

**COLOMBIA
RAPID RESPONSE
FLOODS
2021**

21-RR-COL-49434

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

17.05.2022

The AAR took place with the participation of partners from the national and local levels with allocated funds, namely, UNICEF, UNHCR, WHO, WFP, OCHA, accompanied by partners from the Local Coordination Team (LCT) Córdoba.

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:

Following the rainy season that took place in the north-western region of Colombia between August and December 2021, large-scale flooding occurred in the sub-region of La Mojana (departments of Antioquia, Bolívar, Córdoba and Sucre), as a consequence of the breaking of dams and the subsequent overflowing of several rivers. The influx of large quantities of water into the sub-region of La Mojana had a profound impact on the living standards of the affected communities. In total, around 156,000 people were affected, most of them located in rural areas and difficult to access due to the flooding. The affected communities faced urgent needs in terms of health, shelter, protection, food security and nutrition, water and sanitation, and were doubly affected by the presence of non-state armed groups (NSAGs) and increased armed violence in the territory.

In this context, the allocation of the CERF Rapid Response was critical to provide life-saving response activities to up to **92,862 people affected** by floods in La Mojana, allowing the life-saving food distributions, non-food items, health care and access to water, thanks to the CERF RR allocation. It should be noted that, during the implementation of the funds, close coordination was maintained with the government institutions both at national and at territorial level. This has made it possible to reduce the occurrence of duplication in deliveries to communities, directing agencies to prioritise communities located in rural areas.

CERF's Added Value:

The CERF RR funding allowed humanitarian actors to reach communities in regions where local response capacities were completely depleted. As such, the response reached remote areas, providing life-saving services to the communities and, in some cases, establishing, for the first time, an operational presence in the territories. The inter-sectoral articulation for this project was key, resulting in the allocation of funds to maximise the logistical capacities of the partners involved and avoid duplication of efforts.

The coordination with local and national authorities was critical, as it resulted in a strengthening of installed capacities, especially in terms of prevention and mitigation of the risk of new disasters, as well as in the flow of information on who was doing what where. The daily coordination spaces also allowed for the precise targeting of areas with the greatest needs.

The active participation of the Local Coordination Team (LCT) Córdoba in the definition of the assistance strategy guided the implementation of the project, seeking an immediate response to save lives and to strengthen communities and institutions for early recovery, resilience and coping mechanisms in the face of similar emergencies in the future. As such, activities such as the delivery of food, health brigades and improvement of water systems have promoted community knowledge for sustainable waste disposal, the active search for public health events in the community, and the strengthening of local water committees, among others.

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

Yes

Partially

No

The assistance funded by CERF enhanced the identification of the UN Agencies rapid capacities to deliver humanitarian aid within the strategy defined by the Local Coordination Team (LCT) and the articulation with local institutions.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

CERF funds covered the most urgent and immediate needs identified in the MIRAs rapid needs assessment. For the coordination of the rapid response, an articulated humanitarian strategy was developed to complement the Government's efforts to provide life-saving assistance. With this approach, CERF was able to benefit the communities located in hard-to-reach areas.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

CERF funds improved coordination amongst the Humanitarian partners through OCHA's presence in La Mojana and its role in information management and coordination with local and national institutions. UN Agencies were continuously accompanied by OCHA for the prioritization of communities and activities, avoiding possibilities of duplication. In addition, the articulation amongst the UN Agencies allowed for a greater impact in the prioritized areas, for example, UNICEF, UNHCR and PAHO delivered WASH assistance improving communities access to these services through the rehabilitation of water systems, water filters distribution and water monitoring system, making them more resilient to future emergencies.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

CERF funds promoted the mobilization of additional resources, making it possible to maximize the scope of humanitarian aid, reduce logistical cost gaps for assistance and generate greater operational presence in the communities. For instance, WFP received funds from other sources which enabled to cover the logistical cost of food transportation to rural areas prioritized with the CERF funds.

Considerations of the ERC's Underfunded Priority Areas¹:

The CERF funding allowed to significantly increase the number of beneficiaries in underserved areas. The interventions included an in-deep diagnosis to identify the specific needs of girls, boys and women, as well as GBV victims, LGBTIQ+ and youth. Gender and age were among the prioritized selection criteria already at the planning and targeting stage of this response. Particularly, the project considered preferential access to services (e.g., care and health services, toilets, food distribution) for the provision for women of different ages. Likewise, efforts were joined with other organisations with response capacities - such as UN Women - to ensure the inclusion of gender mainstreaming and the delivery of dignity kits.

Regarding the accessibility for people with disabilities, spaces were especially conditioned, namely with the provision of high places in the shelters, the construction of designed toilets, and the conduct of extra-mural sensitization activities on sanitation and health. In addition, the project sought to strengthen the installed capacity of the affected communities through awareness-raising activities on education on issues such as GBV, the identification of leadership within the communities and risk mitigation mechanisms. Persons affected by this emergency experienced flood-induced vulnerabilities, such as the lack of safe shelters, the separation of family units, and increased risks in view of the security conditions as per the presence of NSAGs. Hence, during the implementation of the project, priority was given to communities at risk in terms of protection as well as their conditions of vulnerability due to their ages, gender and disability. The protection mainstreaming was incorporated through the identification of particular risks for different population groups, the regular discussion of activities to be implemented with institutions and communities, and the prioritisation of the most vulnerable during the implementation of the project.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response

14,687,900

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](#).

CERF	2,006,312
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	2,400,000
Total funding received for the humanitarian response (by source above)	4,406,312

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

Agency	Project Code	Sector/Cluster	Amount
UNHCR	21-RR-HCR-023	Shelter and Non-Food Items	270,000
UNICEF	21-RR-CEF-043	Water, Sanitation and Hygiene	450,643
WFP	21-RR-WFP-033	Food Security - Food Assistance	935,492
WHO	21-RR-WHO-037	Health	350,177
Total			2,006,312

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

Total funds implemented directly by UN agencies including procurement of relief goods	1,459,344
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	178,424
Funds sub-granted to national NGO partners*	368,544
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	546,968
Total	2,006,312

* 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 dike ruptures in the La Mojana region due to the rainy season started on 27 August 2021. As a result, people's livelihoods were affected in 11 municipalities, which led to the official declaration of a state of public calamity in these territories. An estimated 156,000 people were affected during the months-long emergency. Of the 11 municipalities in the sub-region, 6 of them had more than 50 per cent of their population affected, including municipalities with staggering affectation figures, such as San Benito Abad (97%) and Sucre (73%). Because of the large-scale flooding, great needs emerged in terms of food security. Given the loss of crops, livestock and livelihoods, communities reduced their daily meals. Particularly, the affected communities presented problems guaranteeing nutrition for children under five years of age, not only because of the lack of income but also because of mobility restrictions due to the poor state of roads, canyons and swamps. Access to drinking water was also affected with the collapse of aqueducts, leading to gastrointestinal diseases and respiratory infections. Children faced specific affectations by skin, urinary and vaginal infections. At the same time, the emergency led to the separation of families, as parents moved to other areas in search of day labour, while children and older adults were left alone unsupervised. Moreover, the provision of schools as temporary shelters affected children's access to education, in addition to structural damage to schools that led to delays in the safe return to classes.

