and IDPs were directly benefitted by the project's activities, implemented in articulation with WLOs and public institutions. Specifically, 69 women with physical, visual and hearing disability were reached in Barbacoas (Nariño) and participated in a needs assessment: its results allowed to create resilience kits with specific items and to identify particular needs (e.g., 2 wheelchairs delivered). In Quibdó (Chocó), 92 women with disability (including intellectual and psychosocial), received resilience kits. In both departments, sensitization on GBV referral pathways and kits distribution activities counted with materials in accessible format and sign language interpretation. Moreover, the Emergency Protection Mechanism reached 3 women with disability at risk to be safely relocated with their family members. The safe space of Quibdó has been provided with security bars and elements of accessibility. Finally, life-saving sensitization messages have been produced with elements of accessibility.

f. Protection:

All activities have been planned and implemented respecting the protection principles of "do not harm" and survivor-centered approach, adapted to the specific needs of targeted women and girls. To ensure protection and mitigate risks, UN Women and IPs worked in articulation with public institutions, WLOs and affected population groups on:

- Needs assessments on referral pathways and resilience kits distribution.
- Capacity building of public servants on protection aspect in GBV response.
- Joint analysis with protection actors (such as Local Coordination Teams) to prioritize emergencies (forced displacements, natural disasters) engaging with a direct and adequate response.
- Support the humanitarian response to emergencies in Barbacoas (Nariño) and Quibdó (Chocó), supporting women with life-saving information (GBV prevention) and resilience kits.
- Establishment of specific funds, technical and financial protocols for the activation and proper functioning of the Protection Emergency mechanism for women at risk of feminicide.

g. Education:

Does not apply to this project.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

-

Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
-	-	US$ -	Choose an item.	Choose an item.
-	-	US$ -	Choose an item.	Choose an item.
-	-	US$ -	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
#JuntasSalvamosVidas Con apoyo de @UNCERF, entregamos kits de asistencia humanitaria y materiales educativos a mujeres cabeza de familia y mujeres con discapacidad en Barbacoas – Nariño.	https://twitter.com/ONUMujeresCol/status/1431023355725942784?cxt=HHwWgMCo9Z-KgtwnAAAA
En Barbacoas, Nariño avanza entrega de ayuda humanitaria.	https://colombia.unwomen.org/es/noticias-y-eventos/articulos/2021/08/en-barbacoas-avanza-entrega-de-ayuda-humanitaria
Juntas Salvamos Vidas	https://twitter.com/ONUMujeresCol/status/1437944253578158080?cxt=HHwWgIC5lcOrzfQnAAAA
Mujeres de Barbacoas reciben ayuda humanitaria – Canal CNC Televisión Nariño.	https://youtube.com/watch?v=8fBt7nmyGMg&feature=share
En Barbacoas se entrega kits de resiliencia como respuesta a la crisis humanitaria.	https://fb.watch/aTYCiQxJ5R/
EL Sistema de Naciones Unidas Colombia acompaña la crisis humanitaria en Chocó. Encuentro con el movimiento de mujeres.	https://twitter.com/ONUMujeresCol/status/1446262586425724928?cxt=HHwWgMC-vZyKlJIoAAAA
Avanza en Chocó respuesta humanitaria para mujeres	https://colombia.unwomen.org/es/noticias-y-eventos/articulos/2021/10/cerf-choco-respuesta-humanitaria https://twitter.com/ONUMujeresCol/status/1446587729781956620?cxt=HHwWmIC9oYf4p5MoAAAA
Happy International Women's Day! Today is the day to commit to standing up for the human rights of women everywhere. With our partner	https://twitter.com/UNCERF/status/1501118543668162563?cxt=HHwWhsC9kZfXhdUpAAAA

@UN_Women
@UNCERF funds are used on the ground, every day, to make the lives of women and girls safer

4.2 Project Report 20-UF-FPA-037

1. Project Information

Agency:	UNFPA	**Country:**	Colombia
Sector/cluster:	Health Protection - Gender-Based Violence	**CERF project code:**	20-UF-FPA-037
Project title:	Access to life-saving sexual and reproductive health services and access to services for survivors of Gender Based Violence for vulnerable, ethnic populations		
Start date:	20/11/2020	**End date:**	19/11/2021
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 2,533,446**
Total funding received for agency's sector response to current emergency:	**US$ 2,882,122**
Amount received from CERF:	**US$ 947,445**
Total CERF funds sub-granted to implementing partners:	**US$** 387,705
Government Partners	US$ 15,092
International NGOs	US$ 123,696
National NGOs	US$ 248,917
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

The CERF project established interventions and provided essential Sexual and Reproductive Health (SRH) and GBV services to **21,645 people**. A total of 12,462 people benefited from SRH services and 9,183 from GBV services. The project assisted mainly indigenous and afro descendant women and girls, of the total population served, 27.96% were girls, 60.32% women and 11.72% men and boys. Of the total, 46.27% were indigenous and 44.18% afro descendants. 10 municipalities and 10 non-municipalized areas (44 rural areas) with double humanitarian impact – derived from the armed conflict and COVID 19 pandemic – were prioritised. Accordingly, 59.76% of population served were IDPs, 38.43% other affected persons, and 1.81% host communities.

Women and girls improved access to essential SRH services and supplies, such as contraceptives and information to prevent unwanted pregnancies: a total of 4,319 women received contraceptive methods. To reduce maternal mortality, 16 hospitals and health centres were equipped, 186 health providers were trained on management of obstetric emergencies and ethnic health care adaptation, and 270 traditional birth attendants (TBA) in remote and confined areas received orientation and supplies. 10 referral pathways were organized in 4 municipalities between health services, TBA, and traditional authorities.

GBV survivors had access to a comprehensive response to the needs and to lifesaving multisectoral services (health, psychosocial support (PSS), protection) through several interventions to improve their availability, quality, timing, and coordination. GBV CM and PSS were provided to 820 women, also 149 officials were trained to provide comprehensive care (clinical, PSS and case management (CM)) particularly to sexual and intimate partner violence management, 17 health institutions received supplies to guarantee clinical management of rape. To ensure the proper functioning of multisectoral services in all municipalities, mapping, referral pathways and

basic standard operating procedure (SOPs) were developed. In addition, 4 Women and Girls' Safe spaces (WGSS) were established which were accompanied by 125 community leaders who were trained to the identification, prevention, and orientation of GBV survivors, 8,514 women, adolescents and girls participated in the psychosocial activities carried out in WGSS.

3. Changes and Amendments

There were no significant changes of scope (target beneficiaries, sector, activities, or geographic area) that could have affected the intended objective or targets of the project, approved by the ERC. The project was adjusted to the populations' needs considering the implementation challenges, and the need to strengthen the activities already proposed, which were accompanied by budget adjustments. These budget adjustments did not reach to accumulative shift of more than 15 per cent between budget categories, for this reason a formal request for redeployment of funds was not issued by UNFPA to the ERC.

All activities were completed within the implementation period by November 19, 2021.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	1,942	75	2,442	0	**4,459**	155	3,693	390	1,171	**5,409**
Host communities	777	30	977	0	**1,784**	0	304	0	33	**337**
Other affected people	1,165	45	1,475	0	**2,685**	942	3,877	382	1,515	**6,716**
Total	**3,884**	**150**	**4,894**	**0**	**8,928**	**1,097**	**7,874**	**772**	**2,719**	**12,462**
People with disabilities (PwD) out of the total										
	77	0	97	0	**174**	**0**	**6**	**0**	**5**	**11**

Sector/cluster	Protection - Gender-Based Violence									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	3,258	115	383	77	**3,833**	4,305	183	2,557	482	**7,527**
Host communities	1,303	0	153	0	**1,456**	50	4	0	0	**54**
Other affected people	1,955	69	230	46	**2,300**	827	0	775	0	**1,602**
Total	**6,516**	**184**	**766**	**123**	**7,589**	**5,182**	**187**	**3,332**	**482**	**9,183**
People with disabilities (PwD) out of the total										

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

	130	4	15	2	**151**	**4**	**0**	**0**	**0**	**4**

***There were significant differences in the host population; fewer people were assisted than expected which we understand is related to the generalization of the conflict in the intervention areas, which generates an increase in the directly affected population at the expense of the host population. This finding was relevant in the department of Amazonas, where there were no reports of people affected by the conflict and in the intervention, we found that the population was confined, with restrictions on mobility due to the armed conflict. Another finding is the low participation of the population with disabilities, although there were established mechanisms for access to our services, that were not effective for our partners. We are now assessing and working with our partners to ensure that the corresponding arrangements are established.

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The project indirectly reached people through the strengthening of skills and knowledge of health professionals in the management of safe protocols to assist women in life-threatening situations as well as by providing institutions with the required supplies and medicines to expand the capacity of first-level hospitals and responders in the municipalities, improving the quality of care (particularly in obstetric complications, clinical management of rape survivors, safe abortion management).
Furthermore, a GBV case management system (which includes referral pathways and SOP) was established in cooperation with health, protection and justice actors in the target municipalities, through which female and at-risk populations will benefit. It is estimated that at least 5,000 pregnant women and 200 GBV survivors indirectly benefited from these actions.
The project also strengthened communities' capacities to prevent and provide basic responses to GBV and to SHR concerns. The capacity of traditional birth attendants was increased, women's leader focal points were established in each community to enable first response to GBV and provision of lifesaving information, whereby these focal points were also enabled to prevent maternal deaths.
Around 2,000 Women in Reproductive Age (WRA) benefited indirectly from the community component of the project, estimated as 10% of WRA living in the targeted areas (local population) who benefited from the actions in SRH and GBV prevention.

6. CERF Results Framework

Project objective	Access to quality lifesaving sexual and reproductive health services and to safe, confidential and timely Gender Based Violence (GBV) services for women and girls in vulnerable, ethnic and conflict affected areas during COVID-19 pandemic
Output 1	GBV survivors have accessed a comprehensive response to the needs and to lifesaving multisectoral services (health, psychosocial support, protection) through GBV case management

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# of targeted areas where GBV case management services have been established	2	2	Check list case management system
Indicator 1.2	# of trained case workers providing remote and in person GBV case management	10	10	Monitoring report
Indicator 1.3	# of women and adolescents receiving psychosocial support (in person and remote)	1400	820	Case management report
Indicator 1.4	# of health facilities supported with Post -rape kits for Clinical management of rape (according to national protocols known as PEP kit and forensic sampling kits for rape)	15	17	Delivery receipts
Indicator 1.5	# of first line responders (medical and non-medical staff) oriented in GBV response with a focus on Clinical Management of Rape and intimate partner violence (IPV)	60	68	Training report
Indicator 1.6	# GBV referral pathways in place and regularly updated, service	10	15	*SOP Puerto Nariño (Amazonas), *referral pathway adapted to

	mapping and standard operating procedures (SOPs) established			ethnic groups Puerto Nariño., *SOP Tringulo de Telembi (Nariño),* referral pathways Barbacoas, Roberto Payan, Magui Payan, *SOP Quibdo, *Update referral pathways Bajo, medio y alto Baudo.
Indicator 1.7	# of women and girls under GBV and life threats who received emergency unconditional cash for protection	240	240	Transfer report
Explanation of output and indicators variance:		Psychosocial support consisted out of two modalities, respectively group (indicator 2.2) and individual psychosocial care (indicator 1.3). During the implementation, adaptations had to be made which affected the number of people reached out through individual care, but instead those increased the number of people reached out through community groups activities. Firstly, due to the complexity of the cases in some areas the capacity to cover more people by the team in the field was affected. Secondly, ethnic adaptations had to be implemented because the characteristics of the communities (Afro and indigenous) as they were not familiarized with individual care process, so that's why as a strategy individual care was provided through group psychosocial care interventions in the region of Los Baudos in Chocó, in Puerto Nariño (Amazonas).		

