

**COLOMBIA
RAPID RESPONSE
FLOOD
2022**

22-RR-COL-54690

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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.

11 May 2023

AAR took place with OCHA, WFP, PAHO, and UNICEF.

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:

Since August 2021, the prolongation of the La Niña phenomenon resulted in a large-scale emergency due to flooding in the La Mojana sub-region (i.e., 3 northern departments, 10 municipalities, 150 villages), affecting more than 160,000 people, making it the most severe disaster emergency in the area in the last 10 years. Most of the communities remained affected for two years with a constant presence of water in their communities, which hindered access to basic services such as education, safe water, health, food and livelihoods. Despite the efforts of state institutions to reestablish the levees to control the flow of water in the area, the persistence of heavy rains and flash floods delayed and damaged the progress of the construction work. Hence, currently, some 32,000 people are still affected by the floodings.

In this context, through CERF RR 21-COL-49434, and subsequently with the approval of top up 22-COL-54690, the United Nations agencies involved sought to provide humanitarian response to save lives in the most affected municipalities with the least response capacity on the part of the State. Particularly, through the CERF 22-RR-COL-54690, **over 61,000 people were reached**, having received physical and mental health care, food assistance, and help in accessing safe water tailored to their uses and customs. All of this, in addition, was accompanied by constant accompaniment and advocacy with the State at the local and national level as the first responder.

CERF's Added Value:

The CERF funding allowed humanitarian actors to accompany communities in a protracted crisis situation, providing life-saving services and allowing humanitarian organizations to remain in an area where their presence has historically been limited. This, in turn, was very relevant to maintain protection by presence, taking into account that the territory, in addition to facing needs due to disasters, has a constant presence of non-state armed groups.

It is worth noting that this project, by allowing for a longer presence and reaching new communities, was catalytic in promoting the appropriation of solutions by the communities. In this sense, in addition to providing immediate humanitarian aid, it also promoted the adoption of mechanisms to cope with the emergency according to the customs of the communities, strengthening their resilience. In addition, close collaboration with the communities also made it possible to foster honest and open dialogues between the State, humanitarian organizations and the affected population on climate change, resilience and medium- and long-term mechanisms to face disasters.

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

Yes

Partially

No

The approval of this CERF allowed the Local Coordination Team to prioritize communities to ensure a rapid delivery of assistance in articulation with local institutions.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Activities funded by the CERF allocation allowed agencies to timely assist affected populations in terms of the most pressing needs, i.e., those related to health, food security and water, sanitation and hygiene.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

The allocation of the CERF allowed humanitarian organizations to improve coordination, with a further empowerment of the Local Coordination Team in Córdoba and the constant accompaniment of OCHA. Moreover, these funds allowed the humanitarian partners to keep articulating closely with the State as the first responder.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

The CERF allocation helped the LCT to keep making visible the protracted needs of communities for the mobilization of resources. In this sense, it guaranteed that the State would keep investing both in humanitarian response and in infrastructure-related activities.

Considerations of the ERC's Underfunded Priority Areas¹:

The CERF funding allowed to significantly increase the number of affected population by this protracted crisis. 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, and provided for accessibility for people with disabilities through 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, SRH, the identification of leadership within the communities and risk mitigation mechanisms.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	29,768,890
CERF	2,004,856
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	0
Total funding received for the humanitarian response (by source above)	2,004,856

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

Agency	Project Code	Sector/Cluster	Amount
UNICEF	22-RR-CEF-055	Water, Sanitation and Hygiene	585,000
WFP	22-RR-WFP-051	Food Security - Food Assistance	934,856
WHO	22-RR-WHO-031	Health	485,000
Total			2,004,856

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

Total funds implemented directly by UN agencies including procurement of relief goods	1,361,082
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	176,970
Funds sub-granted to national NGO partners*	466,804
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	643,774
Total	2,004,856

* 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 persistence of atypical rains resulting from the La Niña phenomenon and the rupture of three dikes has led to new flooding in la Mojana region, causing widespread damage. The Governments' Disaster Management unit (UNGRD) requested international assistance to the humanitarian community on 7 July 2022. Moreover, in November 2022, given the increase in emergencies due to the heavy rainy season increased by the La Niña phenomenon, a declaration of a national Disaster was announced by the Colombian government. As of January 2023, the La Niña phenomenon persists in Colombia, worsening the situation of those affected by the floods in the La Mojana subregion. Over 160,000 people were affected by the protracted floodings in three departments of the subregion.

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.

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 in the Food Security, Water, Sanitation and Hygiene (WASH) and Health sectors. Despite the fact that, through the allocation of CERF 21-RR-COL-49434, it was possible to respond to some 74,300 people, seeing the prolongation of the needs due to the persistence of floods, the approval of this top up made it possible to respond to the urgent needs that remained in terms of food security, health and water and sanitation. Building on the activities already advanced through the first project in 2021, the installed capacities were capitalized, which allowed reaching more than 60,000 people with US\$2 million.

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, **61,060 people** were reached with assistance. To avoid double counting of persons, the result of people reached per organization was diminished by 20 per-cent, calculating this percentage of people were reached in more than one attention. Hence, around 21,270 women were assisted, 23,971 men, 8,455 girls and 7,364 boys received attention with this CERF allocation.

