

## ANNUAL REPORT ON THE USE OF CERF GRANTS BOLIVIA

<b>Country</b>	<b>Bolivia</b>
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<b>Reporting Period</b>	<b>1 January 2010 – 31 December 2010</b>

### I. Summary of Funding and Beneficiaries

<b>Funding</b>	Total amount required for the humanitarian response:	US\$ 9,311,135		
	Total amount received for the humanitarian response:	US\$ 3,450,010		
	Breakdown of total country funding received by source:	CERF:	US\$ 2,455,333	
		CHF/HRF COUNTRY LEVEL FUNDS:	US\$	
		OTHER (Bilateral/Multilateral):	US\$ 994,677	
	Total amount of CERF funding received from the Rapid Response window:	US\$ 2,486,524		
	Total amount of CERF funding received from the Underfunded window:	N/A		
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	US\$ 2,414,737	
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	US\$ 40,596	
		c. Funds for Government implementation:	None	
<b>d. TOTAL:</b>		<b>US\$ 2,486,524</b>		
<b>Beneficiaries</b>	Total number of individuals affected by the crisis:	200,000 individuals		
	Total number of individuals reached with CERF funding:	75,070 total individuals		
		11,260 children under 5		
		38,286 females		
Geographical areas of implementation:	Cochabamba, Beni and Santa Cruz			

## II. Analysis

### Overview of the humanitarian situation

Beni is a department<sup>1</sup> characterized by recurrent flooding impacting its low-land populations. Trinidad and Santa del Yacuma are particularly vulnerable. When the Mamore river rises people living close to riverbanks are affected, with many losing their crops, livelihoods and homes, finding themselves displaced into camps or shelters.

In 2010 floods caused by “El Niño” affected some 50,000 families, and more than 7,000 families were forced to evacuate their homes. They were left without adequate shelter and suffered, and also suffered crop and livestock losses. The situation seriously compromised the food security of some 3,000 families living in temporary camps established by the local government, as well as families that had settled independently. Some of those displaced had reused tents provided to them during previous floods and living conditions were deteriorating. Lack of capacity to provide relief assistance to those in need was having serious, life threatening consequences. Several thousand more vulnerable people (including children, women and indigenous groups) were also affected in the Amazonian region of Cochabamba and Beni departments. The emergency’s regional magnitude meant that health services needed additional support to look after a large number of patients and strengthen epidemiological surveillance.

### The CERF’s added value

Previous experiences had shown that the CERF funding was the most effective source of funding in such a short time frame. Although the funding provided did not cover all of the needs of the affected people, it was critical in ensuring an initial response for the worst-affected members of the population.

The CERF encouraged an integrated response to the emergency, combining food assistance with safe water provision, health care and livelihoods support. The CERF also positioned the UN as a key partner to the Government in responding to the emergency. Mid-size emergencies are frequently neglected by traditional donors, leaving governments to manage single-handedly. Despite improvements in emergency preparedness and response, Governments often lack the resources to adequately respond to humanitarian needs. Allowing affected families to suffer the impact of disasters without support can have long-term consequences.

CERF funding allowed critical needs to be addressed in a reasonable time-frame, which would not have been possible otherwise.

### Health

CERF resources improved the communication, analysis and dissemination of epidemiological information within shelters and health centres, thereby reducing health risks for the affected population. Vector control measures were established and mental health services were strengthened. Information on water consumption, personal hygiene, and disease prevention were disseminated in order to reduce the risk of communicable diseases.

Coordination took place with the involvement of the Ministry of Health and Sports, Health Departments, Civil Defense and the United Nations Emergency Technical Team (UNETE).

With the CERF’s support the following activities took place:

- Strengthening of the Emergency Operations Centre (EOC) and the situation room;
- Provision of essential medicines;
- Strengthening of epidemiological surveillance and vector control activities;
- Mental health support to the affected population;
- Strengthening of water control, surveillance systems and other environmental risks.

Access to CERF funds facilitated the provision of assistance to the most vulnerable members of the population, improving their awareness of sexual and reproductive health, sexual and reproductive rights, and preventing gender based violence. Training activities were carried out in conjunction with entities including Emergency Operative Committees at departmental and municipal levels, Municipal

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<sup>1</sup> Bolivia is divided into nine departments. Each of the departments is subdivided into provinces, which are further subdivided into municipalities.