Activities	**Description**	**Implemented by**
Activity 1.1	Contract with Implementing Partner for GBV response through case management	UNFPA
Activity 1.2	Establish a GBV case management system in accordance with Interagency Guidelines on GBV case management and adapted to ethnic groups (in person or remote).The GBV case management system will include staff recruitment and training in carrying out the case management steps and procedures, conduct safety assessments and planning; make referrals and coordinate a survivor's care; follow up on referrals cases, identification of protection risks and development of protection strategies, provision of PSS and safe and ethical information management, as well as supplies procurement for GBV response.This training will be given to 3 social workers from APS in Nariño, 3 in Quibdó, 2 from the Hospital ship in Chocó, and 2 in Amazonas from the Halu foundation.This training will be carried out by GBV specialists with the support of UNFPA LACRO. It will be given remotely in a non-face-to-face way due to which no specific budget is planned for the activity.	UNFPA APS
Activity 1.3	Develop, monitor and regularly update ten functional and appropriate GBV referral pathways, service mappings and local SOPs in collaboration with key actors (NGOs, UN agencies, protection institutions, health facilities, indigenous authorities, and ethnic traditional health and justice representatives).	Halu, APS Hospital Ship UNFPA

Activity 1.4	Provide inclusive, survivor centered GBV case management to 600 women and girls through one Health-Psychosocial team and three protection teams (in person and remote). GBV case management will prioritize sexual violence in the context of the armed conflict, IPV, recognized as a critical concern in humanitarian settings and other forms of violence such as trafficking and sexual exploitation.GBV case management addresses the harmful consequences of violence and helps survivors to recover, and access multisectoral services according to the needs, while ensuring a comprehensive response with a structured follow-up method.	Halu APS Barco Hospital UNFPA
Activity 1.5	Provide individual psychosocial support to 800 women and girls through one health-psychosocial team and three protection teams (in person and remote).	Halu APS Barco Hospital UNFPA
Activity 1.6	Procurement of 15 sets of post-rape management kit, each consisting of post exposure prophylaxis kit and forensic sampling kits, to equip 15 health facilities	UNFPA
Activity 1.7	Distribution of post exposure prophylaxis kit and forensic sampling kits for rape for 15 health facilities at the targeted areas (three in Choco, three in Nariño and nine in Amazonas)	UNFPA
Activity 1.8	Provide individual, timely, confidential and safe medical assistance to survivors of sexual gender based violence through health centres supported with Post-Rape kits, including Post-exposure prophylaxis for HIV	LOCAL HEALTH CENTERS
Activity 1.9	Provide technical support and orientation to 60 key first line responders (health facilities medical and non-medical staff) on GBV national guidelines and protocols, referral pathway, case management, specialized medical care for clinical management of rape and screening and treatment for IPV.	GENFAMI, contracted through UNFPA
Activity 1.10	Distribution of emergency unconditional cash to ensure the protection of indigenous remote women, adolescents and girls at high GBV risk that threatens their lives, in order to support access to the referral pathway outside of their communities.	UNFPA through the service provider SUPER GIROS

Output 2	Women and girls have strengthened protection and Risk mitigation mechanisms against GBV are in place
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Protection - Gender-Based Violence

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**

Indicator 2.1	# of women and girls' safe spaces established and accessible	2	4	Check list safe space,
Indicator 2.2	# of women, adolescents and girls participating in group psychosocial support and pedagogical activities through safe spaces	2380	3,383	Information delivery list
Indicator 2.3	# of women, adolescents and girls reached with lifesaving information on GBV services and key messages	2400	3,788	Information delivery list
Indicator 2.4	# of female community leaders trained on GBV fundamentals, referral pathways and PFA (Psychological first aid)	75	125	Information delivery list
Indicator 2.5	# of women and adolescents in reproductive age receiving dignity kits	713	829	Information delivery list
Explanation of output and indicators variance:		No significant (negative) variance present.		

Activities	**Description**	**Implemented by**
Activity 2.1	Establish two women and girls´ safe spaces (WGSS) to promote the protection and empowerment of 800 women and girls affected by the Colombian armed conflict, adapted to COVID-19 pandemic (remote or in person depending on the evolution of the pandemic). Safe spaces will be created in two targeted locations (Pasto and Quibdó). The creation of WGSS is a key strategy for the protection and empowerment of women and girls affected by the armed conflict. The WGSS will be identified and led by women leaders, women's groups and/or networks that can provide support for women and girls and will enhance women and girl's capacity in psychological first aid, life-saving information and promotion on available services. The safe space should be equipped with necessary furniture and materials to ensure women and girls can comfortably and effectively participate in all activities, taking into consideration specific supplies for children, such as toys and books.	UNFPA HALU APS Barco Hospital
Activity 2.2	Provide group psychosocial and pedagogical activities for 2300 women, adolescents and girls through safe spaces and community-based spaces in ethnic areas.	UNFPA HALU APS Barco Hospital
Activity 2.3	Identify, orient and support 75 female community leaders on GBV fundamentals, referral pathways and PFA (Psychological first aid)	HALU APS Barco Hospital UNFPA

Activity 2.4	Disseminate lifesaving information and key messages for 2400 direct target with an ethnic perspective and accessible to women and girls with disabilities on available GBV response services. The information will provide recommendations on risk mitigation measures and coping mechanisms, and will raise awareness on how the particular effects of humanitarian crisis, including the COVID-19 pandemic, impact disproportionately on women and girls.	HALU, APS Barco Hospital, UNFPA
Activity 2.5	Conduct mapping exercises to identify safe and unsafe areas for women & girls, design security plans and promote self-protection measures in ethnic areas for 600 indigenous and afro descendent population.	APS Barco Hospital, UNFPA
Activity 2.6	Procurement of 713 dignity kits adapted to COVID-19 for women of reproductive age and adolescents, prioritizing GBV survivors	UNFPA
Activity 2.7	Distribution of 713 dignity kits adapted to COVID-19 for women of reproductive age and adolescents, prioritizing GBV survivors	UNFPA

Output 3	Pregnant women have access to life-saving sexual and reproductive health (SRH) services, supplies, and information in selected areas.			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	# of health facilities (BEmONC: emergency obstetric and neonatal care) supported with SRH equipment and supplies as part of MISP intervention and PPE	14	16	Earmarked goods custody form
Indicator 3.2	# of health workers (health facilities (BEmONC) /mobile teams) with enhanced capacity to provide management of emergency obstetric and new-born care.	60	111	Attendance list IP Reporting
Indicator 3.3	# of pregnant women who receive essential health care through health teams	600	577	Follow-up card of pregnant care.
Indicator 3.4	# of traditional birth attendants that receive Orientation refreshing sessions to identify warning signs, referral pathways and equipped to take care of deliveries in hygienic conditions	140	270	Training list / delivery kit list

Explanation of output and indicators variance:	No significant (negative) variance present.	
Activities	**Description**	**Implemented by**
Activity 3.1	Procurement of lifesaving supplies to strengthen the capacity of emergency obstetric and newborn care services and safe maternal referral mechanisms to higher levels of care. As part of the Minimum Initial Service Package (MISP) for Sexual Reproductive Health (SRH) it must be ensured that these municipalities have the capacity to operate 24/7 obstetric and newborn emergency care facilities. To guarantee this, 14 health centers (BEmONC) in the coverage area will be supported with lifesaving SRH equipment. According to the capacity assessment conducted and the identified needs, supplies will be delivered to monitor the clinical condition and attend to pregnant women at the time of childbirth. Procurement of: RH KIT 6A: Clinical Delivery Assistance kit - Reusable Equipment (13); Monitor, bed side (10); Doppler, fetal heart rate detector, monitor, w/accessories (12), infusion pump, with accessories (2). Additionally, those same 14 health facilities will be supported (non-pneumatic anti-shock garment for obstetric emergencies (25), RH Kit 6B: Clinical Delivery Assistance kit - Drugs and Disposable Equipment (Obstetric emergency kits) (12), and rapid tests for diagnosis in care of pregnant women and to conduct other basic medical interventions). Health facilities will be supplied with personal protection equipment's (funded by UNFPA) in order to ensure the continuity of essential SRH/GBV services during the COVID-19 pandemic period,	UNFPA
Activity 3.2	Procurement of supplies for TBA (traditional birth attendants). In some municipalities where women cannot access to medical facilities (due to conflict-related confinement) or do not want to (due to cultural norms). It is necessary to strengthen TBA to attend the delivery with hygiene standards with the provision of clean delivery kits and supplies to refer timely to health services in the municipalities in order to reduce maternal and perinatal mortality in remote and confined areas. 140 traditional birth attendants will be provided with emergency SRH supplies: kit for clean delivery (140) and non-pneumatic anti-shock garment for obstetric emergencies (11).	UNFPA
Activity 3.3	Distribution of supplies to the public hospitals and TBA (traditional Birth attendants).	IP Barco Hospital San Raffaele (hospital ship), Medical Ministry (Amazonas) Halu
Activity 3.4	Establish MOU with IP Barco Hospital San Raffaele and agreement with local hospitals.	UNFPA

Activity 3.5	Set Up first line responder SRH/protection teams and provide them orientation session on SRH care and counselling and PCI measures for COVID-19	UNFPA
Activity 3.6	According to the modality of implementation, the context and capacities of the territory, partners and local hospitals will establish first line responder health/protection teams that will have fixed points in the semi urban areas and will organize mobile clinics (12 brigades) at 13 rural areas to serve populations in remote rural areas.San Raffaele Hospital Ship will have a fixed point of care in Bajo Baudó (Chocó) and will conduct 7 brigades to 6 areas of indigenous and black population which are in conditions of confinement (a monthly brigade for each community).Amazonas Local Hospital will have a mobile health team, It will conduct 2 brigades to rural areas of indigenous population (46 communities) at Puerto Nariño and Non-municipalized areas (Amazonas); each brigade will last between one and two months. Local hospitals at Nariño covered area will conduct 3 brigades to rural areas of indigenous population of Nariño municipalities (Magui, Roberto Payan, Barbacoas) (a brigade for each municipality).In these brigades it provide essential health care of pregnant women and other lifesaving SRH services.	IP Barco Hospital San Raffaele (hospital ship), Medical Ministry (Amazonas) Local hospitals at Nariño
Activity 3.7	Hold refresher sessions for health professionals on the use of referral kits including protocols care for obstetric, neonatal emergencies and referrals (60 health professionals of 14 health facilities). Of these, 5 facilities and 30 health professionals will be oriented directly by the hospital ship, due to the high dispersion and the difficulty of access to the territory.	Specialized training institution- Nacer IP: Barco Hospital San Raffaele (hospital ship)
Activity 3.8	Orientation refreshing sessions to 140 traditional birth attendants for safe handling of delivery and delivery of material for safe delivery in hygienic conditions.	IPs: Barco Hospital San Raffaele Halu Foundation medical MInistry International UNFPA
Activity 3.9	Mapping of pregnant women in Amazonas and Chocó through the traditional birth attendant and strengthening relations between traditional birth attendants and health institutions for the care of these women.	IPs: Barco Hospital San Raffaele Halu Foundation Medical ministry International
Activity 3.10	Update the system and referral routes for SRH-EmOC services from the community mainly for emergency obstetric and neonatal care (EmONC), according to the availability of services: Update of the reference routes for obstetric complications in order to ensure that pregnant women in the intervention areas have 24/7 functional routes for obstetric emergencies care, from the communities, so that they can overcome obstacles related to the conflict and geographic dispersion and make appropriate referrals to health services.	IPs: Barco Hospital San Raffaele Halu Foundation UNFPA Medical ministry International

	Strengthening the referral system transport to hospitals providing basic and comprehensive EmOC	
Activity 3.11	Provide care to 600 pregnant and postpartum women conducted by mobile health teams. Including essential prenatal and postnatal care services (triage, management plan according to the obstetric risk, including their treatment and further control) at a community level, especially in the communities affected by the armed conflict with limited access to health services.	IP Barco Hospital San Raffaele Local Hospitals Medical Ministry
Activity 3.12	Develop and provide and disseminate SRH lifesaving information with a multicultural perspective to 1548 community persons on warning signs during pregnancy and timely referral including PCI measures to COVID-19	IP Barco Hospital San Raffaele Local Hospitals Medical Ministry

Output 4	Women of age reproductive, adolescents, young people have access to life-saving sexual and reproductive health (SRH) services, contraceptives, and information to reduce unplanned and early pregnancy as part of MISP intervention

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	Number of health centers/ mobile teams with enhanced capacity to provide SRH services including family planning and/or equipped with PPE to prevent COVID-19	6	10	Attention lists, minutes of agreement
Indicator 4.2	Number of women of reproductive age accessing a contraceptive method through health/protection teams or health institutions supported.	4240	4,319	SSR Counselling List and delivery of contraceptives
Indicator 4.3	Number of men and women who receive lifesaving information or route of attention of SRHR, educational material on self-care through health/protection teams or health institutions supported	2400	7,296	Information delivery list
Explanation of output and indicators variance:		No significant (negative) variance present.		

