



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

RESIDENT/HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS COLOMBIA

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Fabrizio Hochschild

PART 1: COUNTRY OVERVIEW

I. SUMMARY OF FUNDING²⁰¹²¹

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US\$)		
Breakdown of total response funding received by source	CERF	4,084,143
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND <i>(if applicable)</i>	1,181,598
	OTHER (Bilateral/Multilateral)	51,090,477
	TOTAL	56,371,218
Breakdown of CERF funds received by window and emergency	Underfunded Emergencies	2,990,259
	<i>First Round</i>	0
	<i>Second Round</i>	2,990,259
	Rapid Response	
	Floods	1,093,884

II. REPORTING PROCESS AND CONSULTATION SUMMARY

<p>a. Please confirm that the RC/HC Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>Bilateral meetings were held with each of the UN agencies prior to the preparation of the report. OCHA staff followed the reporting process to ensure high quality inputs. The CERF final report compilation for Colombia in 2012 was prepared by OCHA, in support of the RC/HC's role.</p> <p>b. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>The main results of reports have been discussed with the Humanitarian Country Team on March 2013 and the report has been shared with all humanitarian stakeholders. The results have been also discussed with Government counterparts through bilateral meetings per sector and UN implementing agencies.</p>

¹ Does not include late 2011 allocation.

PART 2: CERF EMERGENCY RESPONSE – FLOODS (RAPID RESPONSE 2012)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 12,500,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	1,093,884
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	250,000
	OTHER (Bilateral/Multilateral)	936,906
	TOTAL	2,280,790

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 –Date of Official Submission: 19 October 2012			
Agency	Project Code	Cluster/Sector	Amount
FAO	12-FAO-042	Agriculture	393,884
UNICEF	12-CEF-126	Health-Nutrition	150,000
WHO	12-WHO-078	Multisector	550,000
Sub-total CERF Allocation			1,093,884
TOTAL			1,093,884

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	1,056,042
Funds forwarded to NGOs for implementation	37,842
Funds forwarded to government partners	-
TOTAL	1,093,884

Putumayo was one departments most affected by the internal armed conflict in Colombia in 2012. Its poverty and structural deficiency levels are significantly higher than the national average. Local response capacity is still very limited. According to official figures, by 2012 55 per cent of the population in the department is displaced, i.e. 187.000 out of 340.000 inhabitants; with shadow figures being considerably higher (problem of under registration by government institutions).

During 2012 Putumayo registered a steady increase of Internally Displaced People (IDP) figures, civilian mine victims and situations of confinement. In 2011, Putumayo registered one mass displacement (a mass displacement event affects more than 50 people or 10 families), involving 180 people. As of December 2012, according to OCHA estimates, there have been nine mass displacements

involving at least 5,530 people – an increase of almost 3,000 per cent. Forty-five civilians were victims of mines in 2012 compared to the 11 of 2011. Putumayo –accounting for less than 1 per cent of the national population – has produced 11,5 per cent of overall IDPs at national level in 2012 (not including individual displacements); and 21 per cent of civilian victims of mines. Insufficient state support to food provision and teacher attendance in (boarding) schools has led to a decrease in school attendance, particularly in remote areas. While under-reporting remains a challenge and humanitarian partners lack reliable consolidated data, there’s anecdotal evidence of a historically high rate for forced recruitment of minors in the department, with an average recruitment age of less than 12 years.

In general terms, the Government has responded to these tendencies with an important increase of its military presence in the region; hostilities with non-state armed groups have contributed to increase displacement trends. The Government has also stepped up its manual coca eradication and fumigation activities, which in turn have generated an increase in the use of mines by non-state armed groups, as well as mobility restrictions for the population. By the end of 2012, the Local Humanitarian Team of Putumayo (local inter-cluster coordination space) estimates that 2,100 people were confined (facing different access constraints), essentially in the southern parts of the region, mainly in rural areas and small villages along main rivers.

Against this conflict-related background, at the end of July 2012, the department was affected by heavy rains for almost one week, causing the most devastating floods in the region in the past 40 years. The floods officially affected 117,203 people – 35 per cent of the department’s population. Most of the affected population is located in rural remote areas to which state access is extremely limited, and which are already affected by the conflict (“double vulnerability”). In addition, on 16 August 2012, a powerful storm affected 52,000 people. While it was difficult to diagnose how many people were affected both by the floods and the storm, the assumption was that almost half the population of the department had been affected by both events, including a significant part of the historically vulnerable indigenous population. The southern region of Putumayo department along the borderline with Ecuador was the most affected area by July and August floods and windstorms; the municipalities of Puerto Asís, Puerto Leguizamo and Valle del Guamuéz were the worst-affected by floods and armed conflict.

The resulting humanitarian impact and needs were considerable. The floods destroyed at least 150 houses and severely affected another 3,800. In terms of food security and nutrition, according to estimates and information collected by local authorities and humanitarian partners, the floods and subsequent storm caused the loss of 14,000 hectares in crops, which corresponded to approximately 60 per cent of the total area used for agricultural production in the department. Given the lack of economic income opportunities, most households in rural areas maintained small subsistence gardens to ensure access to food. With most rural communities living and cultivating close to riverbanks, many of these limited subsistence crops were destroyed, leaving the majority of families in the affected area in a food security crisis. Communities also reported losses of fish hatcheries, cattle and poultry, according to assessments conducted by FAO at that time.

Although local and national authorities provided partial humanitarian assistance, livelihoods recovery is still an issue to be addressed by State entities responsible for providing assistance in natural disasters.

II. FOCUS AREAS AND PRIORITIZATION

The situation was particularly desperate for rural, small householders, by the fact that coca eradication in the area has de facto further limited household income for many families, reducing their access to food through cash. This situation also endangered the dire nutritional status of the affected population particularly that of children under age 5. According to pre-flooding assessments by Action Against Hunger (ACF), Putumayo department chronic malnutrition rate in children under 5 (24 per cent) doubled the national average (13 per cent). At least 1.3 per cent of children under 5 were acutely malnourished and an additional 7 per cent were at risk of falling into acute malnutrition. In absolute terms, these figures implied that almost 4,500 children under 5 in Putumayo were in need of urgent medical, nutritional and preventive interventions; a figure that will have risen as a result of the flood. A rapid assessment by UNICEF in Puerto Asís, one of the worst-affected municipalities, in mid-August showed 70 per cent of children with anemia; 3 per cent with global acute malnutrition; 7.3 per cent at risk of acute malnutrition; 70 per cent of children with acute respiratory illnesses; and 25 per cent with diarrhea.

The Local Humanitarian Team of Putumayo held several coordination meetings with the disaster response authorities at the time of the crisis. Due to access and budget constraints, the authorities confirmed that they did not have enough response capacity for carrying out interventions in the following areas:

- Agricultural rehabilitation, particularly for remote rural communities along river basins.
- WASH, including simple water filtration and storage solutions, mainly at rural level.
- Nutrition, giving the lack of diagnostic and technical capacity, especially in rural areas.

Geographical response gaps: Within the flood-affected region, Puerto Asís, Valle de Guamuéz and Puerto Leguízamo were the hardest-hit municipalities. Together, they accounted for 80 per cent of the flood-affected; more than 60 per cent of agricultural losses; more than 63 per cent of reported diarrheic and respiratory diseases. In addition, pre-crisis baseline data regarding water usage, quality and treatment; sanitary conditions; poverty and infrastructure were already placing Putumayo among the most challenging departments. The vast majority of rural communities in Puerto Asís and Puerto Leguízamo are still not connected to the electricity nets.

At the same time, these three municipalities are also heavily affected by the conflict in terms of displacement, mine incidents and confinement. State access to the three municipalities is extremely limited. Given these circumstances, humanitarian partners identified the municipalities of Valle de Guamuéz, Puerto Asís and Puerto Leguízamo as target areas for interventions in WASH and health, agricultural rehabilitation and nutrition, for which kick-start funding have been sought from the CERF RR window.

Prioritized areas were selected based on the following criteria: a) dispersed rural population affected by floods and windstorm and b) achieving synergy and reinforcing mutual collaboration with UN agencies WFP, FAO, PAHO/WHO and OCHA, and NGOs with field capacity in the municipalities affected by the emergency. This proposal was implemented in close coordination with the clusters of Food Security and Nutrition, Health and WASH. The targeted zones were selected in agreement with local authorities, and the population was prioritized by taking into account the rapid needs and capacity gaps assessments conducted (1) by the Local Humanitarian Team and (2) by UNICEF in the affected municipalities.

III. CERF PROCESS

In view of the huge magnitude of the disaster and capacity mobilized by the national and regional government entities, the Local Humanitarian Team (which comprises humanitarian stakeholders with presence and operational programs in the field) met to analyze the information available and conducted a rapid assessment (three days after the disaster). The timeline of the decision-making and prioritization strategy for this CERF Rapid Response allocation was as follows:

- 19 July: Floods hit and recede approximately one week after.
- 25 July, Puerto Asís/Putumayo, Putumayo Humanitarian Team meeting takes place:
 - Observation of an initially strong response by National Disaster Response Authority and decision to monitor advances in aid delivery.
 - Meanwhile, initiation of consolidating sector-specific information and preliminary assessments (constraints due to security conditions and access conditions).
 - Analysis of urgent needs to be covered in places in which the official assistance by disaster was not reachable for the affected communities with ERF resources and other donor funding (European Community Humanitarian Office (ECHO) small-scale disaster decision).
- 27 July: OCHA issues first sitrep. By end of July, observation of delayed state response, especially in remote areas, and discussions on ERF interventions are initiated.
- 3 August: OCHA issues second sitrep.
- 14 August: RC/HC endorses ERF intervention by ACF in Food Security and WASH urgent activities.
- 23 August, Puerto Asís, Putumayo Humanitarian Team meeting takes place:
 - Discussion with Director Putumayo, National Disaster Response Authority, confirming significant response gaps in WASH, health, and food security (food distribution, agricultural rehabilitation, malnutrition).
 - Official identification of response gaps coincides with internal gap analysis of local inter-cluster team: WASH, health and food security prioritized as response sectors.
 - OCHA, based on local inter-cluster decision, requests support from Humanitarian Country Team (HCT) and national WASH and food security clusters in consolidating assessment and gap analyses, as the basis for a CERF RR request.
- 4 September, Bogotá: Food Security Cluster consolidates information and prioritizes possible CERF RR interventions.
- 6 September, Bogotá: WASH Cluster consolidates information and requests further inputs from the field.
- 7 September: CERF RR discussed at HCT meeting.
- 11 September, Mocoa/Putumayo: Co-leads of Food Security and WASH clusters directly work with Putumayo Humanitarian Team on prioritizing interventions in WASH, including a minor health component, and food security.
- 14 September: HC endorses the CERF RR initiative in principle, on the basis of strong coordination and complementarity with state institutions.
- 17 September: OCHA informs the HCT about progress regarding the CERF RR and encourages active participation of relevant organizations and coordination mechanisms.
- 24 September, Bogotá: Food Security and WASH clusters endorse interventions prioritized for inclusion in the CERF RR package at field level.

- 26 September, Bogotá: Final discussion with national disaster management authorities regarding complementarity of CERF RR interventions.
- 10 October: Official submission of CERF RR request by RC/HC.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis: 95,000</i>				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Agriculture	2,662	2,178	4,840
	Health -Nutrition	1,391	902	2,293
	Multi-sector	9,350	7,650	17,000

The implementing agencies have determined the most vulnerable families using a wide sort of targeting criteria such as: i) degree of affectation by floods and windstorms; ii) isolation and distance from urban settlements; iii) level of community organization and willingness to develop activities; iv) complementary with local government assistance scheme; v) coverage in areas where no other organization is carrying out activities for the same purpose; and vi) communities also affected by consequences of armed violence/conflict which is generalized in the same area. The coordination activities and multi-sector coverage of targeted communities has been mainstreamed among the UN agencies and implementing partners.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	12,402	13,403
Male	10,098	10,730
Total individuals (Female and male)	22,500	24,133
Of total, children <u>under</u> 5	7,650	9,293

As per the national regulation on disaster response in the country, local authorities are the first responsible to respond to a crisis in their region and to provide humanitarian assistance to affected people. However, when the situation overwhelms local capacities and resources, the national Government activates its response system and covers the urgent remaining needs. To speed up the administrative and operational procedures within the Government in order to take the action, the national emergency response law enforces local authorities to issue a formal regional declaration of disaster. With this declaration, the national government and international community can activate a surge capacity program to support victims. Once the regional declaration was announced, the national and local government distributed humanitarian assistance to implement a rapid intervention that covered the most urgent needs in the urban settlements and rural surrounding communities. Food, non-food items, water purification facilities and resources for infrastructure rehabilitation were allocated by national authorities covering most of urgent requirements.

Despite significant national efforts to respond to the emergency, the situation remains critical in some regions of the Putumayo, particularly in the municipalities with huge rural areas, affected by the armed conflict and the floods. For this reason, it is important to highlight that the CERF Rapid Response helped to address the most urgent needs of near 24,133 people in health, water and sanitation and agriculture (in emergencies). CERF funds were made available in a critical moment where local and national resources to respond to the rainy season had already been implemented, and the capacity of authorities to reach most isolated communities was limited. As a result, the funds served their purpose in providing a life-saving solution for affected communities.

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

CERF life-saving criteria have been ensured to distribute the bulk of resources to most vulnerable communities, rather than to implementing organizations. The aim of Local Humanitarian Team and Humanitarian Country Team was to reach the places in which the geographic isolation and violence represented a barrier to deliver urgent humanitarian assistance, complementing the efforts of the national and local government. CERF funding enabled a fast delivery of assistance due to stronger networks and partnerships, previously established by UN agencies in Putumayo, as well as the solid logistical capacity to deliver the aid in a timely manner.

Examples of how the CERF RR provided a fast delivery of assistance:

- Local and departmental authorities and Community Action Councils participated in the definition of the actions to be included in the proposal. During this first month, they have also been involved in the planning and identification of those tasks that they can contribute to, to maximize the impact of the project.
- The response of Government institutions addressed the needs in food security by delivering food and but did not expand to the rehabilitation of community livelihoods. With CERF RR Funds and support mobilized previously with ERF through ACF project, the Local Humanitarian Team could start the first emergency intervention to produce food and restore as soon as possible the household capacities to produce rapid growth vegetables and reduce the dependence on limited food inputs.
- Rapid capacity to deliver urgent supplies for water purification in view of dire contamination detected in water springs in very isolated rural areas.

b) Did CERF funds help respond to time critical needs²?

YES PARTIALLY NO

CERF RR funds helped meeting the critical needs of the vulnerable people in rural areas of Putumayo, affected by floods and windstorms. As in previous opportunities, CERF RR funds have provided an excellent opportunity to complement the government-led efforts in rural areas in which HCT members (UN agencies and INGOs) and implementing partners have a better access. The CERF RR activities have addressed urgent needs in communities affected by water springs contamination, health situations that entailed urgent activities to prevent further diseases outbreaks (as diarrhoeas and respiratory diseases) and nutrition deterioration among children below 5 years old.

Authorities and community leaders have expressed their satisfaction with the actions related to the improvement of the quality of water, especially in Puerto Ospina where the delivery of 180 water solutions (each with a water tank, water filter and hygiene kit) was urgent. The delivery of these supplies was carried out in the context of a workshop on hygiene best practices.

The implementation of small food production plots enabled families to produce food shortly after the floods damages and near to their living places, preventing land mines accidents and contributing to reduce their dependency to food assistance. The communities had the opportunity to receive expert guidance during the emergency, strengthening their resilience capacity.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

Activities for resource mobilization, undertaken by local and national authorities, were effective in the onset of the crisis, providing urgent humanitarian assistance during the first days of the crises. However, the lack of complete information on the affected rural areas caused several shortages, especially with regards to the availability of food assistance and basic non-food items in the first weeks after the floods. Meanwhile, the organizations part of the Local Humanitarian Team, in close coordination with government stakeholders, undertook several rapid assessments and to cover areas not reached due to access constraints, lack of capacity and risk for community leaders or public workers. In this sense, some organizations designed rapid interventions to cover urgent needs in WASH, Food Security (with ERF funds for \$250,000 allocated to ACF -Spain) and Health and Water activities (with ECHO

²Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control).

support of about \$300,000). Additional resources were mobilized from the private sector (UNICEF) and National Government counterpart (FAO) to complement CERF-supported activities during 2013.

Through activities initiated in November 2012 with CERF RR funds, local health authorities of Puerto Asís have initiated the contracting process of the health promoter of the Villa Victoria Health Post to facilitate the implementation of CERF-funded projects. The Departmental Health Authorities will be in charge of the monitoring sessions to the quality of the water after the delivery/ implementation of the water solutions and the rehabilitation of the water supply systems. They will also monitor the implementation and appropriate use of the Units for the management of hydration(UROC) and Units for the management of acute respiratory infection(UAIRA) through their local health secretariats in each of the beneficiary communities. Municipalities and community leaders have provided resources for logistics (fuel for river transport) and some materials to contribute to the rehabilitation of the emergency water supply systems.

It is important to highlight the enormous efforts of communities, mobilizing activities to support logistics and storage of goods provided with CERF-RR resources. The communities have also collaborated with their time and labour to carry out the rehabilitation of water facilities and community plots. They have also provided support to the UN and implementing partners' technical staff in order to access isolated areas.

CERF funds helped UNICEF to mobilize private sector funds to provide additional financial resources for implementing a project in Education in Emergencies in the same communities prioritized in the proposal for health and nutrition in emergencies, funded by CERF Rapid Response.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

CERF funding contributed substantially to the coordination of the humanitarian community, and between the humanitarian community and Government institutions at national and local levels. The coordination arrangements put in place by the HCT demonstrated their relevance at the time of response to the floods. The regular discussion and systematization of access constraints faced by communities and humanitarian actors in the regions contributed to a better use of CERF funding in a region also affected by the conflict and where the HCT members had an added value in providing humanitarian assistance.

The availability of rapid response mechanisms (as well as ERF and other donors) enabled humanitarian organizations to provide urgent assistance while gathering further information and represented an incentive to identify and coordinate specific and targeted actions. The CERF RR also enabled humanitarian organization in Putumayo to assess the real magnitude of the impact of the disaster and mobilize resources according to the most urgent requirements, in close coordination with the Government.

The strategy was strongly coordinated and led by the HC with OCHA's support, activating the organization with presence in the region through the Local Humanitarian Team. The HCT deployed technical experts to Putumayo in order to support assessments and rapid diagnoses of the situation, establishing informal agreements on Who is, Where, When, doing What (4Ws). Integrated actions were designed on food security and nutrition issues and on WASH activities.

Sustained dialogue with FAO and UNICEF took place within the Local Humanitarian Team. This led to the identification of complementary actions to be implemented by the two agencies. FAO decided to support communities in El Cairo, El Placer and San Luis in the Amazonian Basin through household gardens to secure access to local food. Within the rehabilitation of agricultural systems carried out by FAO, health and safe water activities were carried out by PAHO and nutrition in emergencies by UNICEF.

Generally, all agencies initially coordinated with each other in order to provide complementary attention to affected communities wherever possible.