People Indirectly Reached:

Through this allocation, in addition to the 61,060 people reached with direct assistance, activities related with the dissemination of key messages on hygiene and disaster risk management through radio wedges reached some 20,500 people. Moreover, some other 10,000 people were benefitted with the with the training of community health personnel, the equipping of local health centers, and the provision of water purification and hygiene supplies, in addition to leaving installed capacity in the targeted municipalities for future needs in access to safe water, medical assistance and nutrition.

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	4,565	4,565	3,751	3,751	16,632	5,143	5,935	2,942	3,122	17,142
Health	4,800	3,600	1,800	1,800	12,000	16,959	19,214	4,508	3,128	43,809
Water, Sanitation and Hygiene	4,296	3,932	1,840	1,932	12,000	4,486	4,815	3,119	2,955	15,375

* 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	0	0
Host communities	0	0
Other affected people	40,032	61,060
Total	40,032	61,060

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	13,661	21,270	390	149
Men	12,097	23,971	357	137
Girls	7,391	8,455	193	99
Boys	7,483	7,364	205	100
Total	40,632	61,060	1,145	485

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-RR-CEF-055

1. Project Information			
Agency:	UNICEF	Country:	Colombia
Sector/cluster:	Water, Sanitation and Hygiene	CERF project code:	22-RR-CEF-055
Project title:	Water, sanitation, and hygiene response to floods in the La Mojana region		
Start date:	22/08/2022	End date:	21/02/2023
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\$ 12,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 450,000
	Amount received from CERF:		US\$ 585,000
	Total CERF funds sub-granted to implementing partners:		US\$ 542,189
	Government Partners		US\$ 0
	International NGOs		US\$ 176,970
National NGOs		US\$ 365,219	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and its implementing partners, with the coordination of state authorities at the local, departmental and national levels, directly benefited 15,375 people from 4,895 families settled in 31 communities in rural territories through the guarantee of access to WASH services such as the rehabilitation and improvement of aqueducts for water treatment and installation of photovoltaic systems for the use of clean energy, construction and rehabilitation of sanitary batteries and hand-washing stations in educational institutions which included the delivery of critical inputs such as water filters at the family level and hygiene kits.

The project had a direct impact on 15,375 people in 31 rural territories in 4 municipalities in the subregion of La Mojana (Majagual, Sucre; San Benito de Abad, Sucre; San Marcos, Sucre and Ayapel, Córdoba) that allowed mitigating the consequences of the floods due to climate variability, between the months of August and April 2022 and 2023, respectively.

To prioritize the communities, the actions carried out in the former CERF RR were taken into account, not only by UNICEF partners, but also by UNHCR's filter delivery activities and PAHO's water quality monitoring strategies. This process was led by the WASH Cluster.

Additionally, the prioritization of communities and the type of action were coordinated first through the Departmental Risk Management Councils and then with the Municipalities.

The main results included, 7 rural aqueducts were rehabilitated, giving 7,035 people access to water, and 6 schools improved access to quality services by rehabilitating sanitary facilities for 1,817 children and adolescents. This strategy included training actions in good hygiene practices reaching more than 15,375 people through 93 workshops and 279 hours that included topics such as hand washing, water management at the point of consumption, excreta management and menstrual hygiene management and the delivery of different products with key messages such as brochures.

Likewise, the actions were accompanied by the delivery of inputs, achieving that 1,666 families from 19 communities that were trained received filters for water treatment at the household level; 2,111 families from 22 communities received family hygiene kits; and more than 110 people grouped in 7 committees or rural action boards for water and adaptation to climate change were strengthened through more than 30 theoretical and practical workshops and the delivery of inputs, protection and technical equipment and tools for the operational sustainability of aqueducts.

3. Changes and Amendments

No changes or amendments requested.

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	4,296	3,932	1,840	1,932	12,000	4,486	4,815	3,119	2,955	15,375
Total	4,296	3,932	1,840	1,932	12,000	4,486	4,815	3,119	2,955	15,375
People with disabilities (PwD) out of the total										
	251	230	107	112	700	9	6	0	3	18

* 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 20,500 people benefited indirectly through the dissemination and broadcasting of more than 120 hours of key messages for the promotion of hygiene and disaster risk management through the radio station: Radio Majagual dial, located in the municipality of Majagual and broadcasting in the main population centers of San Marcos, Ayapel and San Benito de Abad.

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 checked="" type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard Women 2,870 Men 2,625 Girls 1,224 Boys 1,281	8,000	7,035	- Feasibility studies - WASH Baseline - WASH Services UCER Database - MIRA reports - Mayor's office censuses - Photographic records - Listings and support of deliveries
Indicator 1.2	Percentage of people who report using a safe, dignified and functional sanitation facility with functional handwashing facility (with soap/cleaning agent and water) Women 1,076 Men 984 Girls 459 Boys 480	3,000	2,717	- WASH Baseline - Children and adolescents enrolled in schools through the SIMAT system - MIRA reports - Photographic records - Delivery certificates - Infiltration tests
Indicator 1.3	WS.16a Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits) Women 4,305 Men 3,938 Girls 1,836 Boys 1,922	12,000	12,960	Attendance list - Reports - Meetings minutes - Photographic records - Brochures, booklets
Indicator 1.4	WS.16b Number of WASH/hygiene kits distributed	1200	2,111	Attendance list - Reports - Meetings minutes - Photographic records
Explanation of output and indicators variance:				

