CERF ALLOCATION REPORT ON THE
USE OF FUNDS AND ACHIEVED RESULTS

COLOMBIA
RAPID RESPONSE
VIOLENCE/CLASHES
2022

22-RR-COL-52811

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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.	2 March 2023

AAR took place with OCHA, WFP, PAHO, UNHCR, the Local Coordination Team in Chocó, and Information Managers in Valle del Cauca and Antioquia.

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:

During 2022, confinements in Colombia reached a historical-high number in the last 10 years, with over 102,300 people confined. Around 77 per-cent of them were located in the departments of Chocó, Valle del Cauca, and Antioquia, the majority of whom belong to indigenous (50%) and Afro-Colombian (20%) communities. The affected communities faced protracted needs in terms of protection, food security, livelihoods and health (including mental health), exacerbated by institutional access limitations due to the presence of NSAGs and unfavourable security conditions of the territory.

In this sense, the CERF allocation allowed humanitarian agencies to provide life-saving assistance, **reaching over 63,800 people** with food assistance, livelihoods, protection and healthcare. This CERF allowed UN agencies to reach territories with usually restricted humanitarian access, fostering protection by presence, and strengthened the capacities of local government institutions as first responders to humanitarian emergencies.

CERF's Added Value:

This CERF allocation, in addition to providing a rapid response to urgent needs in situations of confinement, **leveraged important processes for the recognition and visibility of humanitarian impacts** that used to remain unknown to institutions. The CERF allowed agencies to provide permanent accompaniment to the state, with humanitarian organisations opening access to the state in some areas. It also promoted institutional ownership of responsibilities, seeking to contribute to the sustainability and continuity of the response after the end of the project. In this sense, joint planning of activities with the state, such as entering hard-to-reach areas for protection activities or to provide health care, opened up space for greater state presence capacity.

Moreover, the participation of the Local Coordination Team (LCT) Chocó throughout the whole CERF process was fundamental, helping in consultative processes with indigenous and Afro-Colombian leaders during the formulation of activities and definition of prioritized communities, the implementation of the project and its constant monitoring. In addition, this close relationship with community leaders made it possible to carry out activities to strengthen self-protection mechanisms and advance with installed capacity in communities.

Finally, given the recurrent nature of emergencies in these territories, the CERF allowed agencies to **renew their response capacities** in the territory and, at the same time, provided some respite in terms of the state's capacity depletion.

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

Yes ☒ Partially ☐ No ☐

The assistance funded by CERF enhanced the activation 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 helped respond the most urgent needs identified in the territory in a rapid manner. The previous identification of risks and vulnerabilities of the communities in the midst of confinements was key for readiness for rapid response in the event of an emergency.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

This CERF was an opportunity for joint planning and programming of activities at territorial level. In this sense, the formulation of an articulated work plan, the consultation with communities and the joint socialisation with institutions and leaders were good coordination practices.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒ Partially ☐ No ☐

CERF funds promoted the mobilization of additional resources, firstly, with the sole promotion of the recognition of emergencies by the governmental institutions, promoting the humanitarian response from the State. Likewise, the constant accompaniment of the communities and the visibility of emergencies made it possible to mobilise other resources, maximising the project's actions and impact.

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

The CERF funding allowed to significantly increase the number of beneficiaries in some of the most conflict-affected areas. The interventions included consultations and concertation processes with communities to identify the specific needs of girls, boys and women. Gender and age were among the prioritized selection criteria, for instance, supporting 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 girls and boys, including survivors of gender-based violence, and gender minorities (LGBTQI+). 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, activities were designed to be carried out in easily accessible locations, and disability was included as a criterion for beneficiary eligibility.

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, such as community-based protection networks and GBV case management.

[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.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**15,700,000**
CERF	3,000,513
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	1,670,000
Total funding received for the humanitarian response (by source above)	**4,670,513**

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

Agency	Project Code	Sector/Cluster	Amount
UNHCR	22-RR-HCR-016	Protection	500,256
UNHCR	22-RR-HCR-016	Protection - Child Protection	500,255
WFP	22-RR-WFP-027	Food Security - Food Assistance	888,002
WFP	22-RR-WFP-027	Food Security - Agriculture	222,000
WHO	22-RR-WHO-017	Health	890,000
Total			**3,000,513**

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

Total funds implemented directly by UN agencies including procurement of relief goods	**2,108,061**
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	452,857
Funds sub-granted to national NGO partners*	439,595
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**892,452**
Total	**3,000,513**

* 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:

A surge in violence by non-state armed groups has exacerbated the vulnerability of over 170 indigenous and Afro-Colombian communities in and around the Pacific Coast department of Chocó. Intimidation, violence and threats against local communities have resulted in a loss of mobility, restricting people's access to essential goods and basic services, and preventing livelihood activities, free movement, and cultural practices. On 12 January 2022, first reports indicated the onset of changing conflict dynamics, leading to some 1,200 people in strict confinement or isolation. This number rose to an estimated 53,995 people by 6 April in addition to over 224,646 people, who are experiencing limited mobility and access to food, education and health services. Although indigenous communities represent only 17% of population in Chocó, they account for 70% of the victims. The recruitment of children has surged and violence and attacks on indigenous and Afro-descendant leaders has weakened community protection strategies. Suicides among indigenous youth and women reflect the severe impact on communities living under the control of non-state armed groups.

Operational Use of the CERF Allocation and Results:

The Emergency Relief Coordinator allocated $3 million from CERF's rapid response window for life-saving humanitarian action on 20 April 2022. This allocation of funds injected resources into an area with eroded response capacities in the face of recurrent emergencies due to the armed conflict. With the funds, UN agencies were able to provide a joined response of humanitarian actors present in the zone, focusing on food security, health and protection for over 63,800 people of the most conflict-affected areas, especially for people from indigenous and Afro-Colombian communities, who face greater vulnerabilities on account of their socio-economic conditions.

People Directly Reached:

With this CERF allocation, over **63,800 people were reached** in total. To allow for a detailed analysis of the number of people directly reached, all agencies reported their figures by department, population group, gender and age. To avoid double counting of persons, the highest result of people reached by agency per municipality was selected and subsequently diminished by 15 per-cent, calculating this percentage of people were reached in more than one attention. The overall figure of reached people includes 22,945 women, 12,712 girls and 10,152 boys.

Results of people reached by each sector are as follows: 722 people with agriculture activities; 16,523 people with food assistance; 35,133 people with health interventions; 42,853 people with protection interventions and 14,231 girls and boys with child protection.