V. LESSONS LEARNED

TABLE 6:OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
N/A	N/A	N/A

TABLE 7:OBSERVATIONS FOR COUNTRY TEAMS		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Coordination with local health authorities and community leaders and members of the target territories since the design phase increases commitment and cooperation during the implementation phase.	To maintain this good practice.	All CERF funds recipient agencies
Liaison with Community Action Councils has proven to be very useful as it facilitates the mobilizations of their own resources, improves attendance to meetings and training activities and maximizes the impact of the project.	To identify the existing Community Action Councils in the target territories, support their operation and involve them in the implementation of the project, particularly their health committees as they will help future sustainability of the actions, beyond the implementation period.	All CERF funds recipient agencies
Although monitoring sessions of the quality of the water provided by the water solutions implemented with the project is important, the development of Community water quality alert and surveillance systems has been received as a more effective strategy by the authorities and communities alike.	To broaden the scope of the water quality monitoring actions so as to empower the community to feel capable, responsible and aware of the implications of keeping the water quality high.	All recipient agencies
Working together with other institutions and agencies responsible for humanitarian response adds value to the work of the UN system for the development of complementary and necessary actions.	Systematize the lessons learned from this project, emphasizing the complementary work with country institutions as replicable model in emergencies.	FAO, OCHA, DONORS, Government of Colombia and UNGRD
Understanding the targeted communities facilitates the adoption of technological packages.	Continued support to disaster-prone areas by FAO field presence and interventions sensitive to risk management.	FAO, OCHA, DONORS, Government of Colombia

<p>The complementary work between agencies, generated better and greater empowerment by communities.</p>	<p>Continue to promote the complementary work between agencies in all interventions.</p>	<p>FAO, OCHA</p>
<p>Targeted families, despite having been affected by conflict, provided enthusiasm and hard work in the recovery of their livelihoods.</p>	<p>Mobilize additional resources for mid-term initiatives that aim to enhance the risk management capacities of communities and local authorities. Donor community should include some initiatives in their particular agenda.</p>	<p>FAO and Cluster partners</p>
<p>Acute malnutrition and anemia for vulnerable children and women cannot be overcome through humanitarian aid alone. It is crucial to strengthen national capacities and mobilize further technical and financial support for longer-term projects that tackle the underlying structural causes of food insecurity and malnutrition.</p>	<p>Developed a strategy of advocacy and technical support to strengthen capacities of the National Institute of Family Welfare – ICBF to implement the community based management of acute malnutrition and anemia.</p>	<p>UNICEF / Food Security and Nutrition Cluster</p>

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	PAHO/WHO	5. CERF GrantPeriod:	15/11/12 –15/05/13
2. CERF Project Code:	12-WHO-078	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector (Health, WASH)		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Rapid response in order to ensure life-saving health services and clean water are available for populations affected by recent floods and internal armed conflict in department of Putumayo.		
7. Funding	a. Total project budget:	US\$ 570,000	
	b. Total funding received for the project:	US\$ 20,000	
	c. Amount received from CERF:	US\$ 550,000	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>DirectBeneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	8,052	9,350	The increase in number of beneficiaries responds to the cooperation of beneficiary communities as they offered their canoes and other means of transportation to ensure that more people learned about the Healthy Homes strategy and prevention of vector- borne diseases. Here, local communities become partners for implementation of actions.
b. Male	6,848	7,650	
c. Total individuals (female + male):	14,900	17,000	
d. Of total, children <u>under 5</u>	3,550	5,780	
9. Original project objective from approved CERF proposal			
To provide life-saving health care services to displaced and vulnerable communities as well as ensure the availability of clean water supply and sanitary living conditions in order to prevent avoidable mortality and morbidity among people affected by the internal conflict and the rainy season in the department of Putumayo.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Water tanks, water filters and hygiene kits delivered to the affected communities. • Emergency water supply systems rehabilitated. • Community leaders trained in hygiene best practices and able to perform water quality follow up and water supply and basic sanitation systems 'maintenance. • Community water quality alert and surveillance systems implemented. • Equipment for implementation for community water quality alert and surveillance systems. • Monitoring sessions of water quality carried out. • Basic medication kits and medical supplies for emergency medical care purchased and distributed. • Units for the management of dehydration (UROCs) purchased, distributed and effectively implemented. • Units for the management of acute respiratory infection (UAIRAs) purchased, distributed and effectively implemented. • Basic Units for the Provision of Primary Health Care purchased and installed. • Local health authorities and community leaders trained in basic topics related to the management of UROCs, UAIRAs. • Ensure one prioritized local health post to deliver basic life- saving health care (including provision of supplies and urgent repairs) • Long- term insecticide treated mosquito nets purchased and distributed • Implementation of Safe Motherhood Strategies *in coordination with UNFPA: namely identification of critical needs and 			

purchase and delivery of clean birthing kits to traditional birth attendants; basic refreshment training in early identification of obstetric risks, emergency referral mechanisms, life-saving interventions in obstetric emergencies	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> 820 water solutions (water tank, water filter and hygiene kit) kits delivered to the prioritized families and communities. <u>Emergency water supply systems rehabilitated.</u> <ul style="list-style-type: none"> 8 emergency water supply systems rehabilitated (4 for health posts and 4 for boarding schools). 100 community leaders trained in basic sanitation and around 820 families trained in the Healthy Homes strategy. 1,100 family leaders trained in prevention of vector- borne diseases. 5 community water quality alert and surveillance systems implemented. 12 Monitoring sessions of water quality: a first one in the diagnosis phase and a second one after the construction of the emergency water provision system. The monitoring sessions were performed. 3 Basic medication kits and medical supplies for emergency medical care purchased and distributed. 8 Units for the management of dehydration (UROCs) purchased and distributed. 7 Units for the management of acute respiratory infection (UAIRAs) purchased, distributed and effectively implemented. purchased and installed 8 Basic Units for the Provision of Primary Health Care (UBAs) purchased and installed. 261 Local health authorities and community leaders and members trained in the specific subjects: management of Diarrhoea and Infectious Respiratory Disease: Community leaders 202, Health Authorities 56, and Members of the Education Centres 3. Ensure one prioritized local health post to deliver basic life- saving health care (including provision of supplies and urgent repairs). The El Comandante Health Post was provided with 1electric generator, 1 canoe and 1 engine, 2 first aid kits. Also its roof was repaired. 2,200 Long- term insecticides treated mosquito nets delivered in endemic areas such as La inspección, Piñuña Negro, Puerto Ospina, el Cairo and San Luis. Implementation of Safe Motherhood Strategies *in coordination with UNFPA: 10 clean birthing kits were delivered to traditional birth attendants; basic refreshment training in early identification of obstetric risks, emergency referral mechanisms, life-saving interventions in obstetric emergencies. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Not applicable.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): No applicable If 'NO' (or if GM score is 1 or 0): Right from the design phase, special attention was given to pregnant women and children under 5, ensuring the coverage of health needs of these vulnerable populations. In addition, the project seeks the reduction of morbidity and mortality rates among children and pregnant women, specifically the implementation of water solutions, UROC, UAIRA and the Safe Motherhood Strategies.	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Yes it has been evaluated by the PAHO/WHO Emergencies and Disasters Program Coordinator and the Technical Supervisor of field offices. The results have been validated in order to include them in the final report. The final evaluation document will be able in January 2014.	

TABLE 8: PROJECT RESULTS

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CERF Project Information			
1. Agency:	UNICEF	5. CERF GrantPeriod:	13/11/12 –13/05/13
2. CERF Project Code:	12-CEF-126	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health-Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Integrated response to ensure the survival of the most vulnerable children affected by floods and windstorm in 30 communities of three municipalities in the department of Putumayo		
7. Funding	a. Total project budget:		US\$ 300,000
	b. Total funding received for the project:		US\$ 150,000
	c. Amount received from CERF:		US\$ 150,000
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>DirectBeneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1,600	1,391	Due to the geographical dispersion and migration of the targeted beneficiaries to Ecuador, the programmed coverage was not fully met and the beneficiaries reached were 88.2% of the planned beneficiaries.
b. Male	1,000	902	
c. Total individuals (female + male):	2,600	2,293	
d. Of total, children <u>under 5</u>	2,000	1,819	
9. Original project objective from approved CERF proposal			
2,000 children under age 5 and 600 pregnant and lactating women affected by armed conflict, floods and windstorm of prioritized municipalities in the department of Putumayo have access to community-based nutritional care.			
10. Original expected outcomes from approved CERF proposal			
2,600 children and pregnant and lactating women critically affected by floods and armed conflict, living in the department of Putumayo (municipalities of Puerto Asis, Valle de Guamuez and Puerto Leguizamo), have access to community-based in nutrition in emergencies.			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> 1,819 children under five (917 girls and 902 boys) and 474 pregnant and lactating women affected by floods in the municipalities of Puerto Asis, Valle de Guamuez, Puerto Leguizamo, Mocoa, Puerto Caicedo and San Miguel have received nutritional and health care assistance. 1,140 children between 6 months and 59 months (579 girls and 561 boys) received micronutrients (sprinkles); 55.3% of children younger than five years and 45.2% of pregnant and lactating women had anemia. 150 families have improved their capacities to provide nutritional and health care to children under five years at risk of malnutrition. The training activities were implemented taking into account the specific needs of women, girls and boys. All boys and girls detected with acute malnutrition received treatment through Community Management of Acute Malnutrition Program including Ready to Use Therapeutic Food- RUTF; The prevalence of Global Acute Malnutrition found in targeted children under 5 years was 0.66 per cent (girls) and 0.78 per cent (boys). Food and nutritional education and awareness materials that promote the participation of fathers and mothers as care givers of children were developed and disseminated taking into account the cultural context and specific needs of indigenous communities. 			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Due to geographical dispersion and migration of targeted beneficiaries to Ecuador, the programed coverage was not fully met and the beneficiaries reached were 88.2per cent of the planned beneficiaries.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	FAO	5. CERF GrantPeriod:	12/11/12 – 10/05/13
2. CERF Project Code:	12-FAO-042	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Food security and emergency support to vulnerable people doubly affected: natural disasters (floods and high winds) and violence in the department of Putumayo.		
7. Funding	a. Total project budget:	US\$ 1,200,000	
	b. Total funding received for the project:	US\$ 693,884	
	c. Amount received from CERF:	US\$ 393,884	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>DirectBeneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	2,750	2,662	During implementation of project activities, a mass displacement occurred in some of the targeted communities. This displacement decreased the number of families reached. However, these families were able to receive inputs and attend some of the planned workshops in the training cycle.
b. Male	2,250	2,178	
c. Total individuals (female + male):	5,000	4,840	
d. Of total, children <u>under 5</u>	1,500	1,694	
9. Original project objective from approved CERF proposal			
To quickly restore crops and livestock activities of at least 1,000 families (5,000 individuals) affected by floods and high winds in the most vulnerable municipalities in Putumayo.			
10. Original expected outcomes from approved CERF proposal			
Rapid restoration of food production and protection of livelihoods of affected households in the department of Putumayo.			
Provision of assistance to small farmers that need to start the planting of seasonal crops in the first quarter of 2013, in order to produce food reserves and seeds and be better prepared in the next natural disaster event.			
Restoration and protection of food availability and the livelihoods of those affected.			
11. Actual outcomes achieved with CERF funds			
At the end of the project FAO targeted 968 families. This was a reduction from the initial number of targeted families due to the conflict situation in the project area, which led to a mass displacement. However the following activities were carried out successfully.			
<ul style="list-style-type: none"> • Coordination of technical and training models: all the actions carried out by FAO counted with a consultation process with the targeted communities in order to have a clear picture of the specific needs in the area food security. Particularly in this process were the technical models (plant species) and training models that were implemented. A clear need to include disaster risk management as a cross-cutting issue throughout all actions that will avoid larger losses in case of a new adverse weather event was clear. • Capacity Building: the training process had a total of six cycles by which the community focused on developing a production 			

processes in order to meet the main objective of quickly producing food. All trainings included a risk management approach which incorporated risk mapping, safe location for planting crops, mitigation techniques against adverse weather conditions, emergency preparedness, identification of biomarkers and communication protocols. This, combined with key issues such as artisanal seed production, good agricultural practices, pest and disease control, food preparation and preservation, were widely appreciated and applied by the community. The project achieved an average attendance record of 94.5% of people per workshop.

- Establishment of food crops: establishment of crop was characterized by short-cycles species/varieties that allowed a rapid production of food staple crops. Crops produced were in line with consumer and culture preferences, using where possible local species. The implementation of the models developed techniques that enable mitigation of floods as the main factor affecting the agricultural sector in the selected municipalities. Technical models were initially developed in 40 Demonstration Training Centers, with an average of 25 crop species per Center and a total area of 98,000 m². These technical models were replicated in 905 family home gardens for a total area of 73,305 m² planted.
- Nutritional education: the actions contemplated the technical support of a Chef to ensure appropriate use of crops species planted at the CDCs and the replicas in family home gardens. The Chef was in charge of teaching food preparation recipes and different processing alternatives. This action was widely valued by families and ensured that food produced would be consumed along with an appropriate and safe storage/preservation of surplus food.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Not for the reporting period.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

The project was continuously monitored by FAO field technical teams, so as to fulfill the planned actions and when necessary to correct problems any problems.

PART 2: CERF EMERGENCY RESPONSE – CONFLICT AND DISPLACEMENT (UNDERFUNDED ROUND II 2012)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 9,442,483		
Breakdown of total response funding received by source	Source	Amount
	CERF	2,990,259
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND <i>(if applicable)</i>	51,824
	OTHER (Bilateral/Multilateral)	5,056,332
	TOTAL	8,098,415

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
CERF Allocation 1 –Date of Official Submission: 5 September 2012			
Agency	Project Code	Cluster/Sector	Amount
FAO	12-FAO-036	Agriculture	372,161
IOM	12-IOM-028	Shelter and Non-Food Items	316,000
UNFPA	12-FPA-042	Protection/Human Rights/Rule of Law	242,203
UNHCR	12-HCR-048	Protection/Human Rights/Rule of Law	480,000
UNICEF	12-CEF-112	Multisector	566,811
WFP	12-WFP-068	Food	300,085
WHO	12-WHO-068	Health	712,999
Sub-total CERF Allocation			2,990,259
TOTAL			2,990,259

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of ImplementationModality	Amount
Direct UN agencies/IOM implementation	2,450,868
Funds forwarded to NGOs for implementation(*)	539,391
Funds forwarded to government partners	-
TOTAL	2,990,259

(*) Planned figures by June 2013

While on 19 October 2012, the representatives of the Government of Colombia (GoC) and the FARC-EP opened peace talks, the humanitarian situation throughout 2012 has remained of concern for the HCT. According to OCHA's estimates, 48,279 people were

massively displaced in 2012, representing an increase of 49 per cent in comparison with 2011. Around 36 per cent of people massively displaced were from indigenous communities and 13 per cent were Afro-Colombian. Post-demobilization armed groups were responsible of 21 per cent of massive displacements both in rural and urban areas and represented one of the main challenges for humanitarian access. Mass displacements are particularly acute in the west and along the Pacific Coast. Cauca was the most affected department, followed by Nariño, Valle del Cauca, Putumayo and Chocó. Local NGO CODHES reported a total of 256,590 new Internally Displaced Persons (IDPs) in 2012 (including individual and mass events), while preliminary official data reported 157,530 IDPs.

Since the announcement of the peace talks, figures showed a steady trend in hostilities and attacks against infrastructure compared to 2011. Regarding to landmine contamination, by 2012 Colombia reached the figure of 10,237 victims of anti-personnel landmines (APM) and unexploded ordnance (UXO), making it the second most affected country in the world with 65 per cent of Colombian municipalities affected. Civilian victims of APM / UXO also increased from 201 in 2011 to 218 in 2012 (total of injured and dead).

The risk of mine accidents jointly with expanding operations of post-demobilization armed groups (PDAGs) and widespread social protest across the country have significantly increased the number of confinements in the first half of 2013, preventing people from accessing their livelihoods and carrying out regular activities, such as hunting, fishing and growing staple crops. According to OCHA estimates, in 2013 over 91,000 people faced confinement in nine departments.

Throughout 2012, main challenges were related to the increasing impact of post-demobilization armed groups, the persistence of the conflict and the reduced visibility of the humanitarian situation in the context of the peace talks. The GoC faced significant challenges in the implementation of the Victims and Land Restitution Act. Institutional changes following the new law have caused delay in GoC's assessment capacity, the registration process and the delivery of humanitarian assistance. Local authorities are still adjusting to the new responsibilities and organizational structure; scarce resources in local budget are often limiting the delivery of emergency assistance. At national level, the transition to a new victim's registry system is having a negative impact on the revision of declarations. While backlogs and delays in the release of official figures have been common over the past several years, never has there been a period of twelve consecutive months without official IDP figures made available. As a consequence, several victims, including IDPs have become invisible and are not receiving adequate assistance (only 30 per cent of the declarations were processed in 2012). Moreover, based on new GoC's criteria, victims of post-demobilization armed groups likely will be excluded from the official registry. However, in a recent ruling (Auto 119, June 2013), the Constitutional Court ordered the adoption of measures to avoid the exclusion of people displaced as a result of "generalized violence" from the official Victims' Registry. This includes people displaced by PDAGs. OCHA estimates that changes in IDP figures that reflect the Court ruling will take at least six months to appear.

Reports of forced recruitment and use of children by non-state armed groups increased significantly in 2012 as compared with previous 2011. According to estimations of Colombian civil society, approximately 18,000 children would be bounded with non-state armed groups. However, there is no official data regarding the number of children and adolescents involved with non-State armed groups. Between 2011 and 2013, United Nations Agencies identified at least 625 cases of child recruitment. During the same period, according to the Colombian Family Welfare Institute (ICBF), at least 551 children were recovered from the FARC-EP, ELN and other non-State armed groups and received State protection. The most recent report of the Secretary General on children and armed conflict in Colombia (A/67/845-S/2013/245, May 2013) highlights that the use and recruitment of children by non-State armed groups is a systematic and generalized tendency with at least 300 cases reported in 23 departments in 2012. There were reports of children injured in armed attacks by non-state armed groups in Caquetá, Cauca and Nariño. Authorities in Norte de Santander, Tolima, Nariño and Putumayo denounced the use of children by non-state armed groups to manipulate explosive devices.

Cases of sexual and gender based violence have increased in Antioquia, Arauca, Caldas, Nariño, Cauca, Chocó, Córdoba, Meta, Norte de Santander and other regions in the country. Violence against women in the context of the armed conflict is a serious concern in Colombia. Due to a lack of data, the magnitude of the problem has not yet been documented. Greater prevention efforts, better assistance and ending impunity are required to address widespread SGBV and the suffering of victims. These were among the main conclusions and recommendations of the UN Special Representative on Sexual Violence in Conflict, Ms. Margot Wallström, during her visit to Colombia in May 2012.

International humanitarian financing decreased about 16 per cent in 2012 (as per FTS registered figures). The main impact of this shortage will be felt in 2013, especially in countries such as Colombia, which are classified as middle income countries but have persistent humanitarian needs. Despite OCHA's continuous efforts to monitor humanitarian indicators, the absence of exact figures on displacement, combined with the official message on peace talks, is contributing to the perception that the country is moving to a transition phase, hiding humanitarian needs of thousands of people still affected by the conflict.

In following the above-described situation, the Humanitarian Country Team analyzed in July 2012 the humanitarian caseload in those regions of the country in which the situation showed significant worsening during the first semester of 2012, targeting urgent CERF UFE support for the departments of **Cauca (northern region), Putumayo, Norte de Santander (Catatumbo region) and Chocó (Bagadó).**

These four departments represent 10 per cent of the total population of the country and concentrate 30 per cent of the displaced population in 2012; 29 per cent of victims of APM/UXO in 2012 and 61 per cent of confined people (I Semester 2013).

Based on the Common Humanitarian Framework and on the recent deterioration of the humanitarian situation, HCT prioritized CERF-UFE allocation for urgent actions in protection, health, wash, food security and nutrition, putting particular emphasis on rural inhabitants, indigenous communities, women and children.

II. FOCUS AREAS AND PRIORITIZATION

Geographical coverage:

Among the conflicted territories, four departments were prioritized, based on need and the intensity of the humanitarian crisis:

1. Putumayo: Municipalities of Puerto Asís, Mocoa, Puerto Guzmán, San Miguel
2. Cauca: Northern Cauca: Municipalities of Caldono, Caloto, Jambaló, Toribío, Suarez, Miranda
3. Norte de Santander: Catatumbo Region: Municipalities of Sardinata, San Calixto, Teorama, El Tarra
4. Chocó: Alto Andágueda in Bagadó Municipality

Selected region lack of institutional capacities; are affected by the absence of civil servants willing to stay in dangerous areas, scarce access to technology, lack of proper stocks and supplies, unawareness on IDP health rights, and the state health system is unable to respond.

The escalation of hostilities in the first semester of 2012, in particular in the departments of Cauca, Putumayo, Norte de Santander and Chocó, has exacerbated humanitarian needs, increasing displacement and limiting mobility of the communities, affecting food security, health and education.

Topographic and logistical constraints, such as the presence of communities along rivers with connecting roads, impact the operational presence of humanitarian aid providers. In this region, frequent attacks by non-State armed groups against social infrastructure, including electricity grids, also affected the population's access to basic services, in some cases for extended periods.

The capacity of current humanitarian programs in these regions to cover additional needs is already overstretched due to a steady reduction in humanitarian financing; geographical and environmental conditions also increase logistics and operational costs. Although Local Humanitarian Team include both UN agencies and NGOs, humanitarian presence is still not sufficient to cover such a vast territory presenting serious humanitarian situations.