Activities	**Description**	**Implemented by**
Activity 4.1	Establish MOU with Barco Hospital San Raffaele and agreement with local hospitals.	UNFPA
Activity 4.2	Procurement and distribution of modern contraception supplies (long-term contraception (4,000 implants) and short-term contraceptives (monthly injectable for 10	UNFPA

	months coverage of 240 women), delivery to the implementing partners and public hospitals	
Activity 4.3	Set up of first line responder health/protection teams (doctor, nurse, gynaecologist, community agents, and psychologist) and provide them orientation session on contraception care counselling and supplies and measures to prevent and control COVID-19.	UNFPA- Barco Hospital - medical ministry International
Activity 4.4	Design SRH lifesaving information and key messages with a multicultural perspective on available SRH services and on issues related to how the particular effects of humanitarian crisis, including the pandemic, on women and girls, sexual and reproductive rights as well as coping. This includes the articulation with indigenous leaders and governments of the contraceptive care in their communities.	UNFPA
Activity 4.5	Distribution of modern contraceptives supplies (long-term and short term) contraception to the health/protection teams and public hospitals.	UNFPA
Activity 4.6	Provide contraception services through mobile and fixed health clinics to 4240 women from to communities affected by the armed conflict with serious difficulties in accessing health services and Venezuelan migrants.	IP Barco Hospital San Raffaele Local Hospitals Medical Ministry
Activity 4.7	Disseminate lifesaving information and key messages with an ethnic perspective on SRHR in the identified organizations for delivery women and communities and train community outreach teams to disseminate key messages on service availability.Develop, publish and divulge educational material on Menstrual Hygiene and SRH Services, key information, route of attention on SRH on risk and warning signs during pregnancy.2,400 men and women will receive lifesaving information through outreach actions of health/protection teams.	IP Barco Hospital San Raffaele Local hospitals Medical Ministry International

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[4] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

[4] These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas here.

a. Accountability to Affected People (AAP) [5]:

During the implementation of the project, each focus group received specific attention, obtained the right resources, influenced decisions throughout the project, and obtained different benefits according to their needs. These processes were monitored which, in turn, facilitated receiving feedback of the beneficiaries.

Likewise, during the implementation phase, field coordinators carried out the socialization of the project with the territorial authorities and with community leaders, to report on its development and achievements. In addition, throughout the implementation, community leaders, including traditional birth attendants and traditional authorities, were involved, their organizations, networks and capacities were strengthened, their participation in the response strategy, their ownership and sustainability of the interventions were enhanced, which further improved the long-term relationship and trust of the community with the organizations involved (IPs and UNFPA).

b. AAP Feedback and Complaint Mechanisms:

As mentioned above, the implementation of the project was monitored. The monitoring was carried out with tools such as: i. quality control using a checklist, ii. regular monitoring visits including data collection with focus groups of beneficiaries and local institutions and iii. regular monitoring of SRH and GBV services provided through satisfaction surveys. The results were a key input to adjust the field operation. In the Safe spaces, the following mechanisms were implemented: a complaint box, hotline for PSEA, and client survey. Opportunities for service improvement are identified in satisfaction surveys, as well as in suggestion boxes. In this way, each team implements actions to improve the quality of care, through consultation with leaders on schedules and activities that best suit their needs, feedback on case management services to case workers.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

The selection of partners and contracts with organizations was based in the compliance with UN mandate. Regarding the Prevention of Sexual Exploitation and Abuse (PSEA) all staff of IPs were trained, and the organizations were required to sign and adhere to the code of conduct in order to prevent, report and investigate sexual exploitation and abuse.

Adjustments and operational agreements were made in the areas of operation with the partners and the land coordinators to proceed in cases of SEA, according to the routes established by UNFPA in Colombia.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

One of the main objectives of this project was to provide access to lifesaving GBV prevention, risk mitigation and response services, ensuring multisectoral services and community-based protection activities, according to UNFPA's expertise and mandate. The project was based on a gender analysis of the GBV situation and included partnership and support to women-led organizations to ensure sustainability of the actions and strengthened its capacities to prevent and respond to GBV. All activities take into consideration the specific needs of girls, boys, adolescents, women and LGBTI population.

This project gave an opportunity for not only providing access to lifesaving services, but also for social change and transforming harmful systems and social norms. For this reason, the intervention is delivered with women leaders, traditional birth attendants and organizations that are best placed and suited to gauging community acceptance before engaging in conversations on deeply rooted issues.

e. People with disabilities (PwD):

UNFPA recognizes that women, girls and boys with disabilities are more vulnerable to experiencing acts of sexual violence and barriers to accessing SRH services, and hence, the project has been identifying their needs, opportunities and rights. To address GBV and promote SRH, further steps are taken to have services adapted to the needs of people with disabilities that are safe, available and accessible.

[5] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

However, the low participation of the population with disabilities shows that the mechanisms for accessing our services have not been fully adopted by our partners. We are now assessing and working with our partners to ensure that the corresponding arrangements are established for our current and future work with this population.

f. Protection:

This project focused on the challenges in accessing protection services (GBV specifically) and SRH, and ensured case management, safe referrals and multisectoral services for women, girls, boys, adolescents and the LGBTI population, under a people-centered approach. Protection was addressed in terms of reducing or mitigating GBV risks for people affected by armed conflict, COVID-19, and natural disasters, and ensuring access to essential services. Special attention was paid to people from ethnic communities, which are difficult to access due to insecurity and distance. Vulnerable groups such as adolescents, female-headed households, pregnant and lactating women, community leaders, LGBTI+ populations and people with disabilities were prioritized. Safe spaces for women and girls and health services included elements and infrastructure accessible to all, the staff was duly trained in this approach.

g. Education:

Not applicable.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	240

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

To reduce women's vulnerabilities and life-threatening risks, a component of cash transfers for protection outcomes was included in the project. Women facing high protection risks, under SGBV and life threats, affected by the lack of protection or justice from the state, who needed to resettle to save their lives, received emergency, cash transfers, according to national regulations, to relocate and guarantee access to fundamental rights at the new settlement places.

Cash and voucher assistance was included in GBV programs and contributed to the achievement of protection outcomes and response to the risks or consequences of GBV. The provision of cash was a part of holistic comprehensive programming that is based on providing cash and GBV services for the sake of improving the wellbeing of the survivors, the access to multisectoral responses services and allowing better potential to the provision of cash was a part of holistic comprehensive programming that is based on providing cash and GBV services for the sake of improving the resilience and wellbeing of the survivors and allowing better potential to their resilience.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
1.10	240	US$ 23.251	Protection - Gender-Based Violence	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Response, Chocó	https://twitter.com/unfpacolombia/status/1445800382739845125?s=21 https://twitter.com/unfpacolombia/status/1442613202009874435?s=21
Response, Nariño	https://twitter.com/axsolidaridadco/status/1454584629932044288?s=21 https://twitter.com/axsolidaridadco/status/1445403407594917888?s=21 https://docs.google.com/document/d/1D6fBJSEWNyZRw0JmLonqKGAHS4ruJMmjaPGhw_vkJJs/edit?usp=sharing
Response, Amazonas	https://twitter.com/unfpacolombia/status/1442898116005404672?s=21 https://twitter.com/unfpacolombia/status/1435729852649414656?s=21 https://www.facebook.com/485263988348786/posts/1774296609445511/?d=n

4.3 Project Report 20-UF-HCR-030

1. Project Information

Agency:	UNHCR	**Country:**	Colombia
Sector/cluster:	Protection	**CERF project code:**	20-UF-HCR-030
Project title:	Protection for victims of forced displacement and confinement in times of COVID-19.		
Start date:	27/11/2020	**End date:**	26/02/2022
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 1,116,288**
Total funding received for agency's sector response to current emergency:	**US$ 11,315,984**
Amount received from CERF:	**US$ 743,151**
Total CERF funds sub-granted to implementing partners:	**US$ 226,986**
Government Partners	US$ 0
International NGOs	US$ 206,545
National NGOs	US$ 20,441
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNHCR and implementing partners provided protection mechanisms for IDPs and others at risk as well as reduced the protection gaps related to SGBV in prioritized municipalities of the departments of Chocó (Alto Baudó, Medio Baudó, Bajo Baudó), and Nariño (Pasto, Roberto Payán, Magüí Payán and Barbacoas) from November 2021 until February 2022.

There were two main components to UNHCR's response.

The first one aimed at strengthening the local response to large-group displacements and confinements, which involves providing timely protection mechanisms to internally displaced persons and others at risk, and reinforcing access to infrastructure, including shelter, hospitals and community structures. This component was complemented with life-saving interventions such as the rehabilitation and equipment of community infrastructures that are used as shelters during large-group displacement events; as such UNHCR equipped 8 community infrastructures for IDPs with shelter material and energy sources and installed 20 refugee housing units (RHUs) in 6 hospitals in 4 prioritized municipalities of Nariño (Tumaco, Barbacoas, Roberto Payán, Pasto). Moreover, UNHCR ensured that internally displaced persons and others affected by the armed conflict benefitted from improved and effective institutional care and optimized protection pathways, by providing technical assistance to both local civil servants and victim´s representatives to update contingency plans (3) and prevention and protection (emergency response) plans (4). UNHCR also provided 5,800 beneficiaries with NFIs and AGD kits for their wellbeing and protection against COVID-19.

The second component of UNHCR's response aimed at reducing the protection gaps related to sexual and gender-based violence (SGBV) by providing psychosocial support to victims (340 GBV survivors benefitted from case management), increasing the number of referrals of victims to frontline services, and strengthening and supporting the local infrastructure and public policies related to SGBV. In addition, educational institutions were improved to provide protection to children and victims of the armed conflict, and to guarantee that education opportunities continued to be accessible and available for internally displaced children.

In total, UNHCR reached 18,628 persons, including 5,212 women and 3,942 girls (and including 192 persons with disabilities).

3. Changes and Amendments:

The initial phase of identification of activities was affected by restrictions on mobility by the pandemic. In April, Colombia, including project locations, was severely affected by social unrest, a national strike, road blockades and mass protests. This situation affected nearly the entire territory and led to the closure of main roads within cities and states that caused shortage of supplies and delays in some locations. Indeed, supply chains were interrupted which led to a significant delay in the procurement, delivery and installation of solar panels planned for educational institutions. Furthermore, the COVID-19 pandemic reached its third peak in Colombia and led to challenges in the implementation of projects, as some work had to be carried out virtually. Due to new or re-introduced government mandated teleworking, quarantine, and curfew measures, it was not always possible to carry out missions aimed at socializing and approving interventions by the authorities.

Despite the challenging circumstances caused by social unrest, strike, road blockades and mass protest, the project was on track to achieve all planned target but in a longer timeframe. In order to implement all activities and installations satisfactorily, UNHCR requested a no-cost extension in October 2021, which was approved on November 2021, extending the project timeframe until February 26, 2022. As of December 2021, this project had an unspent balance of $USD 71,015 which was implemented during January and February 2022

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	3,487	3,275	2,442	2,478	**11,682**	3,626	3,430	2,659	2,560	**12,275**
Host communities	605	941	288	780	**2,614**	640	632	706	723	**2,701**
Other affected people	846	1,317	403	1,092	**3,658**	946	1,123	577	1,006	**3,652**
Total	**4,938**	**5,533**	**3,133**	**4,350**	**17,954**	5,212	5,185	3,942	4,289	**18,628**
People with disabilities (PwD) out of the total										
	49	55	31	44	179	67	78	21	26	192

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

People who benefit indirectly from project activities are mainly family members and host communities as they will access and enjoy improved facilities (shelters, hospitals, educational institutions) and will be positively impacted by the resilience of direct and indirect beneficiaries. UNHCR estimates indirect beneficiaries to be approximately 132,000

Finally, According to the National Information Network of the Victims Unit (UARIV) in Colombia, as of February 2022 there are 357,282 victims of the armed conflict in Nariño and 206,000 in Chocó, who will benefit indirectly from improved immediate protection mechanisms and referrals, and the implementation of differentiated age, gender and diversity approaches.