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.	SAHED Foundation Action Against Hunger
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.	SAHED Foundation
Activity 1.3	Deliver key hygiene items and the promotion of key hygiene practices, mainly those that prevent the spread of diseases. It includes filters, water purification tablet, among others.	SAHED Foundation Action Against Hunger

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:

The entrance to the community was carried out with the leaders of the territory and in coordination with the institutions, open dialogues for socialization and identification of WASH problems in their territories were arranged, then, solutions for the response to the floods effects on WASH services were jointly proposed and socialized. In community spaces and schools were place banners and deliver flyers communicating different alternatives and communication channels such as suggestion boxes, telephone numbers, numbers for text messages and whatsapp. There were also periodic field visits by UNICEF territorial and national staff and joint missions with OCHA. In addition, data collection, baseline analysis and management of solutions considered data disaggregated by population groups (age, gender, ethnic group, disability).

b. AAP Feedback and Complaint Mechanisms:

Feedback mechanisms were implemented in open meetings convened a few days in advance, suggestion boxes, forms, partner staff and focus groups. All of these were available to the population, no personal data was requested, so they could be used anonymously, with the exception of the feedback receive directly by UNICEF and the partners' staff; the other mechanisms were collected every fifteen days.

The main feedback was given through face-to-face meetings with both communities and leaders, if required item or activity was technically, economically, and temporarily possible the community will be notified about the adjustments to the intervention. In cases where the response to the feedback was not in accordance with what was requested, the community was given an answer as to the reasons for that decision.

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):

There were no complaints or situations related to sexual exploitation and abuse in the project. 100% of the staff of the implementing partners have been trained in prevention of sexual exploitation and abuse -PEAS by Unicef focal point that allows them to know mechanisms and routes for reporting and identification of cases. In the case of implementing partner providers, training by the partner and pre-test and post-test evaluations were required. Also the different lines for reporting cases of SEA were communicated to the community. In addition, during programmatic visits, questions were asked about the implementation of PSEA actions, and the required improvements were followed up.

It is worth mentioning that Action Against Hunger had a low risk level in SEA. While the SAHED Foundation has a medium risk level, but the gender area of UNICEF together with the partner has an improvement plan to lower this risk level.

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

The collection of information include disaggregated data by gender and age, and the risks and needs of girls, women and LGBTIQ+ these were identified. Aspects related to gender and equity issues are addressed in a cross-cutting manner with inclusive language. In the activities to socialize the scope of the project with the community, the gender and rights approach is reiterated, especially for women, girls. At the technical level, this meant, among other things, improvements in the latrines so that they are lighted, have a door-lock, are ventilated, have mirrors and comfortable spaces for menstrual hygiene management. Among the hygiene practices that were addressed, the management of menstrual hygiene was discussed with girls, boys, adolescents, men and women in order to overthrow myths and prejudices in this regard, and with directly with girls and women information and elements to improve the practice were delivered.

e. People with disabilities (PwD):

All WASH actions were performed with a differential approach for people with disabilities, promoting inclusion through adequate, optimal and dignified spaces such as the construction of technically designed bathrooms, easy access ramps, sink heights, support handrails, and inclusive language.

f. Protection:

The protection of affected people was incorporated through and in each of the actions with a cross-cutting approach, as well as through community-implementing partners-Institutionality communication channels. One of the results of integrated protection within the framework of the project consisted in the accompaniment of the institutional framework in some territories through the offer of programs and services, as well as the identification of routes for reporting eventualities in the communities.

g. Education:

The educational aspects of the project have been considered as the fundamental and main factor for the purpose related to the rooting and naturalization in the communities of good hygiene practices and sustainability in all the interventions carried out both at the aqueduct level and in educational institutions.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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.

It should be noted that, given the context of permanent floodings and loss of livelihoods, the provision of cash and voucher assistance was not possible nor ideal in these communities.

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		US\$		

9. Visibility of CERF-funded Activities

Title	Weblink
UNICEF in Action - Winter Emergency, La Mojana	https://www.youtube.com/watch?v=5p6pLY3bflA
In #LaMojana, 1509 people including children and adolescents, received 445 filters for safe water consumption and 560 hygiene kits in Sucre and Córdoba.	https://twitter.com/unicefcolombia/status/1595890355307745280?s=46&t=Oo_X_WL5VLnSh21OGx37ng

3.2 Project Report 22-RR-WFP-051

1. Project Information			
Agency:	WFP	Country:	Colombia
Sector/cluster:	Food Security - Food Assistance	CERF project code:	22-RR-WFP-051
Project title:	Provide life-saving food assistance to people affected by extensive floods in the Mojana Subregion		
Start date:	16/08/2022	End date:	15/02/2023
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\$ 3,500,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,500,000
	Amount received from CERF:		US\$ 934,856
	Total CERF funds sub-granted to implementing partners:		US\$ 101,585
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 101,585	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

CERF's grant enabled WFP to finance in-kind food assistance for three months to nearly 17,142 affected people in eleven municipalities across Sucre, (Sucre, Majagual, San Marcos, Guaranda, San Benito Abad and Caimito), Cordoba (Ayapel), Bolivar (Achi, San Jacinto del Cauca and Magangué), and Antioquia (Nechi) between August 2022 and February 2023, reaching 105% of the planned beneficiaries. Some of the beneficiaries were elderly people (14%) and children under 5 years (11%), while nearly every second beneficiary (47%) was female, reflecting WFP's prioritization criteria. Based on its needs assessment, WFP decided to provide assistance across the above-mentioned eleven locations instead of the originally identified eight locations with the same CERF funds (see interim report). The operation was implemented through two cooperating partners: *Dioceses de Montelibano* and the *Corporación Para El Desarrollo Social Comunitario* (CORSOC).