People Indirectly Reached:

In addition to the immediate impact achieved through this CERF, the activities to strengthen institutions (Public Prosecutor's Office and health service providers) will have an indirect impact on people in the territory not directly served by the project. In this sense, the strengthening of care routes will be beneficial for the more than **200,000 victims** of the conflict who still require assistance in Chocó. Similarly, the training of health caregivers will be able to reach about **42,000 people**, while the mental health campaigns are expected to have a positive impact on about **10,000 people**.

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**
Food Security - Agriculture	195	173	188	166	**722**	195	173	188	166	**722**
Food Security - Food Assistance	3,062	3,445	2,935	3,318	**12,760**	3,866	3,999	4,363	4,295	**16,523**
Health	6,400	4,800	2,400	2,400	**16,000**	10,088	8,386	8,607	8,052	**35,133**
Protection	10,822	10,483	6,425	6,087	**33,817**	22,436	18,825	916	676	**42,853**
Protection - Child Protection	0	0	1,787	1,585	**3,372**	0	0	8,004	6,527	**14,531**

* 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	0	0
Returnees	0	0
Internally displaced people	12,760	21,120
Host communities	3,500	17,216
Other affected people	28,744	25,468
Total	**45,004**	**63,804**

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	13,460	22,945	400	448
Men	13,404	17,996	314	377
Girls	9,039	12,712	193	60
Boys	9,101	10,152	182	52
Total	**45,004**	**63,804**	**1,089**	**937**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-RR-HCR-016

1. Project Information

Agency:	UNHCR	**Country:**	Colombia
Sector/cluster:	Protection Protection - Child Protection	**CERF project code:**	22-RR-HCR-016
Project title:	Protection for victims of confinement by non-state armed groups (NSAGs) in the Departments of Chocó, Antioquia and Valle del Cauca		
Start date:	13/05/2022	**End date:**	12/02/2023
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$ 1,070,511**
Amount received from CERF:	**US$ 1,000,511**
Total CERF funds sub-granted to implementing partners:	**US$ 437,957**
Government Partners	US$ 0
International NGOs	US$ 352,857
National NGOs	US$ 85,000
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

UNHCR and its implementing partners (IPs) provided protection for victims of confinement and others at risk 9 municipalities of 3 departments in Colombia reaching **57,684 people** from 15 May 2022 until 12 February 2023.

This project contributed to achieving 3 outcomes:

1) **15,869 vulnerable children**, especially indigenous and Afro-Colombians affected by confinement benefitted from **improved community-based protection networks and community safe spaces**, thereby mitigating risks of forced recruitment and gender-based violence. This project provided lifesaving psychosocial support to children affected by confinement and its host community through strengthening of community-based protection networks and children safe space, and this taking into account the ethnic component of the community targeted.

2) Protection risks in the context of confinement were reduced through the **distribution of emergency NFIs for vulnerable and at-risk persons**. UNHCR had in stock ready to be used mosquito nets, solar lamps, blankets, kitchen sets and jerry cans. CERF funds were used for transportation costs for these items to be distributed, while a few additional NFIs, such as hygiene kits for women and girls and other items, were purchased with CERF funds. The content of the NFIs considered an age, gender and diversity approach, especially taking into account the specific needs and culture of the indigenous and afro-Colombian communities.

3) **41,815 people** affected by confinement and its host communities had an **enhanced access to registration, emergency protection mechanisms and lifesaving psychosocial support**. This intervention equipped local authorities with institutional capacities to conduct such actions. Activities included the registration of confined and other affected populations by Local Ombudspersons Offices and other Colombian authorities; strengthening of community-based protection mechanisms, especially with indigenous population and; lifesaving psychosocial support to the affected people through workshops or individual intervention

3. Changes and Amendments

As reported in the interim update submitted to CERF in August 2022, the political and security circumstances, outside of UNHCR's control, caused important impediments to the implementation of the three project components. In the first part of project implementation, UNHCR and its implementing partners were constrained to temporarily suspend certain activities, could not access the targeted areas of intervention, and were therefore unable to comply with project timings and implementation plans.
In May 2022, a series of public order incidents affected the areas of intervention in the Chocó department and delayed the start of the project by a month and a half. The security measures and public order incidents surrounding the Colombia presidential elections (held in May and June 2022), also limited the implementation of the planned activities. Incidents related to presidential elections affected the overall Chocó department.

Terre des hommes (Tdh) could only start its community activities on 28 June 2022. Heartland Alliance International (HAI) and Pan American Development Foundation (PADF) started in mid-August 2022.

In October 2022, UNHCR requested a No-Cost Extension (NCE) of 3 months to end the intervention on 12 February 2023. The original end date for this project was 12 November 2022.

As UNHCR and implementing partners regained access to the targeted communities towards the end of 2022, the **3-month no-cost extension** allowed UNHCR and partners to complete activities and even surpass beneficiary targets.

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	542	524	321	304	**1,691**	7,305	6,629	441	359	**14,735**
Host communities	1,082	1,048	643	609	**3,382**	7,036	6,676	0	0	**13,712**
Other affected people	9,198	8,911	5,461	5,174	**28,744**	8095	5,520	475	317	**14,407**
Total	**10,822**	**10,483**	**6,425**	**6,087**	**33,817**	**22,436**	**18,825**	**916**	**676**	**42,853**
People with disabilities (PwD) out of the total										
	325	314	193	182	**1,014**	448	377	18	18	**861**

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	89	79	**168**	0	0	2,963	2,992	**5,955**
Host communities	0	0	179	159	**338**	0	0	2,555	1,018	**3,573**
Other affected people	0	0	1,519	1,347	**2,866**	0	0	2,486	2,217	**4,703**
Total	**0**	**0**	**1,787**	**1,585**	**3,372**	**0**	**0**	**8,004**	**6,527**	**14,231**
People with disabilities (PwD) out of the total										
	0	0	54	48	**102**	0	0	60	52	**112**

* 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 where the project took place. Firstly, those of children who benefited from safe spaces and community-based protection interventions. Secondly, those related to the recipients of NFIs. Lastly, family members and dependents of the persons who received assistance, registration, emergency protection mechanisms and lifesaving psychosocial support.

Finally, According to the National Information Network of the Victims' Unit (UARIV) in Colombia, as of March 2023 there are **208,918 victims** of the armed conflict who still require assistance 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	Providing protection to confined population by non-state armed groups and others at risk
Output 1	Vulnerable children, especially indigenous and afro-Colombian, affected by confinement benefit from community-based protection networks and safe space, thereby mitigating risks of forced recruitment and gender-based violence.