The presence of Non-State Armed Groups (NSAGs) further aggravated the situation, causing mobility restrictions, threats and murders, as well as protection risks -especially for children and women.

Operational Use of the CERF Allocation and Results:

In response to the crisis, the ERC allocated \$2 million from CERF's Rapid Response window to enable UN agencies and partners to provide life-saving assistance to 34,000 people. The CERF allocation served as a critical injection of early funds to respond to the emergency and enable UN agencies and partners to provide timely assistance to those most in need. Communities benefited from activities carried out under the 2021 CERF allocation highlighted their importance, as in many cases this was the only assistance they received. Thanks to the WASH interventions carried out, access to clean water was improved, which has proven critical as water levels have continued to rise. Likewise, the health brigade interventions were highly appreciated – particularly the inclusion of mental health sessions. Food distributions were a lifeline for many communities. Shelter interventions were also useful for those who had to leave their communities and establish improvised shelters along the road, as they lost their households to the floods.

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. In total, **74,290 people** were reached with assistance, including 26,314 women, 24,230 men, 23,745 children, and 999 people with disabilities.

Results of people reached by each sector are as follows: 18,855 people with food assistance; 29,532 people with health interventions; 33,640 people with shelter interventions and 10,835 with water and sanitation interventions. In this sense, overall 92,862 people were reached by sector.

People Indirectly Reached:

According to the Mayor's Offices of the municipalities of San Benito Abad, Sucre, Caimito, and Majagual, **85,104 persons** affected by the floods benefited indirectly from the project, particularly with regards to common services such as water tanks and filters as well as the refurbishment of latrines in key schools. The scope of the project was widened through training sessions, hygiene radio broadcasts, the provision to safe water, and the overall building community capacity for resilience. 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 affected communities.

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

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Food Assistance	4,490	4,315	3,302	3,616	15,723	5,536	6,203	3,587	3,529	18,855
Health	3,864	2,576	1,746	1,164	9,350	10,704	9,581	5,166	4,081	29,532
Shelter and Non-Food Items	13,419	10,946	5,125	4,854	34,344	13,144	10,722	5,019	4,755	33,640
Water, Sanitation and Hygiene	3,586	3,282	1,530	1,602	10,000	3,509	3,782	1,718	1,826	10,835

* 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	644	631
Returnees	111	109
Internally displaced people	6,582	6,447
Host communities	27,007	26,453
Other affected people	15,723	40,650
Total	50,067	74,290

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Planned	Reached	Number of people with disabilities (PwD) out of the total	
			Planned	Reached
Women	17,909	26,314	305	418
Men	15,261	24,230	286	314
Girls	8,427	12,392	154	144
Boys	8,470	11,354	167	123
Total	50,067	74,290	912	999

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-RR-HCR-023

1. Project Information			
Agency:	UNHCR	Country:	Colombia
Sector/cluster:	Shelter and Non-Food Items	CERF project code:	21-RR-HCR-023
Project title:	Support through shelter for victims of the flooding in the municipalities of San Benito Abad, Sucre, Caimito and Majagual in the region of La Mojana		
Start date:	01/10/2021	End date:	31/03/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 270,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 270,000
	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

Through this CERF Rapid Response grant, UNHCR **provided emergency shelter items and water filters for victims of the flooding in the La Mojana region**, particularly in the municipalities of San Benito Abad, Sucre, Caimito, and Majagual, in the department of Sucre.

The project helped support the humanitarian response to the emergencies in the region by the provision of:

- **Shelter:** through plastic sheeting, shelter kits, and mosquito nets distribution.
- **Safe water:** through water filter distribution.

Within the project's first component, the distribution of plastic sheeting (3,400) and shelter kits (3,400) - containing a blanket, pillow, rain poncho, torch, and bag- strengthened local shelter capacities and provided beneficiaries with life-saving protection, privacy, and security. The distribution of mosquito nets (3,400) prevented the spread of diseases such as dengue, chikungunya, and malaria.

Within the project's second component, the distribution of 2,460 water filters enabled 9,840 households to access safe drinking water, cook safely and prevent the spread of diseases and infections caused by contaminated water.

Activities were run through direct implementation from October 1st, 2021 through March 31st, 2022. The project reached a total of 33,640 direct beneficiaries who were forced to move to higher areas to inhabit a dry space, safe from wind and weather as well as provide security and personal safety.

3. Changes and Amendments

Within the project's second component, a total number of **2,460 water filters were distributed to households which is less than the initially planned number (2,636)**. However, each water filter came with two additional spare parts, ensuring a greater life span of the water filters. This adjusted number also complied with Output 2 allocated budget.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	268	208	75	93	644	263	204	73	91	631
Returnees	47	36	16	12	111	46	35	16	12	109
Internally displaced people	2,032	2,060	1,247	1,243	6,582	1,990	2,018	1,221	1,218	6,447
Host communities	11,072	8,642	3,787	3,506	27,007	10,845	8,465	3,709	3,434	26,453
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	13,419	10,946	5,125	4,854	34,344	13,144	10,722	5,019	4,755	33,640
People with disabilities (PwD) out of the total										
	55	45	15	10	125	54	44	15	10	123

* 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

According to the Mayor's Offices of the municipalities of San Benito Abad, Sucre, Caimito, and Majagual, **85,104 persons** were affected by the floods and indirectly benefited from the project. *In addition to being forced to leave their homes and have their daily life disrupted (causing a loss of livelihoods and a reduction in purchasing power), the flood also had immediate impacts on the population such as the general deterioration of health conditions and safe spaces.* The risk of water-borne and mosquito-borne diseases as well as other communicable diseases particularly increased amongst the displaced populations. Sanitary conditions were poor and access to medical care was scarce. The provision of shelter and safe water **helped to mitigate the health risks of flooding and reduce vulnerability in the communities at large.**

6. CERF Results Framework

Project objective	Provide protection through emergency shelter and access to safe water			
Output 1	Provision of shelter through plastic sheeting and shelter kits.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	SN.1b Number of in-kind shelter kits distributed (plastic sheeting)	3,400	3,400	Documents: Beneficiary lists and Transfer of Ownership to the Municipalities
Indicator 1.2	SN.1b Number of in-kind shelter kits distributed (shelter kits)	3,400	3,400	Documents: Beneficiary lists and Transfer of Ownership to the Municipalities
Indicator 1.3	SN.1b Number of in-kind shelter kits distributed (mosquito nets)	3,400	3,400	Documents: Beneficiary lists and Transfer of Ownership to the Municipalities
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 1.1	UNHCR Colombia will distribute 3,400 plastic sheeting to around 3,400 households with approximately 4 individuals affected by the flooding in order to provide safe dry spaces from water.	UNHCR Direct Implementation		
Activity 1.2	3,400 shelter kits will allow for 3,400 affected persons to build their shelter in dry spaces.	UNHCR Direct Implementation		
Activity 1.3	3,400 mosquito nets will protect around 6,800 affected persons from the spread of diseases.	UNHCR Direct Implementation		

Output 2 Provision of safe water through water filters.