Comprehensive Legal Services (SLIM), Health Departmental Services (SEDES), Municipal Governments of Trinidad and Santa Ana del Yacuma, and the displaced population living in the camps.

The CERF also enabled improvements to maternal assistance during childbirth and pre and post-natal support, as assistance and referral mechanisms were established in conjunction with local health authorities. Providing information on Sexual and Reproductive Health (SRH) and Gender Based Violence (GBV) improved women's understanding and health staff's capacity for the referral and care of survivors of sexual violence.

### **Food**

CERF funding allowed the Government and WFP to provide food assistance to more than 15,000 families in flood-affected areas. Combining WFP internal funds with the CERF provided the resources to provide food assistance for two and a half months, preventing further deteriorations in food and nutrition security, and avoided negative coping strategies. Support was provided at a time when the Government had exhausted its own response resources.

WFP was able to draw upon internal resources to begin providing relief even before CERF funding was disbursed. The CERF was used to fund an existing implementation platform, ensuring quick assistance and reduced costs.

### **Agriculture**

The largely rural and indigenous population in the affected areas depends heavily on subsistence agriculture and livestock. During the lean season people experience food deficits and due to cattle deaths also lose their main source of protein. The CERF permitted timely intervention to address the immediate needs of rural families affected by agricultural losses brought about by the flooding.

CERF funded FAO interventions in Beni contributed to improved coordination of stakeholders involved with agricultural support including governmental institutions such as SENASAG (the National Service of Agriculture and Animal Sanity), the Vice Ministry of Rural Development and Lands, and the Vice Ministry of Civil Defence and the Municipal Committees of Emergency Operations. Coordination activities and meetings were organized and conducted by FAO.

### **Nutrition, Education, and Water, Sanitation and Hygiene (WASH)**

CERF funding enabled prompt action to provide access to safe water, maintain a good level of hygiene, a return to education for children, supplementary food and protection of fundamental rights. The absence of pre-positioned supplies made CERF funding critical to these interventions.

### **Shelter**

Shelter assistance was provided for some 2,209 vulnerable families in the affected regions. CERF resources ensured a coordinated shelter response involving international and national NGOs including Save the Children in Cochabamba and OXFAM/FUNDEPCO in Beni. Tehir local knowledge was essential in reaching the worst-affected communities. Save the Children and OXFAM/FUNDEPCO coordinated with community leaders to establish selection criteria for beneficiaries and facilitate fast and effective distribution. In La Paz and Santa Cruz areas IOM worked directly with local government Emergency Operational Centres to establish needs within affected communities.

In Cochabamba and Beni delivery of aid was complicated by the fact that many communities were located in hard to reach tropical areas. Teams were sent by river in some cases, which took up to two weeks to reach certain communities. Local NGOs coordinated with heads of families within communities even further in-land to establish delivery points to ensure that aid reached those worst-affected. IOM reached 2,209 families at the national level, 1,367 families Beni department, 300 families in Cochabamba department, 298 families in Santa Cruz department and 209 families in La Paz department.