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	CP.3 – Number of children receiving protection support	3,372	14,231	UNHCR implementing partners quarterly and final reports, photo archives.
Explanation of output and indicators variance:		UNHCR and partners gave protection support as expected in the target but also managed to engage with Youth platforms who were trained on community-based protection strategies and replicated them with children in their communities (Riosucio, Carmen del Darién, Murindó). Children from affected communities participated more widely than expected in safe spaces, in which they received protection support. Moreover, children who received education kits also participated in protection workshops, increasing the number of children targeted by this intervention.		

Activities	**Description**	**Implemented by**
Activity 1.1	Prevention of forced recruitment from non-state armed groups through strengthening of community-based protection networks and community children safe space.	Pan American Development Foundation (FUPAD) Terre des Hommes (TdH) Norwegian Refugee Council (NRC)
Activity 1.2	Provision of psychosocial support to children affected by confinement through community workshops on psychosocial risks/support as well as on protection referral pathways for victims of the armed conflict, in complementary or PAHO's activities.	Heartland Alliance International (HAI) Terre des Hommes (TdH)
Activity 1.3	Mitigation of risks of gender-based violence, in particular for children, through strengthening of community-based protection networks.	Pan American Development Foundation (FUPAD) Terre des Hommes (TdH) Corporación Opción Legal (COL) Heartland Alliance International (HAI)

Output 2	Protection risks in the context of confinement are reduced through the distribution of emergency NFIs for vulnerable and at-risk persons, taking into account the specific needs and culture of the indigenous and afro-Colombian communities.

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	Number of mosquito nets distributed, complementing food items distributed by WFP.	20,800	20,800	UNHCR direct implementation reports, photo archives.
Indicator 2.2	Number of solar lamps distributed, complementing food items distributed by WFP	5,400	5,400	UNHCR direct implementation reports, photo archives.
Indicator 2.3	Number of other NFIs distributed (hygiene kits, blankets, kitchen sets, jerry cans, vests, rubber boots, etc.)	3,800	10,920	UNHCR direct implementation reports, photo archives.
Explanation of output and indicators variance:		The distribution initially took longer than expected due to security constraints but met the targets as these NFIs were already on stock. Moreover, given the NCE UNHCR could distribute more NFIs to the recurring emergencies in the area. In 2022, the Chocó was the most affected Department in Colombia by confinements: Document - Confinements in Colombia - January to December 2022 (unhcr.org)		

Activities	**Description**	**Implemented by**
Activity 2.1	Basic provision of Non-Food items (mosquito nets and solar lamps among others) for affected population and host families.	UNHCR direct implementation

Output 3	People affected by confinement and its host communities have access to registration, emergency protection mechanisms and lifesaving psychosocial 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 3.1	PP.1b Number of people accessing protection referral mechanisms and/or pathways.	20,053	17,314	UNHCR implementing partners quarterly and final reports, photo archives.
Explanation of output and indicators variance:		This intervention did not reach the beneficiaries target in Buenaventura, Valle del Cauca due to security constraints which led to humanitarian access restrictions.		

Activities	**Description**	**Implemented by**
Activity 3.1	Strengthening local Ombudspersons Offices and other institutions to ensure timely and effective registration of confined population and provision of lifesaving information, orientation, and legal aid, especially in remote communities	UNHCR direct implementation Corporación Opción Legal (COL)

Activity 3.2	Strengthening of community-based protection mechanisms, especially with indigenous population.	Terre des Hommes (TdH)
Activity 3.3	Provision of life saving psychosocial, in particular to support person with special needs, through individual and community workshops on psychosocial risks/support as well as on protection referral pathways for victims of the armed conflict, in complementarity of PAHO's activities.	Heartland Alliance International (HAI)

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 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]:

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

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, children, 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.

[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.

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 had a specific gender-based violence component within the Child Protection output; Activity 1.3 Mitigation of risks of gender-based violence, in particular for children, through strengthening of community-based protection networks. As such, it had a specific intervention to promote the protection of girls, boys as well as sexual. GBV is a component that was carefully considered throughout the design of this project. Several activities aimed at directly impacting and responding to the consequences and the risks of SGBV faced by vulnerable children of the community. For instance, there was child protection case management trainings for health public officials, with a special focus on protocols surrounding gender-based and other forms of violence towards children and adolescents.

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 girls and boys, 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 psychosocial support and NFIs distribution, UNHCR guaranteed a differentiated approach to the needs of PwD by making sure that their specific needs were taken into account.

f. Protection:

Confined populations have experienced vulnerabilities and thus manifest specific protection needs that call for an adequate psychosocial care. Through the provision of psychosocial services, protection was guaranteed, ensuring safety and promoting community-based protection mechanisms.

g. Education:

Child protection spaces were promoted during the intervention and education kits distributed to children and adolescents at risk so that they can develop their social and emotional learning and use their leisure time pedagogically. Moreover, the project supported some community youth platforms in developing their activities with a youth and child protection focus.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	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.

Cash-based transfers were not used in this project taking into account beneficiaries' remote rural location that hampered their access to local markets. Additionally, the project location neither had financial infrastructure provided (e.g. ATMs, financial service provider offices).

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				

9. Visibility of CERF-funded Activities

Title	**Weblink**
Project Banner	
Operational Update	Document - UNHCR Colombia | Operational Update March-June 2022 Document - UNHCR Colombia Operational Update | October 2022
External Funding Updates	Document - UNHCR Colombia | Funding Update (December 2022)

Donor Newsletter	**DONOR NEWSLETTER # 13** Este boletín incluye información actualizada sobre la respuesta del ACNUR en el periodo de marzo a abril del 2022 a la situación de las personas refugiadas, migrantes, retornadas, desplazadas y con otras necesidades de protección en Colombia. / This newsletter includes the latest information about UNHCR's response during the months of March and April 2022 to the situation of refugees, migrants, returnees, internally displaced persons, persons at risk of statelessness and people with other protection needs in Colombia. El trabajo de ACNUR Colombia en 2022 fue posible gracias a la generosa contribución de donantes gubernamentales, privados y otros como: *UNHCR's work in Colombia in 2022 was possible thanks to the generous contribution of government, private donors and others such as:* Belgium | Canada | Denmark | European Union | France | Germany | Ireland | Italy | Japan | KOICA | Netherlands | Norway | Republic of Korea | Spain | Sweden | Switzerland | United Arab Emirates | United States of America | Central Emergency Response Fund | UN Programme on HIV/ AIDS And to our private donors: L'Oréal Fund for Women | Olympic Refuge Foundation | Private donors Australia | Private donors Germany | Private donors Italy | Private donors Japan | Private donors Republic of Korea | Private donors Spain | Private donors Sweden | Spain for UNHCR | Sweden for UNHCR | Swedish Postcode Lottery | UK for UNHCR | USA for UNHCR | Other Private Donors.
Tweets from UNHCR Colombia with project photographs	https://twitter.com/AcnurColombia/status/1528873408041308161
	https://twitter.com/AcnurColombia/status/1539364545378062338
	https://twitter.com/AcnurColombia/status/1536445806093344768
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	https://twitter.com/elisacarlaccini/status/1526952577732050944
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	https://twitter.com/AcnurColombia/status/1586775187583913985
Tweet with video	https://twitter.com/AcnurColombia/status/1562516340555935747