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	SN.2b Number of in-kind NFI kits distributed (water filters distributed to 2,636 households with approximately 4 individuals)	2,636	2,460	Document: Beneficiary lists and Transfer of Ownership to the Municipalities
Indicator 2.2	SN.2a Number of people benefitting from in-kind NFI assistance	10,544	9,840	Document: Beneficiary lists and Transfer of Ownership to the Municipalities
Explanation of output and indicators variance:		A total number of 2,460 water filters were distributed to households which is less than the initially planned number. However, each water filter came with two additional spare parts, which ensured a greater life span of the water filters and complied with the allocated budget for this output.		
Activities	Description	Implemented by		
Activity 2.1	UNHCR Colombia and its allies will distribute 2,636 water filters in order for 10,544 persons affected by the flooding to have access to drinking water and to prevent the spread of diseases caused by contaminated water.	UNHCR Direct Implementation		

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 areas² 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)³:

In February 2022, UNHCR participated in an inter-agency field mission (together with OCHA and PAHO) and reached out to the affected population to assess its specific needs. Through additional missions to the emergency site, effective coordination and information sharing (with the other agencies, emergency actors and local governments), UNHCR was able to collect data on the progress and impact of the incidents in the region.

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](#).

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](#).

Through participatory assessments with the target population, specific needs of women were assessed (i.e. prevention, risk mitigation and response to GBV, sexual and reproductive health, empowerment). Additionally, UNHCR teams ensured that the overall assessments included specific needs of children, LGBTIQ+ persons, persons with disabilities, elderly, and youth. UNHCR monitoring was based on reports and observations provided by the people UNHCR serves, UNHCR partners, and local authorities.

b. AAP Feedback and Complaint Mechanisms:

AAP implementation in UNHCR focuses on four components (1) participation and inclusion (2) communication and transparency (3) feedback and response and (4) organizational learning and adaptation. All operations are required to apply AAP principles during all stages of the project management cycle. With regards to feedback and response, UNHCR Colombia has established and promotes feedback and response systems, including for confidential complaints. This includes establishing multiple communication channels that are tailored to the different needs and capacities of affected population; ensuring confidentiality safeguards are in place, to ensure that matters such as sexual exploitation and abuse are handled in a protection-sensitive manner; and establishing standard operating procedures for the collection, acknowledgment, assessment, response and referral of feedback. For this project, UNHCR also shared information on feedback and complaints with the Mayor's office.

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

UNHCR provides training and awareness sessions for partners and implementers in PSEA prevention (including information management strategies on identified cases and responses regarding referral pathways available for survivors) applying a victim-survivor-centered approach. A feedback and complaints system is being used, providing confidentiality through locked boxes. Persons raising concerns or sharing information do not have to provide personal information.

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

UNHCR is supporting institutions in the implementation of age, gender, and diversity (AGD) policy. Considering different protection risks, UNHCR responds to the needs of women and girls, children, GBV victims, LGBTIQ+, youth, persons with disabilities, the elderly as well as persons from Afro-Colombian and indigenous communities. Through training and awareness workshops, UNHCR also contributes to prevent GBV and discrimination.

e. People with disabilities (PwD):

The provision of shelter allowed persons with disabilities to stay in higher and safe spaces. UNHCR and its partners implemented distribution components that recognized specific cases of people with disabilities in emergency situations.

f. Protection:

Persons affected by this emergency experienced flood-induced vulnerabilities, including difficulties in finding adequate shelter and accessing clean water. The provision of shelter (plastic sheeting, shelter kits, and mosquito nets) strengthened local shelter capacities and provided beneficiaries with life-saving protection, privacy, and security. Shelter opportunities also prevented family members from being separated (which would lead to more vulnerability) and allowed them to provide safety for each other, especially for families with children. The provision of safe water, enabled beneficiaries to access safe drinking water, cook safely and prevent the spread of diseases and infections (caused by contaminated water).

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

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.

CVA would have been of difficult access for affected communities as the floods represented obstacles for communities to claim and purchase needed elements for the project.

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
N/A	N/A	N/A	N/A	Choose an item.
N/A	N/A	N/A	N/A	Choose an item.
N/A	N/A	N/A	N/A	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Tweet	https://twitter.com/AcnurColombia/status/1542259112360255488?s=20&t=WKDxZSTTsN_olybzkIQ33g
UNHCR Colombia Operational Update January-February 2022	https://data.unhcr.org/es/documents/details/91506
Estatuto Temporal de Protección en Colombia	https://data.unhcr.org/es/documents/details/90478
Comunicado de Prensa: Asignación Fondos CERF a Colombia	https://reliefweb.int/report/colombia/comunicado-de-prensa-asignacion-fondos-cerf-colombia

3.2 Project Report 21-RR-CEF-043

1. Project Information			
Agency:	UNICEF	Country:	Colombia
Sector/cluster:	Water, Sanitation and Hygiene	CERF project code:	21-RR-CEF-043
Project title:	Water, sanitation, and hygiene response to floods in the La Mojana region		
Start date:	20/10/2021	End date:	19/04/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 5,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 450,643
	Total CERF funds sub-granted to implementing partners:		US\$ 404,068
	Government Partners		US\$ 0
	International NGOs		US\$ 178,424
	National NGOs		US\$ 225,644
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and their partners provided drinking water services at the rural level to 9,822 people in 9 communities through the rehabilitation of treatment and water systems, therefore we delivered 733 filters for home water treatment in 5 communities; 2,839 people were reached with sanitation facilities at the school level. 10,835 people were directly reached with key messages for hygiene promotion through the delivery of 2,250 family hygiene kits in 13 communities, 8 hygiene kits for WASH in schools, 40 workshops at the community and school levels. Approximately 100 people in 9 WASH committees at the rural level were strengthened through 27 theoretical-practical workshops and the delivery of supplies, equipment and tools for the operational sustainability of the water systems. Four municipalities were strengthened in their municipal risk management plans.