Due to efficient spending and favourable exchange rates, WFP reached more beneficiaries with in-kind food baskets designed to cover 50% of the nutritional requirements (half rations). Overall, WFP spent 100% of this grant to deliver 406 metric tonnes of food assistance (105% of planned).

Monitoring data revealed that, while considerably fewer households applied severe coping strategies to meet their food needs, reducing the number or size of daily meals decreased (although the practice persisted as a coping mechanism). This is likely to have happened because households decided to stockpile food in fear of future shortages due to increasing food prices in the market (given inflation rates in 2022). Compensating half rations and facing inflation, households likely had fewer available resources to buy food, impacting their

consumption and nutrient intake. Further, WFP conducted its phase-out monitoring over five weeks after the last delivery in December, at a time when families were facing the usual seasonal challenges to fully meet their food security needs. The presence of floods meant that families were under water for more than a year preventing any activity to recover their livelihoods. Since floods in La Mojana had not receded much, it is likely that beneficiaries remained with little access to markets and little progress in recovering their flooded livelihoods, fully depending on food assistance. Other impacts of the prolonged floods on households included the loss of crops, livestock and thus, income sources. Overall, these prolonged conditions and people's practices impacted food consumption and nutrition, through the consumption of food of lower quality or fewer food groups, compromising their overall quality of food intake and diet diversity. Aside from that, WFP's monitoring revealed that 10% fewer beneficiaries received any type of assistance from other sources, which could indirectly contribute to increased fear of shortages and reduced purchasing power. All these indicators confirm that the food assistance provided lifesaving support, as it was the main –when not the only- source of food. Food security would have deteriorated further if assistance would not have been provided.

The prolonged floods' biggest challenges to this response were 1) to ensure access to delivery points and the navigability of access routes and 2) the security situation due to the presence of Non-State Armed groups (NSAGs) and related security concerns. Here, the active participation of beneficiary committees, established by WFP, was vital in planning delivery logistics and locations, identifying mitigation measures to ensure safety and protection, assessing access routes in real-time and communicating concerns and feedback. Digital and face-to-face communication channels allowed WFP to foster relationships, ensure accountability, and take informed decisions in real-time while reducing security protection risks (see 7.a./b.).

Due to the severity of flood damage to agriculture, markets, infrastructure and products, and the very dispersed rural nature of the affected areas, WFP opted to provide all its assistance as in-kind food kits. No cash transfers were made during this intervention (see 8). This modality responded to people's preference for food items over other types of assistance. The communities were made aware of the importance of avoiding food waste through awareness trainings on solid waste management. Strong coordination relationships with other humanitarian actors, local partners, and the local government, including with the Government's Unified Command Post, contributed to an efficient WFP response.

WFP was able to develop its response strategy, expand geographic coverage, as well as select the transfer modality based on the findings of the initial needs assessment, which also boosted beneficiary engagement and coordination with local authorities. Despite the presence of NSAGs, challenging access conditions, and limited connectivity deliveries and post-distribution monitoring exercises were implemented as initially planned. Continuous monitoring enabled WFP to not only target deliveries but also to adapt its response to the changing context.

Since floods affected this region for a second consecutive year, roughly every third recipient of assistance (35%) was assisted with food in both years. This demonstrates the continued need for longer-term livelihood solutions for these flood-affected populations and for enhanced emergency preparedness measures in the La Mojana region to mitigate the impacts of future flooding.

3. Changes and Amendments

Deliveries were conducted in October, November and December 2022 as planned and finalized with the vital coordination of the oversight committees. Ever-changing water levels required continuous changes to transportation routes and distribution points, as around 30% of available land roads were in poor condition, complicating access. These adjustments in routes, however, did not affect the original delivery schedules. Despite the challenges, all deliveries were implemented on time and as planned, with no delays occurring during this project. No modifications to the original implementation plan were made or required. WFP did not have any unspent balance under this grant.

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	4,565	4,565	3,424	3,751	16,305	5,143	5,935	2,942	3,122	17,142
Total	4,565	4,565	3,424	3,751	16,305	5,143	5,935	2,942	3,122	17,142
People with disabilities (PwD) out of the total										
	91	91	68	75	325	96	96	72	79	343

* 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 targeted municipalities were counted as direct beneficiaries to ensure full coverage of this location, as all people were considered as affected by the flood situation. The expansion of geographic coverage was based on the needs assessment of vulnerability and prioritization criteria, and on requests from local disaster-management authorities. This expanded the pool of direct beneficiaries. Since WFP's provides food transfers and capacity-strengthening assistance, all people receiving both types of support are considered direct beneficiaries.

WFP and its implementing partner made various observations during deliveries and monitoring activities, demonstrating that additional people indirectly benefitted from the project. WFP's awareness campaigns (see narratives) likely reached indirect participants, such as family members. WFP noticed households and even some communities started to independently identify solutions to improve waste management (see 7.g), demonstrating their increased awareness acquired indirectly from participants.