6. CERF Results Framework

Project objective	Provision and strengthening of immediate response with an Age, Gender and Diversity (AGD) approach to victims of internal displacement, confinement and others affected by the armed conflict
Output 1	Protection through rehabilitation/ equipment of community infrastructures is provided

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# of community infrastructures for the protection of displaced persons installed and equipped (budget lines 17, 19, 20 and 21 17 and 19 refer to the same institution as well as 20 and 21).	8 (4 in Nariño and 4 in Quibdó)	8	UNHCR direct implementation reports, photo archives.
Indicator 1.2	# of RHUs installed in the prioritized regions in Nariño	20	20	UNHCR direct implementation reports, photo archives.
Indicator 1.3	# of shelter whose purpose it is to provide safeguard to internally displaced persons of the Mayor's Offices of Roberto Payán, Magüí Payán, Barbacoas and Pasto as well as properties of ethnic organizations such as Llorente in Tumaco (Nariño) equipped with alternative energy sources (this corresponds to budget line 21, 4 of the 7 institutions will be equipped with solar panels)	4	5 (GBV safehouse in Pasto, Temporary Emergency Shelter Andrés Bello-Roberto Payán, Roberto Payán, Barbacoas, Magüí).	UNHCR direct implementation reports, photo archives.
Explanation of output and indicators variance:		No variance of output or indicators.		

Activities	**Description**	**Implemented by**

Activity 1.1	Rehabilitation and equipping of 8 community infrastructures to host internally displaced persons and others affected by the armed conflict	UNHCR – Direct Implementation
Activity 1.2	Installation of 20 RHUs	UNHCR – Direct Implementation
Activity 1.3	Equipment of 4 shelter with alternative energy sources	UNHCR – Direct Implementation

Output 2	Internally displaced persons and others affected by the armed conflict benefit from improved and effective institutional care and optimized protection pathways

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	# of public servants of the public ministry and public servants directly working with victims of the armed conflict such as representatives of victim's organizations and the Secretary of State trained regarding reporting and psychosocial care for internally displaced persons	184	278	UNHCR implementing partners quarterly and final reports, photo archives.
Indicator 2.2	# of contingency and emergency response plans as well as assistance routes elaborated in collaboration with state institutions	8	8	UNHCR implementing partners quarterly and final reports, photo archives.
Explanation of output and indicators variance:		The achieved result for Indicator 2.1 was superior as virtual trainings enabled a higher participation of civil servants and representatives of victim´s organizations in trainings.		

Activities	**Description**	**Implemented by**
Activity 2.1	Provision of training to 184 public servants regarding psychosocial support, the AGD approach, human rights and gender to guarantee a sustainable protection response	UNHCR´s implementing partner Heartland Alliance International (HAI).
Activity 2.2	Elaboration of advocacy documents, reports and assistance plans on recurrent internal displacement and other human rights violations linked to the armed conflict	UNHCR´s implementing partner Corporación Opción Legal (COL), and UNHCR directly.
Activity 2.3	Technical assistance for the activation of protection pathways for immediate response and the implementation of an AGD approach	UNHCR´s implementing partner NRC and UNHCR directly.

Output 3	5,800 beneficiaries are being provided NFIs and AGD kits for their wellbeing and protection against COVID-19

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**

Indicator 3.1	# of persons receiving 1,450 AGD-specific Humanitarian Aid kits (distributing habitat, hygiene, personal, baby, biosecurity equipment and protection kits) responding to their needs and biosecurity and benefitting approximately 4 beneficiaries per kit	5,800	5,800	UNHCR direct implementation reports; UNHCR implementing partners quarterly and final reports, participants´ lists, photo archives
Indicator 3.2	# of women assisted with individual kits adjusted to the needs of women in coordination with corresponding institutions such as the Mayor's Offices in prioritized regions in Nariño	200	200	UNHCR implementing partners quarterly and final reports, participants´ lists, photo archives
Indicator 3.3	# of girls and boys assisted through protective plans and the strengthening of educational institutions to mitigate the impact of forced displacement on them	200	250	UNHCR implementing partners quarterly and final reports, participants´ lists, photo archives
Explanation of output and indicators variance:		More girls and boys enrolled in educational institutions throughout the year thus increasing the beneficiaries for Indicator 3.3		

Activities	**Description**	**Implemented by**
Activity 3.1	Domestic equipment provided to host community households, including kits respecting age, gender and diversity aspects and biosecurity elements to mitigate the risks of COVID-19 and to guarantee protection and decent shelter	UNHCR – Direct Implementation
Activity 3.2	Equipment provided to local institutions such as the Mayor's Offices and the Ombudsman's offices in the departments of Chocó (8) and Nariño (4) to strengthen their immediate response to events of internal displacement and confinement (budget line 19). This includes infrastructural improvements such as reparations on buildings and in rooms to be habited, pedagogic and entertainment material for children.	UNHCR – Direct Implementation

Output 4	Protection of SGBV survivors and children through rehabilitation/ equipment of infrastructures and the provision of psychological support
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Protection

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	# of educational institutions equipped with protective environments for girls and boys strengthened	7	7	UNHCR direct implementation reports, photo archives.
Indicator 4.2	# of safe spaces for SGBV survivors strengthened (see Activity 4.2)	2	2	UNHCR implementing partners quarterly and

				final reports, participants´ lists, photo archives
Indicator 4.3	# of SGBV survivors assisted regarding case management and biosecurity elements as well as psychosocial support provided	340	362	UNHCR implementing partners quarterly and final reports, participants´ lists, photo archives
Explanation of output and indicators variance:		Due to UNHCR´s comprehensive approach to SGBV survivors' other family members were identified as victims thus slightly increasing the achieved result for Indicator 4.3		

Activities	**Description**	**Implemented by**
Activity 4.1	Equipment of Educational Institutions and child-friendly spaces for girls and boys and caregivers provided to mitigate the risks of COVID-19 and to strengthen their protection. This includes pedagogic material for children such as books, colours and games to provide psychosocial support, infrastructural improvements such as reparations on the buildings and in classrooms.	UNHCR – Direct Implementation
Activity 4.2	Identification and case management of SGBV cases, provision of psychosocial support, remission of those cases to the Regional Network of Safe Spaces as well as training of SGBV survivors as community agents to provide psychosocial support and the implementation of COVID-19 sanitary measures	Heartland Alliance International (HAI)
Activity 4.3	Support to the elaboration of primary and immediate protection pathways and implementation of an elaborated protection strategy for children	Corporación Opción Legal (COL)

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[6] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[7]:

First, to ensure an appropriate design, UNHCR undertook participatory assessments with an AGD focus with crisis-affected people in the locations thereby discussing with internally displaced persons, as well as host communities to learn first-hand their needs as well as capacities. Then, the projects were discussed with the crisis-affected people, host communities, local institutions as well as implementing organizations to agree on work plans, methodologies and especially logistics on how to enter in territories affected by armed conflict. A

[6] These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas here.

[7] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

community assessment was implemented to identify potential risks and come up with appropriate mitigation measures to ensure the do no harm principle.

Finally, regular site visits and focus group discussions were held with the communities to monitor any other aspects of protection that would need an immediate referral and/or response by UNHCR or other state or humanitarian actors. UNHCR ensured that women, girls and persons with disabilities in particular had their voiced heard during these monitoring visits.

b. AAP Feedback and Complaint Mechanisms:

UNHCR established a complaint and suggestions mechanism for the affected population to provide feedback to the organization through various means: anonymously (feedback boxes), through telephone, email or in person. Indeed, complaints/ feedback boxes adapted to age, gender and diversity were installed in different project locations so that different community members can easily access them. Confidential access was guaranteed by locking the boxes and maintaining anonymity of people submitting complaints. At the end of activities, feedback sheets were distributed for participants to indicate concerns and complaints. Additionally, UNHCR periodically held open dialogues with communities and different population groups applying the AGD approach to gather feedback. Furthermore, implementing partners have an internal code of conduct policy which states the importance of an impartial and respectful treatment free of discrimination and excluding behaviour

c. Prevention of Sexual Exploitation and Abuse (PSEA):

PSEA training is mandatory for both UNHCR and implementing partners´ staff. UNHCR annually provides training and awareness sessions for partners and implementers in PSEA prevention, including information management strategies on identified cases and response regarding referral pathways available for survivors, applying a victim centred approach. Moreover, implementation of PSEA measures is monitored quarterly. For this project, a specific feedback and complaints system was used (see b. section above), ensuring confidentiality as persons raising concerns or sharing information did not have to provide personal information.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

This project has a specific gender-based violence component; as such it has specific intervention to promote the protection of women, girls, boys as well as sexual and gender minorities. GBV is a component that was carefully considered throughout the design of this project. Several activities aim at directly impacting and responding to the consequences and the risks of SGBV faced by vulnerable members of the community.

Moreover, in terms of gender mainstreaming, UNHCR supported institutions in the implementation of the Age, Gender and Diversity approach, considering specific protection needs in order to adequately prevent and respond to the needs of women and girls, including survivors of gender-based violence, and gender minorities (LGBTQI+). Furthermore, by conducting trainings and sensitization workshops addressing implementers partners and beneficiaries, UNHCR contributed to the prevention of gender-based violence and discrimination as well as to its rapid and adequate response.

e. People with disabilities (PwD):

Initially, UNHCR cooperated closely with local key partners, both institutional and at the community level (ethnic and local organizations) to identify the specific needs of people with disabilities. During project implementation, particularly related to the refurbishment and equipment of shelters and educational institutions, UNHCR guaranteed a differentiated approach to the needs of PwD by making sure that all infrastructures are adequately accessible.

f. Protection:

IDPs have specific needs and experience vulnerabilities such as the need of safe shelter and psychosocial care. Through the provision of shelter and psychosocial opportunities, protection was guaranteed, ensuring safety and creating minimum conditions for their optimal nutrition and health. Additionally, a proper shelter prevents family members from being separated which would lead to more vulnerability and allows them to provide safety for each other.

g. Education:

Child protection and increased access to education were key priorities in this project. The lack of opportunities and the exclusion of IDP children and adolescents from the education system due to forced displacement events, puts them in high risk of forced recruitment and of their use in illicit activities managed by illegal armed groups in hostile environments. Therefore, strengthening educational institutions and adequately equipping them is key for school-aged children to be able to attend and to receive proper education. Moreover, UNHCR equipped strategic education institutions with safe playgrounds so that they can productively spend their free time, thus contributing to creating safe spaces in conflict-afflicted areas.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

[Fill in]

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Project identification Plaques (for infrastructure)	N/A (only photographs)
Project Banners	N/A (only photographs)
UNHCR Donor Newsletters 2021	Sent by email

4.4 Project Report 20-UF- 2CEF-057

1. Project Information

Agency:	UNICEF	**Country:**	Colombia
Sector/cluster:	Protection - Child Protection Water, Sanitation and Hygiene Education	**CERF project code:**	20-UF-CEF-057
Project title:	Preventing child recruitment in Chocó and Nariño and responding to COVID-19 in indigenous communities in Amazonas		
Start date:	20/11/2020	**End date:**	19/11/2021
Project revisions:	No-cost extension ☐ Redeployment of funds ☐		Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 7,300,000**
Total funding received for agency's sector response to current emergency:	**US$ 2,671,000**
Amount received from CERF:	**US$ 1,003,631**
Total CERF funds sub-granted to implementing partners:	**US$ 801,101**
Government Partners	US$ 0
International NGOs	US$ 520,321
National NGOs	US$ 280,770
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNICEF and its partners reached a total of **44,601** beneficiaries: **14,072 people** in Nariño and Chocó, **30,529** in the Amazon (**7,895** education component and **22,634** in WASH and C4D) which exceeded the planning figures.