The project had an impact on 23,098 people in 17 rural territories of 4 municipalities (Guaranda, Majagual, San Benito de Abad and Sucre, Sucre) which allowed mitigating the consequences of the floods in the La Mojana region, between the months of November 2021 to March 2022.

3. Changes and Amendments

WASH activities were carried out at the rural level in areas without any governmental intervention but in close coordination with Governmental response. Most of the activities were implemented to improve the water access at the school and community levels, to accelerate the return to their homes to people affected and, to increase the possibilities to back to schools to children. So that, most of the people reached were in water activities despite of sanitation.

At the end of the intervention the situation was worse than before because a second embankment was destroyed by the water, it means floods were increasing and appear in the same areas affected at the beginning and prioritized by WASH Cluster to implement the CERF

funds. To date most than 150,000 are affected by the floods in La Mojana in 2022, the same number of people that 2021. Hence, some WASH activities were carried out to response to 2021 and 2022 emergency.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	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	2,511	2,297	1,071	1,121	7,000	3,509	3,782	1,718	1,826	10,835
Total	2,511	2,297	1,071	1,121	7,000	3,509	3,782	1,718	1,826	10,835
People with disabilities (PwD) out of the total										
	126	121	35	28	310	169	110	8	7	294

* 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 **30,155 people were benefited indirectly** through the dissemination of more than 90 hours of key messages for hygiene promotion and disaster risk management by four radio stations: Radio Majagual dial, La Preferida de Sucre, dial 89.3FM and Stereo impact located in the municipalities of Majagual, Guaranda, San Benito Abad and Sucre, Sucre.

6. CERF Results Framework

Project objective	Provide a timely response to the population affected by floods in 3 of the most affected municipalities of the La Mojana region, improving quality access to water, sanitation and hygiene services, including the improvement of key hygiene practices; in order to save lives and prevent diseases. Especially in the most vulnerable population groups such as children, adolescents, lactating and pregnant women			
Output 1	Improve and rehabilitate quality access to water, sanitation and hygiene services for people affected by the floods in the La Mojana region			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# People who have access to safe water for drinking, cooking, and personal hygiene according to the National Standards. (Women 2511; Men 2297; Girls 1071; Boys 1121)	7,000	9,822	- WASH baselines - WASH committees' baseline. - MIRA reports. - Photographic records. - Delivery certificates.
Indicator 1.2	# People who benefit from sanitation facilities for proper disposal of excreta (according to IASC guidelines). (Women 1255; Men 1149; Girls 535; Boys 561)	3,500	2,839	- WASH baselines - WASH committees' baseline. - MIRA reports. - Photographic records. - Delivery certificates.
Indicator 1.3	# People benefiting from training in key hygiene practices (hand washing, water treatment and safe storage, treatment of solid waste, safe excreta disposal and menstrual hygiene management) including delivery of hygiene items. (Women 3586; Men 3282; Girls 1530; Boys 1602)	10,000	10,835	-Attendance list -Reports -Minutes of meetings -Photographic records -Radio podcasts -Brochures, booklets
Explanation of output and indicators variance:		We increased the participants due to with focus the WASH activities in water despite of sanitation because most of the families return to their homes and their have sanitation facilities at household level.		
Activities	Description	Implemented by		
Activity 1.1	Improve and rehabilitate access to water for human consumption and domestic use for people affected by the floods, including access to community and family water treatment systems and safe water storage systems.	-Fundación para el saneamiento, ambiente, higiene, emprendimiento y desarrollo sostenible – SAHED -World Vision Internacional - WVI		

Activity 1.2	Improve and rehabilitate sanitation systems, especially increasing the installed capacity of latrines in shelters, guaranteeing intimate and dignified services that avoid open defecation and GBV.	-Fundación para el saneamiento, ambiente, higiene, emprendimiento y desarrollo sostenible – SAHED -World Vision Internacional - WVI
Activity 1.3	Deliver key hygiene items and the promotion of key hygiene practices, mainly those that prevent the spread of diseases.	-Fundación para el saneamiento, ambiente, higiene, emprendimiento y desarrollo sostenible – SAHED -World Vision Internacional - WVI

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 areas⁴ 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)⁵:

During the first stage, UNICEF and their partners created open spaces with each community for identifying WASH problems. Consequently, the floods response was proposed and socialized in common. At the community, within schools, different alternatives and communication channels were made visible such as banners, suggestion boxes, physical flyers, telephone numbers, numbers for SMS and WhatsApp.

b. AAP Feedback and Complaint Mechanisms:

The following feedback mechanisms were implemented: suggestion box, forms, surveys and focus groups. All of these were available to the population, did not ask for personal data and could therefore be used anonymously, with the exception of partner staff, the other mechanisms had collection times weekly, and follow-up as required.

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

The IP personnel was trained in prevention of sexual exploitation and abuse, therefore UNICEF in all projects includes specific activities to prevent sexual exploitation and abuse such as a hotline, suggestion boxes and focus groups. In this project we did not receive any complaint.

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

WASH intervention included an in-deep diagnosis to identify the specific needs of girls, boys and women, it allows to carry out activities with this approach, and the aspects related to gender and equity issues are addressed transversally with inclusive language and appropriate facilitates such as: in toilets: natural illumination, latches in each doors and separate toilets by sex.

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](#).

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](#).

e. People with disabilities (PwD):

All actions were carried out with a differential approach for people with disabilities, through to adequate, optimal and dignified spaces such as the construction of technically designed toilets according to the national normative, ramps for easy access, sink heights, etc.

f. Protection:

The protection mainstreaming was incorporated through the following activities: identification of the main risks including risks in transportation and delivery of hygiene items, to implement a baseline to understand the situation regarding with gender and disabilities, vis a vis communication with OCHA and other UN Agencies to have a common understanding of the situation. It allow us to include the local government and local leaders to follow up the intervention.

g. Education:

The focus of the response was to increase the possibilities to children to return to schools, before the floods the schools were closed due to COVID-19, after the floods schools were opened as shelters, so that UNICEF and their partners improved the WASH access at the rural and schools level to support the schools attendance and to allows to the affected population to return to their homes.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

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.

CVA was not considered due to the lack of transportation to buy supplies and difficulties encountered as a result of the floods. Most of the communities were isolated by the dyke ruptures.