3.2 Project Report 22-RR-WFP-027

1. Project Information

Agency:	WFP	**Country:**	Colombia
Sector/cluster:	Food Security - Food Assistance Food Security - Agriculture	**CERF project code:**	22-RR-WFP-027
Project title:	Providing life-saving food assistance and restore food security of vulnerable communities affected by multiple crisis including internal violence in the Department of Chocó.		
Start date:	10/05/2022	**End date:**	09/11/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 4,449,627**
Total funding received for agency's sector response to current emergency:	**US$ 2,610,002**
Amount received from CERF:	**US$ 1,110,002**
Total CERF funds sub-granted to implementing partners:	**US$ 200,595**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 200,595
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

CERF's grant contributed to financing emergency food and livelihood assistance for six months to **17,245 affected people** in Alto Baudó and Bajo Baudó in the Chocó department due to increased humanitarian emergencies from escalating violence. Of these, 16,523 people received emergency food assistance and 311 households (722 people as direct beneficiaries) received support for livelihoods, which included agricultural assets (hens and feed) and technical trainings to construct hen houses with the production kits provided. These agricultural inputs were fully distributed by September 2022 to nine communities in Alto Baudo (Puerto Palacios, Santa Rita, Bella Cecilia, Chigorodó, Puerto Valencia, Nauca, Las Delicias, Betatal, Puerto Misael) as planned, with minor delays due to access, weather and security.

WFP initially revised its number of targeted beneficiaries from 12,760 to 16,000 based on its first assessment. All beneficiaries assisted were ethnic communities, of those 70 per-cent were Afro-Colombian and 30 per-cent indigenous beneficiaries. In Colombia, most ethnic populations are food insecure (77% of Indigenous and 70% of Afro-Colombian communities), making them the most food insecure groups in Colombia's society. Around 20 per cent of beneficiaries were people over 60 years.

After receiving WFP's assistance, beneficiaries were able to maintain their levels of food consumption and diet diversity, meaning their food security did not deteriorate. It is important to note that the area was affected by floods in October 2022, which created a difficult situation for beneficiaries to fully recover their livelihoods. The response reached 103 per cent of planned beneficiaries, achieving gender balance (50% female) and every second recipient (52%) was a minor below 18 years.

Continuous monitoring was carried out as planned with baseline monitoring as well as regular pre- and post-distribution one. Initial monitoring identified all beneficiaries as ethnic minority groups and as located in rural areas with no access to local markets, explaining their preference to receive food assistance. WFP provided in-kind assistance and no cash transfers were made under this emergency project (see section 8 for explanation). Some distributions were jointly conducted with UNHCR, for example coordinating distribution schedules to best leverage transportation options and reduce costs and time.

Challenges included security and related protection concerns due to internal conflict, the presence of and hindrance of access by non-state armed groups, the existence of antipersonnel mines, road access and changes in road conditions due to heavy rains, affecting on some occasions the timely access and delivery of assistance to communities. Despite that, WFP distributed more assistance than planned, also due to exchange rate gains during the period of implementation, with all 391.61 MTs of food distributions conducted in July, August and September, under the control of protection and security risks.

Meetings with key actors and the municipal authorities were held as planned, resulting in good local-level coordination to implement deliveries. Throughout this project, Agricultural Technical Assistance Units (UMATAs) of the Ministry of Agriculture accompanied technical visits and livelihood capacity sessions. Despite the commitment, UMATAs in the project region do not possess the staff capacity to continue providing technical support at the time of writing.

3. Changes and Amendments

With 100% of the funding received, WFP distributed 108% of its planned assistance. Close to 70% of this funding was spent on food purchases (USD 725,846). WFP's distributions were implemented as planned with minor delays due to demonstrations in nearby locations, affecting access roads, and security concerns, resulting in temporary access issues and occasional rerouting of transportation routes. However, these incidents overall did not impact distribution schedules, therefore no modifications to the original plans had to be made. No balances remained unspent under this intervention.

A No-cost extension was not requested for this intervention. No changes in the beneficiary selection criteria were made.

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	195	173	188	166	**722**	195	173	188	166	**722**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**195**	**173**	**188**	**166**	**722**	**195**	**173**	**188**	**166**	**722**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	0	0	0	0	**0**

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	3,062	3,445	2,935	3,318	**12,760**	2,646	2,737	2,986	2,938	**11,307**
Host communities	0	0	0	0	**0**	1,220	1,262	1,377	1,357	**5,216**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**3,062**	**3,445**	**2,935**	**3,318**	**12,760**	**3,866**	**3,999**	**4,363**	**4,295**	**16,523**
People with disabilities (PwD) out of the total										
	168	189	161	182	**700**	**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

For emergency assistance, WFP considers all family members as direct beneficiaries and plans and compiles its beneficiary data accordingly. This supports better beneficiary management and calculations of food procurement. For the livelihood component of this project, indirect beneficiaries were those family members that indirectly benefited from generating assets, through the provided hen houses, and from the technical expertise transmitted during the trainings. This means, the livelihood component likely also benefitted 933 indirect beneficiaries (family members of the 311 participating households).

6. CERF Results Framework

Project objective	Ensure access to food for 12,760 people affected by internal conflict in the department of Chocó through in-kind food assistance and emergency recovery of livelihoods
Output 1	3-month in-kind food assistance are provided to 12,760 people

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	FN.1a Number of people receiving in-kind food assistance	12,760	16,523	WFP-IOM
Indicator 1.2	FN.1b Quantity of food assistance distributed in MT	360	391.6	WFP Supply Chain
Indicator 1.3	FS.5a Percentage of households with an Acceptable Food Consumption Score*	85	64	WFP Monitoring
Indicator 1.4	FS.3 Average reduced coping strategy index	10	9	WFP Monitoring
Indicator 1.5	Dietary Diversity Score*	7	4.2	WFP Monitoring
Explanation of output and indicators variance:		Even though a larger number of people receiving in-kind food assistance was reached, the persistence of conflict conditions, the constant presence of NSAGs and access restrictions continued to have negative effects on the population's food indicators, given the difficulty of accessing food crops, fishing and other food activities.		