The humanitarian crisis remains underfunded, especially regarding life-saving health care, mainly due to the lack of institutional capacities, the extent of the crisis to most of the national territory and the intensification of confrontations. Displaced communities have little access to health services as they are unable to reach health centres, and medical professionals are unable to reach geographically isolated locations. Serious health risks for these populations include diarrheal, respiratory and vector-borne diseases, and perinatal emergencies threaten the lives of vulnerable mothers. In the prioritized areas, State institutions have reported access constraints in the provision of emergency assistance due to the conflict. Moreover, recent changes in the institutional setting are also causing delays in the provision of State assistance. Local authorities are not yet clear about their role and responsibility under the new legal framework; this added to weak capacity of some Municipalities affects the provision of timely emergency assistance. Lack of resources at local level is also a main constraint for humanitarian response. The change in the structure and legal and functional responsibilities (Victims Unit instead of Social Action- former Presidential Agency) also produced delays in responding claims of the families. For example, by October 2012, 80 per cent of applications for inclusion in the register of victims in Putumayo department had not been assessed by the Victims Unit, so they have not received immediate humanitarian assistance or are placed under state programmes.

In view of these situations, during the second half of 2012, humanitarian stakeholders undertook needs assessment missions in those regions and discovered the below findings:

- In Putumayo –Ecuadorian border, near 10,000 people are estimated to find themselves in a situation of confinement due to the presence of landmines, unexploded munitions and illegal armed groups on their territories, in particular in the rural areas of the municipalities of Puerto Asís, Puerto Leguizamó, Valle del Guamuéz, and San Miguel. These factors as well as continued hostilities have resulted in the displacement of at least 4,000 people, mostly to the urban centres of these municipalities during 2012. The permanent suspension of school activities due to combats and landmine contamination has also increased the risk

of child recruitment. WFP assessments in the area identified 7,500 people (displaced and confined) that require emergency food assistance in this department. They also identified 21 boarding schools (out of 63 schools), which require emergency school feeding support, in order to improve the food security condition of around 1,000 children who are at high risk of deserting school and being recruited by armed groups.

- In the Northern region of Cauca department, during the first six months of 2012, approximately 16,200 people were displaced in 57 mass events. The Association of Indigenous Councils of Northern Cauca (Asociación de Cabildos Indígenas del Norte del Cauca - ACIN) also reported that at least 118 events related to the armed confrontations – including occupation of schools, attacks on schools and medical mission and direct threats – took place in their territories. At least 14 men and 4 women were killed since the start of the year and indigenous authorities have initiated self-protection and territorial recovery measures, such as dismantling non-state armed groups' camps and forcibly evacuating army bases, claiming that their presence puts their communities at risk. In view of the security situation, humanitarian organizations have cut back on their missions to the area. Alteration of school activities due to combats and landmine contamination, as well as the social control deployed by non-state armed groups also has increased the risk of child recruitment.
- In mid-2012, Cauca' local indigenous authorities required both the Government and FARC-EP to withdraw from their territories and commit to respect communities, due to long-running hostilities which permanently violates the International Human Law and human rights of population. After one year of indigenous communities' mass protests, the humanitarian situation in the zone continued to be worrisome and the armed actions are escalating. Although peace talks in La Habana contributed to decline the social unrest in the region, the Northern Cauca department still concentrated the armed actions the first half of the year, which is translated by the largest number of IDPs recorded in comparison with other regions in the country.
- In Cauca and Putumayo, as for the food security of the population, the problem is very broad and generalized. The most critical factors are: i) illicit crops in many cases have replaced food production; ii) rural communities have reported enormous constraints to find suitable lands near to their houses. Possible soil contamination may be caused by aerial aspersion of herbicides (glyphosate) to eradicate coca crops in previous years. The absence of technical assistance for this specific situation exacerbate this problematic; iii) restricted access to productive plots because of anti-personal mines; iv) high levels of malnutrition-- according to ACF, the department of Putumayo has a prevalence of 1,3 per cent acute malnutrition, 24,05 per cent chronic malnutrition and 5.3 per cent underweight; and vi) schools and boarding schools with insufficient food for school restaurants and lack of cultural spaces.
- In Norte de Santander, the humanitarian crisis is centralized in the Catatumbo Region (northern region of Norte de Santander) and amounts to 194,000 persons who are currently considered to be highly vulnerable. Forced displacement, especially of the nomad indigenous communities of Motilón-Barí, as well as confinement and restriction to health access are all major risks. The exploitation of natural resources, abundantly present in the Catatumbo Region has intensified, especially open-cut coal mining which is endangering resources of native indigenous communities, making their food and water reserves scarce and affecting their health status. Recent field visits on November 2012, conducted by several humanitarian stakeholders, have shown the sharpening of the humanitarian crisis in the Municipality of Convención (Corregimientos of Honduras, Trinidad and Cartagenita) and in Acarí in the La Gabarra rural areas. Existing water sources in these sites are contaminated and locals are not aware of the importance of consuming clean water; the situation has led to a rapid increase of the morbidity, which is compounded further when armed actors restrict the access of food and state health services.
- In Chocó, isolation and the pressure of non-state and post-demobilization armed groups, added to the vulnerability to natural disasters, have caused chronic humanitarian needs in particular among indigenous and Afro-Colombian communities. During 2012, several displacement events have been reported from different regions of department. The situation in rural areas of Bagadó is particularly disconcerting as it has expelled more than 1,000 persons, affecting near 60 per cent of indigenous communities. The main reception settlement, Aguasal, is confined by armed actors. On the second semester of 2012, situation caused more indigenous people to be displaced and many more communities were under confined environments and continue needing humanitarian assistance.

The prioritization process also took into consideration the presence of agencies in the areas of intervention, the capacity of implementation within the timeframe of the funding window and NGO involvement. Synergies with other donor efforts and strategies (including ERF) have been established to promote complementarity and avoid duplication.

The municipalities prioritized for implementing CERF activities in the child protection component (Toribio, Suarez, Jambaló Caloto, Miranda and Corinto), were prioritized based on the following criteria: a) areas most affected by the armed conflict and the recruitment of

children, and b) achieving synergies and enhancing coordination with UN agencies and NGOs with field capacity in the prioritized department.

In the nutritional component of the project, the prioritization process was based on the gender approach, taking into account the special needs of pregnant and lactating women during the emergencies and the relevance of the nutrition and health assistance to mothers, to ensure the wellbeing of their children. Intervention project data were disaggregated by age and sex. Female participation was a requirement to conduct the nutritional assessments and capacity building activities. Even though no significant differences were identified in the number of cases of acute malnutrition between boys and girls, more boys (56 per cent) were affected by stunting than girls (44 per cent).

In the mine action component, actions were prioritized based on criteria such as the risk of activation and the presence of explosive ordnances (APM / UXO / IED). A vulnerability analysis was included to determine the specific risk groups in each region and consequently target actions to the specific groups in each community. This activity involved 60 per cent of children enrolled in educational institutions in high-risk areas, addressing the particular vulnerabilities caused by the armed conflict. All the data are disaggregated by gender, ethnicity and age.

III. CERF PROCESS

As part of the prioritization process, the HC informed the HCT and requested their support to mobilize CERF resources to reach communities most affected by conflict in selected regions, as well as to concentrate actions in priority sectors and most affected geographic areas. Cluster leads and OCHA compiled existing assessments and reviewed priorities outlined in the sectorial response plans. The HCT with OCHA's support reviewed the information of needs assessments and inputs from Local Humanitarian Teams. Based on this analysis, the Inter-Cluster Coordination Group decided that the most urgent needs referred to protection, health/WASH and food security and nutrition. The following criteria were also taken into account:

- Clusters with greatest difficulties in mobilizing resources, as well as regular budget reduction in some programs.
- The opportunity to demonstrate the added value of coordinated action of the international humanitarian community by addressing sectors with the greatest gaps and unmet needs (health, nutrition and food security, and protection with an emphasis on children and sexual and gender-based violence (SGBV)).

Following this decision, and with OCHA support, UN agencies developed their proposals ensuring NGOs participation and considering the following criteria:

- Areas most affected by the internal armed conflict that have not received sufficient funding or that critically need further funding.
 - Target indigenous and isolated rural peasant communities, placing a stronger emphasis on women and children.
 - Promoting the participation of NGO partners, if not during the implementation, in the planning and preparation phases.
 - Ensure a reasonable degree of articulation with ongoing interventions in the prioritized areas undertaken by other UN agencies and NGO partners.
 - Limit the number of applying agencies and avoid geographic dispersion as much as possible.
 - Allocate approximately 50 per cent of the resources to protection and 25 per cent to health/wash and food security as a way of articulating the intervention around protection needs.
-
- As a result of the prioritization and coordination process among the different clusters, a limited number of municipalities have been selected for the CERF interventions.
 - Strategic planning has been conducted with the participation of different stakeholders. Plans of action have been adapted to the context and to the population needs, seeking:
 - To enhance coordination within the implementing partners through the strengthening of the established coordination mechanisms (clusters, inter-cluster);
 - To promote articulation with local and regional governments.
 - To promote articulation with local NGOs as well as with the community, to integrate and align actions in the field.
 - To improve the monitoring mechanism through the delivery of reports, as well as meetings with partners to communicate progress.

- To promote program sustainability through local authorities involvement and community empowerment.
- To implement a community-based and multisectorial approach in order to ensure the specificity of the humanitarian response in these regions.
- To ensure a “do no harm approach”.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

Total number of individuals affected by the crisis:400,000				
	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Agriculture	2,030	1,660	3,690
	Food	8,858	9,094	17,952
	Health	14,190	11,610	25,800
	Multisector	5,661	5,920	11,581
	Protection / Human Rights / Rule of Law	4,494	2,717	7,211
	Shelter and Non-Food Items	1,350	1,350	2,700

HCT agreed to target regions, covered by CERF UFE resources, where there was an increase in the numbers of victims affected by violence during the first semester of 2012 and a lack of capacity of government institutions and humanitarian stakeholder to cope the urgent needs in food, protection, shelter, health, among others. The projects included within the CERF UFE were identified by Humanitarian Local Teams as the most urgent interventions, which aimed to provide financial and operational capacity to deploy humanitarian assistance in isolated regions affected. A special effort was conducted by UN agencies and implementing partners to work with difficult operational conditions (security constraints, geographic isolation of selected communities, among others) and to target indigenous and peasants populations, whose have been disproportionately affected by violence in Cauca, Norte de Santander, Putumayo and Chocó during 2012.

The relevance of the CERF funds can be seen in the achievement of more beneficiaries than the estimates planned. The identification and reaching of communities located in remote areas was facilitated by the CERF funds. There have been some difficulties in reaching beneficiaries in some regions, mainly due to security reasons (most of the communities targeted are located in regions with high presence of illegal armed groups. The strategy allowed open humanitarian space through interventions in protection, in order to generate trust among communities and better understanding of the project objectives. It allowed complementarity between different sectors and the implementation of activities based on a “do no harm approach”.

The intervention zones included areas where risks specifically associated with APM/UXO/IED, forced recruitment, food insecurity, health insecurity, among others, were detected and reported. The project focused on rural areas where highly vulnerable children and women live.

The Northern Cauca indigenous people’s association (ACIN) reported that CERF funds facilitated access to rural areas affected by confrontation between the government and illegal armed groups, and allowed them to provide assistance to population in need. ASOCABILDOS, another implementing partner in Cauca improved their local operational capacities, targeting criteria to identify and select the most vulnerable communities and was able to include a larger number of beneficiaries in complementary activities at the community level. As a result an important number of beneficiaries were transferred to government programmes.

Local partners have been essential for the project implementation. UN Agencies recognize that local capacity building and synergies with relevant local stakeholders enables people to develop their full potential acting on their own behalf. The close articulation with civil society and national and international NGOs strengthened the work leading to new and complementary activities. The CERF also showed that the involvement of social organizations, such as women, indigenous and IDPs organizations, empowered the community to participate in the construction of their strategic plans.

Furthermore it is important to highlight that UN Agencies and implementing partners promoted context-specific activities and methodologies, which have been adapted to the local context, according to the context analysis carried out by the different clusters. This allowed the development of strategies taking into account local realities and dynamics.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	29,208	8,738
Male	24,692	8,561
Total individuals (Female and male)	53,900	17,299
Of total, children <u>under</u> 5	14,420	3,185

By the end of interventions, following advances can be reported:

- Protection activities developed in Protection by Presence and Implementation of Practical Protection Projects, such as: school equipment, temporary shelters, training on human rights. Also, three recreational/educational spaces have been adapted and equipped. Near 603 Non-food items have been delivered to IDPs (blankets, mattresses, hygiene kits).
- Protection mechanisms strengthened in IDP and indigenous communities at risk of displacement.
- Humanitarian assistance provided to victims from Cauca and Putumayo, which covered legal aid and the expenses for transport, food and lodging that were incurred as part of the received medical assistance.
- Health conditions improved through: i/ the establishment of six (6) first aid communitarian teams (all teams received specific training with the support of the CRC in communitarian first aid and were provided with one first aid kit) ii/ the delivery of basic medication kits, medical supplies for emergency medical care, long-term insecticides treated mosquito nets, iii/ training of 1,300 community leaders in hygiene best practices and basic sanitation systems.
- Educational materials were provided to 60 community health workers, 26 teachers and 18 indigenous leaders.
- Affected families improved through emergency assistance their productive activities (food production), increasing their skills and promoting risk management for future situations (in fact the techniques and initiatives developed promote immediate resilience among participating families to cope the basic food needs).
- 17,952 beneficiaries improved food access and availability through: i/ distribution of 1,323 tons of food, ii/ delivery of supplementary home rations for 858 pregnant and lactating women (PLW), iii/ distribution of school meals to school age children.
- Regarding the recovery phase, although population in both provinces were planned to be benefited, only the communities in Northern Cauca (indigenous), were able to participate in the food for assets and food for training activities, as armed conflict situation in Putumayo prevented the implementation of the planned activities.
- With regard to nutritional status of targeted PLW and children under 5 years of age, 858 PLW (95 per cent of planned) and 808 children under 5 (48 per cent of planned) received supplementary rations for an average of 180 days in Northern Cauca and Putumayo.
- The reduction of school desertion rates through the distribution of school meals to 3,834 school children in targeted departments was also achieved.
- Sexual and reproductive health strengthened through: i/ the delivery of 160 safe kits to 160 traditional midwives and 16 health workers from indigenous IPS; ii/ the design and implementation of a safe motherhood strategy; iii/ the implementation of a communication strategy to promote sexual and reproductive rights and prevention of gender based violence.
- Health and nutrition condition of pregnant and lactating women improved through: i/ the distribution of life saving supplies such as oral rehydration salts, anti-parasitic drugs micronutrients, Therapeutic Food; ii/ delivery of micronutrients, nutritional and health care assistance; iii/ delivery of infant and young child feeding; iii/ training sessions to health workers, teachers, community leaders and parents on nutritional care in emergencies.
- Capacity building to communities on how to protect themselves against explosive devices through: i/ the promotion of safe behavior; ii/ implementation of a landmine risk education strategy reaching 924 children and 1,392 adults.
- Protection of children strengthened through: i/ the implementation of “Golombiao” and “Return to Happiness Strategy” with the participation of 3,411 children; ii/ the incorporation of early and urgent protection strategies in the action plans of local governments; iii/ delivery of psychosocial care to 386 children.
- Shelter conditions improved through the delivery of sleeping kits, heavy gauge black plastic, green fabric, hygiene kits. Eight collective centers received kitchen equipment for an average of 100 people per temporary shelter.

Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

With the rapid financial support from CERF, UN technical teams and Local Humanitarian Teams (LHTs) responded in a quick manner and advocated for more visibility of the vulnerability situation among the most deprived and isolated communities. With the actions supported by CERF, the Food Security and Nutrition and Shelter Clusters enhanced their analysis and participation in national discussion teams for emergency response, which could lead to further mobilization of resources for the regions targeted.

As a result of CERF funding, assistance to target communities has been provided in a timely manner in the prioritized areas:

- WHO provided in liaison with local authorities assistance in health and WASH activities along the four targeted regions (Cauca, Putumayo, Norte de Santander and Chocó), in spite of serious constraints in accessing the areas and identifying additional financial support from other donors for projects in some of those regions.
- CERF funds allowed the implementing partners to access remote rural areas where the conflict has arisen.
- Additionally the funds facilitated hiring staff to develop different aims like finish the beneficiaries characterization, conducting needs assessments (especially in rural areas) and reporting to all the implementing agencies. The lack of government assistance in the targeted zones is being covered by the CERF UFE through the UN agencies and their implementing partners.
- The CERF project achieved a timely response in terms of the needs of the targeted groups, but it was necessary to coordinate and negotiate certain activities with indigenous communities, in order to adapt these to their specific organizational structure and culture, through a consultation process, prior to implementing the project.
- Assistance to communities located in remote rural areas received food assistance in a timely manner. Local partners in Northern Cauca were able to implement activities in areas where government assistance is limited and violent events and armed confrontations are permanent. Despite armed harassment and violence events, indigenous families from Betulia in the municipality of Suarez, Paletón in Jambaló and Cabildo Monterredondo in Miranda did not displace and could resist due to distribution of food provided by WFP and all associated costs covered by CERF funds.
- The food emergency response provided in Putumayo was highly valued by targeted population, particularly in the Perla Amazónica and Leguizamo communities, where there is a lack of government assistance and where people is double affected due to combination of armed conflict and natural disasters (flooding).

a) Did CERF funds help respond to time critical needs³?

YES PARTIALLY NO

In Norte de Santander, CERF funds allowed to provide assistance in case of mass displacements in El Tarra and Teorama and one landslide in the Corregimiento (Smallest Administrative Unit) in San Juancito in Teorama. This support facilitated the decision making process to cover the most critical needs of the affected communities. In Chocó, in cooperation with local health authorities, the coverage of the diagnosis of the Vector-borne diseases has been expanded through the departmental-related programme. The health officials that need training or refresh training have been identified. In Cauca, it has been determined that infant and neonatal mortality rates are rising. For such reason, progress has been made in the adaptation of the safe motherhood strategies and the articulation of the new concept: Golden Minute (explained below in the outcomes section).

Although they have not have been used for this purpose, CERF funds can serve as a counterpart in seeking other funding sources from other donors, to improve the activities, fund other lines of intervention or expand coverage. In turn, CERF funds allowed for a response to life-saving critical needs of women related to Gender-Based Violence (GBV) and SGBV, one of topics with less funding on humanitarian assistance in Colombia.

With CERF funding, UN agencies and their partners have started immediate responses in one region in which humanitarian assistance decreased dramatically over the past years. The coordinated intervention in protection, food security, nutrition and health addressed humanitarian gaps and provided immediate assistance in the short term to most vulnerable communities, especially those uncovered by the State's response.

WFP started immediate responses in the targeted departments, where the humanitarian situation is more severe due to mass displacement trends, landmine contamination, confinement, selective homicides, forced recruitment of children and use of them by illegal armed groups. Food security intervention allowed to access remote areas and also to reach indigenous population which is

³Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control).

disproportionally affected by the armed conflict; due to CERF funds there was an opportunity to address humanitarian gaps and provide immediate assistance in the short term to most vulnerable communities, especially those uncovered by the government.

b) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

CERF funding for the emergency response helped with additional fundraising by FAO, WFP, UNICEF and UNHCR humanitarian programmes through raised awareness on the humanitarian crisis that affects Cauca, Putumayo, Norte de Santander and Chocó. Also, non-conventional donors (private sector) donated funds to UNICEF to strengthen the protected environments for children and youth in boarding schools and prioritized indigenous communities in Putumayo. Additional resources, with ECHO's support, have been used to support humanitarian activities in Chocó, Cauca and Norte de Santander. Likewise, an Emergency Response Fund (ERF) were mobilized by OXFAM GB in Cauca to complement some communities that CERF UFE resources cannot cover.

WFP has complemented with CERF funds other contributions received in-kind from other donors and has increased its capacity to reach more beneficiaries with urgent food assistance.