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
N/A	N/A	N/A	N/A	Choose an item.
N/A	N/A	N/A	N/A	Choose an item.
N/A	N/A	N/A	N/A	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
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WASH Response in Sucre

<https://www.unicef.org/colombia/historias/unicef-en-atl%C3%A1ntico-y-sucre>

3.3 Project Report 21-RR-WFP-033

1. Project Information

Agency:	WFP	Country:	Colombia
Sector/cluster:	Food Security - Food Assistance	CERF project code:	21-RR-WFP-033
Project title:	Provide life-saving food assistance to people affected by extensive floods in the Mojana Subregion		
Start date:	18/10/2021	End date:	17/04/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 5,917,900
	Total funding received for agency's sector response to current emergency:	US\$ 1,183,001
	Amount received from CERF:	US\$ 935,492
	Total CERF funds sub-granted to implementing partners:	US\$ 142,899
	Government Partners	US\$ 0
	International NGOs	US\$ 0
National NGOs	US\$ 142,900	
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

CERF's grant contributed to financing food assistance for three months to nearly 19,000 affected people in four municipalities across Sucre (Majagual, Calmito, Guaranda, San Benito Abad) and Bolivar (Magangue) distributed between November 2021 and January 2022, reaching nearly 120% of planned people. The final round of distribution was conducted in January 2022 as planned. After receiving WFP's assistance, nearly 90% of flood-affected households had acceptable food consumption, meaning the number of households nearly doubled compared to prior. The response reached near gender balance (49% female) and strengthened environmental awareness. Nearly 40% of recipients were minors below 18 years. Proper coordination and planning of selection criteria allowed WFP to identify the most affected populations efficiently and quickly. The beneficiaries' involvement greatly contributed to the implementation, involving them in deliveries, in forming oversight groups, helping unload food commodities acting as messengers to their communities with information on deliveries. Due to the severity of flood damage to agriculture, markets, infrastructure and produce, WFP opted to provide all its assistance as in-kind food. No cash transfers were made. In addition, the communities were made aware of the importance of avoiding food waste and promoting sustainable agriculture in their homes. Strong coordination relationships between actors and the local government contributed to the efficient response, including with the Government's Unified Command Post. Continuous monitoring enabled WFP to not only target deliveries, but also to adapt its response to the changing context. Advance assessments enabled WFP to define its response strategy, modality and selection criteria, and aided communication with and involvement of beneficiaries. Challenges included changing access routes due to changing water levels, the presence of non-state armed groups, weather conditions affecting deliveries (rainfalls), connectivity issues and limited availability of census data, as well as challenges of acceptance of local government entities at times. Throughout the project, post-distribution monitoring exercises took place. All beneficiaries targeted by the exercise expressed their satisfaction with the assistance received and the quality of products. Implementing partners to WFP were two national organizations, Dioceses de Montelibano and the CORPORACIÓN PARA EL DESARROLLO SOCIAL COMUNITARIO (CORSOC).

3. Changes and Amendments

Based on the emergency context and pressing needs, the number of municipalities covered was increased from the initial three to five across two departments. Until the final distribution, all logistics for the storage and distributions were coordinated with the mayors of the respective municipalities of La Mojana subregion. WFP's distribution plan centred around food stored in main urban centres outside the affected area from which deliveries were made to beneficiaries with the most appropriate vehicles, depending on available routes. However, due to prior occupancy of its local warehouses, WFP had to quickly identify alternative warehouse space and locations that met its standards. This prompted a change in the initial warehouse location plan for the response to villages (not major urban centres). Further, as the water levels continued to drop, WFP and its implementing partner had to constantly change the locations of its warehouses, and vehicles for food distributions, such as using tractor vehicles or smaller boats to distribute assistance to affected populations.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	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	4,490	4,315	3,302	3,616	15,723	5,536	6,203	3,587	3,529	18,855
Total	4,490	4,315	3,302	3,616	15,723	5,536	6,203	3,587	3,529	18,855
People with disabilities (PwD) out of the total										
	117	113	86	94	410	117	113	86	94	410

* 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

For deliveries, all people in chosen municipalities were considered (as counted as) direct beneficiaries to ensure full coverage of this location, as all people were considered affected and thus prioritized., WFP and its implementing partner made various observations during deliveries and monitoring activities demonstrating that additional people indirectly benefitted from the assistance and trainings. 1) In some cases, WFP and its implementing partner noticed how beneficiaries shared their in-kind delivery with other people. These, however, could not be counted on top of the direct beneficiaries, therefore WFP does not have concrete, reliable data on these people. 2) WFP's diverse awareness campaigns on various topics (see narratives) likely reached not only direct participants, but also their family members indirectly. WFP noticed households and even some communities started to independently identify solutions to improve waste management (see 7.g), which demonstrates their increased awareness acquired indirectly from direct participants.

6. CERF Results Framework

Project objective	Ensure food access through in-kind emergency food assistance to 15,723 people affected by floods in La Mojana subregion.			
Output 1	3-month in-kind food assistance provided to 15,723 people in the subregion of La Mojana			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	FN.1a Number of people receiving food	15,723	18,855	WFP registration records
Indicator 1.2	FN.1b Quantity of food assistance distributed in MT(Maize Meal 47.17; Pasta 47.17; Rice 94.34; Tuna 24.06; Vegetable Oil 43.39; Beans 94.34; Lentils 94.34)	444.81	532.15	WFP information system
Indicator 1.3	Percentage of households with Acceptable Food Consumption Score	90	88	WFP Post distribution monitoring at household level or on-site
Indicator 1.4	Consumption-based Coping Strategy Index (Average)	10	12.3	WFP Post distribution monitoring at household level or on-site
Explanation of output and indicators variance:		WFP and its implementing partner reached more people than initially planned, with higher quantities purchased to deliver to people (each 20% more). Reasons include food price and currency inflation allowed more purchases with the same amount of funding. The implementing partner's knowledge of local roads and the terrain optimized deliveries and ensured quick adapting of schedules, routes and plans, sometimes on a daily basis. Despite explained challenges (see 3.), this local knowledge greatly contributed to reaching more people and ensured efficient deliveries. People's CSI score went to 13.2 after receiving assistance (target was 10). Monitoring data demonstrate that two-thirds of surveyed households continue to use negative coping strategies to meet their needs after receiving assistance, such as reducing the number of meals per day. This could be due to families attempting to build a stock of food		

items. In relation to food security indicators, the Food Consumption indicator measures the quantity and quality of food consumed by a family during a 7-day period and reflects an estimate of their access to food, and therefore to achieving food security. After the floods hit and prior to WFP assistance, 49% of the households interviewed had acceptable consumption and the remaining 51% had borderline or poor consumption (baseline values). This means that families had little access to food such as protein, fruits, vegetables, as a direct impact of the floods and lack of access to food items or points of sale. After receiving WFP assistance, nearly 90% of households had acceptable food consumption, meaning the number of households nearly doubled.