Activities	**Description**	**Implemented by**
Activity 1.1	Procure food from local sources	WFP
Activity 1.2	Target/Identify and register food assistance beneficiaries	WFP
Activity 1.3	Share with beneficiaries all relevant information (duration of assistance, meeting points, beneficiary feedback mechanisms, protection mechanisms)	IP
Activity 1.4	Food distribution (locally procured)	IP
Activity 1.5	Monitor activities and progress(Baseline, distribution monitoring, post-distribution monitoring, follow-up, partnership monitoring)	WFP
Activity 1.6	Report project progress (Interim, final report)	WFP

Output 2	Food and agricultural assets are provided to vulnerable communities in need of recovering their livelihoods

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	Ag.1 Number of people receiving agricultural inputs (items/packages/kits)	311	311	WFP Monitoring
Indicator 2.2	Number of assets/equipment agricultural provided	311	311	WFP Monitoring
Indicator 2.3	Proportion of the population (%) in targeted communities reporting benefits from an enhanced livelihood asset base	≥ 70	47	WFP Monitoring
Indicator 2.4	FS.1d Percentage of households relying on emergency livelihoods coping strategies	≤15	27	WFP Monitoring
Explanation of output and indicators variance:		The target number of people receiving agricultural inputs was reached, however, only one in two beneficiaries (47 percent) were able to generate benefits from the assets provided at the end of the project. WFP expects to follow up and see clear benefits from these assets in a few months. On the other hand, households interviewed were satisfied with the assistance and the quality of the food (both 94 percent), as well as the timeliness of delivery (88 percent).		

Activities	**Description**	**Implemented by**
Activity 2.1	Target/Identify and register beneficiaries	WFP
Activity 2.2	Share with beneficiaries all relevant information about the project (duration of assistance, meeting points, beneficiary feedback mechanisms, protection mechanisms)	WFP and IP
Activity 2.3	Procurement of agricultural assets	WFP and IP
Activity 2.4	Provide technical assistance to beneficiaries that receive assets.	WFP and IP
Activity 2.5	Monitoring activities and progress	WFP
Activity 2.6	Report project progress	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[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.**

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

As intended in the proposal, WFP systematically involved local communities in decision processes during this intervention. Many community leaders were involved in determining processes, timelines and topics of the trainings, as well as the composition and production procedures of the animal feed. While WFP provided equipment, materials and technical training, beneficiaries took the lead in deciding the modality of how to build and manage the hen houses and whether to do so individually or on community-level. These points were discussed during initial sessions with the communities, in concerted processes. This empowered people to choose the process best suited for their context and enhanced their participation and decision-making, and eventually contributed to their communication at the community level. Further, communities were involved in the timing and locations of emergency food deliveries and updated WFP to better assess security concerns, resulting in access issues. Younger community members volunteered to deliver assistance to targeted households with elderly members, displaying the community spirit and a best practice of coordination of assistance with the communities. This coordination helped build strong relationships with communities and ensure consistent information sharing, which was vital to adjusting deliveries in times of security concerns. Direct communication with beneficiaries on the PSEA policy through in-person conversations or focus group discussions was a priority, with meetings held in various locations.

b. AAP Feedback and Complaint Mechanisms:

WFP proactively presented information on the selection criteria of beneficiaries, project activities and plans and introduction to technical support and construction to the communities, mostly during trainings as part of the livelihood component. As possible, these information sessions were conducted jointly with relevant authorities. For distributions of emergency food assistance, WFP provided 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 disseminated in the training spaces prior to the deliveries. Moreover, the transition to toll-free phone lines eliminated access barriers and enhanced easier access for and proximity to people. WFP is planning additional follow-up visits to the communities by early February 2023, preferably in coordination with UMATAS from the Ministry of Agriculture. Ideally, more visits would follow, coordinated with the same partners. At the point of writing this report, these plans remain to be confirmed.

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

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 to communicate information to affected communities alongside their own advocacy to ensure wide coverage. 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.

[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.

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

The project achieved a gender balance in its beneficiaries (50% female) for recipients of emergency food assistance and livelihood-related trainings. The participation of women in trainings fostered their active participation in the production chain. At the same time, information about the importance of decision-making was shared among family members. Management of the hen houses and production of animal feed seemed equally distributed between men and women in the household, as observed by WFP staff. For emergency food distributions, vulnerable beneficiaries (women, elderly) were allowed to bring a companion to distribution sites. However, specific targeting with emergency assistance proves challenging, when ensuring that affected families receive the most suitable assistance in the fastest possible way. The project's livelihood component strongly considered vulnerable groups, such as elderly participants and female heads of household, to receive capacity training and building kits to construct hen houses. This is visible in WFP's endline data, as 50% of people trained were women and 20% were community members over 60 years, half of which were women. Overall, all beneficiaries of WFP's emergency food and livelihood assistance were ethnic community members, belonging to a national minority group. With these points in mind, WFP was able to train, share knowledge and empower women and considered their specific needs. Prevention of GBV, through the " Violentometer" for women and men, was also important to the project, as well as specific trainings on women's human rights, to increase their personal and social empowerment. Regarding PSEA, see above.

e. People with disabilities (PwD):

WFP's baseline monitoring included surveying and identifying those households with members with a disability. The prioritization exercises to identify eligible households to receive assistance included disability criteria. This is a general criterion for WFP's monitoring exercises, not just for this emergency response. For this response, WFP identified 12% of surveyed households had a member with a disability; however, not all households with this criterion were eventually deemed eligible to receive WFP's emergency assistance (as other criteria did not apply).

f. Protection:

As the project area is a zone with the presence of NSAGs, this generally brings certain risks for visiting teams. One way WFP and partners mitigated these risks was to conduct joint visits, with staff from local authorities and at times UMATA teams, coordinated with the local communities. WFP's assistance was a lifeline to confined communities, often unable to get to markets or locations to purchase food. They participated in the planning and scheduling of distributions of food assistance (see 7.a). Concerns over security during distributions were discussed with the committees and planning was made accordingly during the daytime 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. WFP and partners identified these actions to mitigate protection risks specific to the context in Choco. This project was thus designed with a strong protection emphasis.

g. Education:

WFP carried out a variety of trainings with beneficiaries to convey technical knowledge to empower people to manage production units (for hens) and produce animal feed beyond receiving WFP assistance. These trainings included various technical and operational topics as well, including selection criteria of beneficiaries, presentation of project planning/progress, technical support to the construction of the hen houses, animal health and preparation of animal feed. Further, good practices from other projects and communities were discussed for potential applicability in participating communities. Awareness sessions on composting were held to transfer knowledge on the value-added of animal waste, produced by provided hens, to be used to feed plants in community gardens. WFP as usual leverages training opportunities to communicate such additional knowledge to further empower communities and increase independence and environmental awareness for communities.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	

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. One was beneficiaries' clear preference for food assistance, as expressed during WFP's monitoring assessments. Beneficiaries' remote rural location hampered their access to local markets, even more so following the floods in October 2022. In addition, continued food price inflation and exchange rate volatility in Colombia rapidly reduce the value of cash assistance to purchase fewer amounts of food. The project location neither had financial infrastructure provided (e.g. ATMs, financial service provider offices).