### III. Results

Sector/ Cluster	CERF project number and title	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Nr. of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Agriculture	10-FAO-017 Urgent evacuation of cattle from flooded grazing areas and strategy for the care of livestock	278, 862	900,000	7,500 small farmers	<ul style="list-style-type: none"> <li>▪ At least 75 per cent of animals saved from drowning</li> <li>▪ Infected sites receive controlling measures in a timely manner</li> <li>▪ 80 per cent decrease in the incidence of zoonosis</li> <li>▪ Economic losses related to livestock fatalities avoided or significantly reduced</li> </ul>	<ul style="list-style-type: none"> <li>▪ Although the proposal initially proposed the urgent evacuation of cattle from flooded grazing areas, part of this objective was achieved while the proposal was being prepared and approved.</li> <li>▪ The intervention focussed mainly on livestock rehabilitation in order to reduce the imminent mortality of thousands of animals owned by small farmers in flooded areas, in order to preserve the only available protein source for those families, and improve food security and employment.</li> <li>▪ A strategy for the care of livestock was developed during the project's implementation.</li> <li>▪ Distribution of 451,250 doses of rabies vaccine prevented an equal number of animals killed, decreasing in 82 per cent the incidence of zoonosis in the area of intervention.</li> <li>▪ 105,395 animals submerged in water for long periods were affected by a high incidence of parasites and were treated with doses of bagomectina.</li> <li>▪ 68,600 doses of COMPLEVIT were supplied to weak animals to restore their health.</li> <li>▪ 44,800 animals were supplied intravenously with vitamins and minerals (FOMISAN) to support their rehabilitation.</li> <li>▪ 800 animals affected by diarrhoea were treated with Sulfatalidina.</li> <li>▪ 32 communities in 15 municipalities benefited from the distribution of mineral salts for supplementary animal feeding.</li> <li>▪ More than 900,000 animals were affected by lack of food. In coordination with the Ministry of Rural Development and Lands and the collaboration of municipalities 20 trucks with a total of 30 tons of hay were distributed.</li> </ul>	<p>Rapid response to the emergency.</p> <p>Timely allocation of CERF funding allowed cattle at risk to be saved.</p> <p>CERF support facilitated direct and continuous coordination among local actors and institutions.</p> <p>Local institutions (such as SENASAG) were strengthened to better coordinate emergency assistance.</p>	<ul style="list-style-type: none"> <li>▪ FAO's Emergency and Rehabilitation Coordination Unit coordinated and monitored the intervention through monthly reports from the field team. Visits to the intervention area were made to monitor progress.</li> <li>▪ The Ministry of Rural Development and Lands (through SENASAG) supported the monitoring supply distributions, participated during distributions and verified delivery lists.</li> <li>▪ FEGABENI coordinated with implementing partners to monitor the intervention. Periodic meetings were held.</li> <li>▪ The Food and Agriculture Working Group ensured that project goals were achieved.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The intervention equally benefitted women, girls, boys and men. As a household, they were all affected by the effects of flooding on livestock.</li> </ul>