In Nariño and Chocó, **14** community-based protocols were created and implemented to prevent the use, recruitment and sexual violence against children and adolescents; **9** Immediate Action Teams (EAI in Spanish) were created and supported for the response to critical situations related to child protection and forced recruitment; **159 children and adolescents** and **63 family members** were protected via the activation of the Emergency humanitarian fund assistance to children, adolescents and their families at imminent risk of recruitment, use and sexual violence. The following risks were managed through the protocol activation: 38% in cases of risk of recruitment and use; 36 % threat of life and integrity; 10% of sexual violence in in armed conflict context and 14 % in cases of displacement and demobilization. **963** children and adolescents (590 in Chocó and 373 in Nariño) participated in different psychosocial support activities such as the Golombiao and Retorno de la Alegría methodology[8]. **4,200** protection kits tool to prevent violence were provided to children and adolescents, **1,200** key message kits to parents and caregivers; **34** Golombiao kits delivered to the 5 municipalities, **50** psychosocial toolboxes and 4 Retorno de la Alegria kits (in English: Return to happiness kits) distributed in the department of Nariño.

[8] Methodology to provide socio-emotional support through a game-based approach.

The project reached in Nariño and Chocó, a total of **14,072 people** on child protection (7,033 children and adolescents, 5,779 parents and caregivers, 583 public officials at local level and 677 community- based leaders, local and traditional authorities).

In Amazonas, the project reached **4,631** people directly on wash services, **13,000** people using creative ways such as playful activities, music, songs and a mural in the school of Macedonia and **5,003** people regarding the Communication for Development (C4D) component through face-to-face dissemination of audiovisual products produced by the communities themselves and through social networks and radio. **250** hygiene kits have been distributed (**160** in the San Francisco community and **90** in La Pedrera). UNICEF improved the access of safe, clean and drinking water in eight (8) critical points including 3 health facilities, 4 schools and one community.

In education, UNICEF worked with OPIAC to help local authorities implement an emergency plan for ensuring the continuity of education and a safe return to schools during the COVID-19 pandemic through:

i. Delivery of educational materials to **3,853 boys and girls** to continue their classes

ii. technical assistance to the education secretariat and 10 indigenous authorities in the active search for indigenous children out of school or who dropped out of school due to the pandemic, as a result **3,853 children enrolled**

iii. delivery of key messages to **190 parents and caregivers** and **10 indigenous authorities** on the benefits of returning to school

iv. management with the MoH, Education and Indigenous Authorities for biosafety conditions in Indigenous Educational Institutions in School Residences of La Pedrera, La Chorrera, Leticia and Puerto Nariño.

3. Changes and Amendments

There were no changes or amendments.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Education									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**
Returnees	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**
Internally displaced people	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**
Host communities	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**
Other affected people	1,975	2,057	1,820	1,744	**7,596**	2,097	1,945	2,003	1,850	**7,895**
Total	**1,975**	**2,057**	**1,820**	**1,744**	**7,596**	**2,097**	**1,945**	**2,003**	**1,850**	**7,895**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**
Returnees	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**
Internally displaced people	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**
Host communities	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**
Other affected people	6,065	6,500	4,693	4,958	**22,216**	6,046	6,593	4,934	5,061	22,634
Total	**6,065**	**6,500**	**4,693**	**4,958**	**22,216**	**6,046**	**6,593**	**4,934**	**5,061**	**22,634**
People with disabilities (PwD) out of the total										
	165	190	161	152	**668**	**162**	**186**	**152**	**150**	**650**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Protection - Child Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**
Returnees	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**
Internally displaced people	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**
Host communities	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**
Other affected people	1,925	1,575	2,162	2,438	**8,100**	6,038	1,001	3,761	3,272	**14,072**
Total	**1,925**	**1,575**	**2,162**	**2,438**	**8,100**	**6,038**	**1,001**	**3,761**	**3,272**	**14,072**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Child Protection: 3,800 children, parents and community leaders from the 9 prioritized municipalities of Chocó and Nariño, through community initiatives, socialization of routes and protocols and community psychosocial support activities in displacement emergencies.
WASH: 4,000 people coming from other communities at rural level (Water system) and 15,000 people using handwashing stations in Amazonas.
C4D: 97,757 people reached through social media and local radios in the Amazon.

6. CERF Results Framework

Project objective 1	At least 8,100 people including 4,600 boys, girls and adolescents, in communities affected by humanitarian emergencies in the departments of Choco and Nariño, have access to institutional and community-based strategies (protective environments) to protect them against abuse, recruitment and sexual violence.
Output 1	Community pathways to prevent the use, recruitment and sexual violence against children and adolescents are implemented in the prioritized municipalities.

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Protection - Child Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# of community-based recruitment prevention pathways implemented	25	14	Community-based written protocols created with local and traditional authorities in 2 departments
Indicator 1.2	# of children reached through community-based pathways to prevent recruitment and use by non-State armed groups (NSAG).	4,600	7,033 children and adolescents	Attendance list, OSC monthly reports
Indicator 1.3	# of community leaders and traditional authorities sensitized about child recruitment prevention.	800	677 community- based leaders, local and traditional authorities	Attendance list, OSC monthly reports
Explanation of output and indicators variance:		For the number of pathways implemented, the difference is due to the prioritization made by local and traditional authorities according to vulnerability criteria and risks. Due to situations of public order caused by armed confrontation and threats to the lives of community leaders and local authorities, especially in the municipalities of Magüí Payán, Roberto Payán (Nariño) and Bajo Baudó (Chocó), it was necessary to reduce exercises in the creation of routes, prioritizing the exclusive participation of leaders from the municipal capitals, where there were fewer security risks. For indicator #2, prevention activities were so successful that more children were reached. #3 Mobility restrictions, because of the third peak of the COVID19 pandemic, have impacted the development of face-to-face activities.		

Activities	**Description**	**Implemented by**
Activity 1.1	Identify and strengthen community prevention pathways	SOS Children's Villages, in Nariño; World Vision, in Chocó
Activity 1.2	Implement community processes with children, adolescents and their families to prevent violence, including sexual violence.	SOS Children's Villages, in Nariño; World Vision, in Chocó

Activity 1.3	Train community leaders and ethnic authorities to protect children and activate pathways for the prevention of recruitment, use, and sexual violence.	UNICEF Protection National Officer, Specialists and consultants.

Output 2	Local immediate action teams for the prevention of recruitment, use and sexual violence against children and adolescents are activated and operating effectively.

Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Protection - Child Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	# local immediate action teams for prevention of child use, recruitment and sexual violence, that are activated.	9	9	Local EAI creation decrees Updated contingency plans
Indicator 2.2	# children accessing pathways to prevent imminent child use, recruitment and sexual violence	At least 50	159	Case characterization and follow-up sheets
Explanation of output and indicators variance:		The economic fund for attention of emergencies was effective and requested by local authorities, NGOs, and other partners.		

Activities	**Description**	**Implemented by**
Activity 2.1	Train public officials to form teams for immediate action against use, recruitment and sexual violence	UNICEF Protection National Officer and Specialists with SOS Children's Villages, in Nariño; World Vision, in Chocó
Activity 2.2	Implement urgent prevention pathways for imminent use, recruitment and sexual violence cases	UNICEF Protection National Officer and Specialists with SOS Children's Villages, in Nariño; World Vision, in Chocó

Output 3	Children and adolescents facing imminent risk of use, recruitment and sexual violence, and their families, access emergency humanitarian assistance.

Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Protection - Child Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	# of children and families facing imminent risks of child recruitment, use and sexual violence reached through the emergency fund to provide humanitarian assistance.	At least 50	159 children and adolescents protected, 63 family members	Protocol Logbook for the activation of the Economic Fund for Attention of Emergencies
Indicator 3.2	# of children and families facing imminent risk of child recruitment, use and sexual violence receiving protective humanitarian kits.	At least 50	118	Case characterization and follow-up sheets
Explanation of output and indicators variance:		The economic fund for attention of emergencies was effective and requested by local authorities, NGOs, and other partners.		

Activities	**Description**	**Implemented by**

Activity 3.1	Implement the emergency fund for humanitarian assistance for children, adolescents and families at risk of recruitment, use and sexual violence.	UNICEF Protection National Officer and Specialists with SOS Children's Villages, in Nariño; World Vision, in Chocó in coordination with local authorities.
Activity 3.2	Purchase and deliver humanitarian kits to children, adolescents and families at imminent risk of recruitment, use and sexual violence in the armed conflict context. These kits include provision of items of clothing and personal hygiene for several days - at least 5, taking into account the time to activate the route, pedagogical & life-saving communication material for children and families, with key protection messages and information on the route they access. This activity includes operative support to the delivery of kits, including the deployment of personnel, among others.	SOS Children's Villages, in Nariño; World Vision, in Chocó

Output 4	Children and adolescents at risk or victims of recruitment, use and sexual violence, and their families, receive psychosocial support.

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Protection - Child Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	# children, parents and caregivers at risk or victims of the armed conflict who access psychosocial support.	8,100 people: 4,600 boys and girls, 3,500 parents and caregivers	12,812 people: 7,033 children and adolescents, 5,779 parents and caregivers	Attendance list, OSC monthly reports
Indicator 4.2	# of families at risk or victims who receive protective kits with pedagogical tools to cope with different forms of armed violence, including sexual violence.	At least 1,000.	4,200	Attendance list, OSC monthly reports
Explanation of output and indicators variance:		Positive impact of socio emotional activities for children and their parents and caregivers.		

Activities	**Description**	**Implemented by**
Activity 4.1	Implement community strategies for psychosocial support for children, adolescents and families who are victims of the armed conflict.	Technical support of UNICEF Protection National Officer and Specialists, and implemented by SOS Children's Villages, in Nariño; World Vision, in Chocó
Activity 4.2	Purchase and distribute protective and pedagogical kits for children, adolescents and families at risk or victims of recruitment, use and sexual violence in targeted communities.	SOS Children's Villages, in Nariño; World Vision, in Chocó

Project objective 2	At least 22,216 people of the most dispersed rural areas in the Amazon are reached through WASH and education interventions to mitigate the impact of the COVID-19 human-to-human transmission
Output 5	Provision of critical water, sanitation and hygiene (WASH) supplies and improving Infection Prevention and Control (IPC)

Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Education			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 5.1	# of people using a safely managed drinking water and sanitation services according to National and IASC guidelines.	1,878 people: 339 girls, 304 boys, 551 women and 523 men	1,956 people: 361 girls, 314 boys, 672 women and 631 men	Field notes, WASH Cluster Report
Indicator 5.2	# of people reached with critical WASH supplies (including hygiene items) and services.	6,500 people: 2,402 girls, 2,535 boys, 718 women and 845 men	4,631 people: 1,812 girls, 1,882 boys, 490 women and men 447	Field notes, WASH Cluster Report
Indicator 5.3	# people reached with risk communication and community engagement activities	15,716 people: 5,347 women, 5,655 men, 2,423 boys and 2,291 girls	97,757	Reports from audience of radio broadcast and social media.
Indicator 5.4	# of community agents, indigenous communicators and traditional leaders trained in local production of information, healthy practices to prevent COVID 19 and learning at home.	65 (40 women and 25 men)	94 (community leaders and members of communities)	Field reports of Nimaira
Indicator 5.5	# of people sharing their concerns and asking questions/clarifications to address their needs through established feedback mechanisms.	800 people (500 women and 300 men)	365 (21 girls, 22 boys, 133 women, 189 men)	Reports of Nimaira
Indicator 5.6	Supply systems for water (fit for human consumption and sanitation) facilities rehabilitated, including replacement of water tanks, installation of electric water pumps, etc., in the following places: La Pedrera, Puerto Nariño, La Chorrera, Puerto Esperanza, San Francisco, San Sebastian and Leticia.	7	Eight (8) critical points including 3 health facilities, 4 schools and one community[9].	Field notes, WASH Cluster Report
Indicator 5.7	# of children supported with distance/home-based learning	3,564 children: 1,820 boys and 1,744 girls	3,853 boys and girls	School registries

[9] UNICEF has improved the access of safe, clean and drinking water in eight (8) critical points including 3 health facilities, 4 schools and one community :