Activities	Description	Implemented by
Activity 1.1	Local food procurement	WFP
Activity 1.2	Targeting and registration of food assistance beneficiaries	Implementing partners
Activity 1.3	Share with beneficiaries all relevant information (Duration of assistance, meeting points, beneficiary feedback mechanisms, protection mechanisms)	WFP and Implementing partners
Activity 1.4	Food distribution (locally procured)	Implementing partner
Activity 1.5	Monitoring activities (baseline, distribution monitoring, post-distribution monitoring, follow-up, partnership monitoring)	WFP and Implementing partners
Activity 1.6	Reporting (Midterm, final report)	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 areas⁶ 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:

The main channel of coordination with and involvement of beneficiaries during this project was the establishment of beneficiaries' oversight committees. These committees greatly influenced decisions on the planning and implementation of WFP's response, provided recommendations ahead of time (e.g. changes in routes) to WFP and acted as messengers to their respective communities. Thus, WFP was able to build strong relationships with communities and ensure consistent information sharing, which was vital to adapting the response to the changing context. The committees crucially contributed ideas to mitigating risks identified at the beginning of the response, which allowed WFP to efficiently see through the delivery of its food assistance to reach people despite challenges and the changing

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](#).

context. Direct communication with beneficiaries on the PSEA policy through in-person conversations or focus group discussions was a priority, with meetings held in various project locations.

b. AAP Feedback and Complaint Mechanisms:

To foster interactive communication with beneficiaries from the onset of the project, WFP identified various approaches to communicate and coordinate food assistance with the communities, in terms of selection criteria, objectives, scope, prevention of fraud, corruption and sexual harassment. WFP involved beneficiaries proactively in the mapping of the flood extent, identification of alternative access routes and in discussing the approaches to the eventual distribution and composition of assistance. Beneficiaries received clear information on the resources available and the distribution modality. In addition to the above, banners, notice boards and brochures with information about the helpline, and the attention routes for the participants' liaison with the WFP were published in the training spaces prior to the deliveries. Moreover, the transition to toll-free phone lines is currently underway to eliminate an access barrier to this feedback and continuous improvement strategy.

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

Trainings on the prevention of sexual and GBV, new masculinities and shared responsibility in parenting, food security, nutrition and healthy lifestyles were provided throughout the project. Clear, transparent, and complete information was provided to communities on WFP's policy for the Prevention of Sexual Exploitation and Abuse (PSEA), focusing on widely disseminating and raising awareness of this policy. Meetings including discussions on the mainstreaming of gender-based violence through a tool known as "Violentometer", were held specifying actions and identifying referral pathways for communication to affected beneficiaries. This allowed WFP in communicating this information to affected communities alongside their own advocacy to ensure wide coverage. Moreover, WFP supported the distribution of 188 dignity kits by UNWOMEN targeted also specifically to women with children under 5 years, female-headed households and women with disabilities (138 kits at the time of the interim report). Leveraging its feedback mechanism, WFP monitored data on the increase in knowledge of this policy to adapt its advocacy, if needed. Risks around gender and age were mitigated as much as possible and planned based on recommendations from and prior coordination with beneficiaries' oversight committees. No changes in the beneficiary selection criteria were made.

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

WFP achieved near gender balance in its beneficiaries (49% female). Gender and age were among the prioritized selection criteria already at the planning and targeting stage of this response. During food distributions, priority is given to pregnant and lactating women and vulnerable female-headed households with vulnerable mothers. Vulnerable groups (women, elderly) were allowed to bring a companion to distribution sites. Regarding PSEA, please see above. WFP's implementation plan prioritized those people affected by multiple factors amplifying food insecurity, such as prior victims of armed conflict or natural disasters. The selection criteria of beneficiaries took these and other longer-term dimensions of food insecurity into consideration. WFP also acquired 180 pairs of rubber boots for women located in flood-affected areas.

e. People with disabilities (PwD):

WFP tried to include distributions to as many people with disabilities as was possible under the circumstances and emergency nature of the response. As reported in the section on PSEA, WFP supported UN WOMEN in the distribution of dignity kits amongst others to women with disabilities. However, identifying potential beneficiaries with disabilities proved challenging under the circumstances of the response, as their visibility is limited. WFP understands this to be lesson learned for future responses to seek and identify people with disabilities in a more proactive manner. Leveraging its feedback mechanism to identify, seek and analyse feedback related to people with beneficiaries could be an option to do so.

f. Protection:

The risk of crowds during distributions and related biosecurity concerns were mitigated by programming distributions in specific areas for specific population groups, considering biosecurity protocols. Concerns over security during distributions were discussed with the committees and planning made accordingly during daytimes to guarantee people's commute in a safe environment and time. WFP also tried to reduce incidents of gender-based violence during distributions by prioritizing vulnerable female beneficiaries or pregnant

beneficiaries with advance distributions. During distributions, pregnant women and women with children were prioritized to receive assistance, considering the protection aspects of this approach.

g. Education:

WFP carried out a variety of trainings and awareness campaigns with beneficiaries. These include sensitization activities for affected families on environmental conservation (reduce, recycle, reuse) on solid and plastic waste management. This contributed to WFP collecting 80% of food packages from beneficiaries. In addition, exercises were conducted to foster green initiatives, such as encouraging beneficiaries to compress plastic waste to reduce and discourage their improper disposal. The recycled materials were handed over to women-led recycling organisations to improve their livelihoods. Trainings were conducted on food hygiene and preservation of distributed food items to increase knowledge on these food practices, as well as on nutrition of vulnerable populations to continue applying those in their lives and pass them on to future generations. This practical knowledge aims to foster resilience and empower people in the use of food practices for any situation. In the 11 municipalities covered by the project, some communities started to independently identify solutions to improve waste management (including using some materials for livestock or plants) which demonstrates their increased awareness on sustainable development issues.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

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.

Cash-based transfers were not used in this project for several reasons. The extent and level of the floods damaged agricultural fields, roads and therefore, food distribution networks and premises of shops and local retailers. The flood impact exceeded 34,000 hectares of damaged or lost rice and corn fields, and bananas mainly, a loss of more than 8,300 livestock units and more than 877,000 minor species. The local economy suffered serious damage mainly due to the disruption of food distribution channels, which generated the inflation of prices of staple products. Consequently, food availability was low, agricultural producers were unable to meet demand and in general, markets were barely functioning. Impassable or blocked roads and high prices of transportation between rural and urban areas made it impossible for many affected people to travel to shops or markets to purchase food items. Essentially, affected communities were isolated and the families did not have the means to travel to the urban centers. In the evaluation of the assistance modality, WFP emphasized the absence of financial service providers contracted by the WFP, since this was not a priority area for regular food assistance programmes. Moreover, continued price inflation would have strongly affected any value of cash transfers for families. Therefore, in-kind food distributions were considered the most appropriate modality to respond to urgent and critical unmet needs of affected populations during this first phase of emergency response in La Mojana.