CERF funding allowed additional fundraising by the UNICEF Country Office and raised awareness on the humanitarian crisis that affects children in the departments of Cauca and Putumayo. The private sector donated \$160,000 to UNICEF for emergency response in the department of Putumayo. Additionally, \$25,000 was donated by Headquarters as complementary support. The CERF funds also mobilized resources from headquarters in NY, hereby providing additional funding for the expansion of coverage in the same municipalities prioritized by the CERF, with the aim of reaching out to high risk rural communities. In the case of prevention of recruitment in Putumayo, UNICEF implemented Swedish government resources, which has allowed for a greater impact and continuity, especially with children and communities

c) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The following activities and achievements have been identified as particularly relevant due to their contribution to humanitarian coordination:

- Discussions allowed identifying new synergies and areas of cooperation between NGOs and other UN agencies. In Putumayo, the agreement achieved between WHO, UNICEF and FAO has allowed for the integral approaches at community level. UNICEF and WFP have joined efforts to provide complementary food access in the Villages of San Miguel, El Afilador and El Sábalo.
- Through presence in the field, UN staff gained recognition and trust. It also improved communication among staff members and community members. Efficiency was improved and activities duplicity was reduced, avoiding community fatigue, over assessment and uncoordinated field missions, .
- The permanent interconnection and integration among UN Agencies allowed connecting different topics and providing the specific knowledge of each Agency.
- Increased inter-cluster coordination was also a result of this intervention. CERF funding contributed to strengthening the coordination of key UN Agencies and NGOs as well as Government counterparts. For example, since the beginning of the project cycle, UNICEF coordinated activities at the field level with FAO and PAHO/WHO under the framework of the LHT supported by OCHA.
- So far, integrated actions, designed in the Food and Nutrition Cluster, especially in nutrition (with technical assistance provided by UNICEF), were closely coordinated. Further coordinated actions will be ensured during project implementation in order to have better inter-sectorial assessments and design appropriate assistance packages.
- In Chocó, five coordination meetings have been carried out among the UN Agencies and NGOs present in the Alto Andágueda (Municipality of Bagadó). As a result, the Local Humanitarian Team has decided that the interventions for the Alto Andágueda will be made within a common programme that seeks integral actions in the same areas; this in coordination with the Asociación de Cabildos Indígenas Embera, Wounan, Katio, Chami y Tulé del Chocó , OREWA.
- In Cauca, the results of a technical visit led to the identification of gaps that were communicated to the Local Humanitarian Team. Thus, other agencies agreed to work on the same communities and UNFPA will directly support the safe motherhood strategy and the Golden Minute, unifying methodologies with PAHO/WHO.
- In Norte de Santander, all the actions have been coordinated with the UN agencies and NGOs present in the Catatumbo region. This has led to the execution of participatory technical field visits to select the beneficiary communities and support each other's actions.

- Coordination with LHT and government entities in each region has led to a more coordinated intervention in the field. It has helped to obtain better results and to do a better following of the project.
- New leaderships emerged, especially among youth and women, as a result of different training and empowerment processes. They became multipliers of different strategies.
- In conclusion, CERF funding contributed to strengthening the coordination of key UN Agencies and implementing partners as well as Government counterparts. Articulation in the field promoted the improvement of livelihood conditions by ensuring coherence among the relevant sectors and multi-sectoriality. This interagency articulation in the participants' selection allowed the implementation of a comprehensive and integrated process.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Criteria for the concertation of projects to be presented to CERF UFE are insufficient for the prioritization of interventions.	Establish a roadmap with criteria predefined and agreed upon in the HCT that allows the prioritization of community needs.	OCHA/ Humanitarian Coordinator Office
Achieving the inclusion of differential approach in the various phases of project programming ensures an efficient response.	Ensure that UN agencies that implement projects through the CERF fund include the use of the GenderMarker.	HC, OCHA, and clusters
An evaluation of the gender mainstreaming in the UN system in Colombia (2012) indicated that the inclusion of the gender dimension is still weak in humanitarian response programs.	Given the current dynamics in the formulation and approval of CERF projects, it is necessary to ensure affirmative action on gender and sexual and reproductive health, and include gender criteria in the prioritization of humanitarian projects.	HC, OCHA, and clusters
Funds allocation criteria have to be completely clear to recipient agencies in the country	Agreed and inform allocation criteria promote a more cohesive proposals among UN Agencies	CERF secretariat and OCHA
Uniformity in the start date of the implementation of the activities in the field by all recipients of CERF funds allows a better complementarity and synergy to benefit population in need	<ul style="list-style-type: none"> Decentralization of work plans preparation during the planning stage through the local humanitarian teams will improve coordination during the implementation phase Timely transfer of funds to recipient UN agencies will allow a better coordination in the start of activities in the field 	OCHA and UN agencies CERF secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Permanent coordination with the Regional Indigenous Organizations has proven to be effective as they facilitate access to the humanitarian space and increase confidence of the beneficiary communities on the actions to be implemented. This also avoids overlapping.	Liaison with Regional Indigenous Organizations in the target territories.	All CERF funds recipient agencies
Coordination with UN agencies and NGOs present in the target territories increases actions' and resources' effectiveness. That coordination has to be achieved from the beginning of the project in order to organize joint field visits and implement complementary actions that translate into integral interventions.	Regular meetings with the existing LHT in the target territories.	All CERF funds recipient agencies
Linkages with the local and departmental authorities to define intervention strategies increases their involvement and in some cases have translated in the provision of state and community resources that maximize the impact of the project.	Coordination with local and departmental authorities to define intervention strategies.	All CERF funds recipient agencies
LHT knowledge on the temporary shelter management system is insufficient, which affects coordination processes.	Promote LHT commitment and participation in training processes on the temporary shelter system, led by the Cluster.	UNCT
Understanding the targeted communities facilitates the adoption of technological packages.	Continued support to disaster-prone areas with FAO field presence and interventions sensitive to risk management.	FAO, OCHA, DONORS, GOVERNMENT OF COLOMBIA
Increase the effort obtaining needs assessment information in a rapid manner.	Enhance the capacity of Local Humanitarian Teams to assess the food security and nutrition situation, in particularly those of the most vulnerable families in Putumayo	FAO and Food Security Cluster
Targeted families, despite having been affected by conflict, provided enthusiasm and hard work in the recovery of their livelihoods.	The donor community should include some initiatives in their particular agendas, especially in the regions targeted by CERF, aiming to sustain the humanitarian interventions and support the communities for at least one year after the closure of CERF-funded project.	FAO and Cluster partners
The systematic assessment and monitoring of activities were key actions not only to measure and share the achievement of the results, but also to adjust the response to the changing conditions in the field.	To promote the information sharing and to update at Local Humanitarian Team level	Food Security and Nutrition Cluster members and OCHA
It is possible and desirable to develop a community-based strategy for MRE, which would allow training local staff that live and travel in risk areas to replicate the messages about safe behaviors in their communities, according to its beliefs and customs.	To develop an early recovery strategy, consisting of including Mine Risk Education in local contingency plans and the training of people to disseminate mine risk information at the community level.	UNICEF/Protection Cluster
It is necessary to continue supporting the issue of assistance to victims of APM / UXO / IED and their families, since the current legislation does not take	To raise awareness at the local and national level to address the lack of access to proper medical care of victims of MAP/UXO/IED.	UNICEF/Protection Cluster/ UNMAT

into consideration the expenses that allow the access to assistance at the institutional level.		
Capacity of implementing partners and humanitarian actors needs to be strengthened in order to strengthen the gender dimension in the humanitarian response	An action plan to be established towards training of implementing partners and humanitarian actors in this area. In addition, a monitoring plan to follow up on the effects of these actions, is also recommended.	HC, OCHA, UNWOMEN and UNFPA
An evaluation of the project is always useful for the various actors involved: the implementing agency, the partners on the ground and the community.	Ensure that new project proposals reflect and refer to the results and recommendations of evaluation reports.	All CERF funds recipient agencies
Permanent coordination with the Regional Indigenous Organizations has proven to be effective as they facilitate access to the humanitarian space and increase confidence of the beneficiary communities on the actions to be implemented. This also avoids overlapping.	Liaison with Regional Indigenous Organizations in the target territories.	All CERF funds recipient agencies
Value of permanent coordination with local and departmental health authorities as a platform for dialogue with community organisations.	Health humanitarian actions and technical assistance in the context of emergencies are challenging and require effective advocacy in order to achieve the commitment of health authorities to assume their role in response to adverse events. Gaps in health access remain mainly as a consequence of access limitations to affected territories imposed by the internal conflict or lack of capacity; therefore international cooperation continues to be strongly needed.	All CERF funds recipient agencies
Strengthening the capacities of local health authorities to respond to new emergencies by providing them with stock supplies has proven to be a high impact intervention, mainly in areas where displacement has become very frequent.	To include the provision of emergency stocks to local health authorities in all the future projects. It prevents the morbidity derived of the occurrence of the emergencies.	United Nations Agencies and other humanitarian actors present in the target territories
To cover areas where the humanitarian access is restricted is of paramount importance, particularly because those are the areas where institutional capacities are most weakened. However, alternative strategies to implement actions in case adverse events arise.	When choosing territories where humanitarian access is restricted, it is important to develop mechanisms to guarantee the implementation of the actions, so as to prevent them from being cancelled or postponed beyond the implementation period. As an alternative, it is suggested that those accountable to finish actions are the local health institutions in coordination with the communities.	All CERF funds recipient agencies

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNHCR	5. CERF Grant Period:	10/2012 – 06/2013
2. CERF Project Code:	12-HCR-048	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Protection and Assistance for IDPs in Colombia		
7. Funding	a. Total project budget:	US\$ 1,000,000	
	b. Total funding received for the project:	US\$ 520,000	
	c. Amount received from CERF:	US\$ 480,000	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	2,058	2,094	At proposal stage, there seems to have been a mistake in the breakdown of female and male beneficiaries. The total number, however, has been corrected.
b. Male	2,042	2,117	
c. Total individuals (female + male):	4,100	4,211	
d. Of total, children <u>under 5</u>	295	295	
9. Original project objective from approved CERF proposal			
<p>Protection of IDP communities and those at risk of displacement through Protection by Presence and implementation of PPPs (small infrastructure projects)</p> <p>To guarantee the protection of IDPs and communities at risk of forced displacement through the implementation of practical protection projects (PPPs) as part of UNHCR's overall strategy of Protection by Presence (see point 10 for details). Special attention is paid to indigenous communities, according to UNHCR's differential approach.</p> <p>Effects of the armed conflict mitigated and self-protection mechanisms strengthened in IDP communities and indigenous communities at risk of displacement</p> <p>UNHCR offers technical assistance to and improves the self-management of IDP communities and indigenous populations which, according to the Constitutional Court, are in risk of physical and cultural extinction (Ruling 004, Ruling 382 and Ruling 173) due to the armed conflict and severe violations of their fundamental, individual and collective rights as well as of the International Humanitarian Law. UNHCR enhances self-protection mechanisms of communities to prevent effects of the armed conflict (killings, expulsion, SGBV, etc.). In addition, UNHCR assists associations of IDPs and indigenous populations in order to achieve an impact and effective protection from State institutions.</p>			
10. Original expected outcomes from approved CERF proposal			
Protection by Presence and Implementation of PPPs			
<p>Putumayo</p> <ul style="list-style-type: none"> • 1 water supply system constructed and improved. • 5 schools received sport equipment; 8 sport teams built; 3 protection plans for children and youth consolidated. • 2 infrastructures built/improved. 			

Norte de Santander – Catatumbo

- 2 temporary shelters plus 1 kindergarten improved and equipped.
- 3 recreational/educational spaces adapted and equipped.
- 600 NFI kits in stock and provided to IDPs (blankets, mattresses, kitchen sets, etc.).

Protection mechanisms strengthened in IDP communities and indigenous communities at risk of displacement**Putumayo**

- 15 field missions carried out; 4 rights trainings carried out; 4 risk reports.
- 1 Action Plan and Protection Strategy developed; 10 meetings/trainings with IDP communities carried out; 6 advocacy meetings with institutions.
- 5 trainings/meetings with indigenous women carried out; 5 workshops/meetings with indigenous communities carried out; 1 indigenous women working group established.
- 4 indigenous communities strengthened; at least 15 leaders have knowledge about their rights and enforcement mechanisms; 5 civil servants trained on the Constitutional Court Ruling 004 and a differential approach.

11. Actual outcomes achieved with CERF funds

These works were implemented in close coordination and the active participation of the community members.

Protection by Presence and Implementation of PPPs**Putumayo**

- 1 water supply system constructed/improved.
- 5 schools received sport equipment; 8 sport teams built/supported; 3 protection plans for children and youth consolidated.

Norte de Santander – Catatumbo

- 2 temporary shelters plus 1 kindergarten improved and equipped.
- 3 recreational/educational spaces adapted and equipped.
- 603 NFI kits provided to IDPs (blankets, mattresses, hygiene kits).

Protection mechanisms strengthened in IDP communities and indigenous communities at risk of displacement**(Putumayo)**

- 17 field missions carried out; 4 trainings on human rights carried out; 4 risk reports.
- 1 Action Plan and Protection Strategy developed; 12 meetings/trainings with IDP communities carried out; 8 advocacy meetings with institutions.
- 7 trainings/meetings with indigenous women carried out; 7 workshops/meetings with indigenous communities carried out; 1 indigenous women working group (with 10 participants) established.
- 4 indigenous communities strengthened; 16 leaders and 3 indigenous organizations achieved knowledge about their rights and enforcement mechanisms; 5 civil servants trained on the Constitutional Court Ruling 004 and a differential approach.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0):As cross-cutting priority, Age, Gender and Diversity Mainstreaming (AGDM) is taken into account in all activities implemented by UNHCR. In order to define protection gaps and necessities of displaced populations, in 2012, UNHCR carried out participatory assessments involving 3,060 IDPs and applying an AGDM approach.

14. M&E: Has this project been evaluated?

YES NO

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	PAHO/WHO	5. CERF GrantPeriod:	09/10/12 – 30/06/13
2. CERF Project Code:	12-WHO-068	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Ensure life-saving health services and clean water are available for populations affected by internal conflict in Colombia		
7. Funding	a. Total project budget:	US\$1,183,000	
	b. Total funding received for the project:	US\$470,001	
	c. Amount received from CERF:	US\$ 712,999	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>DirectBeneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	9,720	14,190	Around 7,000 additional beneficiaries were reached thanks to the cooperation of the community and the local authorities and some alliances with other humanitarian actors present in the target territories.
b. Male	8,280	11,610	
c. Total individuals (female + male):	18,000	25,800	
d. Of total, children <u>under 5</u>	4,500	8,772	
9. Original project objectivefrom approved CERF proposal			
To provide life-saving health and psychological care services to displaced and vulnerable communities as well as ensure the availability of clean water supply and sanitary living conditions in order to prevent avoidable mortality and long-term disability among people affected by the internal conflict.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Medical and psychological assistance has been provided to people in need of acute care. • First aid communitarian teams created in Cauca to increase their response capacity and decrease mortality of those caught in the cross-fire. • Basic medication kits and medical supplies for emergency medical care purchased and distributed. • UROCs purchased, distributed and effectively implemented. • UAIRAs purchased, distributed and effectively implemented. • Basic Units for the Provision of Primary Health Care purchased and installed. • Local health authorities and community leaders trained in basic topics related to the response of mobile teams, management of UROCs, UAIRAs and critical health promotion activities. • Emblemized vests and life jackets purchased and distributed. • Long- term insecticide treated mosquito nets purchased and distributed. • Clinical and clean birthing kits purchased and delivered. • The Crisis Room functioning and generating data. • One Basic Health Indicators Bulletin developed for Putumayo. • Community leaders trained in hygiene best practices and able to perform water quality follow up and water supply and basic sanitation systems 'maintenance. • Water tanks, water filters and hygiene kits delivered to the affected communities. 			

<ul style="list-style-type: none"> • Emergency water supply systems. • Monitoring sessions of quality to the water supplied executed. 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • Medical and psychological assistance has been provided to persons in need of acute care • 616 Monthly consultations were carried out by the Colombian Red Cross (CRC) for 5 months, covering a total of 3, 080 people. • 6 first aid communitarian teams were created in Cauca. All the teams received specific training with the support of the CRC in communitarian first aid and were provided with one first aid kit each. • Basic medication kits and medical supplies for emergency medical care purchased and distributed. A total of 15 kits out of 12 initially planned were purchased and distributed covering around 150 people. • Units for the management of dehydration (UROCs) Units for the management of acute respiratory infection (UAIRAs) and Basic Units for the Provision of Primary Health Care (UBA) purchased, distributed and effectively implemented. These three items were mostly delivered together as an integral action. In total 13UBAs, 17 UROCs (2 more than planned), 17 UAIRAs (2 more than planned), 4 First Aid kits and 7 psychosocial care kits (as additional actions)were delivered, benefiting around 8, 500 people, as follows: <ul style="list-style-type: none"> • Local health authorities (45 persons) and community leaders (200 persons) were trained in basic topics related to the response of mobile teams, management of UROCs, UAIRAs and critical health promotion activities • 30 vests and life jackets purchased and distributed to the 6 first aid communitarian teams created in Cauca. • 1, 000 Long- term insecticides treated mosquito nets purchased and distribute, benefiting around 4.000 people. • 106 out of 20 clean birthing kits initially planned were delivered, in close coordination with UNFPA. • 1 Crisis Room was developed for Northern Cauca. During the implementation of the crisis room, 45 health officials of 6 municipalities in the department were trained in effective health information management. The crisis room can be viewed at: https://sscauca.crowdmap.com/ • One Basic Health Indicators Bulletin developed for Putumayo. • 1,300 Community leaders trained in hygiene best practices and able to perform water quality follow up and water supply and basic sanitation systems 'maintenance. • A total of 762 complete water solutions, 836 home filters, 70 water tanks, and 541 hygiene kits were delivered and distributed, benefiting around 9, 800 people. • 6 systems out of 4 initially planned were implemented. • Monitoring sessions were carried out before and after the implementation of each of the aforementioned water supply systems and also in some sample families where water solutions were delivered in the 4 departments. The results post- intervention have been satisfactory regarding the quality of water by them provided. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Around 7,000 additional beneficiaries were reached thanks to the cooperation of the community and the local authorities and some alliances with other humanitarian actors present in the target territories.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):Not applicable.</p> <p>If 'NO' (or if GM score is 1 or 0): Right from the design phase, special attention was given to pregnant women and children under 5, ensuring the coverage of health needs of these vulnerable populations. In addition, the project seeks the reduction of morbidity and mortality rates among children and pregnant women, specifically the implementation of water solutions, UROC, UAIRA and the Safe Motherhood Strategies.</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Yes, it has been evaluated by the PAHO/WHO Emergencies and Disasters Program Coordinator and the Technical Supervisor of field offices. The results have been validated in order to include them in the final report.	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	WFP	5. CERF GrantPeriod:	01/10/2012 – 01/06/2013
2. CERF Project Code:	12-WFP-068	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food Security		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency food assistance for recent IDPs and confined/blockaded communities in the departments of Cauca and Putumayo		
7. Funding	a. Total project budget:		US\$ 1,385,034
	b. Total funding received for the project:		US\$ 1,084,950
	c. Amount received from CERF:		US\$ 300,085
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>DirectBeneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	7,905	8,168	The above planned reached number of beneficiaries is due to: i) deeper assessment that identified more people in need; and ii) as CERF funds covered cost associated with food distribution, the same budget allowed to cover a higher number of beneficiaries than expected (e.g. payment to the implemented partners).
b. Male	7,595	8,352	
c. Total individuals (female + male):	15,500	16,520	
d. Of total, children <u>under 5</u>	1,675	3,863	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Improve access to food and dietary diversity among vulnerable groups (in particular isolated indigenous communities) affected by these events. Prevent the deterioration of the nutritional status of PLW and children under age 5, in particular in areas where exposure to disease is high. Reduced forced recruitment rates of school-age children by illegal armed groups. Contribute to filling the gaps in relief assistance, in areas where the presence, reach and institutional capacity of the government and NGO counterparts is limited. Facilitate the participation of affected and food insecure families in other life-saving and early recovery oriented activities supported by other UN and NGOs partners. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 98.2per cent of attended families with an acceptable household food consumption score (threshold of >42). The frequency weighted diet diversity score or “Food consumption Score” is a score calculated using the frequency of consumption of different food groups consumed by a household during the 7 days before the survey. Calculation steps: <ol style="list-style-type: none"> Using standard 7-day food frequency data , group all the food items into specific food groups (see groups in table below). Sum all the consumption frequencies⁴ of food items of the same group, and recode the value of each group above 7 as 7. Multiply the value obtained for each food group by its weight (see food group weights in table below) and create new weighted food group scores. Sum the weighed food group scores, thus creating the food consumption score (FCS). Using the appropriate thresholds (see below), recode the variable food consumption score, from a continuous variable to a categorical variable. 70 per cent of communities attended under the continued assistance activity improve their community asset score. Prevalence of anemia in children under 5 and PLW does not increase (baseline in process). 			