6. CERF Results Framework

Project objective	Ensure food access through in-kind emergency food assistance to 16,305 people affected by floods in La Mojana subregion			
Output 1	3-month in-kind food assistance provided to 16,305 people in La Mojana subregion of			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>
Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of women, men, boys and girls receiving food	16,305	17,142	WFP registration records
Indicator 1.2	Quantity of food provided in metric tons	386.4	406.2	WFP information system
Indicator 1.3	Percentage of households with Acceptable Food Consumption Score	90	58	WFP Post distribution monitoring at household level or on-site
Indicator 1.4	Consumption-based Coping Strategy Index (Average)	10	9.9	WFP Post distribution monitoring at household level or on-site
Explanation of output and indicators variance:		<p>With this grant, WFP reached 17,142 beneficiaries with emergency food assistance in La Mojana, which is 105% of the originally planned figure. The agency was able to purchase additional food supplies (105% of the planned volume) for distribution to 837 more people than initially planned.</p> <p>The intermediate post-distribution monitoring (PDM) in October demonstrated an improved food security situation, as nearly every second household (47%) was consuming three or more meals a day, compared to 33% before receiving assistance. In addition, some coping strategies associated with crisis situations, decreased in the same period, such as selling fewer productive assets or engaging considerably less in risky activities (29% down to 8%).</p> <p>The Food Consumption Score (FCS) stood at 58% at the end of the intervention, as households made efforts to stock up on food reserves due to uncertainty and failing to recover livelihoods. Fewer families reduced the</p>		

number of daily meals and portion sizes than before receiving assistance. Having received food rations to cover only 50% of the nutritional needs, households had to spend more money to compensate for additional food items. However, with reduced purchasing power, compensation was often incomplete, or families bought food items of lower quality. WFP conducted its exit monitoring over five weeks after the last delivery in December, once families had returned to lean season conditions with challenges to meet food needs, while not being able to recover their livelihoods. Considering that WFP's food baskets are calculated to last for one month, beneficiaries were consuming fewer food items again by the time of WFP's last monitoring visit. In this context, the conditions and people's coping behaviour likely impacted their overall food consumption (thus, the reduced score). Reduced quality of consumed food items additionally impacted people's diet diversity. At the end of the assistance, considerably fewer households applied severe risky coping mechanisms to meet their food needs (CSI at 9%).

Being a prolonged emergency in a dispersed rural area, households likely continued to apply coping strategies, in fear of recurring floods, continuing high food prices and the lack of income-generating livelihood opportunities (income reduced by 18% between baseline and exit line monitoring). Households have so far not been able to recover livelihoods, as most families' income sources revolved around agriculture and livestock that were destroyed. Families expressed the need to receive longer-term livelihood assistance from WFP to help restore crops and livestock to transition to self-reliant income generation.

Given the challenges in reaching points of sale, households had limited access to diverse food sources like animal protein, fruits, and vegetables. In that context, 80% of all beneficiaries expressed a preference to receive in-kind food assistance, avoiding arduous commute to remote points of sale and mitigating protection risks, while circumventing high food prices and saving on transportation costs.

Almost all beneficiary households (98%) were satisfied with the assistance and the quality and timeliness of the food received. All monitoring exercises were conducted as planned during the project.

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

WFP and the beneficiary communities established oversight committees of five people per location (composed of women and men) at the beginning of the project (for the entire duration). These committees served as the primary communication and coordination channel and significantly contributed to the efficient, timely and coordinated implementation of this project. The committees greatly contributed to decisions on the composition of food assistance, locations and dates of deliveries, as well as the routes due to changing water levels, and acted as messengers to their communities. Through these channels, feedback and information were efficiently transmitted, often in remote areas with little connectivity. Information from the committees was vital in ensuring beneficiaries' safety at delivery points and determining open, accessible and central delivery points (sports centres, community halls etc) and approaches to distributing the assistance to prioritize the elderly, children, people with disabilities and women. Likewise, communication with community leaders, municipal offices and committees aided in communicating the neutrality of WFP's assistance and the impartiality of all actors involved (not to politicize aid). Leveraging the local knowledge of these committees about the terrain and access routes greatly aided WFP in planning efficient distribution logistics, adapting to the ever-changing context and having real-time information to address concerns related to security and protection. Thus, these committees also contributed to identifying and mitigating risks related to the implementation.

b. AAP Feedback and Complaint Mechanisms:

WFP leveraged its gender workshops across all implementation locations to communicate information on its helpline. 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, and prevention of fraud, corruption and sexual harassment. Via this WFP hotline, beneficiaries also 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 WFP were published in the workshop spaces. Moreover, WFP transitioned its helpline to be toll-free in late 2022, which eliminated any access barrier to this feedback and continuous improvement strategy.

Under this project, most beneficiaries contacted WFP's hotline via traditional phone calls (70%), mostly calling the hotline from San Marcos, Jacinto del Cauca and Sucre municipalities. The preference for phone calls could be explained by the connectivity challenges in the project regions. The main topics of concern for beneficiaries to discuss were regarding assistance categories, selection criteria and the duration of food assistance. Most callers were women, which is in line with WFP's overall CFM data and priority topics, as mostly female beneficiaries call the hotline to inquire about assistance for their families (composition, duration or criteria).

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

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](#).