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
N/A	N/A	N/A	N/A	Choose an item.
N/A	N/A	N/A	N/A	Choose an item.
N/A	N/A	N/A	N/A	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Colombia- Food brings relief to flood-affected communities	https://medium.com/world-food-programme-insight/colombia-food-brings-relief-to-flood-affected-communities-43950dd7d454
Colombia: alimentos alivian a comunidades afectadas tras desastre	https://medium.com/world-food-programme-insight-espanol/colombia-alimentos-alivian-a-comunidades-afectadas-tras-desastre-fd205497b77
Inundaciones en La Mojana Colombia	https://reliefweb.int/report/colombia/inundaciones-en-la-mojana-colombia
Twitter Colombia WFP	https://twitter.com/WFP_Colombia/status/1451269695529787395 https://twitter.com/WFP_Colombia/status/1438653297313910787 https://twitter.com/WFP_Colombia/status/1489623360980070403
LinkedIn Director Country	https://www.linkedin.com/posts/carlo-scaramella-586113117_lamojana-colombia-humanitarianassistance-activity-6896090632230621184-O_NQ/
Twitter Director Country	https://twitter.com/DirectorWFPCol/status/1490315341007892485 https://twitter.com/DirectorWFPCol/status/1451602496611364867 https://twitter.com/DirectorWFPCol/status/1438654721947021323
Facebook Colombia WFP	Post: https://www.facebook.com/WFPColombia/posts/596313048452046& Video: https://www.facebook.com/watch/?v=359813449017864&ref=sharing
Human Interest Story	https://newgo.wfp.org/news/meet-winner-of-end-of-year-photo-contest-javier-mosquera
ArcGIS map created for the emergency response	https://unwfp.maps.arcgis.com/apps/instant/portfolio/index.html?appid=3d90f0c793914221861261ec225e82aa

3.4 Project Report 21-RR-WHO-037

1. Project Information			
Agency:	WHO	Country:	Colombia
Sector/cluster:	Health	CERF project code:	21-RR-WHO-037
Project title:	Ensuring timely health response to flood-affected communities in La Mojana, Colombia		
Start date:	27/10/2021	End date:	26/04/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 1,500,000
	GUIDANCE: Figure prepopulated from application document.	
	Total funding received for agency's sector response to current emergency:	US\$ 38,600
	GUIDANCE: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.	
	Amount received from CERF:	US\$ 350,177
	Total CERF funds sub-granted to implementing partners:	US\$ 0
	GUIDANCE: Please make sure that the figures reported here are consistent with the ones reported in the annex.	
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 actions developed in health through the CERF Project benefited more than 27,495 people in the departments of Bolivar and Sucre, affected by the emergency caused by the floods in the La Mojana region. The main components were: the provision of health services, public health surveillance, mental health, water, sanitation and hygiene with emphasis on water quality; through individual and collective health strategies implemented in each of the territories, involving the community in capacity building. The prioritisation of the territories was carried out by a MIRA evaluation and the response was strengthened with the local health authorities, managing to integrate the Emergency and Emergency Regulatory Centres (CRUE) and the public Health Service Providing Institutions (IPS) in the region, attending more than 4,730 people from the most distant and vulnerable communities with comprehensive services and delivery of medicines in general medicine, specialised medicine, nursing, vaccination, dentistry and psychology. It was also complemented with community surveillance activities for diseases of public health interest, reaching more than 3,599 people in 840 points characterised, in 871 homes visited. 60 first aid kits, 5 medicine kits, 120 community agent kits, 800 menstrual hygiene kits, 3,750 Covid-19 tests, 20 emergency obstetric kits with medicines, 6 first responder kits, 10,000 personal protection kits, 3 WASH cleaning tool kits, 1 multiparameter photometer, water maintenance reagent kits and a toolbox for health care routes, according to the priorities of care generated by the emergency, were delivered. The strengthening of the health sector response involved the training of health personnel (109) and community authorities (1,598) among peasant leaders and representatives of indigenous communities, which involved strategies for mental health care, maternal health, attention to gender-based violence, child and nutritional health, care routes and community-based public health surveillance.

3. Changes and Amendments

Despite the rapid consolidation of the team of professionals in the field - which facilitated the rapid start of activities in the territories -, the rapid purchase of donations, and the collaboration of local authorities with key issues such as storage and distribution, the execution of the project was put at risk by the violence of non-state armed groups in the Mojana region, which restricted the mobility of the teams in charge of implementation. However, the results were not affected, and the activities were quickly reoriented without generating any negative impact.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	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	3,864	2,576	1,746	1,164	9,350	10,704	9,581	5,166	4,081	29,532
Total	3,864	2,576	1,746	1,164	9,350	10,704	9,581	5,166	4,081	29,532
People with disabilities (PwD) out of the total										
	38	41	10	7	96	78	47	35	12	172

* 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 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 socialisation of sensitive routes such as gender-based violence. The health brigades indirectly benefited people in the most distant and vulnerable communities, thereby minimising barriers to accessing health services. In the sub-regions of public health interest defined by each of the departments, active community searches were carried out, which facilitated the timely diagnosis and control of epidemic diseases, including COVID-19, avoiding the increase of contagion among close contacts. Complementary activities were carried out, such as workshops with health personnel and capacity building at the community level with donations of community kits, considerably increasing the number of beneficiaries in the different components of prevention and emergency response, such as: psychological first aid, community-based public health surveillance, first aid, health care routes, nutritional assessment, maternal and perinatal care, prevention of obstetric emergencies and gender-based violence. Local hospitals were equipped with supplies for medical care and diagnostics, maternal health care and efficient tools for psycho-social and mental health intervention, increasing the number of beneficiaries in these services. The provision of low-complexity medicines was used during health brigade activities in the field. Other people benefited indirectly from the more than 16,000 donations of complementary elements and inputs to the response and with specific actions in water, sanitation and hygiene, such as the provision of a deep well for drinking water services in the municipality of Guaranda; the delivery of hygiene kits, water storage tanks, filters and other implements benefiting more than 2,000 people.