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				Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Colombia: 'Construir galpones ha sido hermoso, bacano y chévere'	https://es.wfp.org/historias/colombia-construir-galpones-ha-sido-hermoso-bacano-y-chevere

3.3 Project Report 22-RR-WHO-017

1. Project Information

Agency:	WHO	**Country:**	Colombia
Sector/cluster:	Health	**CERF project code:**	22-RR-WHO-017
Project title:	Increasing life-saving health services in communities affected by conflict in Choco and Valle del Cauca (Buenaventura), Colombia		
Start date:	13/05/2022	**End date:**	12/11/2022
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☒

Funding

Total requirement for agency's sector response to current emergency:	**US$ 2,500,000**
Total funding received for agency's sector response to current emergency:	**US$ 990,000**
Amount received from CERF:	**US$ 890,000**
Total CERF funds sub-granted to implementing partners:	**US$ 254,000**
Government Partners	US$ 0
International NGOs	US$ 100,000
National NGOs	US$ 154,000
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through the CERF Project, **30,475 primary health care services were provided** to the dispersed rural population affected by the armed conflict, especially by the dynamics of confinement, through 20 comprehensive extra-mural sessions in 96 communities in 10 municipalities in the department of Chocó and 5 in the District of Buenaventura, department of Valle del Cauca, between August 2022 and February 2023. These communities present barriers to access to life-saving health services and deficiencies in the quality of these services because, due to the dynamics of the conflict, much of the rural health infrastructure has been abandoned. The indigenous population (92.98% Embera and 7.02% Wounaan) received 39.15% (11,930) of the services, the Afro-descendant population 60.54% (18,452) and the mestizo population 0.31% (93). Likewise, 16,096 (52.82%) services were provided to women, nearly 8,880 (55.17%) of whom were of reproductive age and 267 (1.66%) pregnant women; 15,045 (49.37%) services were provided to children and adolescents, 5,550 (36.89%) of whom were of childbearing age; and 5,550 (36.89%) of whom were of childbearing age. 550 (36.89%) of these to children under 5 years of age; 335 (1.1%) to persons with disabilities, 3 (0.01%) to members of the LGTBIQ+ community, and 2,004 (6.58%) to persons over 60 years of age. General medical consultations were offered (22.09%); dispensing of medicines (21.43%); oral health (20%, including dental consultations and procedures); promotion and prevention activities (8.03%); and 350 kits were donated to the community. 03%) 350 menstrual hygiene kits were donated; mental health and psychosocial support (5.89%); nursing (5.48%); sexual and reproductive rights (5.02%); vaccination (4.85%); laboratory sampling (4.79%); and nutritional health (2.42%). 1,500 sachets of ready-to-use therapeutic formula were donated to ensure the start of outpatient treatment for children under 5 years of age with acute malnutrition in the prioritised municipalities. Of these, 55 children were identified during the health brigades, guaranteeing the immediate start of treatment.

All of the above allowed and continues to contribute to improving access to health care for the confined communities, recognising that, in the 101 communities reached, on average they had not received health care for a year.

3. Changes and Amendments

The transformation of the armed conflict in the department of Choco, following the reconfiguration of territorial control exercised by the different non-state armed groups, led to an increase in the dynamics of confinement and the direct effects on the civilian population, who are victims of other acts, such as sexual violence against men and women during and in the course of the armed conflict, as well as the use of anti-personnel mines and explosive devices, recruitment and use of children, direct threats, disappearances and individual and collective assassinations that are invisible in the official reports generated by the department. These events increased vulnerability in the initially prioritised territories and it was necessary to request authorisation for additional coverage in the number of municipalities, adding Bojayá, Carmen del Darién, Lloró and Medio San Juan (to attend to the communities of Negría).

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	400	300	150	150	**1,000**	1,008	839	861	806	**3,514**
Host communities	1,200	900	450	450	**3,000**	2,018	1,677	1,721	1,610	**7,026**
Other affected people	4,800	3,600	1,800	1,800	**12,000**	7,062	5,870	6,025	5,636	**24,593**
Total	**6,400**	**4,800**	**2,400**	**2,400**	**16,000**	**10,088**	**8,386**	**8,607**	**8,052**	**35,133**
People with disabilities (PwD) out of the total										
	100	75	38	37	**250**	184	151	0	0	**335**

* 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

In relation to indirect beneficiaries, the following actions were contemplated to reach them:

- Adaptation of 4 intercultural health posts including the water, sanitation and hygiene component, as well as the provision and training of human talent and community promoters, in which it is expected to reach a total of 40,000 people with health care in the term of one year.
- Exchange of knowledge with 200 midwives and birth attendants, who were trained and provided with inputs (early warning kits and vital signs) in the municipalities of Nuquí, Istmina, Bahía Solano, Novita, Quibdó, Litoral San Juan and Bajo Baudó, the dialogues were developed around care practices during pregnancy and the newborn, through the identification of warning signs, timely referral to health services and identification of institutional and community support networks, from which it is expected to reach an average of 2,000 women in a year.
- Mental health promotion campaigns with a focus on suicide prevention and the consumption of psychoactive substances, it is estimated that a total of 10,000 people were reached in the prioritised territories.
- Consolidation of the Departmental Community Surveillance Network with 27 community agents resident in 9 municipalities, 21 communities and 6 neighbourhoods prioritised by the municipal health secretariats, based on the behaviour of the Diseases of Interest in Public Health with the highest incidence and prevalence in the department (Malaria, maternal-perinatal mortality, malnutrition in children under five and attempted suicide) with which it is estimated that a total of 270 alerts will be activated in the term of one year.

6. CERF Results Framework

Project objective	Increase access to life-saving health services in communities affected by the armed conflict in Choco, Colombia
Output 1	Women, children and ethnic groups in situation of vulnerability living in communities impacted by armed violence have increased access to essential primary health services

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 brigades deployed to affected territories to support Health care delivery in affected communities.	16	20	Attendance lists Photographic Registry
Indicator 1.2	H.8 Number of primary healthcare consultations provided	10,000	30,331	Attendance lists Photographic Register
Indicator 1.3	H.1a Number of emergency health kits delivered to healthcare facilities	5	7	Handover reports Photographic Register
Indicator 1.4	H.7 Number of functional health facilities supported	4	4	Handover reports Photographic Register
Explanation of output and indicators variance:		Considering the increasing needs as a result of confinements in extended territories, the activities carried out by WHO were also leveraged, reaching more people than initially planned.		