1. **San Rafael hospital, Leticia** through the rehabilitation of its wash system including a water treatment plant, water well, toilets and sinks improvements, reaching 120 people per day.
2. **Local hospital, Puerto Nariño**, through water treatment plant installation, building of a structure for a water tank (2.000 L per day) as well as improvements to toilets and sinks, reaching 70 people per day.
3. **Health center La Pedrera** through rehabilitation of its wash system including a water treatment plant, water well, as well as improvements to toilets and sinks, reaching 100 people per day.
4. **Francisco de Orellana school of Macedonia,** Tikuna indigenous community, through rehabilitation and construction of wash facilities, reaching. 495 students
5. **Ineagro school, Sede Mariscal Sucre, Puerto Esperanza** through rehabilitation of WASH facilities, reaching 150 students.
6. **Ineagro school, Sede José Celestino Mutis, Puerto Nariño** through the installation of a water treatment plant and hydraulic network maintenance, reaching 450 people per day.
7. **San Sebastian de los Lagos community, Leticia**, through the rehabilitation of a water tank, expansion of the aqueduct hydraulic network, reaching 249 families, 866 inhabitants.
8. **Bartolome de Igualada school, La Pedrera**, through the rehabilitation of WASH facilities, reaching. 200 students
9. Installation of four hand washing modules: **Communities of La Pedrera y Puerto Nariño**. One of these for people with disabilities. Delivery of hygiene supplies for three months. 2000 people

Indicator 5.8	# of schools implementing safe school protocols (COVID-19 prevention and control) & prevention of violence	37 indigenous schools of 61 indigenous communities	37 indigenous schools of 61 indigenous communities	Protocols
Indicator 5.9	# of teachers and parents trained to provide continuity of learning in homes and communities during the emergency	4,032 teachers and parents: 190 teachers; 3,842 parents	190 parents and caregivers – 3,842 parents and caregivers	Attendance list, OSC monthly reports
Explanation of output and indicators variance:		The main variance can be explained with delivery of critical WASH supplies. The decision was made to deliver twice as many WASH supplies to the most affected schools' children and their families, reducing the total number of beneficiaries to provide a impactful response to the most in need. Variance for the indicator 5.5 : The difference in the result of this indicator is due to the difficulty in reaching some remote communities, the time needed to build trust with the communities and beneficiaries, and some cultural aspects: in that communities, leaders (men and women) speak on behalf of others and represent the feelings of these communities. It is not common for people to speak from the individual but from the feeling of a group.		

Activities	**Description**	**Implemented by**
Activity 5.1	Rehabilitation of 7 supply systems for water fit for human consumption and sanitation facilities, consistent with SPHERE, IASC standards and national norms	National NGO Halü
Activity 5.2	Launch handwashing campaigns in facility and community level, to improve preventive practices among children, at-risk groups, and the general public	National NGO Halü
Activity 5.3	20 Trainings and workshops for indigenous communicators, community agents and traditional leaders in local production of information; healthy practices to prevent COVID 19, prevention of GBV and learning at home will be realized on a face to face mode and personalized mentoring.	Community Based Organization: Nimaira
Activity 5.4	Delivery of key-life saving information, including protection against GBV, through community and local radios, traditional leaders and community agents	Community Based Organization: Nimaira
Activity 5.5	Output 6	
Activity 5.6	Education - Education	
Activity 5.7	Provision of relevant educational and recreational materials to establish safe spaces/learning environments at home and in the indigenous communities	Local indigenous organization OPIAC
Activity 5.8	Train public officials and teachers to develop the plan to reopen schools and return to classes in biosecurity conditions. 6 trainings workshops for 190 teachers and 10 public servants (length: 4 hours each; total 24 hours) and 122 training workshops for 61 indigenous communities (2 per indigenous rural communities) and 3.842 parents	UNICEF Consultant and OPIAC
Activity 5.9	Implement community strategies for provide continuity of learning in homes and communities, including practices of care and self-protection into the pedagogical processes that are carried out at home and in	Local indigenous organization OPIAC UNICEF Consultant

	communities, through dialogue with grandmothers and wise women	

7. Effective Programming priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.

a. Accountability to Affected People (AAP) [10]:

The Accountability to Affected Population principle (AAP) was implemented through vocal and written mechanisms such as surveys, discussion groups, among others, to ensure the relevance to the affected population and the overall quality of the interventions as well as the appropriate humanitarian behavior. The mechanisms in place allow UNICEF to ensure permanent feedback from the community and to implement preventive and corrective measures.

b. AAP Feedback and Complaint Mechanisms:

In Amazonas, **365 people** provided feedback to UNICEF through these mechanisms; the foregoing based on assessment surveys, dialogue and exchange of words and testimonies. Due to the diversity of languages, the mechanisms were implemented in different indigenous languages, and were public and anonymous, to ensure the communities feel safe to share their perspectives. UNICEF and partners took stock of feedback to adapt all interventions. Besides, all partners had been implemented APP mechanism such as hotline, WhatsApp number Contact, surveys etc.

In Chocó and Nariño, **3,500 children and adolescents** and **251 parents and caregivers**, local and traditional authorities participated in the accountability and feedback mechanisms for the project. Different tools were used, such as discussion groups, short surveys at the end of the workshops and mailboxes to receive feedback. The tools were adapted for Awá, Emberas and Wounnan indigenous communities.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNICEF partners implemented mechanisms to prevent situations of sexual abuse and exploitation. 30 people, including territorial facilitators and technical teams from the implementing partners of Chocó, Nariño and Amazonas, were trained in PSEA under the technical line of UNICEF. Likewise, the partners implemented mechanisms for complaints and support for the participants, and actions were coordinated with the local authorities for the activation of pathways and protocols in case of identification of situations of gender-based violence and SEA.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

UNICEF worked with an indigenous community-based organization -Nimaira- to ensure access of information in order to reduce rumours and myths about COVID-19, reinforcing safe behaviours according to ethnic and health context and gender issues. Nimaira worked with 22 “cabildos” (indigenous authority entities) to ensure the delivery of accurate and timely information to the most scattered communities as there is no electricity neither internet. All the key prevention messages were produced by local communities in their own language and culture and reinforce all activities carried out by UNICEF’s WASH teams. These messages had a clear component on GBV.

e. People with disabilities (PwD):

People with Disabilities focus was ensured in some WASH services with braille banners for handwashing stations in the Amazons.

[10] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

f. Protection:

The strategy succeeded in consolidating community and institutional mechanisms for urgent action in cases of imminent risk of recruitment, use and sexual violence. The participants received psychosocial support, as well as strengthened capacities for the rapid identification of risks associated with recruitment and recognized the mechanisms of action in situations of imminent risk, articulating the community mechanisms with institutional ones.

The technical support to local authorities in the consolidation of the Immediate Action Teams (EAI in Spanish) and the management and care of urgent cases, with the support of the humanitarian fund, was highlighted. The 9 targeted municipalities and their departments have updated risk maps and contingency plans that include the recruitment of children as a priority action.

Local protection authorities, including Family Police Stations, Ombudsman, Referent for Victims, Referent for Children and Colombian Family Welfare Institute - ICBF, attended explanatory sessions on this protocol and conditions for activation of the Humanitarian Emergency Fund, for the incorporation of this strategy as a sustainability mechanism. Likewise, the ICBF included the fund as part of its national strategy for the prevention of recruitment.

g. Education:

This project included a special response in Amazonas in Education in emergencies. UNICEF worked with the local indigenous organization OPIAC to help local authorities implement an emergency plan for ensuring the continuity of education and a safe return to schools during the COVID-19 pandemic.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Sustainability and scalability of humanitarian action through community and institutional engagement are the most important added value that UNICEF can ensure through this project. Additionally, to implement cash transfers that are designed for the situation and needs of the target population of this proposal, would require addressing specific technical, geographical and cultural issues which would affect the duration, timing, and frequency of transfers. Therefore, at this point, cash transfers were not considered optimal for this proposal.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
-	-	US$ 0	Choose an item.	Choose an item.
-	-	US$ 0	Choose an item.	Choose an item.
-	-	US$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Guidance (to be deleted): Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	Weblink
Complete communication material	https://we.tl/t-8oCbYwNC8L
Youtube	Descubre aquí nuestro trabajo en Leticia, Amazonas. - YouTube Comunicación propia de los pueblos indígenas del Amazonas para prevención del COVID-19 - YouTube "Esto es Amazonas" por Son de selva – Fundación Nimaira - YouTube URUK+MONA (miradas de niños) – Fundación Nimaira - YouTube
Twitter	https://twitter.com/unicefcolombia/status/1341458486639603712?s=12&t=6SBkXojE6gNU2olB1VWkNQ https://twitter.com/opiac_amazonia/status/1437530007077888005?s=24&t=6SBkXojE6gNU2olB1VWkNQ
Instagram	https://www.instagram.com/p/CXRI_-NFUAt/?utm_medium=share_sheet https://www.instagram.com/p/CXL4c2XllzO/?utm_medium=share_sheet https://www.instagram.com/p/CW6E0wSqtyc/?utm_medium=share_sheet

4.5 Project Report 20-UF-WFP-046

1. Project Information

Agency:	WFP	**Country:**	Colombia
Sector/cluster:	Food Security - Agriculture Food Security - Food Assistance	**CERF project code:**	20-UF-WFP-046
Project title:	Providing life-saving food assistance and restore food security of victims of the internal conflict and COVID-affected ethnic groups in Chocó, Nariño, and Amazonas regions		
Start date:	15/11/2020	**End date:**	14/11/2021
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 2,679,967**
Total funding received for agency's sector response to current emergency:	**US$ 17,817,166**
Amount received from CERF:	**US$ 889,521**
Total CERF funds sub-granted to implementing partners:	**US$ 37,704**
Government Partners	US$ 0
International NGOs	US$ $25,740
National NGOs	US$ $11,964
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, WFP provided assistance to **16,150 beneficiaries** in the departments of Amazonas, Chocó and Nariño. As part of its strategy, WFP focused on building partnerships with protection and humanitarian actors to ensure that food assistance, gender and protection programmes were mutually reinforcing and to successfully negotiate access to affected populations.

In **Amazonas**, 4,368 people belonging to 20 indigenous communities received food assistance between February and April 2021 through commodity vouchers, among them 571 households headed by women. In addition, 2,526 people (610 families) belonging to seven indigenous communities in rural Puerto Nariño benefitted from early recovery activities through: (i) the delivery of inputs for livelihood support; (ii) the construction, restoration and/or maintenance of assets; and (iii) training sessions on various topics, e.g. good manufacturing practices, production techniques in poultry farming, pig farming and extractive fishing, empowerment of women, and food and care practices of children under 5 years of age.

In **Chocó**, WFP reached 6,092 beneficiaries in Medio, Bajo and Alto Baudó in close coordination with municipal administrations, the ethnic government, several secretaries of the Governor's Office of Chocó, and the other five UN agencies under this grant. Municipal administrations supported transporting food directly to communities to prevent their movement for protection purposes. Administrations also provided animal protein to these beneficiaries jointly with WFP's in-kind food distributions. WFP availed of these distributions to

collect monitoring and baseline data and shared this information with relevant stakeholders. WFP furthermore promoted the strengthening of women's initiatives and exercised “protection through presence”.

In **Nariño**, WFP distributed 146 MT of food to more than 5,500 people in Barbacoas, Magüí Payán, Roberto Payán and Tumaco by July 2021. WFP worked with mayors’ offices and local institutions to focus on gender and protection aspects of food distributions. In Pasto, WFP, together with the Secretariat of Women, Sexual Orientation and Gender Identities, targeted 45 households headed by women at risk and survivors of GBV (comprising 153 people). These households received three cash deliveries complemented by psychosocial support activities. WFP and its partners were able to maintain a continuous presence despite new forced displacements and confinement.