Food	<p>10-WFP-024</p> <p>Protracted Relief and Recovery Operation (PRRO) 103860 – Component 4. Relief response to victims of new shocks and assistance to households affected by floods.</p>	1,128,096	4,200,000	<p>75,070 floods affected persons</p> <p>11,260 children &lt;5 years</p> <p>38,286 women</p>	<ul style="list-style-type: none"> <li>■ Stabilized prevalence of acute malnutrition among beneficiaries.</li> <li>■ Beneficiaries reduced depletion of essential assets.</li> <li>■ Timely provision of food in sufficient quantities for targeted beneficiaries in flood-affected areas.</li> </ul>	<ul style="list-style-type: none"> <li>■ With the distribution of 1,268 mt of food, 15,014 families were provided with a food ration for 45 days. Food assistance ensured adequate food consumption and nutrition for flood-affected families, and also prevented negative coping strategies such as depletion of essential assets.</li> </ul>	<p>CERF allowed a rapid response to the needs of the most vulnerable. Along with other resources from WFP, food provided to flood-affected families was critical. The Government had exhausted its resources and no other agency could join the food response.</p>	<ul style="list-style-type: none"> <li>■ Food distributions were registered using the SIMEVDA M&amp;E system, as well as the MOVALM system and WFP's COMPAS. WFP also monitored distributions through its field monitors and officers.</li> </ul>	<ul style="list-style-type: none"> <li>■ Even though families traditionally choose men over women to control the resources, an important percentage of women received the food at distribution points: 36 per cent. Also, 22 per cent of the leadership positions of the food committees were occupied by women</li> </ul>
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Protection/Health	<p>10-FPA-015</p> <p>Humanitarian Assistance in SRH for the population affected by floods in the Department of Beni.</p>	114,997	615,250	<p>Direct beneficiaries: 663</p> <p>Indirect beneficiaries: 3,315</p>	<ul style="list-style-type: none"> <li>■ The beneficiary population is informed and knows about care during pregnancy, prevention of pregnancies, and care in sexual assault situations</li> <li>■ The beneficiary population knows how to use contraceptive methods and STI and HIV prevention methods</li> <li>■ Health staff improved their abilities related to treating the victims of sexual assault.</li> <li>■ Sectors of the adolescent population were informed on SRH and sexual and reproductive rights through educational fairs.</li> <li>■ Affected people informed about sexual and reproductive rights.</li> </ul>	<ul style="list-style-type: none"> <li>■ Displaced families have access to higher quality health care in the shelters and camps compared to the level of care they had in their former communities.</li> <li>■ In the census used by the UNFPA in camps and shelters, 52 families were identified with one pregnant woman amongst their members. According to the information provided by SEDES, all pregnant women were referred to the nearest Health Centre. Women in labour were immediately transferred to hospital by ambulance.</li> </ul>	<p>CERF allowed UNFPA to rapidly response to needs in the protection and health sectors.</p>	<ul style="list-style-type: none"> <li>■ CERF resources were included in UNFPA's administrative and financial control system.</li> <li>■ Reports were produced to track activities implemented by the contracted consultants.</li> <li>■ Monitoring activities and travel reports were prepared.</li> </ul>	<ul style="list-style-type: none"> <li>■ This project mainly benefited women and adolescents and young people, as well as children.</li> </ul>
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HEALTH	<p>10-WHO-020</p> <p>Prevention of illness and spread of disease among affected population.</p>	99,510	615,250	<p>50,000 individuals</p> <p>Beni: 25,985 consultations (&lt; 5 years 7,610, &gt;5 years 18,375).</p> <p>Cbba: Approximately 7,000 consultations</p> <p>Santa Cruz: 17,932 (men 8,992, women 8,940) consultations</p>	<ul style="list-style-type: none"> <li>■ Disease control and vector control.</li> <li>■ Psychosocial care provided to people in affected communities and in shelters / camps</li> <li>■ Management of humanitarian assistance efficiently and transparently. Supply and quality control of drinking water. Systematization of information.</li> </ul>	<ul style="list-style-type: none"> <li>■ Reduced the spread of diseases and ensured vector control.</li> <li>■ Provided appropriate psychosocial care.</li> <li>■ Managed humanitarian assistance in an efficient and transparent way.</li> <li>■ Ensured adequate supply and quality control of drinking water.</li> <li>■ Ensured systematization of information, and strengthening of the situation room in Beni, Santa Cruz, Cochabamba and BOL PWR.</li> </ul>	<p>Strengthened health care in shelters and remote communities</p> <p>Implemented a database for registering patients in shelters/ camps in Beni.</p> <p>SEDES were strengthened with portable water analysis (in Santa Cruz, Beni) and the generating equipment of hypochlorite bleach (Santa Cruz Cochabamba), which improved control drinking water quality.</p> <p>Upgraded situation room equipment: computers, digital cameras and information management (Santa Cruz, Cochabamba, Beni).</p> <p>Population benefited from medications and medical supplies. Personnel strengthened with knowledge post-crisis mental health management.</p> <p>Communities benefited from emergency and disaster management expertise. In Santa Cruz epidemiological profiles of the municipalities affected by floods were developed by the SEDES epidemiologist.</p>	<ul style="list-style-type: none"> <li>■ Monitoring and evaluation carried out by PAHO/WHO, the SEDES office, the disasters unit at the Ministry of Health and PAHO Bolivia.</li> <li>■ Visits carried out in affected places and regions.</li> </ul>	<ul style="list-style-type: none"> <li>■ The project has equally benefited men, women and children in particular.</li> </ul>
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<p style="text-align: center;"><b>Water, Sanitation and Hygiene</b></p>	<p style="text-align: center;"><b>10-CEF-020-A</b></p> <p style="text-align: center;">Water, sanitation and hygiene supplies in quantity and quality for affected families</p>	<p style="text-align: center;">258,174</p>	<p style="text-align: center;">1,297,000</p>	<p>5,000 families Approx. 5,000 children &lt; 5 years and 12,500 women affected by floods in the departments of Beni (9), Santa Cruz (8) and Cbba. (5).</p>	<ul style="list-style-type: none"> <li>■ At least 80 per cent of families and children identified to receive emergency assistance have their rights for minimal amounts of safe water during the emergency met according to the Sphere Standards.</li> <li>■ At least 80 per cent of families are provided with adequate sanitation during the emergency with supplies and within a safe environment.</li> </ul>	<ul style="list-style-type: none"> <li>■ 15 communities have 2,500-litre tanks for storing safe drinking water.</li> <li>■ 5,000 families in 19 municipalities have jugs for transporting and storing water safely.</li> <li>■ 5,000 families in 17 municipalities have hygiene kits to help improve their hygiene practices.</li> <li>■ 6,000 families in 22 municipalities have ceramic water filters to provide safe drinking water</li> <li>■ 4,725 families in 9 municipalities have bottles of water purification tablets.</li> <li>■ Thanks to CERF and the work of the WASH working group, the primary target of 5,000 families has been increased by almost 20 per cent</li> <li>■ 1,081 families in 9 municipalities have user and hygiene manuals.</li> <li>■ 6,000 families know and practice new knowledge of water purification methods (chlorination, filtration), and safe transportation of water to avoid water diseases among children</li> </ul>	<p>CERF funding provided urgent funds in a short period of time to address the needs of affected families in an integrated way.</p>	<ul style="list-style-type: none"> <li>■ UNICEF local teams in Beni and Cochabamba coordinated with their counterparts.</li> <li>■ Supported the monitoring of distributions and trainings with the departmental COE commissions and services of health, water and education (SEDES – SEDUCA).</li> <li>■ The working group coordinated the final achievement of the project goals.</li> </ul>	<ul style="list-style-type: none"> <li>■ Assistance provided mainly to children: both girls and boys.</li> <li>■ Assistance was provided to women and men within families in the same form and same time as the children.</li> </ul>
<p style="text-align: center;"><b>Nutrition</b></p>	<p style="text-align: center;"><b>10-CEF-020-B</b></p> <p style="text-align: center;">Nutritional complementary food for Infants in Beni, Cochabamba and Santa Cruz.</p>	<p style="text-align: center;">91,806</p>	<p style="text-align: center;">385,585</p>	<p>5,000 children aged 6 to 24 months received food supplements for a period of three months</p>	<ul style="list-style-type: none"> <li>■ At least 80 per cent of children under 5 years of age have received food supplements during the emergency, for a period of 3 months.</li> <li>■ At least 80 per cent of affected families participate in workshops to learn about how to use the food supplements.</li> <li>■ At least 80 per cent parents with newborn children know about the importance of exclusive breastfeeding for children under 6 months old.</li> </ul>	<ul style="list-style-type: none"> <li>■ Provision of Nutribebé (one ration = 750 gr for 15 days) to 14,000 children aged 6 to 23 months in 8 municipalities of Beni (87 per cent of the total affected)</li> <li>■ Provision of Nutribebé (one ration = 750 gr for 15 days) to 12,810 children of 7 municipalities in Cochabamba (54 per cent of the total affected). The municipalities have committed themselves to completing the 3-month period.</li> <li>■ 80 per cent of parents and affected families were trained in exclusive breastfeeding and complementary feeding for children up to 2 years of age, working through 12 Integrated Nutrition Units and Breastfeeding Support Groups from 2 Hospitals</li> </ul>	<p>The CERF support of providing Nutribebé to 26,810 children younger than 2 years in coordination with 15 municipal governments made possible to increase the initial number of beneficiary children. Making sure that, the municipalities would complete the period of three months.</p>		