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement of emergency medical and health supplies to primary health facilities and health brigades to support	PAHO/WHO, delivering: • 7 low complexity medicine kits in Choco.

	care delivery (including PPE, Basic Health Care kits, maternal perinatal kits, emergency obstetric kits, pregnancy tests, long-term contraceptive methods, PDR Malaria).	• 2 dental units • Triage kits • 2 UAIC kits • 2 electric power plants. • 130 first aid kits. • Telecommunications supplies. • anthropometric kits to health institutions to strengthen the timely diagnosis of the population under 5 years of age with acute malnutrition. • 24 foot scales for midwives, in order to strengthen the identification of warning signs of malnutrition in pregnant women and children under 5 years of age at the community level.
Activity 1.2	Operational and logistic support (fuel, transportation) to the deployment of emergency health brigades to provide essential health services to the affected communities.	PAHO/WHO - Barco Hospital Foundation - Departmental Health Secretariat. • Support was provided for the deployment of 20 comprehensive extra-mural days for the health care of communities impacted by the armed conflict. 15 in Choco and 5 in Buenaventura.
Activity 1.3	Implementation of small repairs and rehabilitation works of primary health care posts that integrate emergency medical care, Integrated Care for Prevalent Illnesses, mental health and ancestral intercultural medicine.	PAHO/WHO
Activity 1.4	Rapid refresher course on clinical detection and management of malaria and other prevalent infectious diseases, emergency maternal and perinatal protocols, and emergency first aid.	PAHO/WHO - Departmental Health Secretariat
Activity 1.5	Development, revision and update of care referral routes and safe access routes from rural areas to the reference hospital in the Choco department, including prevention of attacks on health care workers and medical missions.	PAHO/WHO

Output 2	Children, girls, adolescents and vulnerable young adults at risk of suicide are provided with timely and cultural adequate mental health and psychosocial assistance

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	H.9 Number of people provided with mental health and/or psycho-social support services	1,500	2,284	Reports, attendance lists, data bases
Indicator 2.2	Number of mental health alerts responded to in a timely manner and coordinated manner	250	260	Data bases – Departmental Health Secretariat
Indicator 2.3	Number of persons reached by mental health promotion and prevention campaigns	5,000	10,000	Radio campaigns, brochures and billboards

Explanation of output and indicators variance:	Having increased the territorial scope of the project, WHO was able to reach more people than initially planned.

Activities	**Description**	**Implemented by**
Activity 2.1	Organize community workshops with an intercultural approach for the prevention of suicide of school and non-school children and adolescents in the territories most affected by the armed conflict.	WHO/PAHO
Activity 2.2	Organize community and institutional workshops with teachers, community leaders, health personnel, ICBF and other public officials for the consolidation and implementation of psychosocial strategies for the prevention of suicide in adolescents with an intercultural approach.	WHO/PAHO
Activity 2.3	Provide rapid response to community alerts related to mental health problems and/or disorders.	WHO/PAHO – Departmental Health Secretariat
Activity 2.4	Provide individual and group psychological support for health workers (health officials, healthcare workers, community promoters, midwives and teachers) in the territory.	WHO/PAHO
Activity 2.5	Implement mental health promotion and prevention campaigns (e.g. radio announcements and health prevention campaigns) with a community participation and intercultural approach, with a focus on prevention of suicide and consumption of psychoactive substances.	WHO/PAHO

Output 3	Disease outbreaks and acute events of public health interest are timely detected, assessed, and rapidly responded to in the targeted conflict-affected 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	Number of municipalities with a surveillance and early warning system capable of detecting and notifying public health events of high importance.	5	5	Departmental Community Surveillance Network database
Indicator 3.2	H.5 Percentage of public health alerts generated through community-based and/or health-facility-based surveillance or alert systems investigated within 24 hours	70	71.2	Management of alerts reported by the departmental Community Surveillance Network
Indicator 3.3	Number of primary health facilities with restored access to safe water supply.	5	5	Photographic record, minutes of handover to community leaders

Explanation of output and indicators variance:	All the municipalities planned were reached through the action.

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

Activity 3.1	Implement Early Warning, Alert and Response Systems (EWARS) to detect/monitor and guide the response to epidemic-prone disease outbreaks, mental health events and other acute events of public health interest in the targeted communities.	WHO/PAHO
Activity 3.2	Train and equip community members to support detection and first response to health emergencies.	WHO/PAHO
Activity 3.3	Establish and/or strengthen community health surveillance systems in remote vulnerable communities.	WHO/PAHO
Activity 3.4	Mobilization to the field of environmental health agents to monitor water quality and surveillance of water-borne diseases.	WHO/PAHO
Activity 3.5	Procurement of reagents and sampling kits for water quality monitoring of water sources and supply systems	WHO/PAHO
Activity 3.6	Implementation of water storage systems and cleaning interventions at institutional and community levels to ensure access to safe water and basic hygiene in health centers and target communities	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 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]:

In the spaces for capacity building and knowledge exchange, meaningful community participation was promoted, using the principles of community mobilisation, achieving a dialogue process with midwives, community promoters, social leaders, representatives, children, women and wise elders, where communities defined their current health problems, taking into account one of the most important social determinants of their context, such as the armed conflict.

Therefore, it was possible to involve the communities in the detection and solution of some health needs, especially in the processes of community-based surveillance. Likewise, the training and provisioning processes helped to develop elements of sustainability by providing the community with tools for self-management, appropriation of knowledge and a way of collaborative interrelation with health entities.

b. AAP Feedback and Complaint Mechanisms:

The establishment of community and feedback channels was promoted to evaluate the relevance of the response and improve the development and implementation of the proposed actions from a gender, age and ethnic perspective, highlighting the negative effects of

[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.

the context that could put the communities at risk, which was analysed and contemplated in the preparation of the different activities, with special emphasis on the deployment of extra-mural brigades.

The participants were able to evaluate the different actions and have clarity with the local authority on the challenges encountered at the community level that required a complementary response. Likewise, during the individual and collective attention, the right to discretion was made known in advance, taking into account the sensitivity of the issues and the dynamics of the context, and on many occasions the armed actors were present during the development of the activities.

On the other hand, in the actions of brief intervention or first psychological aid, as well as in the activation of GBV cases, the participant was given verbal consent and was clearly informed about the rights of each person.

PAHO/WHO has a permanent focal point and tools such as e-mail, website and telephone contact to receive comments and complaints from the community during the implementation of projects and other actions. The complaints mechanism focuses on the people who directly benefit from the actions, therefore, if complaints are received, they will be dealt with confidentially and in accordance with the established route.