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 to communicate this information to affected communities alongside their advocacy to ensure wider coverage.

Gender-focused workshops across all locations communicated WFP's Zero Tolerance policy to the communities, aiming to avoid sexual exploitation and abuse cases against the beneficiaries. The workshops also covered the work teams of the implementing partners, local allies and the local authorities, securing their alignment with the policy and preventing abusive conduct. Different strategies, such as the game the "equality box", were introduced to beneficiary communities on concepts of human rights, gender, gender roles and gender equality to highlight the gender gaps and the role of women in society and a family's household. The workshops also raise awareness of diversity, stereotypes, and how these can foster gender-based violence and how to spread information on care routes in their municipalities to seek support and institutional attention.

Leveraging its feedback mechanism, WFP monitored data to measure the increase in knowledge of this policy to adapt its advocacy, if needed. Oversight committees were strongly involved in coordinating and making recommendations to mitigate risks around gender and age as much as possible. Committees' suggestions included having elderly vulnerable people accompanied.

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

Gender and age were among the prioritized selection criteria at the response planning and targeting stage. WFP achieved near gender balance in its beneficiaries (48% female), while 12% of recipients were elderly above 60 years and children under five years (of both genders). WFP prioritized pregnant and lactating women and vulnerable female-headed households to receive assistance during food distribution. Vulnerable groups (women, elderly) were allowed to bring a companion to distribution sites.

The committees in each location were composed of women and men of all ages to ensure equal participation of interests and concerns, which enabled these committees to represent various population groups. The selection criteria of beneficiaries took longer-term dimensions of food insecurity into consideration. WFP's implementation also prioritized those affected by multiple factors amplifying food insecurity, such as prior victims of armed conflict or earlier natural disasters.

Regarding PSEA, please see the above.

e. People with disabilities (PwD):

Within the constraints of the situation and the emergency nature of the response, WFP made an effort to provide assistance to as many families with members with disabilities as possible. As per WFP's baseline monitoring, some 6% (with some kind of physical or mental disabilities) of beneficiary families communicated to have a family member with disabilities. However, given the circumstance of the response, identifying and monitoring assistance provided to such beneficiaries proved challenging. In the end, some 340 beneficiaries received assistance under this response, most of these people were male/female adults.

WFP considers this to be a lesson learned for future responses to actively seek out and identify people with disabilities. It may be possible to achieve this by leveraging its feedback mechanism to locate, collect, and analyze feedback regarding individuals who have beneficiaries. For initial planning, WFP leveraging baseline data from its vulnerability targeting and official government data (DANE).

f. Protection:

Thanks to the coordination with the oversight committees, beneficiaries had a channel to communicate their protection concerns from the onset of the project. Eventually, WFP and the committees were able to incorporate these concerns and adapt implementation accordingly. Examples include concerns over security in certain locations and therefore, planning was made accordingly during daytime to guarantee

people's commute in a safe environment. 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. WFP and partners tried to address concerns raised regarding possible violence during distributions by prioritizing vulnerable female or pregnant beneficiaries, or those with young children with advance distributions.

g. Education:

To protect the environment and mitigate the impacts of contamination of recycled materials, WFP organized recycling points in municipalities and conducted solid waste management awareness sessions with beneficiaries of in-kind assistance. This approach contributed to WFP collecting 80% of food packages from beneficiaries. This engagement included activities on environmental conservation and recycling (reduce, recycle, reuse), green initiatives and reducing improper disposal of waste materials related to WFP's emergency deliveries. WFP's field offices and its implementing partners coordinated with the oversight committees in each municipality the best locations to establish recycling and collection points, put colour-coding of sacks in the warehouses and identified recycling points for waste products to be delivered to the mayor's office for final disposal. Sensitization activities to communities included, for example, teaching building ecological bricks for construction from reusable waste. The oversight committees supported the planning and conducting of these activities, boosting the communities' engagement in enforcing their own right to a healthy environment. These activities support national and local laws on environmental protection (solid waste separation as of January 2021, carbon reduction by 2030), the integrated environmental strategy for La Mojana, and departmental and municipal environmental management plans.

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. The extent and level of the floods damaged agricultural fields, roads and therefore, food distribution networks and premises of shops and local retailers. 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 centres. 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 distributions were considered the more 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		US\$		

9. Visibility of CERF-funded Activities

Title	Weblink
"WFP reached thousands of homes in 11 affected municipalities", Twitter, August 2022 (in Spanish)	https://twitter.com/WFP_Colombia/status/1560672949564325889
"La Mojana assistance with food baskets", Twitter (August 2022, in Spanish)	https://twitter.com/WFP_Colombia/status/1563512416394428416
"WFP Colombia is reaching nearly 44,000 vulnerable people affected by repeated flooding in #LaMojana.", Twitter (August 2022, in Spanish)	https://twitter.com/DirectorWFPCol/status/1564328881879924736
"Meeting with UNGRD and partners to coordinate the La Mojana emergency", Twitter (September 2022, in Spanish)	https://twitter.com/DirectorWFPCol/status/1567561238065864704
"WFP is responding in #LaMojana", Twitter (October 2022, in Spanish)	https://twitter.com/WFP_Colombia/status/1585285688219631617