<ul style="list-style-type: none"> At least 70per cent of beneficiaries attended under supplementary feeding are directly linked to local/governmental mother and child health (MCH) services. Retention rate of school age children in targeted boarding schools and families above 90 per cent. 	
11. Actual outcomes achieved with CERF funds	
<p>Food access and availability improved for populations in Northern Cauca and Putumayo areas affected by recent displacement and/or residing in confined / blockaded communities</p> <ul style="list-style-type: none"> 98.5per cent of attended families have an adequate household food consumption score. 17,952 beneficiaries have access to GFD with individual food rations for up to 80 days (7,641 in Cauca and 10,311 in Putumayo). 1,323 metric tons of food distributed. <p>Participation of these conflict affected and food insecure populations in UN and NGO partner supported life-saving and early recovery activities facilitated</p> <ul style="list-style-type: none"> 100per cent of communities attended under the continued assistance activity improve their community asset score 6,438 people received up to three 40 day rations under the continued assistance activity of this intervention in the Northern Cauca department. 584 families attended by WFP participate in UN and NGO partner supported life-saving activities. <p>Nutritional status of targeted PLW and children under 5 years of age, stabilized</p> <ul style="list-style-type: none"> 858 PLW and 808 children under 5 years of age receive supplementary take home rations for an average of 180 days. <p>Improved access to health services of PLW and children under 5 years old</p> <ul style="list-style-type: none"> At least 70per cent of beneficiaries attended under supplementary feeding are directly linked to local/governmental mother and child health (MCH) services <p>School desertion rates and rates of recruitment of school children by illegal armed groups reduced</p> <ul style="list-style-type: none"> Retention rate of school age children in targeted boarding schools and families by 97.5%. 2,432 targeted boarding school children in Putumayo receive school meals and 1,402 school age children in Northern Cauca receive take home rations for an average of 180 days. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>With regard to continued assistance, the life-saving and early recovery activities could not be implemented in the communities of Putumayo (7,000 people, approximately 1,400 families) due to their confinement situation generated by armed confrontations and landmine contamination, which put them at high risk. Thus, the 14,500 people (2,900 families) expected to be assisted was reduced to 6,438 beneficiaries from the recovery activities and to 584 families participants in the life-saving activities, corresponding only to beneficiaries in Northern Cauca.</p> <p>Given the limitations to implement all the formal procedures needed to distribute micronutrient powders, the anaemia reduction goal were not accomplished during CERF implementation period. However WFP will extend the period of assistance addressed to PLW and children under 5 in order to improve local capacities to introduce MNP and reduce anaemia prevalence.</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): WFP gave instructions to Implementing Partners to focus especially in family groups whose head is a woman. Additionally all the agreements with partners include the PLW activities to improve food security of this vulnerable group.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNFPA	5. CERF GrantPeriod:	04/10/2012-30/6/2013
2. CERF Project Code:	12-FPA-042	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection Human Rights Rule of Law		<input checked="" type="checkbox"/> Concluded
4. Project Title:	To strengthen GBV response mechanisms for women and girls affected by armed conflict, in the communities of Aguasal (Chocó), and Jambaló, Toribío, Caloto (Cauca)		
7. Funding	a. Total project budget:	US\$ 272,203	
	b. Total funding received for the project:	US\$20,000	
	c. Amount received from CERF:	US\$ 242,203	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>DirectBeneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	2,000	2,400	The project had a focused women group and young women of two targeted zones. However, according to local dynamics, and in order to generate greater impact and performance in the activities, men and indigenous authorities were included and participated in all planned activities in the project.
b. Male	0	600	
c. Total individuals (female + male):	2,000	3,000	
d. Of total, children <u>under 5</u>	0	0	
9. Original project objectivefrom approved CERF proposal			
To strengthen GBV response mechanisms for women and girls affected by armed conflict, in the communities of Aguasal (Chocó), and Jambaló, Toribío, Caloto (Cauca).			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Support the strengthening of communitarian mechanism of prevention and protection in coordination of GBV/SGBV with teachers, women and civil organizations in the focalized municipalities. Support the improvement of institutional capacity for violence, sexual violence and strengthening institutional mechanisms of health, justice, education, protection and security. Guaranteeing Safe Motherhood and Reproductive Health, attention to GBVand dignity and hygiene of displaced women. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Strengthened community mechanisms on sexual and reproductive health and to prevent and protect against GBV, including female genital mutilation, in coordination with teachers, leaders, community based and women's organizations from targeted areas of the Choco department and Northern Cauca. Gathering information from primary and secondary sources for the performance of the baseline on the situation of indigenous women in relation to GBV and SV and sexual and reproductive rights. Strengthened local women's networks in response and attention to GBV and SV in context of humanitarian emergencies. Strengthened rights and sexual and reproductive health of indigenous Embera Choco women in Upper Andaguada, mainly through participation in the identification and elimination of harmful practices to their health and integrity, such as GBV and FGM, through three training workshops and strengthening of reproductive health and rights, along with violence against women and girls, including FGM, women, young people and authorities. Two rapid assessments, one per focused region (Cauca and Choco), on the humanitarian situation of women regarding 			

<p>gender-based violence, reproductive health and safe motherhood. Both were conducted in coordination with 150 men and 162 women, indigenous authorities from Nasa (Northern Cauca) and Embera (Andágueda Alto Choco) women's organizations.</p> <ul style="list-style-type: none"> • Two women's organizations, 1): Tejido Mujer ACIN (Northern Cauca) involving 99 women; 2) : OREWA mujer Program (Andágueda Upper Choco) with the participation of 86 women and 41 men, strengthened to respond to sexual violence, gender-based violence, sexual and reproductive rights and safe motherhood, in humanitarian situations. • 14 men and 40 women from justice and protection local institutions and indigenous communities of the three areas of Alto Andágueda, strengthen tools and psychosocial care routes in emergencies. 38 psychosocial women promoters and 1 Nasa indigenous traditional Doctor from Northern Cauca, strengthen detection processes, support and psychosocial care for victims of gender-based violence and sexual violence in emergencies. • A communication strategy created in Northern Cauca, with the participation of 16 women and 10 men trained directly in radio communication, to promote sexual and reproductive rights and Prevention of Gender Based Violence in the Cauca Department. 12 radio programs were produced by the ACIN communication team. A community communications strategy produced in the Alto Andágueda (Chocodept), involving 79 people - 42 men and 37 women -, of the three areas of Alto Andágueda, aimed at strengthening the socio-cultural identity of indigenous communities, with respect to humanitarian response to GBV and the promotion of sexual and reproductive rights. • An agreement with local authorities and institutions of the Alto Andaguada, Choco: (141 people, 68 men and 73 women) to establish legal and community responses, to prevent and deal with violence against women, especially sexual violence (including improving the quality and availability of services) with a culturally sensitive approach. A process of negotiation and consensus with indigenous authorities of Northern Cauca, with the active participation of 130 people from the targeted municipalities, generated emergency routes for cases of sexual and gender-based violence, with support from "comisarias de familia" (units for the attention of gender and domestic violence) and justice fabric of ACIN. • A safe motherhood strategy designed and implemented in Alto Andágueda through training and strengthening of capacities of 375 people, 140 men and 255 women (traditional midwives, traditional healers, community health promoters) to guarantee sexual and reproductive rights, and mechanisms to respond to obstetric emergencies. • A safe motherhood strategy was developed and implemented in Northern Cauca, with support from the Health Departmental Secretariat and the Indigenous IPS (service delivery point) through 8 training workshops for midwives, traditional healers, indigenous leaders, and community youth and women, oriented to identify the causes of maternal mortality, identification of risks and complications in pregnant women and newborns, and communication mechanisms in obstetric emergency plans. • 160 safe delivery kits were distributed to 160 traditional midwives and 16 health workers from indigenous IPS, in Northern Cauca and Alto Andágueda, to ensure the availability of basic supplies that allow clean delivery in case of home births, when circumstances do not allow women seek care at a health centers. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): Code 2 / unfp 2B</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>An evaluation was conducted, aimed at determining how the project contributed to change the situation of women in terms of protection, access to justice, SRHR (Sexual and Reproductive health and rights) and response to GBV; this included the following objectives: i) verify and improve the quality and management of the project in the framework of UNFPA humanitarian response, in coordination with local implementing partners. ii) Determine the effectiveness of the strategies implemented during the project implementation for expansion or replication. iii) Measure the effects / benefits of interventions and activities in the project implementation process of the project. iv) Generate knowledge about good practices. v) Establish general criteria on the effectiveness of the project according to the indicators and results.</p> <p>Evaluation report is attached.</p>	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF GrantPeriod:	09/10/12 – 30/06/13
2. CERF Project Code:	12-CEF-112	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multisector		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Integrated response to ensure the survival and protection of the children affected by armed conflict and natural disaster		
7. Funding	a. Total project budget:		US\$ 1,191,811
	b. Total funding received for the project:		US\$ 625,000
	c. Amount received from CERF:		US\$566,811
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>DirectBeneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	4,400	5,661	The planned number of beneficiaries related to children under 5, was calculated based on the information provided by indigenous leaders of the prioritized communities. At the time of project implementation in the field, a smaller population was found than reported due to inconsistencies in the censuses and internal displacement.
b. Male	4,000	5,920	
c. Total individuals (female + male):	8,400	11,581	
d. Of total, children <u>under 5</u>	1,600	1,300	
9. Original project objective from approved CERF proposal			
7,200 children and adolescents (including children under 5), 1,300 adults (of which 120 are teachers), 500 pregnant and lactating women of the prioritized municipalities of the department of Cauca and Putumayo, affected by armed conflict and natural disasters, have access to comprehensive care, which includes basic services in Child Protection, Education in Emergencies, Nutrition and WASH.			
10. Original expected outcomes from approved CERF proposal			
8,400 children, teachers and pregnant and lactating women critically affected by armed conflict, living in the departments of Cauca (municipalities of Toribio, Jambalo, Suarez, Miranda, Caloto, Corinto Silvia, Santander de Quilichao) and Putumayo (municipalities of Puerto Asis, Puerto Caicedo, San Miguel, Villa Garzon, Valle de Guamuez, Orito) have access to integrated child protection through community-based and child-to-child strategies, education and nutrition.			
11. Actual outcomes achieved with CERF funds			
Health and nutrition: <ul style="list-style-type: none"> • Distribution of life saving and critical relief supplies for primary health care and nutrition (oral rehydration salts, anti-parasitic drugs micronutrients, Therapeutic Food) for 1800 children (882 boys and 918 girls), 300 pregnant and lactating women. • 508 boys, 442 girls and 154 pregnant and lactating woman detected with anemia; 226 boys and 179 girls had stunting. Anemia and stunting are strongly linked to cognitive impairment. • 809 boys, 842 girls between 6 months and 10-years old, and 300 pregnant and lactating women received micronutrients to prevent micronutrient deficiencies; they also received nutritional and health care assistance. • 18 children under 5 years (1per cent of total) (10 boys and 8 girls) were detected with global acute malnutrition and received community based treatment including Infant and Young Child Feeding (IYCF)counseling and Ready to Use Therapeutic Food 			

– RUTF.

- 104 health workers, teachers, community leaders and parents strengthened their capacities to provide nutritional care in emergencies (60per cent women and 40per cent men).
- 63 prioritized communities (50 indigenous and 13 affected by displacement) were provided with Primary Health and Nutrition in Emergency care through the implementation of the community based strategies that include anthropometric and biochemical screening to detect anemia and malnutrition, RUTF for severely malnourished children, micronutrients, oral rehydration salts, anti-parasitic drugs and training of teachers, fathers and mothers.

Other unexpected results in health and nutrition:

The Colombian Institute of Family Welfare – ICBF included the Community Management of Acute Malnutrition Program as part of the key actions of Nutrition in Emergencies Approach. ICBF has 120 Mobile Units that are responsible for the humanitarian assistance to children, adolescents and their families affected by displacement and natural disasters.

Protection

- Regarding landmines, unexploded ordnance and improvised explosive devices, an assessment was undertaken on the needs and capacities in the municipalities of Suárez, Miranda, Caloto and Corinto.
- 6,070 people, including 3,278 children and adolescents, increased their knowledge and skills to protect themselves from APL/UXO/IED by learning about safe behaviors.
- A Landmine Risk Education strategy was designed with rural and afro-descendant communities in the department of Cauca, as well as a specific strategy designed for indigenous communities. These strategies reached 924 children and 1,392 adults adding up to a total of 2,316 people that received information and increased their knowledge and skills to protect themselves from explosive devices.
- 36 victims and survivors of APL/UXO/IED from the departments of Cauca and Putumayo received legal advice and assistance in the process of demanding the fulfillment of their rights. 21 of these victims also received humanitarian assistance in order to guarantee medical attention and physical rehabilitation.
- In Cauca, 386 children and adolescents have received psychosocial care in the context of the armed conflict and presence of illegal armed groups in the municipalities of Suarez (the villages of Cerro Tijeras, Chorrera, Santa Barbara and Alexandria), Caloto (indigenous reserves of Huellas and Lopez), Santander de Quilichao, Toribio and Tacueyo.
- 3,411 children (1536 boys and 1875 girls) participated in the Golombiao and Return to Happiness strategies to mitigate the effects of conflict and to prevent recruitment by illegal armed groups. This program strengthened the protection of children in community spaces and educational and family environments. Nasa indigenous communities in the prioritized municipalities advanced in the process of capacity building for the construction of protective environments for children and adolescents affected by armed conflict.
- Early and urgent protection strategies, according to the 3673 CONPES (National Council for Economic and Social Policy) of 2010, were incorporated in the action plans of local governments of prioritized municipalities to implement recruitment prevention routes.

Other unexpected results in protection:

In the department of Putumayo community capacities were strengthened through the training of 16 people that can now replicate protection messages regarding APL/UXO/IED. It was also possible to support the construction of a rehabilitation center that will be able to provide specialized medical assistance to victims which means that these victims will not have to travel to Bogota to receive medical attention. In Cauca, a Landmine Risk Education strategy was designed for indigenous communities to reduce the risk of landmine accidents.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

There was a discrepancy regarding the planned and reached number of children under 5 years, due to inconsistencies in the censuses and internal displacement.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	FAO	5. CERF GrantPeriod:	11/11/12 – 30/06/13
2. CERF Project Code:	12-FAO-036	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Food security and nutritional emergency support to vulnerable people affected by violence in the department of Putumayo.		
7. Funding	a. Total project budget:	US\$4,330,000	
	b. Total funding received for the project:	US\$2,855,777	
	c. Amount received from CERF:	US\$372,161	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>DirectBeneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1,925	2,030	
b. Male	1,575	1,660	
c. Total individuals (female + male):	3,500	3,690	
d. Of total, children <u>under 5</u>	1,050	1,292	
9. Original project objective from approved CERF proposal			
To implement life-saving activities through the reduction of food insecurity and the nutritional risks of communities affected by violence in the department of Putumayo			
10. Original expected outcomes from approved CERF proposal			
Key constraints in the production capacity of affected households and prioritized communities are addressed and reduced. <ul style="list-style-type: none"> • 700 vulnerable families are identified and food security kits defined (community and individual kits) in the department of Putumayo • At least 55 per cent of total beneficiary families are headed by women • 90 per cent of vulnerable families obtain food security kits • At least 90 per cent of targeted families are trained on food production techniques and 70 per cent of them apply them • 70 per cent of the targeted families are able to restore their small-plot and animal rearing activities, increasing the possibility to meet their basic food needs • All the communities supported are targeted for nutrition community-based interventions 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • Community Agreement: to start the implementation of activities FAO proceed to consult with beneficiaries all technical and training models to be implemented during the execution of the project. These technical models respected cultural tradition and the agro-ecological environment of communities. The Project focused on short-cycle crop species that allowed for a rapid production of food, without neglecting longer-cycle crops that respond to consumer and culture preferences of the targeted communities. • Capacity Building: training actions are developed in agreement with communities. Through the process of consultation, the 			

Project was able to take into account the cultural knowledge combined with the appropriate technical packages. The methodology of “learning-by-doing”, managed to restore the social fabric that had been lost due to the conflict situation in the communities. Additionally, the permanent presence of the FAO technical field teams and implementing partner (Social Pastoral) generated a sense of protection that was widely valued by the communities. This project will train 100% of the targeted families with an average attendance of 96.7 per cent per session.

- Crop Establishment: this activity included the coordination at the start of the intervention, with the community so as to obtain a ideal fit between needs and culture. Technical models were adjusted to the new conditions of the communities in terms of production area, since many cases, available arable land had been reduced in area due to the presence of landmines and limited mobility. Technical models highlighted in particular the use of local materials. 100 per cent of eligible families received inputs for the establishment of replicas in their family home gardens. The Project established 29 demonstration centers for training in a total area of 70.500 m² and 704 replicas at family level with a total area planted of 57.000 m².
- Nutrition Education: the actions contemplated the technical support of a Chef to take ownership of species planted at CDC and replicas, by teaching preparation different processing alternatives. This action is widely valued by families and ensured in time consumed what is appropriate and kept the surplus.
- Nutritional Education: the Project contemplated the technical support of a Chef to ensure appropriate use of crops species planted at the CDCs and the replicas in family home gardens. The Chef was in charge of teaching food preparation recipes and different processing alternatives. This action was widely valued by families and ensured that food produced would be consumed along with an appropriate and safe storage/preservation of surplus food.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	01/10/2012 – 30/6/2013
2. CERF Project Code:	12-IOM-028	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Shelter/CCCM		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Institutional and community strengthening Project within the framework of the complex emergency in temporary shelter management in Norte de Cauca.		
7. Funding	a. Total project budget:		US\$ 421,333
	b. Total funding received for the project:		US\$ 105,333
	c. Amount received from CERF:		US\$ 316,000
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1,200	1,350	N/A
b. Male	1,200	1,310	
c. Total individuals (female + male):	2,400	2,660	
d. Of total, children <u>under 5</u>	300	252	
9. Original project objective from approved CERF proposal			
To provide essential support to selected communities affected by the conflict in Colombia by meeting basic shelter and NFI needs and the development of effective and efficient coordination of sector response, based on reliable and accessible information, regular assessments, integrated planning and comprehensively monitored assistance to the affected population.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> ● 200 sleeping kits are distributed. ● 200 hygiene kits are distributed. ● 50 shelter kits distributed. ● 3 Collective Centre repaired improved benefiting at least 150 IDPs. ● 100 government officers and community leaders with increased capacities in collective Centre/Camp management and prevention of sexual violence capacities. ● Information on NFI needs, gaps, distribution and monitoring is shared with HCT. ● Distribution is done according to the operating guidelines. 			
11. Actual outcomes achieved with CERF funds			
<p>1. PRIORITIZATION OF PERMANENT ASSEMBLY AND BENEFICIARY IDENTIFICATION SITES.</p> <p>The Project team implemented four participative diagnosis workshops to carry out prioritization activities, based on the social mapping methodology for the identification of needs in the municipalities of Caloto, Jambalo, Miranda and Toribio, in order to establish a common language to interpret the different perceptions of reality in the communities with regards to collective shelters.</p> <ul style="list-style-type: none"> ● Prioritization by the communities of the most relevant collective centers, based on the dynamics of the armed conflict. 			