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

Among the fundamental principles that govern our actions is respect for the fundamental rights of people, regardless of their age, gender, sexuality, sexual orientation, disability, religion or ethnic origin, therefore, we have zero tolerance for any type of sexual violence and any abuse of power. Within the framework of this policy, training sessions were held on the policy and key messages were reinforced with all actors, including implementing partners, on the importance of preventing any conduct that puts people's dignity at risk.

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

The needs analysis has shown unequal access by women, girls and adolescents to the resources that make it possible to guarantee the right to health, as well as the existence of determining factors that increase violations, such as a. Overloaded care tasks, b. Naturalisation of sexual violence and other types of violence, c. Absence of family, community and institutional protection scenarios, d. Lack of knowledge and lack of resources for access and implementation of the routes, e. Lack of recognition of the voices of women, girls and sexual and gender minorities, f. Social and cultural imaginaries that reinforce the different types of violence and promote the inferior status of this population, g. Lack of recognition of the voices of women, girls and sexual and gender minorities, h. Social and cultural imaginaries that reinforce the different types of violence and promote the inferior status of this population, i. Social and cultural imaginaries that reinforce the different types of violence and promote the inferior status of this population. The voices of women, girls and sexual and gender minorities are not recognised, e. Social and cultural imaginaries that reinforce the different types of violence and promote the inferior status of this population, f. Men do not receive physical and mental health care and the indicators tend to increase with greater relevance in women in the country because of this process, therefore, it was achieved 1.the deployment of health brigades took into account the main needs of women, girls and boys, without ignoring the importance of guaranteeing access for men as well. 2. Children, adolescents and young adults received in the context of a differential approach strategies to strengthen protective factors associated with mental health and prevention of suicidal behaviour, finding that there is a higher prevalence of suicidal behaviour in women, some of the suicides are related to femicides. 3. Actions were carried out to strengthen life skills, including focused work on empathy and stigma reduction to reduce machismo and homophobia. And 4. Of the 120 people who benefited from capacity building workshops, 75.8% (91) are women who are recognised in the communities and neighbourhoods for their leadership capacity; they are municipal epidemiological surveillance referents; providers of formal health services (Health Provider Institutions and Benefit Plan Administration Companies - EAPB) or health promoters.

e. People with disabilities (PwD):

The development of the health sessions was carried out within the framework of integrality, so that people could access different services on the same day of the first attention, without having to travel to the municipal capitals for consultations, reading of laboratory results or dispensing of medicines, among others.

A member of the health team was accompanying the people who required assistance on an individual basis, as well as the location of the points provided for the attention to facilitate the movement and mobilisation of people with disabilities.

On the other hand, in the spaces for strengthening competencies, specific strategies were provided to accompany children and adolescents who presented some type of disability within the framework of the community Mental Health Gap Action Programme (MHGAP) programme and the problem-solving plus strategy.

f. Protection:

From a protection approach, the following aspects were taken into account:

- The actions promoted people's access to health care and services, providing special attention to individuals and groups in the most vulnerable situations (pregnant women, people with HIV, people with chronic illnesses, children under 5 years of age and people with barriers to accessing health care).
- Based on what was known in the communities and on dialogue with them, care was provided in an environment that did not expose people to physical threats, violence or additional abuses.
- Within the framework of Primary Health Care, actions were carried out to promote physical and mental health and disease prevention, and activities were carried out to strengthen family and community support networks to generate alerts to protect people affected by different victimising events.

g. Education:

The capacity building actions had a competency development approach in which actions at the attitudinal, affective and behavioural levels were promoted. This approach was worked with teachers and community leaders, so that it could be replicated with children and adolescents in schools, in order to ensure the implementation of protective factors for the prevention of suicidal behaviour.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	

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 taking into account beneficiaries' remote rural location that hampered their access to local markets. The project location neither had financial infrastructure provided (e.g. ATMs, financial service provider offices).

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				

9. Visibility of CERF-funded Activities

Title	**Weblink**
Better health for Tutunendo and surrounding communities.	https://elbaudoseno.com/mejor-salud-para-tutunendo-y-comunidades-cercanas/
The CERF Project advances in response to emergencies in the department of Choco.	https://www.paho.org/es/noticias/24-8-2022-avanza-proyecto-cerf-respuesta-emergencia-departamento-choco-acciones-wash-zona
PAHO presented a new project and reactivated a situation room for emergencies to the governor of Choco.	https://facebook.com/445782090887512
In Litoral del San Juan, one of the priority territories, a workshop on Mental Health and Sexual and Reproductive Health was held as part of the CERF-CHOCO project.	https://acortar.link/dCUNRN
PAHO/WHO, in coordination with the departmental and municipal health secretariat of Nuqui, held a workshop to strengthen community capacities.	https://elbaudoseno.com/la-ops-oms-en-articulacion-con-secretaria-de-salud-departamental-y-municipal-de-nuqui-desarrollaron-taller-de-fortalecimiento-de-capacidades-comunitarias/
In Pizarro Bajo Baudo an important workshop was held to strengthen community and institutional capacities in public health surveillance with a community approach.	https://elbaudoseno.com/en-pizarro-bajo-baudo-se-desarrollo-importante-taller-para-el-fortalecimiento-de-capacidades-institucionales-y-comunitarias-en-vigilancia-en-salud-publica-con-enfoque-comunitario/
PAHO/WHO in coordination with the Departmental Health Secretariat and the Mayor's Office of Nóvita held a workshop to strengthen capacities in public health surveillance with a community approach.	https://elbaudoseno.com/la-ops-oms-en-articulacion-con-la-secretaria-de-salud-departamental-y-la-alcaldia-de-novita-realizaron-taller-de-fortalecimiento-de-capacidades-en-vigilancia-en-salud-publica-con-enfoque-comunitario/

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
22-RR-HCR-016	Protection	UNHCR	INGO	$19,505
22-RR-HCR-016	Protection	UNHCR	INGO	$105,000
22-RR-HCR-016	Protection	UNHCR	INGO	$50,465
22-RR-HCR-016	Protection	UNHCR	INGO	$63,929
22-RR-HCR-016	Protection	UNHCR	NNGO	$85,000
22-RR-HCR-016	Child Protection	UNHCR	INGO	$41,660
22-RR-HCR-016	Child Protection	UNHCR	INGO	$45,000
22-RR-HCR-016	Child Protection	UNHCR	INGO	$27,398
22-RR-WFP-027	Food Assistance	WFP	NNGO	$200,595
22-RR-WHO-017	Health	WHO	INGO	$100,000
22-RR-WHO-017	Health	WHO	NNGO	$154,000