3.3 Project Report 22-RR-WHO-031

1. Project Information			
Agency:	WHO	Country:	Colombia
Sector/cluster:	Health	CERF project code:	22-RR-WHO-031
Project title:	Response to emergency health needs in flood-affected communities in La Mojana Region, Colombia		
Start date:	24/08/2022	End date:	23/02/2023
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
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\$ 0
	Amount received from CERF:		US\$ 485,000
	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 grant, the Pan American Health Organization PAHO/WHO achieved total compliance with the objectives, benefiting 43,809 people in the departments of Bolivar and Sucre, affected by the flood emergency in the La Mojana Region. The main components were: 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 field team was consolidated and includes an epidemiologist, five nurses, two psychologists and an environmental sanitation technician. The prioritization of Phase I of the project was continued and, together with the territorial health entities, the response was strengthened, integrating the CRUE Emergency and Emergency Regulatory Centers, public Health Service Providers Institutions (IPS), attending 22,844 people from the most vulnerable communities with comprehensive services in general medicine, specialized medicine, nursing, vaccination, dentistry and 6066 people for psychology; In addition, medicines were delivered for treatment and complemented with active community searches for diseases of public health interest, reaching 4,585 people in 817 homes visited and 495 leaders trained in community-based surveillance networks. We delivered 75 community agent kits, 7 medicine kits, 1,500 therapeutic formulas, 246 long-acting contraceptives, 10 emergency obstetric kits with medicines, 6 sexual violence Pep kits, 7,211 people benefited from water, sanitation and hygiene actions, deep wells, donation of cleaning tool kits, tanks, filters and water quality analysis equipment. The strengthening of the health response involved the training of human talent to 160 health professionals in guidelines for the comprehensive management of malnutrition, prevention of obstetric emergencies and attention to gender-based violence; in addition, workshops were held for community agents on community-based public health surveillance and the 18 key practices of the IMCI community component, with the participation of 72 community leaders.

3. Changes and Amendments

On February 23, 2023, an extension and reprogramming was requested at no cost, with the objective of continuing to support the most vulnerable communities, given that the emergency continues, because the structural problem of the Dam breakage has not been resolved and the heavy rains exacerbate the flooding. On the other hand, the increase in the value of foreign exchange in Colombia generated a surplus, which was used to continue the prioritized activities, such as the provision of health services in accordance with the needs of the affected communities. The Project estimated a total of 12,000 people to receive medical services, prevention and promotion actions through environmental health and access to drinking water, as well as information and health supplies to protect themselves and others against communicable diseases; through the actions implemented, 43,809 people were served, exceeding the initial figure, optimizing financial resources by contracting local communities for logistical matters, allowing an increase in the number of actions and beneficiary population. Complementary actions focused on the provision of health services, mental health, updating local health professionals in the clinical management of gender violence and morbidity and mortality associated with maternal and child health, implementation of the Early Warning and Response System (EWARS) to control disease outbreaks in the areas affected by the floods and active searches at the community level and coordination for timely health response.

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	4,800	3,600	1,800	1,800	12,000	16,959	19,214	4,508	3,128	43,809
Total	4,800	3,600	1,800	1,800	12,000	16,959	19,214	4,508	3,128	43,809
People with disabilities (PwD) out of the total										
	48	36	18	18	120	53	41	27	21	142

* 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 actions of the health sector through the CERF project contributed to the inclusion of primary health care actions and access to health services within the framework of the health system and the socialization of sensitive routes such as gender-based violence. The health brigades indirectly favored people in the most distant and vulnerable communities, thus minimizing barriers to access to health services. In the subregions of public health interest defined by each of the departments, active community searches were carried out, which facilitated the timely diagnosis and control of some diseases such as Covid-19, ARI, EDA, among others, avoiding the increase of contagions in the prioritized territories. Complementary activities were carried out, favoring the training of human talent in health and the strengthening of capacities at the community level with donations of community kits, multiplying exponentially the number of beneficiaries in the different components of risk management for the care and maintenance of health, especially in crisis situations, such as psychological first aid, community-based public health surveillance, first aid, nutritional health, maternal and perinatal care, prevention of obstetric emergencies and gender-based violence. Local hospitals were equipped with medical care and diagnostic supplies for 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 delivered during the extra-mural outpatient days, being useful for other activities outside the project's programming. Indirect beneficiaries were also counted with donations of complementary elements and inputs to the response and with specific actions in water, sanitation and hygiene, such as the construction of a deep well and the maintenance of five more wells for drinking water service in the municipalities of Guaranda, Majagual and Sucre; the delivery of hygiene kits, water storage tanks, filters and other implements benefiting more than 10,000 people.

6. CERF Results Framework

Project objective	Scale-up institutional and community response capacities to save lives and avoid increases in morbidity and mortality from preventable causes in the flood-affected communities in La Mojana Region			
Output 1	6.000 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	12	36	Photographic record Attendance lists
Indicator 1.2	# of health consultations provided in communities most affected by the floods	6,000	22,844	Photographic record Attendance lists
Indicator 1.3	# of health facilities that receive medicines and health supplies to provide essential care to the flood-affected population	6	7	Photographic record Minutes of donations
Explanation of output and indicators variance:		The execution of the CERF Project was carried out in a multi-threat scenario, which includes the emergency caused by the floods due to the rupture of the Dam Cara de Gato, the winter wave, the increase in violence by non-state armed groups and the biosanitary attention of the COVID-19 pandemic, which merited the inclusion of vaccination services of the national plan, in complementarity with the extra-mural health care days. To address this multi-threat scenario, specific actions were strengthened in mental health and		