3. Changes and Amendments

In September 2021, WFP requested a no-cost extension of this grant until January 2022 to complete its early recovery activities in **Amazonas.** This delay is partly owed to roadblocks, supply chain interruptions related to a prolonged national strike, another aggressive variant of COVID-19 with mobility restrictions and the department’s complete isolation. Implementation of early recovery activities in Amazonas eventually started in August 2021. In **Chocó**, WFP managed to reach even remote distribution points despite transport challenges due to low river levels. In **Nariño**, the humanitarian situation in Barbacoas, Roberto Payán and Magüí Payán (Telembí Triangle) worsened between May and August 2021, with new forced displacements and confinements. Thanks to CERF's contribution, WFP was able to maintain a continuous presence and coordination with local stakeholders and other cooperation agencies. In **Chocó and Nariño**, WFP successfully negotiated the transport of food through roadblocks related to national strikes and social protests on a point-by-point basis.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	827	942	1,089	1,142	**4,000**	1,398	1,179	917	874	**4,368**
Total	**827**	**942**	**1,089**	**1,142**	**4,000**	**1,398**	**1,179**	**917**	**874**	**4,368**
People with disabilities (PwD) out of the total										
	62	67	196	108	**433**	28	24	18	17	**87**

Sector/cluster	Food Security - Food Assistance									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	2,172	1,729	2,809	2,237	**8,947**	3,051	3,029	2,754	2,798	**11,632**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	789	584	818	730	**2,921**	63	58	14	15	**150**
Total	**2,961**	**2,313**	**3,627**	**2,967**	**11,868**	**3,114**	**3,087**	**2,868**	**2,813**	**11,782**
People with disabilities (PwD) out of the total										
	12	9	12	11	**44**	62	61	55	56	**234**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Not applicable for Amazonas, Chocó and Nariño.

6. CERF Results Framework

Project objective	Ensure food security to 15,868 people through food assistance and early recovery actions to victims of the internal conflict and COVID-affected indigenous populations.
Output 1	Food assistance provided to 11,868 people through Vouchers/Food in the departments of Nariño and Chocó

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Food Security - Food Assistance

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of women, men, boys and girls at protection risks receiving food /	11,718	11,782	Consolidated beneficiary database
Indicator 1.2	Total US$ cash-based transfers redeemed by targeted beneficiaries	11,247	10,495.92	WINGS Consumption Report grant 70001468
Indicator 1.3	Quantity of food provided in metric tons (211 cereals; 70 pulses; 32 oils)	314	301.40	DOTS Handover Quantity MT Partners´ reports
Indicator 1.4	Number of people exposed to WFP-supported nutrition messaging	1,444	11,782	Consolidated beneficiary database
Indicator 1.5	Number of women, men, boys and girls at protection risks receiving assistance via cash-based transfers in Nariño	150	150	Consolidated beneficiary database, WFP field office in Pasto
Explanation of output and indicators variance:		Lower amount of in-kind food provided due to price increases. All beneficiaries reached were exposed to nutrition messaging.		

Activities	**Description**	**Implemented by**
Activity 1.1	Selection and registration of project beneficiaries	Nariño: Mayors' offices of the municipalities of Barbacoas, Magüí Payán, Pasto, Roberto Payán, Tumaco. Chocó: Local municipalities, Victim's unit and the departmental government
Activity 1.2	Share with beneficiaries all relevant information (redemption points, meeting points etc.)	Nariño: WFP and Mayors' offices of the municipalities of Barbacoas, Magüí Payán, Pasto, Roberto Payán, Tumaco. Not applicable in Choco, as all interventions were in In-kind.
Activity 1.3	Voucher or food distribution (locally procured)	Nariño: WFP and Mayors' offices of the municipalities of Barbacoas, Magüí Payán, Pasto, Roberto Payán, Tumaco.
Activity 1.4	Voucher redemption	Nariño: WFP and Mayors' offices of the municipalities of Barbacoas, Magüí Payán, Pasto, Roberto Payán, Tumaco. Also, local retailers such as Autoservicio el Diamante and Exito.

Activity 1.5	Informative sessions in healthy habits, hygiene, food handling, gender and protection	Nariño: WFP
Activity 1.6	Monitoring of beneficiaries	Nariño: WFP
Activity 1.7	Reporting	WFP

Output 2	Food assistance provided and livelihoods enhanced in five indigenous communities in the Amazonas department through "Food For Assets" and agricultural training assistance.

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Food Security - Agriculture

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of women, men, boys and girls receiving cash-based transfers	4,000	4,368	Consolidated beneficiary database
Indicator 2.2	Total US$ value of commodity vouchers redeemed by targeted beneficiaries	299,290	281,078.69	WINGS Consumption Report grant 70001468
Indicator 2.3	Number of technical assistance sessions provided	20	41	Final implementation report
Indicator 2.4	Number of people attending the trainings for livelihood restoring	500	610	Final implementation report
Indicator 2.5	Number of assets built, restored or maintained by targeted households and communities, by type and unit of measure	5	5	Final implementation report
Indicator 2.6	Total value (USD) of capacity strengthening transfers (early recovery)	68,147	72,008.51	WINGS Consumption Report grant 70001468
Indicator 2.7	Proportion of the population (%) in targeted communities reporting benefits from an enhanced livelihood asset base	70%	76%	Household survey
Indicator 2.8	Livelihood-based Coping Strategy Index (Percentage of households using emergency coping strategies)	≥30%	<=30%	Household survey

Explanation of output and indicators variance:	No significant variance.

Activities	**Description**	**Implemented by**
Activity 2.1	Selection and registration of project beneficiaries	IP Medical Ministry International
Activity 2.2	Share with beneficiaries all relevant information (redemption points, meeting points etc.)	IP Medical Ministry International
Activity 2.3	Commodity Voucher distribution	IP Medical Ministry International
Activity 2.4	Asset creation activities coupled with conditional and unconditional transfer assistance, including proven modalities such as Food For Assets and Food For Training (FFA & FFT)	IP Norwegian Refugee Council

Activity 2.5	Promotion of recovery and diversification of production systems, especially female-headed households, to include traditional seeds and crops that are appropriately suited to incorporate local traditions and knowledge in production, self-consumption and marketing strategies	IP Norwegian Refugee Council
Activity 2.6	Monitoring of beneficiaries	IP CORPROGRESO
Activity 2.7	Reporting	WFP

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[11] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP) [12]:

WFP Colombia undertakes a continous accountability process with the beneficiary populations. The project was presented to the communities, initially through leaders (Curacas in the case of Amazonas) with the support of the partners. The monitoring procedures make it possible to identify risks and implement corrective measures putting people at the center of the assistance. This is complemented by WFP's Complaints and Feedback Mechanism (CFM), which enables immediate responses by the beneficiaries. Constant monitoring by the WFP team and partners in the field is another strategy to ensure accountability and the proper development of activities. In Amazonas, a Privacy Impact Assessment (PIA) was conducted to identify risks associated with the processing of personal data of indigenous communities through surveys with the communities and focus group discussions with key representatives.

b. AAP Feedback and Complaint Mechanisms:

WFP Colombia's CFM was made available for this project to allow beneficiary populations to provide timely feedback and responses. Colleagues from WFP's Helpline have received key information from the project and there is a clear chain of command to escalate complex cases. The CFM is composed of three cell phone lines, an email account and a chatbot. To not generate costs to beneficiaries, WFP returns calls. In all cases, the confidentiality of the information is guaranteed, and each report is followed up until it is closed.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

WFP employees, cooperating partners and other parties directly or indirectly involved in assistance are obliged to act with the highest standards of ethical conduct and a culture of "zero tolerance" regarding sexual exploitation and abuse (SEA). WFP's CFM has been made available to interested parties to submit SEA reports. The CFM team follows guidelines to address these types of cases. Banners, posters, flyers and WhatsApp stickers with information on the prevention of SEA and the CFM have been distributed at key project sites. This is complemented with follow-up at the national level and in the field offices regarding this policy, and specific clauses in the contracts signed with the partners that reinforce mandatory compliance.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

[11] These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas here.

[12] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

Most of the demographic vulnerability criteria used to prioritize beneficiary families considered gender relations: households with pregnant and/or breastfeeding women/girls, single-parent households headed by women with children under six years of age, and single-parent households headed by a transgender person. This ensured that WFP was reaching the people most in need and helping to close gender gaps.

e. People with disabilities (PwD):

The project's prioritization criteria also included households headed by a person with a disability and/or chronic illness. The monitoring tools include questions on disability, e.g. when developing the PIA in Amazonas, questions on disability from the Washington Group were included, allowing WFP to identify additional cases, mainly of physical disability. No reasonable accommodation has been necessary under the project for accessibility for people with disabilities.

f. Protection:

WFP has focused its territorial efforts on building alliances with humanitarian and protection actors to ensure that food assistance, gender and protection programs are mutually reinforcing and access to affected populations is achieved. Through its field offices, WFP accompanies partners to identify risks and take corrective measures where necessary. By the end of the project, evidence-based data. indicated improved food consumption by families, increasing from 74% of households with acceptable consumption to 100%. The use of risk coping strategies associated with livelihoods showed significant results, strategies such as working only for food or doing things people prefer not to discuss were significantly reduced.

g. Education:

Not applicable

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	4,518

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Food assistance and food assistance for training for early recovery of beneficiaries in Puerto Nariño (Amazonas).

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Activity 1.3 – 1.4	150	US$ 10,495.92	Food Security - Food Assistance	Unrestricted
Activity 2.3	4,368	US$ 281,078.69	Food Security - Agriculture	Restricted

Activity 2.4	2,526	US$ 72,008.51	Food Security - Agriculture	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
Nariño	https://twitter.com/WFP_Colombia/status/1334158570720555015 https://twitter.com/WFP_Colombia/status/1423333551550894081 https://twitter.com/WFP_Colombia/status/1423435746350882830 https://twitter.com/WFP_Colombia/status/1423052026230054912 https://www.facebook.com/WFPColombia/posts/546893990060619 https://www.facebook.com/WFPColombia/posts/546716753411676 https://www.facebook.com/WFPColombia/posts/546210116795673
Chocó	https://www.facebook.com/WFPColombia/posts/555050142578337
Amazonas	https://www.linkedin.com/posts/carlo-scaramella-586113117_nobelpeaceprize-amazon-covid-activity-6720767023779074048-sdpf/ https://www.linkedin.com/posts/carlo-scaramella-586113117_indigenous-amazonia-covid19-ugcPost-6726483102362951680-I-kO/

4.6 Project Report 20-UF-WHO-036

1. Project Information

Agency:	WHO	**Country:**	Colombia
Sector/cluster:	Health	**CERF project code:**	20-UF-WHO-036
Project title:	Increasing life-saving health services during complex emergencies		
Start date:	25/11/2020	**End date:**	24/11/2021
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 3,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 6,071,685**
Amount received from CERF:	**US$ 1,108,977**
Total CERF funds sub-granted to implementing partners:	**US$ 0**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

The health actions developed through the CERF UFE and WHO/PAHO Project allowed the total fulfilment of the objectives, the attention to more than **100,673 beneficiaries** and more than 107,250 services provided with the individual and collective health strategies implemented, involving the community, especially the ethnic community. Prioritization was carried out with the territorial health entities for comprehensive services in general medicine, nursing, dentistry and psychology, extramural and intramural, and were complemented with diagnostic services for diseases of public health interest, for vulnerable groups according to life course.

18 basic medical care kits, 18 medicine kits, 18 anthropometric kits, more than 8000 antigen tests for COVID19 diagnosis and tracking and follow-up actions defined by the Ministry of Health and Social Protection were delivered, offering a departmental scope according to care priorities generated by the pandemic. Rapid and efficient tests for HIV, Syphilis, Hepatitis B and Chagas disease were provided to mothers and children. The strengthening of the health sector response involved the training of professional (452), technical (234) and community (664 among peasant leaders, midwives, representatives of indigenous communities and black communities), the development of care strategies in mental health, maternal health, attention to gender-based violence, child and nutritional health, public health surveillance and health risk management in multi-affect situations, especially complex and biosanitary threats generated by the COVID19 pandemic. Health services were strengthened with the diagnosis and response to the hospital action plan for safe hospitals and the strengthening of the Emergency and Urgent Care Regulatory Centers in the 3 departments, with special emphasis on the protection of the medical mission and the importance of keeping contingency plans updated as part of the health sector response. The interventions of the CERF UFE project contributed to the activation of complementary intersectoral actions through the Departmental Risk Management Committee and similar actions of the Transitional Justice Committee.