Education - Protection	<p>10-CEF-020-C</p> <p>Protection for school children in the flooded areas of Beni, Cochabamba and Santa Cruz through their return to classes.</p>	126,942	749,000	7,500 school-age children return to classes	<p>Education:</p> <ul style="list-style-type: none"> <li>■ At least 70 per cent of 7,500 school children given their right to a normal education during the emergency.</li> <li>■ At least 50 per cent of 5,000 infants provided with educational materials and a safe learning environment.</li> </ul> <p>Protection:</p> <ul style="list-style-type: none"> <li>■ At least 66 per cent of 5,000 children registered and participating in school or infant activities.</li> </ul>	<p>Education:</p> <ul style="list-style-type: none"> <li>■ 3,467 school-age children have backpacks and school supplies enabling them to return to classes in 8 municipalities in the 3 affected departments (1,600 in 3 municipalities in Cochabamba, 1,400 from 3 municipalities in Beni, and 467 from 2 municipalities in Santa Cruz)</li> <li>■ 960 school-age children have mobile schools enabling them to return to classes.</li> <li>■ 184 teachers have educational materials for restarting classes with school-age children.</li> <li>■ 2,260 young children have educational materials.</li> </ul> <p>Protection:</p> <ul style="list-style-type: none"> <li>■ 600 families in municipalities from Santa Cruz (8), Beni (1) and Cochabamba (1) know and protect the rights of children and adolescents, and prevent violence and sexual abuse.</li> <li>■ 101 teachers in Santa Cruz and Cochabamba, and 40 SAR volunteers in Beni trained on psycho-affective and social recovery methodologies for the benefit of 3,400 children.</li> </ul>	<p>CERF funding allowed teachers to be trained for the benefit of children.</p> <p>Public services at local and regional levels (municipal and departmental) strengthened.</p>		
Shelter	<p>10-IOM-011</p> <p>Providing and Improving Emergency Shelter and NFIs to displaced families</p>	388,137	1,264,300	1,550 affected families	<ul style="list-style-type: none"> <li>■ 1,050 flood affected families assisted with immediate shelter and non-food items (NFIs).</li> <li>■ 500 families assisted with shelter improvements.</li> <li>■ Rapid disaster response hubs established in prioritized districts.</li> <li>■ Support provided with needs assessment, distribution and monitoring.</li> </ul>	<ul style="list-style-type: none"> <li>■ 1,367 families in the Department of Beni.</li> <li>■ 298 families in the Department of Santa Cruz.</li> <li>■ 300 families in the Department of Cochabamba.</li> <li>■ 209 families in the Department of La Paz.</li> <li>■ 35 families in the Department of Pando.</li> </ul>	<p>IOM reached more beneficiaries than predicted: 2,209 families at the national level, 1,367 in the department of Beni, 300 in the department of Cochabamba, 298 in the department of Santa Cruz and 209 in the department of La Paz.</p> <p>An increase in the number of beneficiaries was possible because the items for the Hygiene Kits were purchased individually then assembled as kits by volunteers. This allowed IOM to procure more aid items and reach more families.</p>	<ul style="list-style-type: none"> <li>■ IOM supported the systematization of information for the shelter cluster, helping to prepare an analysis of the situation, needs evaluations, activities and distribution of aid carried out by each NGO partner.</li> <li>■ Monthly reports were presented by camps monitors and periodic evaluations were held at IOM headquarters.</li> </ul>	<ul style="list-style-type: none"> <li>■ Assistance was delivered in accordance with the vulnerability selection criteria applied by the implementing NGOs.</li> <li>■ Gender equity was achieved by working with community leaders to identify and prioritise single parent female-headed homes.</li> </ul>