		primary health care, allowing assistance in psychological first aid and the training of competencies in community agents. On the other hand, financial resources were optimized due to the increase in the value of foreign currency in Colombia and local contracting, which facilitated the implementation of additional activities to those initially programmed.
Activities	Description	Implemented by
Activity 1.1	Operational and logistical support for the deployment of medical and public health professionals in the affected areas.	WHO
Activity 1.2	Purchase and delivery of medicines, health supplies and equipment to health centers and community agents located in the affected areas and health brigades deployed on the field.	WHO
Activity 1.3	Rapid updating of local health professionals and community and institutional agents on the following topics:- AIEPI (comprehensive care of prevalent diseases in childhood)- clinical management of gender-based violence and morbidity and mortality associated with maternal and child health- psychological first aid for support and referral of cases	WHO
Activity 1.4	Purchase and delivery of artistic and musical kits to support psychological first aid interventions in affected communities	WHO
Activity 1.5	Logistical and operational support for the transfer of patients to second level of care, in coordination with CRUE.	WHO

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	Photographic Register KoboCollect Report EWARs Documents Sitrep La Mojana
Indicator 2.2	# de alertas de salud pública generadas rápidamente a través de sistemas de vigilancia o alerta basados en la comunidad y/o en los establecimientos de salud investigados.	500	4585	Photographic Register KoboCollect Report EWARs Documents Sitrep La Mojana
Indicator 2.3	# of health facilities with restored access to safe water supply	3	3	Photographic record Attendance record Minutes
Explanation of output and indicators variance:		During the presentation of the CERF Project in each of the prioritized municipalities and departmental health directorates, it was decided to orient health strengthening actions to the community base, taking into account the		

		focus on strengthening spaces for social participation, as well as facilitating educational strategies to strengthen primary health care.
Activities	Description	Implemented by
Activity 2.1	Implement an early detection and monitoring strategy of public health alerts, using the EWARS-in-a-box tool, to timely detect and control disease outbreaks in the areas affected by the floods.	WHO
Activity 2.2	Train and equip community members to implement community public health surveillance networks.	WHO
Activity 2.3	Procure reagents and sampling kits to monitor the quality of water from community sources and water supply systems in areas affected by flooding.	WHO
Activity 2.4	Provide operational and logistical support for the implementation of Environmental Health Days (rabies vaccination, fumigation, cleaning days and delivery of tool kits for healthy environments)	WHO
Activity 2.5	Procure and distribute input kits for the development of environmental health sessions.	WHO
Activity 2.6	Implement rapid repairs and rehabilitations of existing water treatment systems of the affected communities to mitigate the risk of water-borne diseases, according to the risk mapping of the Secretary of Health.	WHO
Activity 2.7	Purchase and distribute safe water storage solutions for drinking water.	WHO

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 CERF project was socialized with the health authorities of the prioritized municipalities, Departmental Health Secretariats, Emergency and Emergency Regulatory Centers CRUE, Immediate Response Teams ERI, local hospitals, community leaders, who during the development of the project facilitated the completion of the training sessions and health brigades in each of the municipalities and with whom an After Action Review was held as part of the exit and closing strategy of the project, where the final results were socialized and feedback was received from the participants. On the other hand, the municipalities provided spaces for the storage and distribution of the

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](#).

donations. Community participation in the coordination of each of the activities carried out, health brigades, active community searches, psychological first aid, community-based public health surveillance, nutritional health, first responders, among others, is highlighted.

b. AAP Feedback and Complaint Mechanisms:

In order to maintain permanent communication with municipal authorities, a schedule of bilateral meetings was defined with the Secretaries of Health and field personnel, which made it possible to follow up on compliance with project objectives, coordinate calls for the different activities, and make inquiries on the part of the participants. Coordination with community leaders, facilitating spaces and optimizing resources.

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

Socialization of the protocol of Comprehensive Care for Victims of Sexual Violence among the contents of the training for health human talent, 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 established in the framework of the attention to victims in case of sexual violence, it is activated from the Attention Route depending on where the victim is, to provide health care, justice and protection in an articulated and non-victimizing way, ensuring quality care to restore autonomy, physical and emotional recovery, to avoid revictimization 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 in the different stages of their life course, as well as training in the prevention of gender-based violence, care in the event of an unwanted event affecting women, and differentiated mental health follow-up based on the mental health toolbox in primary health care, with the participation of officials from different sectors (protection, health, justice and education).

e. People with disabilities (PwD):

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

f. Protection:

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

g. Education:

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

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned

Achieved

Total number of people receiving cash assistance:

No

Choose an item.

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.

It should be noted that, given the context of permanent floodings and loss of livelihoods, the provision of cash and voucher assistance was not possible nor ideal in these communities.

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
Twitter - Advocacy	https://twitter.com/UNGRD/status/1566859411569647617
Twitter	https://twitter.com/OPSOMS_Col/status/1582510821585788928
Twitter	https://twitter.com/OPSOMS_Col/status/1624875971584073729

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
22-RR-WFP-051	Food Assistance	WFP	NNGO	\$30,476
22-RR-WFP-051	Food Assistance	WFP	NNGO	\$71,109
22-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	NNGO	\$365,219
22-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	INGO	\$176,970