3. Changes and Amendments

In order to meet the objectives of the CERF UFE and WHO Project, a no-cost extension of the execution time was requested, considering situations of restriction in mobilization of the teams in charge of the implementation and articulation with the prioritized governmental and community authorities, a situation generated by the restrictions of the bio-sanitary emergency due to COVID19 and other particularities defined by the Ministry of Health and Social Protection, which required adjusting intervention strategies for access to communities and health care priorities. Parallel to this, the execution of the CERF UFE project found an escalation of violence by non-state armed groups in the departments of Nariño and Chocó, for which strategic actions were prepared by the LCTs for the opening of humanitarian spaces and the active participation of local authorities. The aspects described above were requested and approved by CERF UF for the modification of the original plan and extension at no cost. The achievements of the CERF UF project were oriented to the needs of the health sector arising from the pandemic and health care with multiple services not previously considered, such as access to mass vaccination for anti-COVID19 , extramural health days oriented to the care of displaced families and with restricted mobility due to different factors, including the presence of non-state armed groups and inclusion of differentiated training actions in Afro and indigenous ethnic groups in coordination with the health authorities (health secretariats and local hospitals).

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	826	608	548	560	**2,542**	55	50	4	4	**113**
Returnees	165	127	100	122	**514**	686	865	493	469	**2,513**
Internally displaced people	5,922	4,437	3,972	3,834	**18,165**	9,092	6,953	5,029	4,939	**26,013**
Host communities	9,618	7,007	6,179	6,272	**29,076**	14,945	14,195	6,115	6,069	**41,324**
Other affected people	16,531	12,179	10,799	10,788	**50,297**	6,909	13,313	5,805	4,683	**30,710**
Total	**33,062**	**24,358**	**21,598**	**21,576**	**100,594**	**31,687**	**35,376**	**17,446**	**16,164**	**100,673**
People with disabilities (PwD) out of the total										
	356	398	130	121	**1,005**	224	158	39	41	462

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The activities related to the health sector favoured non-differentiated attention for the communities residing in the prioritized municipalities and subregions of public health interest defined by each of the departments, thus minimizing access barriers and favouring the timeliness of the provision and training of human talent in the different components of risk management for the care and maintenance of health, especially in crisis situations. Local hospitals and health secretariats have medical and diagnostic supplies for maternal health care and efficient tools for psycho-social and mental health intervention. The provision of low complexity medicines was delivered during the extramural and intramural outpatient clinics. Indirect beneficiaries were also counted with openness to health communication strategies, with emphasis on risk communication, in which special emphasis was placed on self-care measures against COVID19, timely diagnosis and the importance of vaccination. The actions of the health sector through the CERF UFE project contributed to the inclusion of primary health care actions and access to health services in the framework of the health system, with the construction of care routes and the socialization of routes sensitive to gender-based violence. The departmental scope in the competent complementarity provided through the departmental secretariats of Nariño, Chocó and Amazonas favoured new indirect beneficiaries who, in crisis situations, contribute with referrals to higher complexity levels, within the framework of respect and protection of the Medical Mission, as a strategic action to protect health teams during the health sector response.

6. CERF Results Framework

Project objective	Increase access to life-saving healthcare services and actions to reduce the impact of humanitarian crises in Amazonas, Nariño, and Choco
Output 1	Increased access to essential health services in target institutions with priority given to vulnerable children, adolescents, pregnant women, violence-affected persons, persons with disabilities, and ethnic groups.

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☐

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of health facilities equipped with essential medicine and supplies to implement the extramural healthcare post strategy to vulnerable populations	9 health facilities, 1 per targeted municipality.	9 health facilities, 1 per targeted municipality.	Delivery records Photographic record Record of care
Indicator 1.2	Number of health consultations provided by participating health facilities and supported medical missions in the field to vulnerable communities	3,600	6,187	Photographic record Record of care Attendance records
Indicator 1.3	Number of emergency health care brigades mobilized	18 (2 per municipality)	21	Reports of health sessions with local hospitals
Explanation of output and indicators variance:		The execution of the CERF UFE Project was carried out during the biosanitary attention of the COVID-19 pandemic, which merited the inclusion of vaccination services of the national plan, in complementarity with the extra-mural health care days, especially in rural areas. In the municipalities of the department of Nariño, we supported the health response to the mass displacements in the municipal capitals where the victim families were found in improvised shelters, schools and homes of relatives and friends. Specific mental health actions were strengthened in primary health care, allowing		

	assistance in psychological first aid and training of competencies in community agents.

Activities	Description	Implemented by
Activity 1.1	Procurement of emergency supplies to health facilities for service delivery and extramural healthcare activities. (including Basic Health Care kits (9), Perinatal maternal kits (9), pregnancy tests (1,000), PDR Malaria (42,500), and HIV, Syphilis and Chagas tests and Diagnosis and Treatment (4,500), and 9 emergency obstetric kits)	WHO/PAHO personnel
Activity 1.2	Distribution of emergency supplies to health facilities for service delivery and extramural healthcare activities. (including Basic Health Care kits (9), Perinatal maternal kits (9), pregnancy tests (1,000), PDR Malaria (42,500), and HIV, Syphilis and Chagas tests and Diagnosis and Treatment (4,500), and 9 emergency obstetric kits).	WHO/PAHO personnel
Activity 1.3	Development, revision and update of care referral routes and safe access routes from rural areas to the reference hospital in the Amazonas department	WHO/PAHO personnel
Activity 1.4	Rapid refresher course on ETMI Plus (VIH/Syphilis, Chagas, and mother-child transmission of Hepatitis B), emergency maternal and perinatal protocols, nutritional health, and emergency first aid.	WHO/PAHO personnel
Activity 1.5	Rapid refresher course on clinical management of gender-based violence.	WHO/PAHO personnel
Activity 1.6	Design and distribution of health educational material targeting communities and health personnel on ETMI Plus.	WHO/PAHO personnel
Activity 1.7	Support the procurement of fuel and transport for the mobilization of 18 emergency health brigades from the target health facilities (2 per municipality) to provide essential health services to the target communities.	WHO/PAHO personnel

Output 2	Active outbreaks and public health threats timely detected, assessed, and rapidly responded to in targeted areas.
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☐
Sector/cluster	Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of Municipalities with a functional surveillance system capable of detecting and notifying public health events of high importance (including training and equipment of community workers).	5	8	Delivery records Photographic record
Indicator 2.2	Number of Municipalities with a functional PRASS (Testing, Tracking, and Isolation) strategy	5	8	Health care records. PRASS strategy reports Photographic record

	implemented, in the response against COVID-19			
Indicator 2.3	Number of health campaigns implemented, 1 per department	3	3	Photographic record Delivery records Risk communication analysis report
Explanation of output and indicators variance:		During the presentation of the CERF UFE Project in each of the prioritized municipalities and departmental health directorates, it was decided to direct health strengthening actions to the community base, broadly considering the ethnic approach and the strengthening of spaces for social participation, as well as facilitating protection education strategies and respect for the Medical Mission, articulated with communication at risk and the prioritized health needs related to COVID-19.		

Activities	**Description**	**Implemented by**
Activity 2.1	Support the implementation of the Testing, Tracking, and Isolation (PRASS) national strategy for the control of the COVID-19 outbreak in the priority areas.	WHO/PAHO personnel
Activity 2.2	Implement health promotion and prevention campaigns (e.g. radio announcements and health prevention campaigns) with a community participation approach, framed within the healthy environment strategy for the prevention and control of communicable diseases and other public health threats	WHO/PAHO personnel
Activity 2.3	Train and equip community members to support first response to health emergencies	WHO/PAHO personnel
Activity 2.4	Establish and/or strengthen community health surveillance systems in remote vulnerable communities	WHO/PAHO personnel

7. Effective Programming

a. Accountability to Affected People (AAP) [13]:

The CERF UFE Project was socialized with the authorities of each of the prioritized municipalities, with the participation of Mayors, Government Secretaries, Health Secretaries and representatives of local hospitals, among other directives that during the development of the Project facilitated the fulfilment of the training and health workshops in each of the municipalities. They also supported the presentation of results and initiatives for the construction of the 2022 sectoral action plan.

b. AAP Feedback and Complaint Mechanisms:

To maintain permanent communication with the municipal authorities, a rapid communication mechanism was defined through the WhatsApp group, a mechanism that allowed following up on the fulfilment of the project's objectives, favouring the calls, making consultations for each of the activities by the participants and clearing up doubts that arose in a short time, the latter taking into account that internet access in the territories is intermittent and/or absent. Access to cellular data is affected by weather conditions, but is overcome at different times of the day, favouring communication with greater fluidity and assertiveness.

[13] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Socialization of the White Code among the contents of the trainings to the human talent in health represented by intersectoral officials, community leaders and social actors involved in the care and protection of the most vulnerable population. The *White Code* or *Violet Code* is a special procedure that is established in the framework of the attention to victims in case of sexual violence, it is activated from the Attention Route depending on where the victim is, to provide health care, justice and protection in an articulated and non-victimising way, ensuring quality care that allows for the restoration of autonomy, physical and emotional recovery, to avoid re-victimisation and action with harm.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project considered preferential access to care for women in the different stages of their life course, as well as training in the prevention of gender-based violence, care in the event of an unwanted event affecting women, and differentiated mental health follow-up based on the mental health toolbox in primary health care, with the participation of officials from different sectors (protection, health, justice and education).

e. People with disabilities (PwD):

The extra-mural actions allowed access to health services for people with disabilities in the communities where health services were offered, although the provision is not representative, it is found in the work with community leaders and the inclusion of strengthening their skills in social participation in health, the opportunity to promote access to health services through existing mechanisms for access to services, monitoring and protection of the right to health according to current regulations. Likewise, community tools based on primary health care with emphasis on psychosocial and mental health care, public health surveillance and first responder.

f. Protection:

In the implementation of the CERF UFE Project, priority was given to the attention to communities at risk and the protection of their rights, the conditions of vulnerability due to life course and disability. Actions were defined jointly with local authorities and in complementarity with those defined by the State to favour health promotion and maintenance, especially mental health intervention.

g. Education:

The strengthening of the response capacity in natural and complex emergencies through the communities as the main actor and first responder training facilitates the sensitivity and recognition of community capabilities, complemented with institutional competencies towards a common objective of managing risks for health care and saving lives.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The Pan American Health Organization does not disburse cash to project beneficiaries in accordance with the established mandates of our organisation.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**

9. Visibility of CERF-funded Activities

Guidance (to be deleted): Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	**Weblink**
Anecdote – indigenous communities Awá	pic.twitter.com/oHEdF7Wa5a
Risk communication workshop - Chocó	pic.twitter.com/CRZN6FBfjf
Workshop with 80 indigenous of the Awá tribe	pic.twitter.com/EctlH21vEP

Further tweets can be found at: https://bit.ly/35ceskc

ANNEX: CERF ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	CERF Sector	Agency	Implementing Partner Type	Total CERF Funds Transferred to Partner in USD
20-UF-WOM-005	Gender-Based Violence	UN Women	INGO	$112,245
20-UF-WOM-005	Gender-Based Violence	UN Women	NNGO	$103,733
20-UF-FPA-037	Health	UNFPA	NNGO	$42,740
20-UF-FPA-037	Gender-Based Violence	UNFPA	NNGO	$36,500
20-UF-FPA-037	Health	UNFPA	NNGO	$151,265
20-UF-FPA-037	Gender-Based Violence	UNFPA	NNGO	$18,412
20-UF-FPA-037	Gender-Based Violence	UNFPA	INGO	$70,724
20-UF-FPA-037	Health	UNFPA	INGO	$52,972
20-UF-FPA-037	Health	UNFPA	GOV	$11,788
20-UF-FPA-037	Health	UNFPA	GOV	$3,304
20-UF-WFP-046	Food Assistance	WFP	NNGO	$11,964
20-UF-WFP-046	Food Assistance	WFP	INGO	$25,740
20-UF-CEF-057	Water, Sanitation and Hygiene	UNICEF	NNGO	$131,305
20-UF-CEF-057	Water, Sanitation and Hygiene	UNICEF	NNGO	$44,300
20-UF-CEF-057	Child Protection	UNICEF	INGO	$292,928