## Annex 1: NGOS and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded (US\$)	Date Funds Forwarded
FUNDEPCO	Wash	10-CEF-020-A	16,000	7 June 2010
CIES	Health	BOL4G31A- UOB39	7,596	7 June 2010
OXFAM-FUNDEPCO	Shelter	10-IOM-011	10,000	26 April10 (20 per cent) 2 June 2010 (30 per cent) 13 August 2010 (50 per cent)
Save the Children	Shelter	10-IOM-011	7,000	26 April 2010(20 per cent) 28 May 2010 (30 per cent) 21July 2010 (50 per cent)

## **Annex 2: Acronyms and Abbreviations**

CADEPIA	Departmental Confederation of Small Industry and Craftwork
Cbba	Cochabamba
COE	Emergency Operative Committee
COED	Health Departmental Emergency Operative Committee
DSR	Sexual and Reproductive Rights
IOM	International Organization for Migration
FEGABENI	Departmental Association of Cattle Breeders
FUNDEPCO	Foundation for Participatory Community Development
NFIs	Non-Food Items
MHS	Ministry of Health and Sports
MTT	Municipal Technical Team
PVG	Gender Based Violence Prevention
SAR	Volunteer Service for Immediate Rescue
SEDES	Departmental Services for Health
SEDUCA	Departmental Services for Education
SENASAG	National Service of Agriculture and Animal Sanity
SSR	Sexual and Reproductive Health
WASH	Water, Sanitation and Hygiene