<ul style="list-style-type: none"> • Identification of collective centers for pre-targeting visits and identification of infrastructure improvement needs. • Input for the elaboration of the general diagnosis document. • A total of 48 people participated in the participative diagnosis workshops, including leaders and municipality officials, members of the Municipal Commissions for Transitional Justice and the Municipal Councils for Risk Management. • 12 visits were carried out to the prioritized collective centers. 	
<p>2. INTRODUCTION TO TEMPORARY SHELTER MANAGEMENT WORKSHOPS</p> <p>Workshops on Introduction to Temporary Shelter Management were implemented. Following are the results and best practices of the workshop:</p> <ul style="list-style-type: none"> • Assessment by the team of facilitators of good practices and gaps in the way the Nasa people organize and manage Permanent Assembly Sites. • Adaptation of training tools to the oral culture of the Nasa people. • Adaptation of terminology: inclusion of the terms used by the Nasa in the official terminology. 	
<p>3. HUMANITARIAN EMERGENCY ASSISTANCE – MUNICIPALITY OF CALOTO</p> <ul style="list-style-type: none"> • 207 people were assisted. • Provision of 10 sleeping kits: each kit including: 5 lined mats, 5 thermal blankets, 5 sets of sheets and 5 mosquito bednets. • Provision of 15 x 4 linear meters of heavy gauge black plastic to cover deteriorated roof and expand coverage. • Provision of 35 x 2 linear meters of Green fabric for enclosure and rolls of fiber for mooring. • Coordination with CICR, Victims' Unit, Municipal Administration, SNU, EHL, Indigenous Guard, ACIN marketer and the JAC of El Carmelo. • Registry of beneficiary cards. 	
<p>4. Provision of hygiene and toilet kits, sleeping kits, and habitability kits.</p> <ul style="list-style-type: none"> • 520 hygiene and sleeping kits were distributed. • Eight collective centers received kitchen equipment for an average of 100 people per temporary shelter. 	
<p>5. Improvement of Collective Centers / Permanent Assembly Sites</p> <ul style="list-style-type: none"> • 245 people assisted with endowments and emergency shelters due to mass displacements situations during the Project. • Eight collective centers received kitchen equipment for an average of 100 people per temporary shelter. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>NA</p>	
<p>13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): Temporary shelters are implemented with a gender and ethnic approach mainstreamed throughout their components, during training as well as assistance processes. Hygiene and toilet kits have been elaborated in coordination with the Women's Fabric of the ACIN, so that contents not only meet international standards, but are culturally oriented. For the coordination process, women's role in the community is considered and their active participation is promoted.</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>Monitoring, follow up and evaluation activities are carried out during project implementation. Training processes are evaluated through surveys at the end of said processes. Activities are monitored through visit and follow-up reports and through committees formed with local authorities and the community.</p>	

PART 2: CERF EMERGENCY RESPONSE – CONFLICT AND DISPLACEMENT (UNDERFUNDED ROUND II 2011)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response: 8,030,000</i>		
Breakdown of total response funding received by source	Source	Amount
	CERF	2,987,990
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND <i>(if applicable)</i>	0
	OTHER (Bilateral/Multilateral)	2,274,000
	TOTAL	5,261,990

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
CERF Allocation 1 – Date of Official Submission: 2 September 2011			
Agency	Project Code	Cluster/Sector	Amount
UNFPA	11-FPA-045	Protection / Human Rights / Rule of Law	178,257
UNICEF	11-CEF-053	Protection / Human Rights / Rule of Law	544,812
FAO	11-FAO-037	Agriculture	534,923
UNHCR	11-HCR-046	Protection / Human Rights / Rule of Law	930,000
WHO ⁴	11-WHO-058	Health	799,998
Sub-total CERF Allocation			2,987,990
TOTAL			2,987,990

⁴The project 11-WHO-058 was approved in the Second round of CERF UFE 2011.

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of ImplementationModality	Amount
Direct UN agencies/IOM implementation	1,813,252
Funds forwarded to NGOs for implementation	1,174,738
Funds forwarded to government partners	0
TOTAL	2,987,990

Colombia remains locked in a 50-year old internal armed conflict between the Colombian Army and non-state armed groups (FARC-EP, ELN, etc.), with widespread infractions of IHL and violations of human rights. Communities and civilians are regularly called on to provide intelligence to all armed actors, often leading to retaliatory acts by the opposing faction. The conflict escalated once again in early 2009, impacting civilians in particular in the Pacific Coast departments (Chocó, Cauca, and Nariño) and along the Venezuelan border (Arauca, Norte de Santander).

In addition, armed groups that emerged after the demobilization of paramilitary forces in 2005/6 (post-demobilization armed groups) increasingly impact civilians through forced displacement, sexual violence, child recruitment, massacres, killings, rapes, threats, extortions, and land seizures (e.g. 2010 OHCHR report). These heavily armed groups are mainly involved with narco-trafficking, have a strong presence in urban areas and increasingly engage in hostilities amongst themselves and with all other armed groups over control of territory. They regularly target human rights defenders, trade unionists, displaced people involved in processes of land restitution, and victims of the former paramilitary forces (AUC). Insisting that paramilitary groups no longer exist, the Government addresses these new armed groups as a criminality issue, minimizing their significant humanitarian impact.

IDP figures vary according to the source and methodology used. The Government confirms 3.9 million IDPs at the moment, while the human rights NGO CODHES estimated that there are 5.2 million IDPs. Intra-urban displacement is increasing, especially in the cities of Medellin and Cali. Small-scale displacements are less visible but account for more than 50 per cent of overall displacement figures. Afro-Colombian and indigenous communities in the more remote areas have been most affected, particularly in the Pacific Coast region. The Government does not always consider people displaced by new armed groups as IDPs and does not provide them the same type of longer-term social assistance it provides to those displaced by hostilities involving the FARC and ELN guerrillas. Under-registration and access constraints therefore mean that large parts of the displaced population do not receive any humanitarian or social assistance by the authorities. While IDP return is a key policy of the Government, many IDPs return unaccompanied, often spontaneously and in insecure conditions. This situation poses multiple challenges in terms of humanitarian assistance and durable solutions.

In addition to displacement, populations are often confined by fear or violence and cannot access necessary services. This is an increasing concern for health authorities; under the coercion of armed actors, many communities in the country have limited mobility, thus preventing professional medical teams from reaching those at risk, as well as eliminating the possibility for individuals to seek outside emergency health care and food, making, in some cases, worsening their malnutrition status. Although actions by the Government between 2003 and 2010 weakened non-state armed groups, confrontations between these groups, the police and the military continue to lead to widespread violence, and attacks on community leaders and displacement, especially among vulnerable groups.

There has also been an increased use of land mines and individual displacements from rural areas to small towns or cities, including into Ecuador. The presence of non-state armed groups in the rural areas is constant and the threats against civilians represent a major risk for their security and access to goods and basic services. Members of guerrilla groups (mainly FARC) are trying to protect their remaining territories (especially in the border area with Ecuador), consolidating their presence and control of drug trafficking in the area through different strategies such as forced displacement, placing land mines and confinement.

Overall, the most affected regions by the internal conflict in Colombia continue to be the Pacific Coast, including Valle del Cauca, Cauca, Chocó and Nariño, central Colombia, sub-regions of Antioquia and Córdoba departments and the border regions of Venezuela and Ecuador. This situation, added to historical oppression of the communities inhabiting these territories, most of them Afro-Colombians and indigenous, has worsened social inequalities and the humanitarian crisis that affects the entire region.

According to reports and specific assessments, conducted by Action Against Hunger (preliminary data shared in humanitarian coordination teams in Putumayo), WFP (June 2011 in monitoring reports) and FAO (March 2011), in several regions of the country, confinement and displacement are still common factors in several departments of the country, and particularly in Putumayo (rural areas and near the border with Ecuador), which were intensified by recent natural disasters over the past 12 months.

Through the implementation of the Victims and Land Restitution Act, claimant communities and individuals in areas where land restitution is being implemented are already facing threats and murders, further deteriorating the protection crises. According to UNHCR, 95 per cent of mass displacement emergencies recorded in 2011 took place in the aforementioned areas of the Pacific Coast and Nudo de Paramillo. The six departments that comprise these areas are Antioquia, Córdoba, Chocó, Valle del Cauca and Nariño. Departamentopara la Prosperidad Social (DPS) reported that 62 per cent of the aggregated displacement figures (individual and massive) for the first quarter of 2011, took place in these departments. Again, 50 per cent of the reported homicides in 2011 also took place in these same areas.

With CERF underfunded allocations 2011, UN leading agencies (UNHCR, FAO, WFP, PAHO/WHO, UNFPA and UNICEF) had responded to the ongoing displacement crisis by providing protection and assistance for already displaced population as well as communities at risk of displacement.

II. FOCUS AREAS AND PRIORITIZATION

In 2011, food security, health and protection indicators in Putumayo were deteriorating while national and local authorities were not able to cover the increasing humanitarian needs arising in the field. In this context, CERF funding was an enabling factor to plan projects jointly and to enhance the field teams in Putumayo to start with particular target communities which have been lacking appropriate humanitarian assistance.

Among the most relevant findings at the starting point of CERF UFE 2011 interventions were:

Córdoba:

- The number of homicides had shown a steep increase. Over the last five years, a total of 2,768 killings had been registered (352 in 2007 compared with 322 of 2012). The municipality that displays the highest number of assassinations is Monteria with 81 on 2012. These figures prompted the Procuraduría General de la Nación (PGN) to issue an order for the Ministry of Interior to immediately summon a committee to tackle the problem within the department. The PGN also requested the Ministry of Defence to evaluate the security situation and implement urgent measures. According to the PGN, violence is most visible in the San Jorge sub-region (composed of the municipalities of Montelíbano, Puerto Libertador, Ayapel and Buenavista) where 36 homicides have been recorded in 2012. (Source: Observatorio de DDHH y DIH. Office of Country Vice-president.)
- This violent situation causes either “drop by drop” or mass displacement and in some cases confinement. It is estimated that around 8 per cent of the total population (1,582,187) are enduring internal displacement. The number of IDPs has been increasing since 2005. That year, there were 86,655 IDPs compared to the 2010 total of 128,394. A total of 450 IDPs registered in the first quarter of 2011 alone. In 2010, Córdoba, along with the city of Medellín in the Department of Antioquia, displayed the highest inter-urban displacement rates in the whole country.
- Among those displaced, there has been a significant increase in morbidity rates among children, pregnant women and elderly populations (mainly Acute Respiratory Infection, Acute Diarrhoeal Disease and Dermatitis). The response capacity of the local authorities has already been exceeded. Mortality rates in the department are disturbing. For example, the under-five mortality rate in 2010 reached 26 per 1,000 compared to the national figures of 22 per 1,000.

Nariño:

- Considered to be one of the main expelling departments and displays the highest number of displacements in Colombia, with as many as 19 only in the year 2009, from which five displacements (805 families) occurred in the El Charco Municipality. According to OCHA, in 2010, there were 18 displacements affecting 6,000 people, and in 2011 there were several events: confrontations between police and illegal actors resulting in confinement of indigenous communities. On average, in municipality of El Charco, there are between 15 and 20 displacements per year, some of which are not recognized by national authorities; infant and maternal mortality rates are considerably higher there than the national average, according to National Epidemiological sources, as is the proportion of people who lack access to basic sanitation, factors that determine the grim health conditions of this population. The situation is aggravated by the local health providers’ low financial capacity derived from the high costs of the operations in the territory characterized by disperse populations, located across an intricate geography, where transportation expenses are extremely

high; and also lack of human resources, resulting from the volatile situation marked by the recent assassination of the legal counsel of the Mayorality, which led to the resignation of the Health Secretary.

Putumayo:

- As of April 2011, there were 52 confined communities in Putumayo, totalling 12,140 persons, most of which had malnutrition issues, anemia and lived in food insecure households.
- According to data provided by the Departmental Health Secretariat and Acción Social, from a total of 71,271 IDP in the department, only 27,408 are affiliated to the Social Security System, leaving 43,863 unprotected, which requires urgent action in order to secure health coverage and prevent morbidity and mortality.

Magdalena

- Situation of the Chimila- EtteEnnaka Indigenous community: This community has 1,621 persons (842 male and 779 female), most of which are currently located in an indigenous reservation created by the Government in 1990 in the Municipality of Sabanas de San Ángel, department of Magdalena.
- In addition to malnutrition and other health issues, this community is facing precarious, life-threatening conditions. In a two-month period in 2010, nine people died (one adult and eight children) due to lack of medical attention. Since the end of June 2011, the AH1N1 virus is affecting adults and minors on the reservation IssaOristunna, which has resulted in the death of nine children under age 5 in less than 20 days, four of which had just been released from hospital. An additional 17 children are in critical condition and have been referred to Hospitals in Santa Marta, Fundación, Plato and Valledupar. People are not receiving proper treatment and it is more deadly in children due to their severe undernourishment.

In the other regions targeted through CERF interventions, the situation of IDPs was so difficult to reach humanitarian assistance, especially when their location is isolated and in areas in which the government institutions cannot access for different reasons--most of them related with conflict and presence of illegal armed groups.

Priority humanitarian needs

The following areas were prioritized:

- Protection by presence close to the communities at risk of displacement.
- Response to GBV and SGBV.
- Protection of ethnic minority groups at risk of displacement and extinction.
- Protection measures to avoid recruitment of children and youth in the department of Putumayo.
- Prevention of risks of forced displacement and assistance to victims (implementation in 2012).
- Food assistance and food production through technical assistance to families located in rural and peri-urban settlements in high risk of food and nutritional vulnerability due to effects of violence.
- Promotion and support to community based activities to detect and prevent malnutrition and reference health modules, complemented with food rations provided in the schools.
- Promotion of an integral approach to address the risks and problems in food security.
- Health in emergencies:
 - Support access to essential primary health care services and specialized care for life threatening conditions.
 - Psychological support in crisis.
 - Stockpiling of supplies for critical health interventions.
 - Strengthen mechanisms to gather and rapidly manage critical health information to aid emergency- decision making.
 - Prevention and control measures for vector borne diseases and other prevalent diseases such as diarrhoea and Acute Respiratory Infections.
 - Reinforcement of Safe Motherhood services to avoid obstetric emergencies and perinatal and maternal mortality.
- Water and Sanitation in emergencies:
 - Ensure access to potable water in sufficient quantity.
 - Ensure hygienic conditions and environmental sanitation.
 - Avoid sources of infection by promoting drainage or landfills and adequate disposal of human waste and solid and liquid residues.
 - Adequately manage stagnant contaminated waters.

Additionally, CERF allocations complement life-saving actions implemented by UN agencies, through the improved access of the displaced communities to health, justice, protection services.

III. CERF PROCESS

The use of CERF funding (second round 2011) was thoroughly discussed within the Humanitarian Country Team and within the Protection cluster, co-led by UNHCR and Norwegian Refugee Council (NRC). On the basis of the recently approved Common Humanitarian Framework for Colombia and taking into account both sectoral and geographic criteria, UN agencies and NGOs prioritized their activities. There was agreement in working along border areas with Ecuador (Putumayo, Nariño), in the Department of Córdoba and parts of the Pacific coast – zones affected by the ongoing internal conflict as well as floods in 2010/2011. Furthermore, UNHCR suggested the inclusion of projects in the border areas with Venezuela and in the Department of Antioquia (Medellin). Protection risks, especially GBV and SGBV, were also identified as a priority by the HCT and the protection cluster.

The definition of the above geographic areas for the intervention was based on the following criteria: areas most affected by armed conflict as determined by UNDSS and OCHA maps, major needs and gaps in protection, existence of underfunded processes and activities, and presence of UN Agencies and humanitarian actors (to ensure coordination of actions, and presence of implementing partners) in the defined territories. Additionally, it is important to highlight that activities under this CERF respond to the priorities identified in the Protection Cluster Work Plan for 2011 and in the Common Humanitarian Framework for Colombia formulated by the HCT.

All the activities supported by CERF funds and implemented by UN agencies applied a differential approach in order to meet the different needs of women and men, children, youth and the elderly people, different ethnic groups and people with disabilities. This differential approach takes into account age, ethnic origin and gender, raising awareness and adjusting the response according to the needs of different social groups.

So far, CERF underfunded allocations have contributed to meeting critical needs of children, women, men, and elderly people affected by complex emergencies. These types of grants strengthened the coordination of humanitarian assistance and in a more deep way advocate for the seriousness of the humanitarian crisis experienced in Putumayo department. Thus, CERF funds also boost the mobilization of human and financial resources at the national and local levels.

The priorities for action and the selection of the target territories was thoroughly discussed with local and departmental health authorities, beneficiary community leaders and representatives and humanitarian agencies (Local Humanitarian Team) present in the departments considered within the project. This process was completed prior to the presentation of the proposal to the donor.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis:450,000				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Agriculture	2,131	2,150	4,281
	Protection / Human Rights / Rule of Law	17,295	17,466	34,761
	Health	15,422	15,446	30,868

The total amount of persons supported through CERF UFE 2011 interventions was 69,910 (104 per cent more than initially planned). The HCT has asked to implement agencies to cover most urgent situations in which the humanitarian situation entailed immediate interventions to save lives or open the humanitarian access in regions protracted affected by violence, and in areas where the Government's lack of capacity to respond has caused protection and basis services gaps.

For this reason, it is important to highlight that the CERF Rapid Response and CERF Underfunded activities helped to improve some aspects of the living conditions of the most vulnerable communities in areas with access constraints for State institutions. The situation of affected families improved considerably through emergency assistance to re-start their productive activities (food production), increasing

their skills and promoting risk management for future situations (i.e. the techniques and initiatives developed promote immediate resilience among participating families to address basic food needs in the crises).

For instance, UNICEF and partners emergency response has been based on an integrated approach to create or to strengthen protective environments for children and adolescents, pregnant and lactating women affected by armed conflict in boarding schools and indigenous communities in rural areas of the municipalities of Mocoa, Puerto Asis, Puerto Caicedo, Orito, Valle del Guamuez, Villagarzón and San Miguel. Protective environment integrated approach is based on participation, local ownership, empowerment and sustainability, Education in Emergencies, Child Protection and access to health care basic services and nutritional support for children under 5 and pregnant and lactating women living in the rural prioritized communities.

Given the high vulnerability due to the presence of illegal armed groups, the constant fighting between them and the army, the existence of land mines and UXO and the absence of essential public services, the implementation of measures to protect children and adolescents focused on the children and adolescents, ages 11 to 18, inhabitant of boarding and educational institutions in rural areas of seven municipalities in Putumayo: Mocoa, Villa Garzon, Puerto Caicedo, Puerto Asis, Orito, Valle del Guamuez and San Miguel.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	35,748	34,848
Male	31,513	35,062
Total individuals (female and male)	67,261	69,910
Of total, children under 5	7,052	7,022

With CERF UFE 2011 support, the implementing UN agencies and its implementing partners have gained access to the territories through association with INGOs already present in the field. By the end of interventions, the following advances can be reported:

- Protection by presence was provided to 10 originally planned displaced or at risk of displacement communities and infrastructure projects were completed or launched.
- In the area of SGBV, activities with children and youth were carried out in Buenaventura. Additionally, community strengthening activities has been carried out in the Department of Putumayo in 2012 within the implementing period.
- Indigenous groups were protected and strengthened as suggested in the proposal. Protection by presence was provided to four communities and facilities were improved or constructed in Putumayo, Norte de Santander and in Chocó (Río Putumayo, Teorama, Medio San Juan, Riosucio). Indigenous groups were strengthened in their self-protection strategies while five indigenous associations were equally supported on the Pacific coast.
- Activities to address the issue of forced recruitment of children and youth have been carried out as planned.
- Assessments of the critical needs and delivery of basic supplies to target population in rural boarding schools of Putumayo department in collaboration with ACF International and the LHT.
- Identification of main gaps to access life-saving health services and provision of basic supplies.
- Advocacy actions for the humanitarian crisis in Putumayo, where there is a reduced presence of the International Community.
- Nutritional support activities were developed with indigenous communities as planned.
- Implemented common approaches of assistance, including protection activities for children and youth (UNICEF) and technical approaches with food security emergency assistance (agricultural models as an education tool).
- Trainings on food production and yields have been obtained by targeted communities. The training will include all methodological steps and technical approaches used by FAO and its emergency programme to ensure a complete coverage during the monitoring stage of the project and future assistance support from each implementing partner.
- A different range of small interventions in fishery, food subsistence crops and livestock support activities have been supported depending on the location of communities, local customs and preparation to face risks associated with future new disasters (especially natural disasters) has.
- UNFPA has ended the activities on action plans. Those action plans have been developed with support of implementing partner Red de Mujeres Chocóanas, in three educational institutions of Istmina, Condoto and Medio San Juan municipalities. The actions were focused on the strengthening of community organization, institutional mechanisms and routes to protect GBV and SGBV victims,

which includes work with displaced women, teachers, women's organizations, displaced persons committees, officials, authorities and the humanitarian community. The Action Plan developed in Tumaco by Fundación Plan have been conducted according to planned, who will be participating in community-based and institutional strengthening actions to respond to GBV needs in humanitarian contexts.

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

As a result of CERF funding, assistance to IDPs is being provided in a timely manner in the prioritized areas. In the case of UNHCR, the CERF led to a fast delivery of planned, but underfunded, activities that could be implemented in critical parts of the country (such as Putumayo, Chocó). In turn, the project directed the attention of the authorities towards communities that otherwise would had not received any medical attention, specially the EtteEnnaka Indigenous Group that were considered extinct and for whom concrete, culturally adapted health interventions are now undergoing by the state.