6. CERF Results Framework

Project objective	Increase institutional and community response capacities to save lives and avoid increased morbidity and mortality from preventable causes in the flood-affected communities in La Mojana Region			
Output 1	3,500 women, men and children affected by the floods have access to and receive essential medical services			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of health brigades deployed to affected territories to support Health care delivery in affected communities	10	14	<ul style="list-style-type: none"> - Delivery records - Photographic record - Record of care
Indicator 1.2	H.8 Number of primary healthcare consultations provided	3,500	4,730	<ul style="list-style-type: none"> - Photographic register - Record of care - Attendance register
Indicator 1.3	H.7 Number of functional health facilities supported (health facilities that receive medicines and health supplies to provide care delivery to the flood-affected population)	6	6	<ul style="list-style-type: none"> - Photographic record - Minutes of donations

Explanation of output and indicators variance:	The project was implemented in a multi-threat scenario, which included the emergency caused by the floods caused by the bursting of the Jarillón Cara de Gato, the winter wave, the increase in violence by non-state armed groups and the biosanitary attention of the COVID-19 pandemic. For this reason, specific actions in mental health and primary health care were increased in the health brigades in the field.
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Activities	Description	Implemented by
Activity 1.1	Operational and logistic support to the deployment of surge medical and public health professionals to affected areas	Directly implemented by WHO/PAHO
Activity 1.2	Purchase and delivery of medicines, health supplies and equipment to health facilities located in affected areas and to health brigades deployed to the field	Directly implemented by WHO/PAHO
Activity 1.3	Rapid refresher of local health professionals in clinical management of gender-based violence and morbidity and mortality associated with maternal and child health	Directly implemented by WHO/PAHO
Activity 1.4	Rapid refresher of health professionals and community agents in psychological first aid for support and referral of cases	Directly implemented by WHO/PAHO
Activity 1.5	Develop, update and disseminate patient health care routes for communities in remote rural areas	Directly implemented by WHO/PAHO

Output 2 Increased risk of diseases outbreaks in affected communities are mitigated and timely detected and responded to

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	# of municipalities with a functional and operational surveillance and early warning system.	5	6	<ul style="list-style-type: none"> - Photographic record - EpiCollect Report - Sitrep La Mojana
Indicator 2.2	H.1b Number of people covered by hygiene kits	800	2,165	<ul style="list-style-type: none"> - Photographic register - Attendance register
Indicator 2.3	H.7 Number of functional health facilities supported (health facilities with restored access to safe water supply)	3	3 facilities 251 households 1,120 people	<ul style="list-style-type: none"> - Photographic register - Attendance register - Minutes

Explanation of output and indicators variance:	During the presentation of the CERF Project, it was agreed to focus on strengthening health actions at the community level, taking into account a broad approach to strengthening spaces for social participation, as well as facilitating educational strategies to strengthen primary health care. Therefore, besides the 3 health facilities supported, 251 households and 1,120 people were reached.
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Activities	Description	Implemented by
Activity 2.1	Implementation of Early Warning, Alert and Response System (EWARS) to monitor disease outbreaks in flood-affected areas	Directly implemented by WHO/PAHO
Activity 2.2	Train and equip community members to implement community-based public health surveillance networks	Directly implemented by WHO/PAHO
Activity 2.3	Procurement of rapid tests and sampling kits and deployment of investigation personnel to support detection, contact tracing and isolation of COVID-19 cases	Directly implemented by WHO/PAHO
Activity 2.4	Procurement of reagents and sampling kits for water quality monitoring of water sources and supply systems in flood-affected areas	Directly implemented by WHO/PAHO
Activity 2.5	Mobilization to the field of environmental health agents water quality monitoring and surveillance of water-borne diseases	Directly implemented by WHO/PAHO
Activity 2.6	Purchase and installation of water storage and water distribution solutions in health facilities	Directly implemented by WHO/PAHO
Activity 2.7	Procurement and distribution of water storage and treatment solution and hygiene kits to families in affected communities	Directly implemented by WHO/PAHO

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 areas⁸ 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)⁹:

The project was socialised before the authorities of each of the prioritised municipalities and before the Departmental Health Secretariats, with the participation of Mayors, Government Secretaries, Health Secretaries and representatives of local hospitals. During the development of the project, these authorities facilitated the completion of the training sessions and health brigades in each of the municipalities, and also provided spaces for the storage of donations and the respective distribution in each prioritised municipality. On the other hand, it is important to highlight the community participation in the coordination of each of the activities developed, including health brigades, active community searches, active participation in psychological first aid training, community-based public health surveillance, nutritional health, first responders, among others.

b. AAP Feedback and Complaint Mechanisms:

⁸ 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](#).

⁹ 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](#).

In order to maintain permanent communication with the municipal authorities, a communication mechanism was defined through the Unified Command Post, under the leadership of the National Risk Management Unit, a mechanism that made it possible to follow up on the fulfilment of the project's objectives, favour the calls for proposals, make consultations for each of the activities on the part of the participants and coordinate the activities in an inter-sectoral manner. Another mechanism that favoured the development of the activities was the coordination and articulation of each of the activities with the Territorial Health Secretariats.

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

The protocol for the Comprehensive Care of Victims of Sexual Violence was socialised as part of the contents of the training sessions for health personnel, represented by intersectoral officials, community leaders and social actors involved in the care and protection of the most vulnerable population in the face of gender-based violence. The White Code or Violet Code is a special procedure that is established in the framework of care for victims in cases of sexual violence, activated from the Care Route depending on where the victim is, to provide health care, justice and protection in an articulated and non-victimising way, ensuring quality care to restore autonomy, physical and emotional recovery, to avoid re-victimisation and action with damage.

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

The project considered preferential access to care for women of different ages, as well as training in the prevention of gender-based violence, care in the event of an unwanted event affecting women, differentiated mental health follow-up based on the mental health toolkit 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, the work with community leaders and the inclusion of strengthening their skills in social participation in health is an 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 responders.

f. Protection:

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

g. Education:

Strengthening response capacity in natural and complex emergencies through community ownership and first responder training facilitates sensitivity and recognition of community capacities, complemented by institutional competencies towards a common goal 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	No	N/A

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.

Not applicable, as CVA is not part of WHO's mandate.

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
N/A	N/A	N/A	N/A	Choose an item.
N/A	N/A	N/A	N/A	Choose an item.
N/A	N/A	N/A	N/A	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter	https://twitter.com/ochacolombia/status/1487112283503345673
Twitter	https://twitter.com/OPSOMS_Col/status/1496486363692253186
Twitter	https://twitter.com/OPSOMS_Col/status/1496906792533700609

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name		Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$
			Extended Name	Acronym			
21-RR-CEF-043	Water, Sanitation and Hygiene	UNICEF	Fundación SAHED	SAHED	Yes	NNGO	\$225,644
21-RR-CEF-043	Water, Sanitation and Hygiene	UNICEF	World Vision	WV	Yes	INGO	\$178,424
21-RR-WFP-033	Food Assistance	WFP	Corporación para el Desarrollo Social Comunitario	CORSOC	Yes	NNGO	\$107,610
21-RR-WFP-033	Food Assistance	WFP	Diócesis de Montelíbano	Diócesis	Yes	NNGO	\$35,290