In the same way, CERF funds were the first step to have field capacity to better target the most vulnerable families affected by violence and displacement in Putumayo region, especially those that have not been included in official support programmes hosted by the National Government. With the rapid financial support from CERF, FAO's technical teams and LHTs could respond in a quick manner and advocated for more visibility of the vulnerability situation among the most deprived and isolated communities in Putumayo department. With the actions supported by CERF, the Food Security and Nutrition Cluster enhanced its analysis and participation in national discussion teams for emergency response which could lead to further mobilization of resources for the region.

Also, CERF funds allowed a prompt humanitarian assistance to GBV and SGBV protection gaps of vulnerable populations, especially women and young girls affected by displacement, who were exposed to high risks of GBV and SGBV.

b) Did CERF funds help respond to time critical needs⁵?

YES PARTIALLY NO

With CERF funding, UN agencies and their partners have started immediate responses in one region in which humanitarian assistance decreased dramatically over the past five years. The coordinated intervention in protection, food security, nutrition and health will allow for an opportunity to address humanitarian gaps and provide immediate assistance in the short-term to most vulnerable communities, especially those covered by the State's response.

As Colombia continuously faces numerous "small" crises (massive displacements, etc.), most of the time needs are time-critical. The CERF helped respond in some of the crises respond to these time critical needs.

In Putumayo, the supplies delivered to cover water and sanitation needs allowed for the timely response to the population affected by the rainy season that occurred during the execution of the project (NeighbourhoodsMetropolitano and Tres de Mayo in Puerto Asís). In addition, support was provided to those living in shelters in San Miguel and La Hormiga after a windstorm and those displaced. They were benefited with primary health care actions. Regarding Safe Motherhood actions, one of the major achievements was the training to all the auxiliary nurses and traditional birth attendants present in the department, surpassing initial estimations that were aiming only at covering those from critical municipalities.

In Córdoba, focused coordinated actions resulted in the improved operation of the Health Posts of Crucito (Tierralta Municipality) and Francisco delRayo. This improvement allowed them to comply with Ministry of Health Standards to be included within the local health network. 33 per cent of its villages were also covered with water and sanitation and the remaining 66 per cent were included in the training process to improve their hygiene practices. To facilitate the operation of these health posts, the community contributed with paint, the local health secretariat with materials, the MANESKA health provider authorized the contracting of a permanent auxiliary nurse and volunteer students of last school grades helped with the application of the family card in order to define a baseline for the implementation of the Primary Health Care Model.

For the EtteEnnaka Indigenous group, the access to health water and better sanitation was improved considerably, as well as their access to health services. One important accomplishment was the inclusion of elder traditional doctors in the model of medical

⁵Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control).

assistance that resulted in their empowerment and increased the credibility they have now among their communities. Thus, traditional medicine was included in their own Health Project.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

CERF funding for the emergency response in the department of Putumayo allowed additional fundraising by the UNICEF Country Office and raised awareness on the humanitarian crisis that affects children in this Colombian border region. Non-conventional donors (private sector) donated \$321,235 to UNICEF to strengthen the protected environments for children and youth in boarding schools and prioritized indigenous communities.

With CERF funding, it has been possible to raise awareness on the humanitarian situation, thus increasing the capacity to respond steadily to humanitarian gaps in the region in the short term. Currently, FAO Emergency and Rehabilitation Programme have mobilized further resources from Government counterparts to cover urgent food production needs of most vulnerable persons in the regions.

In Putumayo, UNICEF contributed with training, and the International Committee of the Red Cross (ICRC) with actions related to increasing awareness on the need to respect Medical Missions. Communities facilitated attendance to the training sessions and the local hospitals provided financial resources for medical assistance. In Córdoba, in the Corregimiento San Francisco del Rayo, the Local Hospital facilitated human resources to provide medical assistance.

For the EteEnnaka Indigenous group, health brigades were mobilized to Sabanas de San Angle and one medical doctor along with a multidisciplinary health team of the Alejandro Próspero Réverend health provider went to the Narakajmanta community to implement actions. In alliance with the Magdalena University, a group of health students (nurse, psychologist, dentist and medical doctor) were allocated to go every weekend to check on these indigenous communities and support prevention and promotion actions. This alliance also increased awareness among health sciences students on the importance of the adaptation of models of provision of health services to indigenous populations and the appropriation and transference of some technical tools that are being requested by other universities.

The Departmental Health Secretariat conducted the water quality monitoring sessions. The NRC supported the inclusion of the EteEnnaka within the Departmental Development Plan. Local health providers financed the contracting of an indigenous promoter for the Health Posts of IssaOristunna and EteButeriya. The Mayorality supported the construction of the Operational Plan for the EteEnnaka Indigenous Community, led by the indigenous nurse. The Mayorality also along with the community financed the rehabilitation works of the Health Post in IssaOristunna.

UNFPA is internally analyzing the possibility of supporting implementing partners in the mobilization of funds to continue and/or extend the strategy to other municipalities and to consolidate the institutional strengthening dimension.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

In the context of the CERF, discussions allowed to identify new synergies and areas for cooperation with NGOs and other UN agencies. Furthermore, increased inter-cluster coordination was also a result of this intervention. CERF funding contributed to strengthening the coordination of key UN agencies and NGOs as well as government counterparts. For example, since the beginning of the project cycle, UNICEF has been coordinating activities at the field level with FAO and PAHO/WHO under the framework of the LHT supported by OCHA.

So far, integrated actions, designed in the Food and Nutrition Cluster, and especially in nutrition (with technical assistance provided by UNICEF), were closely coordinated. Further coordinated actions will be ensured during project implementation in order to have better inter-sectoral assessments and design appropriate assistance packages.

This applies to Córdoba, Nariño and Putumayo where the presence of humanitarian actors is greater. During the execution of the project strong links were built among humanitarian actors present in the field. This resulted in the aforementioned complementary actions. Also, the strategy was coordinated locally with local committees, institutions and women's organizations that have been working on a local agenda for prevention of gender-based violence and sexual violence; the CERF also had the effect of strengthening local humanitarian actors in their capacity for handling cases locally.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
N/A	N/A	N/A

TABLE 7 - OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
In areas of difficult access where there is very little presence of humanitarian actors, association with NGOs present in the field becomes paramount.	To make the most of the acceptance that NGOs present in the field have, in order to gain access and support of local communities to facilitate the execution of the project.	All CERF funds recipient agencies
To have access to baseline information on the health status of the target populations is of extreme importance to secure that the interventions really meet the most acute needs. Such information has to be updated frequently and its analysis should aid decision-making.	To include this actions in the first stages of all the future projects.	All CERF funds recipient agencies
Empowering the community and involving them in the design and implementation phases pays off as it facilitates the execution and maximizes the impact of the project. This requires a certain grade of flexibility to include actions not initially included in the project. Generally they are low-cost but have a great positive impact on the beneficiary communities. They have even asked for support to learn about project management.	To listen to target communities to tailor the intervention strategies in order meet their most acute needs and involve them in the implementation of the actions.	All CERF funds recipient agencies
It is important to perform frequent follow-up on the achievements of past CERF interventions, which normally is not included in the framework of the projects and that is no possible without funds to travel to the territories.	Include follow-up actions on the achievements of past CERF interventions in the framework of future projects.	All CERF funds recipient agencies
To improve the emergency	To include the provision of local health authorities with supplies to	All CERF funds recipient

response capacities not only of the communities but also of the local health authorities mainly by providing them with supplies to meet critical needs during future emergencies.	meet critical needs.	agencies
The humanitarian situation of the department of Putumayo remains critical. Cases and threats of child recruitment have increased in recent months. In 2012 number of APM/ UXO victims, especially of children, increased.	It is necessary to continue the humanitarian actions in the area because conflict threatens the lives of children daily.	National Government Cooperation Local NGOs
Children under age 5 , affected by malnutrition or at higher risk of malnutrition, need nutritional care as well as access to safe water, sanitation and health care services.	Integrate WASH, Child Health and Nutrition in Emergencies in the Emergency Proposals that prioritized children at high risk of malnutrition (e. indigenous children living in rural and remote areas)	Emergency Funds Humanitarian Organizations National Government
The humanitarian situation, fighting illegal crop and forced displacement that affects children and communities in Putumayo, generate a high mobility among students of boarding schools.	Permanent monitoring and analysis of the situation and needs of children and communities is required to make adjustments as needed.	Ministry and Secretariat of Education NGOs and UN Agencies

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNHCR	5. CERF GrantPeriod:	10/2011-06/2012
2. CERF Project Code:	11-HCR-046	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Protection of IDPs in zones highly affected by the internal conflict		
7. Funding	a. Total project budget:	US\$ 1,600,000 – 151,238 (reimbursed to the CERF)	
	b. Total funding received for the project:	US\$ 1,600,000 – 151,238 (reimbursed to the CERF)	
	c. Amount received from CERF:	US\$ 778,762 (initial 930,000 – reimbursed 151,238)	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>DirectBeneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	12,188	9,788	The discrepancy is mainly due to the cancelation of a large SGBV intervention in Putumayo (\$150,000). The funds, as accorded between UNHCR Headquarters and the CERF secretariat, were reimbursed to the CERF in February 2013, after submission of the financial statements.
b. Male	10,373	10,240	
c. Total individuals (female + male):	22,561	20,028	
d. Of total, children <u>under 5</u>	902	900	
9. Original project objectivefrom approved CERF proposal			
<ul style="list-style-type: none"> • Protection by Presence with communities at risk of forced displacement through Practical Protection Projects (PPPs). • Response to and prevention of GBV through assistance to victims as well as institutional and community strengthening. • Protection of Ethnic Groups in risk of displacement and extinction through protection by presence and improved self-management • Mitigation of risks of forced recruitment and support to victims. 			
10. Original expected outcomesfrom approved CERF proposal			
<ul style="list-style-type: none"> • Protection by presence provided to 9 communities through PPPs <ul style="list-style-type: none"> - 3 sanitary systems improved. - 5 humanitarian centres constructed or restructured. - 1 reception centre restructured. - 4 educational spaces built or improved. • Improved SGBV response, prevention and self-protection mechanisms <ul style="list-style-type: none"> - 2 participatory assessments carried out. - At least 220 community members sensitized on SGBV prevention and response. - At least 2 women's organizations strengthened. - 200 women having received psycho-social and/or judicial support. - • Improved protection of ethnic groups at risk of displacement and extinction and improved self-management capacities 			

- 2 shelter facilities improved.
- 1 humanitarian centre constructed.
- 1 community classroom constructed.
- At least 8 indigenous tribes strengthened.
- At least 5 indigenous associations strengthened.

- **Risks of forced recruitment mitigated and assistance provided to victims**

- 3 protected and established educational spaces accessible to at least 405 children.
- At least 405 children receive supportive material (kits and uniform).
- At least 360 children continue their studies and stay within the educational system.
- At least 720 fathers and mothers trained and informed about assistance and prevention mechanisms.
- Documentation of at least 10 cases of forced recruitment monthly in each *comuna*.
- At least 125 teachers trained in emergency response, psycho-social support and able to develop pedagogical activities adapted to the children's needs.

11. Actual outcomes achieved with CERF funds

- **Protection by presence provided to 9 communities through PPPs**

IDP communities and those in risk of displacement received increased protection through the presence of UNHCR and the implementation of small protection projects benefitting the communities:

- A total of 4 humanitarian/reception centres constructed or under construction in Buenaventura, Bojayá, Tagachí, Tanguí.
- A total of 3 educational centres constructed or under construction in Currulao (Turbó), Turbó, Comuna Three (Medellín).
- A total of 1 school restaurant constructed in San Isidro.
- A total of 3 sanitary systems improved in educational institutions in Puerto El Refugio.

- **Improved SGBV response, prevention and self-protection mechanisms**

- A total of 7 ludic activities carried out with 150 children and youth who are now strengthened in GBV prevention and self-protection mechanisms in Buenaventura.
- The other mentioned activities were to be implemented in 2012. However, they had to be cancelled due to problems regarding the realization of the implementation. The funds, as agreed with the CERF secretariat, were reimbursed to the CERF in February 2013.

- **Improved protection of ethnic groups at risk of displacement and extinction and improved self-management capacities**

Threatened indigenous communities received protection through the presence UNHCR , PPPs and community strengthening:

- A total of 2 humanitarian/reception centres constructed in Rio Putumayo and Teorama.
- A total of 1 shelter infrastructure for young Wounaan indigenous improved in Medio San Juan.
- A total of 1 education centre for young Bari indigenous constructed in Teorama.
- A total of 150 indigenous leaders from the prioritized regions participated in trainings and are able to provide knowledge on protection and self-protection mechanisms to their communities.
- A total of 5 indigenous organizations (CAMAWA, ACABA, UNIPA, CAMAWARI, ACIPAP) accompanied and supported in the elaboration of their protection strategies, which enables them to improve self-protection of the associated indigenous communities.
- The Wounaan indigenous group counts with Safeguard Plans, thanks to UNHCR's support to their technical committee in Juradó, Riosucio, Litoral San Juan, Bajo Baudó, Medio San Juan and Buenaventura.
- A total of 8 indigenous groups strengthened in self-protection measures (Awá, Wounaan, U'wa, Sikuani, Hitnü, Makaguan, Betoy, Inga).

- **Risks of forced recruitment mitigated and assistance provided to victims**

- 4 educative spaces strengthened, that received 411 children.
- School kits distributed to 410 children.
- 411 children remained within the educative system.
- 1,327 fathers and mothers (of which 280 leaders) received formation on accompaniment of their children in the educative process.
- 18 cases of forced recruitment documented.
- 214 were trained and know the importance of education in emergency as well as the minimal norms of education in emergency.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The discrepancy in actual outcomes in the area of SGBV is due to the cancelation of the activities to be carried out with the IP <i>Mujeres para la Paz</i> in the area of SGBV. Money was reimbursed to the CERF in February 2013. The cancelation of this activity has an impact on the total number of beneficiaries and on some of the indicators.</p> <p>In the area of identification of cases of forced recruitment in Medellín, the IP Save the Children reports that in total only 18 cases could be documented due to the small number of cases reported. However, there was an active process during the implementing period to identify more cases.</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): As cross-cutting priority, AGDM is taken into account in all activities implemented by UNHCR. In order to define protection gaps and necessities of displaced populations, in 2011, UNHCR carried out 22 participatory assessments involving 2,112 IDPs and applying an AGDM approach.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	PAHO/WHO	5. CERF Grant Period:	13/10/11- 30/06/12
2. CERF Project Code:	11-WHO-058	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Reduction in morbidity and mortality rates among populations affected by internal displacement in Colombia.		
7. Funding	a. Total project budget:		US\$ 712,999
	b. Total funding received for the project:		US\$ 712,999
	c. Amount received from CERF:		US\$ 712,999
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	9,960	15,422	The mobilization of resources of other agencies, institutions and the community increased the coverage of the actions.
b. Male	10,040	15,546	
c. Total individuals (female + male):	20,000	30,968	
d. Of total, children <u>under 5</u>	2,200	3,406	
9. Original project objective from approved CERF proposal			
To prevent morbidity and mortality among displaced population in the Department of Putumayo (Municipalities of San Miguel, Puerto Asís, Valle del Guamuez, Mocoa); Department of Córdoba (Municipalities of Tierralta, Ayapel, Puerto Libertador and Montelíbano) and Department of Nariño (Municipality of El Charco); indigenous group EtteEnakka (Chimila) located in the Municipality of Sabanas de San Ángel; Department of Magdalena; and reservations IssaOristunna and EtteButteriya by providing essential critical medical and psychological care and adequate water supply and sanitation to prevent the emergence of outbreaks among internally displaced populations.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Medical and psychological assistance has been provided to persons in need of acute care. • Basic medication kits and medical supplies for emergency medical care purchased and distributed. • UROCs purchased, distributed and effectively implemented. • (UAIRAs purchased, distributed and effectively implemented. • Basic Units for the Provision of Primary Health Care purchased and installed. • Emblemized vests and life jackets purchased and distributed. • Community-based Epidemiological Surveillance Committees created and functioning. • Long- term insecticide treated mosquito nets purchased and distributed. • Clinical and clean birthing kits purchased and delivered. • Supplies to maintain cold chain and vaccine storage purchased and distributed. • Situation rooms at the municipal level functioning and generating data. • One Basic Health Indicators Bulletin developed for Putumayo. • Local health authorities able to perform water testing, evaluation of sanitation condition and able to propose adequate solutions for safe water supply. • Water tanks, water filters and hygiene kits delivered to the affected communities. 			

<ul style="list-style-type: none"> Monitoring sessions of quality to the water supplied executed. Affected populations informed on Healthy Housing Strategy 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> An average of 875 monthly consultations (70% to children under age 5, 25% women and 5% men). The main health problems attended were diarrhoea, infectious respiratory diseases, skin infections, vulvovaginitis, muscular spasms, gastritis and headaches. Five kits purchased and distributed and 2,500 people covered (2 for Putumayo, 1 for Magdalena, 1 for Córdoba for the Departmental Health Secretariat and one to complement the Basic Health Unit). 16 UROCs purchased and distributed (7 in Putumayo, 5 in Magdalena and 4 in Córdoba). 16 UAIRAs purchased and distributed (7 in Putumayo, 5 in Magdalena and 4 in Córdoba). 14 Basic Units for the Provision of Primary Health Care purchased and installed (6 in Putumayo, 4 in Magdalena and 4 in Córdoba). 30 vests and life jackets purchased and distributed (10 in Putumayo, 10 in Magdalena and 10 in Córdoba). 6 Community- based Epidemiological Surveillance Committees created and functioning: 3 in Putumayo, 2 in Córdoba and 1 in IssaOristunna for the EtteEnnaka indigenous group. Number and percentage of detected suspected outbreak investigated within 48 hours of suspicion. Number and percentage of confirmed outbreak responded to within 72 hours from confirmation. (Not able to report as the Community- based Epidemiological Surveillance Committees were left organized and trained to start the gathering of the information). 550 households (2,020 people) benefited with 550 long- term insecticide treated mosquito nets: 550 in Putumayo, 460 for the EtteEnnaka Indigenous Group (60 in Narakajmanta, 260 in IssaOristunna, and 140 in EtteButteriya). 5 health posts or health institutions equipped with material to attend clinical deliveries (2 in Putumayo, 2 in Córdoba and 1 for the Hospital of Sabanas de San Angel in Magdalena to attend EtteEnnaka Population. 200 traditional birth attendants received basic elements to attend clean deliveries (100 in Putumayo, 45 in Córdoba, 55 to attend the EtteEnnaka population). 4 flasks (2 in Putumayo and 2 for the Hospital of Sabanas de San Angel in Magdalena to attend EtteEnnaka Population; and 1 thermal box for the Hospital of Sabanas de San Angel). 3 Situations Rooms on health-related matters implemented (1 at the Departmental Level in Putumayo, 1 at the departmental level in Córdoba and 1 at the Municipal level in El Charco (Department of Nariño) and 1 at the Departmental Level in Putumayo). 2 Epidemiological Indicators Bulletins developed (1 Departmental in Putumayo 2012 and 1 Municipal in El Charco 2011). 1,182 community leaders and members trained in the specific subjects. 1,182 water tanks, water filters and hygiene kits delivered and functioning (917 by ACF, 30 in Santa Marta, 160 in IssaOristunna and 75 in EtteButeriya). 13 monitoring sessions of quality to the water supplied executed in critical municipalities (5 in Putumayo, 5 in Córdoba, 1 in Narakajmanta, 1 in IssaOristunna and 1 in EtteButeriya). 1,182 individuals informed in Healthy Housing Strategy and having received the booklet. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Not applicable.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): Not applicable</p> <p>If 'NO' (or if GM score is 1 or 0):</p> <p>Right from the design phase, special attention was given to pregnant women and children under 5, ensuring the coverage of health needs of these vulnerable populations. In addition, the project worked towards the reduction of morbidity and mortality rates among children and pregnant women, specifically the implementation of water solutions, UROC, UAIRA and the Safe Motherhood Strategies.</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
The project was evaluated by PAHO/WHO field officers, local health authorities and community leaders and members involved and	

the results have been the basis for the present report. They all expressed their satisfaction with the achievements and manifested other gaps that were not covered and that have been mentioned in the above *II. FOCUS AREAS AND PRIORITIZATION* section.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		UNFPA		5. CERF GrantPeriod:
2. CERF Project Code:		11-FPA-045		05/10/2011 - 30/06/2012
3. Cluster/Sector:		Protection / Human Rights / Rule of Law		6. Status of CERF Grant:
				<input type="checkbox"/> Ongoing
				<input checked="" type="checkbox"/> Concluded
4. Project Title:		Strategy for GBV/SGBV prevention, protection and attention in municipalities affected by armed conflict and forced displacement in the Colombian Pacific Coast.		
7. Funding	a. Total project budget:		US\$ 215,257	
	b. Total funding received for the project:		US\$ 37,000	
	c. Amount received from CERF:		US\$ 178,257	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
<i>DirectBeneficiaries</i>		<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female		800	900	
b. Male		700	800	
c. Total individuals (female + male):		1,500	1,600	
d. Of total, children <u>under 5</u>		00	00	
9. Original project objectivefrom approved CERF proposal				
To carry out an integral strategy of prevention, protection and attention of GBV and SGBV directed to communities affected by armed conflict and forced displacement in Chocó and Nariño, from a culturally sensitive approach.				
10. Original expected outcomesfrom approved CERF proposal				
<ul style="list-style-type: none"> • Communitarian and institutional mechanisms for protection and prevention are in place in focalized municipalities, with the participation of communities, local institutions and organizations, with a culturally sensitive approach. • Focalized communities in Tumaco and Istmina know the mechanisms to prevent and respond to GBV and SGBV cases. • Focalized communities in Tumaco and Istmina know the risks to sexual and reproductive health caused by GBV and SGBV situations, and the ways to attend and protect the victims. • At least four women or communitarian organizations (two by municipality) are strengthened to provide psychosocial support to victims of GBV and SGBV. • 2 Inter-institutional Action Plan (1 per municipality) for prevention, protection and attention of GBV and SGBV, constructed and in implementation, with a culturally sensitive approach. • No of victims of GBV and SGBV attended by the authorities, institutions and organizations during the implementation of the project. 				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"> • Strengthening of communitarian mechanisms of prevention and protection: <ul style="list-style-type: none"> - 323 people (men and women) and young adult from urban and rural communities, were sensitized and trained on issues 				

of sexual and reproductive rights, GBV and SGBV, places and roads were safe for women.

- 1,290 people have more knowledge on gender, ethnicity, GBV and sexual and reproductive health: 780 adult women, 400 youth, 20 adult men and 90 young men.
- Youth and adult women were recognized and visualized as new leaders by local institutions and community.
- 24 teachers from nine educational institutions in the Middle Istmina municipalities, Condoto and Medio San Juan, had more knowledge on approaches to gender, GBV, ethnic education, and committed to the inclusion of gender perspectives in programmes and rights educational institutions.
- 180 parents know the theme on sexual and reproductive health and GBV, based upon the law 1257 of 2008, and they are committed to dialogue and guidance to their children.
- 130 women and 18 men from Andagoya and Condoto (Choco) in a displacement situation know on the subject of GBV, sexual and reproductive health, and a plan for strengthening their organizational leadership for social and legal enforceability was structured with them.
- 80 parents informed on sexual and reproductive health and GBV, based upon the law 1257 of 2008, and are committed to dialogue and guidance to their children.
- 35 people, 31 women and 4 men, from Istmina, Condoto, Medio San Juan and Andayogacan identify protection mechanisms and psychosocial care for victims of sexual and GBV.
- 3 new local facilitators from empowered Red de Mujeres Chocoanas have more knowledge about GBV, and are committed to continue facilitating processes related to the topic of GBV and SGBV in their populations.
- 40 young people from nine schools in Andagoya, Condoto and Istmina (Chocó) are empowered and turned into agents of social change, both within and outside of the education community.
- 24 teachers from nine educational institutions in the Middle Istmina municipalities, Condoto and Medio San Juan, had more knowledge on approaches to gender, gender-based violence, ethnic education, and committed to the inclusion of gender perspectives and rights in institutional educational programmes.
- More than 1,300 people were sensitized and participated in 3 festivals of good treatment.
- 40 young people from nine schools in Andagoya, Condoto and Istmina (Choco) are empowered and turned into agents of social change, both within and outside of the education community.

● **Strengthening of Institutional Mechanisms for prevention, protection and attention of GBV / SGBV**

- 25 people from local institutions and civil society representatives consolidate the Network for the Promotion of Sexual and Reproductive Rights (SRR) and prevention of GBV and SGBV at the municipal level.
- Participatory Design of attention route to victims of GBV and SGBV was made through inter-agency coordination for the work to the attention route to victims of violence.
- Developed different communication pieces (songs, murals, wedges, theater productions and short movies) from a participatory process with 89 young women and representatives of the institutions of the Sub-committee on Gender and Family. Thus, created spaces of sensitizing and forming relative to different communication pieces for the GBV prevention of SGBV. This strategy was able to impact the entire population of Tumaco, including the rural and urban areas of the municipality.
- 46 workers of health and protection institutions were sensitized on the issue of GBV, SGBV, PEP prevention. Kits about chain management and custodial sexual crime along with violence care protocols and guides to the child and battered woman were delivered and developed to MOH.
- Management with departmental institutions (and Legal Medicine ICBF) to strengthen attention path to violence.
- Implemented management with departmental institutions (and Legal Medicine ICBF) in order to strengthen attention to routes with a prevalence of violence.
- Officials of the UAO (Attention Unit and Counsels Victims) participated in sensitizing processes against GBV and SGBV.
- 46 people from different institutions and organizations and rural Tumaco as Bajito Vaquería, Colorado, Imbilí, la Vega, La Brava, La Piñuela, San Agustín, Viguara, Rio Mira, Los Robles, La Espriella, San José de Caunapí, and Juan Domingo know the mechanisms of psychosocial care for victims of gender-based violence and sexual violence.
- 32 people in equal percentages of men and women, journalists, representatives of local media, women's organizations, Instituto Colombiano de Bienestar Familiar (ICBF), international NGOs, schools, health secretary and local police in the municipalities of Tumaco (Nariño) were trained in the production of and media coverage on issues of GBV and SV, through the completion of 20 radio programmes broadcasted by local stations in each region. Thus, strengthening the communication strategy established for the prevention and treatment of GBV and SV. This strategy included 169,464 people who were benefited indirectly through radio programmes which were broadcasted on major radio stations

<p>Municipal and regional level.</p> <ul style="list-style-type: none"> - 22 judicial officers were sensitized and with better understanding of GBV, sexual and reproductive health, and interpretation of Act 1257 of 2008, to develop their work. - 69 direct beneficiaries (men and women) and 302,362 indirect in equitable rates for men and women from different local sectors from Choco and Tumaco were trained in production and media coverage on issues of GBV and SV, through the making of 20 radio programmes broadcasted by local stations in each region. This strengthened the communication strategy created for the prevention and treatment of GBV and SV. This strategy indirectly benefitted 169,464 people through radio programmes which were broadcasted on main radio stations at municipal and regional level. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): CODE: 2</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>In order to evaluate the project, an evaluation was carried out by an external consultant, to obtain elements that enable gather institutional learning, identify challenges and constraints to be effective and efficient in the implementation, and outline recommendations about the strategies that should be renewed, amended or extended, allowing the UNFPA improve the quality and management of the humanitarian response.</p> <p>For these purposes, the evaluation recurred to gather the opinions of the project participants, implementers, and local humanitarian actors in order to: i) review the objectives of the strategy proposed by UNFPA and arranged with partners in 2012; ii) analyze the operational strategy and the institutional design conceived by partners in each municipality as the way to fulfill efficiently their objectives, which were more efficient and effective; iii) identify what have been the main achievements in this period in relation with the operation of the strategy, and how they were achieved; iv) identify the main problems that appeared during this time related with the operation of the strategy and how they were resolved; v) examination of good practice emerging from the dynamics of the partners and community and institutional systems in each municipality; and vi) discuss some of the features and modes of operation of each municipality compared to other experiences.</p>	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	11/06/11 – 30/06/12
2. CERF Project Code:	11-CEF-053	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection Human Rights Rule of Law		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Integrated response to ensure the survival and protection of the children in the eight municipalities most affected by armed conflict in the department of Putumayo		
7. Funding	a. Total project budget:	US\$ 867,384	
	b. Total funding received for the project:	US\$ 867,384	
	c. Amount received from CERF:	US\$ 544,812	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	6,200	6,617	
b. Male	5,400	6,426	
c. Total individuals (female + male):	11,600	13,043	
d. Of total, children <u>under 5</u>	1,800	2,176	
9. Original project objective from approved CERF proposal			
11,200 children and adolescents and 400 pregnant and lactating women of seven prioritized municipalities of the department of Putumayo, affected by armed conflict, got access to comprehensive care which includes basic services in child protection and nutrition.			
10. Original expected outcomes from approved CERF proposal			
11,200 children and 400 pregnant and lactating women critically affected by armed conflict, living in the municipalities of Mocoa, Villagarzon, Puerto Caicedo, Orito, Valle del Guamuez, San Miguel in the Department of Putumayo have access to nutrition and integrated child protection through community-based and child-to-child strategies.			
11. Actual outcomes achieved with CERF funds			
<u>Child Protection – Protection from Recruitment (improvement of protective environments)</u>			
The main activities to save life and protect children are:			
<ul style="list-style-type: none"> • 8,220 students of 25 educational institutions participated in project’s activities. • 2,130 children and adolescents practiced Golombiao –the game of peace. • Children, adolescents, parents, leaders and teachers from educational institutions, participated in the creation of child-friendly spaces. • 10,350 children and adolescents from 25 educational institutions improve their life skills to protect against conflict. • Identification and strengthening of community-based protection mechanisms for children and teachers. • 650 parents, teachers and public officials (243 women and 407 men) involved in project activities. 			

- Improving the physical conditions of 25 boarding schools:
 - Beds, sheets, blankets, mosquito nets, pillows and closet
 - Lifeguard vests
 - Golombiao kits
 - Supplies for cooking and feeding to children
 - Tool kits for building child-friendly spaces where children can feel safe, play, and receive psychosocial community-based care
 - 25 educational and sports kits.
 - 10,000 educational and personal hygiene kits for children
- (ICBF), or Care Units of National Family Welfare System, for psychosocial support and protection for child victims of armed conflict and at high risk or threat of recruitment.
- Training for local officials to protect children at risk of recruitment and care for child victims of the conflict in the municipalities identified.

Nutrition and Health

The main activities to save life and protect children are as follows:

- The coverage reached was higher than the expected coverage: 2, 176 children and 517 pregnant and breastfeeding women reached versus. 1,800 children under 5 and 400 pregnant and breastfeeding women.
- RUTF was provided to 200 malnourished children detected in indigenous communities. The anthropometric equipment – scales, measure boards and Measuring Mid-Upper Arm Circumference(MUAC) for the implementation of the project – were given to health care centres in rural areas, mobile units of ICBF and 150 community health promoters and technical team of implementing partner that receive training on Nutrition in Emergencies
- Training of technical team of implementing partner on nutrition screenings and surveillance methodologies at community level and key components of the Nutrition in Emergency in accordance with the Food Security and Nutrition Cluster.
- Advocacy and coordination with ICBF at national level and consultation process with indigenous communities prioritized by the project make feasible and sustainable the implementation of Nutrition in Emergency Model, including Community-Based Management of Acute Malnutrition and Promotion of Infant and Young Child Feeding in Emergencies.
- Mobile Units of ICBF received technical assistance on the implementation of Community-Based Management of Acute Malnutrition.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	FAO	5. CERF GrantPeriod:	13/10/11 – 30/06/12
2. CERF Project Code:	11 – FAO -037	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	SAN		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Food security and nutritional emergency support to vulnerable people affected by violence in the departments of Putumayo and Valle del Cauca Colombia 2011		
7. Funding	a. Total project budget:	US\$ 4,330,000	
	b. Total funding received for the project:	US\$ 1,167,000	
	c. Amount received from CERF:	US\$ 534,923	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>DirectBeneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	4,125	2,131	The number of families who completed the process is less than what was original proposed. Additionally, because of the continued violent situations in the department of Putumayo, a large number of people have moved, creating very small numbered families who have sent their children to other locations to prevent forced recruitment into illegal armed groups.
b. Male	3,375	2,150	
c. Total individuals (female + male):	7,500	4,281	
d. Of total, children <u>under 5</u>	2,200	540	
9. Original project objective from approved CERF proposal			
Implement life-saving activities through the reduction of food insecurity and the nutritional risks of communities affected by violence in the departments of Putumayo.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Support to 1,500 families (approximately 7,500 persons). 70 percent of the targeted families are able to restore their small-plot and animal rearing activities, increasing the possibility to meet their basic food needs. At least 90 percent of targeted families are trained on food production techniques and 70 percent of them apply them. Targeted families reduced their food expenses in vegetables and some staples by 10 percent. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Identification of 1,431 target families in the municipalities of Puerto Asís, Puerto Caicedo, San Miguel, Guamuez Valley, Villa Garzón and Mocoa, according to previously established criteria for prioritization. Implementation of productive models for food security, adapted to the context of the region and the development of the same, with 1,319 families (88% of original target) and 17 schools (Internados de la Paz). Developed productive pedagogical models, through learning by doing methodology, in the 17 targeted schools. Establishment of 52 Demonstration Training Centres (CDC) for a community production strategy, which allows the generation of models for replication of activities and the strengthening of the social fabric. Distribution of seeds, tools and supplies, to implement the production models. Provision of technical support and guidance on biosecurity activities, crop production, existing infrastructure, at community-level and within the targeted educational institutions 			

<ul style="list-style-type: none"> • Implementation of the training processes and assistance to families and schools, guided by the technical guidelines provided by FAO. • Monitoring tasks of scheduled activities, according to instructions and guides provided by FAO. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	PartnerName	PartnerType	Total CERF Funds Transferred To Partner US\$	Date FirstInstallmentTransferred	Start Date Of CERF Funded Activities By Partner	Comments/Remarks
11-HCR-046	Protection	UNHCR	OXFAM	INGO	80,000	15/12/2011	01/10/2011	
11-HCR-046	Protection	UNHCR	SavetheChildren	INGO	50,000	08/02/2012	01/01/2012	Small part reimbursed to CERF (\$1,268).
11-HCR-046	Protection	UNHCR	Corporación Opción Legal	NNGO	223,827	02/12/2011	01/10/2011	
11-HCR-046	Protection	UNHCR	ACF	INGO	12,309	14/12/2011	01/10/2011	
11-HCR-046	Protection	UNHCR	Asociación Faro del Catatumbo	NNGO	15,158	21/10/2011	01/10/2011	
11-HCR-046	Protection	UNHCR	CIDEMOS	NNGO	63,099	03/11/2011	01/10/2011	
12-HCR-048	Protection	UNHCR	SNPS	NNGO	127,544	05/10/2012	29/09/2012	
12-HCR-048	Protection	UNHCR	Corporación Opción Legal	NNGO	31,684	22/11/2012	29/09/2012	
12-HCR-048	Protection	UNHCR	ACF	INGO	53,344	09/11/2012	29/09/2012	
11-WHO-058	Health	PAHO/WHO	ACF	INGO	222,532	08/02/2012	08/02/2012	
12-WHO-068	Health	PAHO/WHO	Colombian Red Cross Bogota	RED	85,913	09/01/2013	09/01/2013	

12-WFP-068	Food Security and Nutrition	WFP	ASOCABILDOS	NNGO	12,159	22/02/2013	15/12/2012	Field Level Agreement (FLA) and its annexes were signed in 15 December 2012. The first installment has not been transferred because of delays in gathering documentation of the Implementing Partner, however IP has started the General Food Distribution activity in order to advance with the integrated intervention and meet the proposed activities.
12-WFP-068	Food Security and Nutrition	WFP	ACIN	NNGO	27,498	22/02/2013	15/12/2012	Field Level Agreement (FLA) and its annexes were signed in 15 December 2012. The first installment has not been transferred because of delays in gathering documentation of the Implementing Partner, however IP has started the General Food Distribution activity in order to advance with the integrated intervention and meet the proposed activities.
12-OIM-028	Shelter	OIM	CISP	INGO	65,500	16/10/2012	16/10/2012	
11-CEF-053	Nutrition and ChildProtection	UNICEF	CatholicChurch of Mocoa	NNGO	317,166	13/03/2012	13/03/2012	Participation of 10,350 children and adolescents from 25 educational institutions, 2,176 children under age 5 and 517 pregnant and breastfeeding women.
12-FAO-042	Food Security and Nutrition	FAO	Pastoral Social de Mocoa	NNGO	37,842	15-Dec-12	15/05/2013	

12-FAO-036	Food Security and Nutrition	FAO	Pastoral Social de Mocoa	NNGO	60,062	15-Dec-12	30/06/2013	
11-FAO-037	Food Security and Nutrition	FAO	Pastoral Social de Mocoa	NNGO	88,569	01/03/2012	30/06/2012	
11-FPA-045	ProtectionHumanRightsRule of Law	UNFPA	Plan internacional-	ONG	56,389	01/01/2012	30/06/2012	
11-FPA-045	ProtectionHumanRightsRule of Law	UNFPA	Red de mujeres Chocoanas.	ONG	45,689	16/01/2012.	30/06/2012	
12-FPA-042	ProtectionHumanRightsRule of Law	UNFPA	Asociacion de cabildos indigenas del Cauca-	ONG	15,000	22/11/2012	20/06/2013	
12-FPA-042	ProtectionHumanRightsRule of Law	UNFPA	Pastoral social indigena Choco.	ONG	106,374	01/11/2012	20/06/2013	
12-FPA-042	Protection Human Rights Rule of Law	UNFPA	Si Mujer	NNGO	15,000	01/02/2013	15/03/2013	
12-FPA-042	Protection Human Rights Rule of Law	UNFPA	AVRE	NNGO	15,000	14/04/2013	01/04/2013	
12-FPA-042	Protection Human Rights Rule of Law	UNFPA	Caracola Consultores.	NNGO	15,000	01/04/2013	30/05/2013	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACF	Action Against Hunger
ACIN	Association of Indigenous Councils of Northern Cauca
AGDM	Age, Gender and Diversity Mainstreaming
APM	Anti-Personnel Mine
ASOCABILDOS	Indigenos Organization - IP
CISP	International Committee of the People's Development
COCOMACIA	Consejo Comunitario Mayor de la Asociación Campesina Integral del Atrato
CODHES	Consultoría para los Derechos Humanos y el Desplazamiento
COP	Country Operation Plan
CORPROGRESO	Name of the IP
DPS	Departamentopara la Prosperidad Social (Departmentfor Social Prosperity, ColombianGovernment); former Acción Social
ECHO	EuropeanCommunityHumanitarian Office
ERF	Emergency Response Fund - Colombia
FAO	Food and Agriculture Organization of United Nations
FARC	Fuerza Armadas Revolucionarias de Colombia
FG	Female Genital Mutilation
GBV	Gender-BasedViolence
GoC	Government of Colombia
HC	HumanitarianCoordinator
HCT	Humanitarian Country Team
HLT	Humanitarian Local Teams
HQ	Headquarters
IAG	Irregular Army Group
ICBF	Instituto Colombiano de Bienestar Familiar
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IHL	International HumanitarianLaw
INGOs	International Non-GovernmentalOrganizations
IOM	International OrganizationforMigrations
IP	ImplementingPartner
LHT	Local HumanitarianTeams
LoA	Letter of Agreement
MUAC	Measuring Mid-Upper Arm Circumference
NFI	Non-FoodItems
NNGO	National Non-GovernmentalOrganization
NRC	NorwegianRefugee Council

NSAA	Non-State Armed Actor
OCHA	Office for the Coordination of Humanitarian Affairs
ONIC	Organización Nacional Indígena de Colombia
OREWA	Asociación de Cabildos Indígenas Embera, Wounan, Katio, Chami y Tulé del Chocó
PED - WHO	PAHO Area on Emergency Preparedness and Disaster Response
PGN	Procuraduría General de la Nación
PLW	Pregnant and Lactating Woman
PPP	Practical Protection Project
RUTF	Ready-to-use therapeutic food
SAP	Permanent Assembly Sites (Sitios de asamblea permanente)
SGBV	Sexual and Gender-Based Violence
SRR	Sexual and Reproductive Rights
SV	Sexual Violence
UAIRAs	Units for the management of acute respiratory infection
UBA	Basic Units for the Provision of Primary Health Care
UNDSS	United Nations Department of Safety and Security
UNFPA	The United Nations Population Fund
UNHCR	The United Nations High Commissioner for Refugees
UNICEF	The United Nations Children's Fund
UROC	Unit for the management of dehydration
UXO	Unexploded Ordnance
WFP	United Nations World Food Programme