



ANNUAL REPORT OF ON THE USE OF CERF GRANTS IN COLOMBIA 2011

COUNTRY	COLOMBIA
RESIDENT/HUMANITARIAN COORDINATOR	Bruno Moro

I. SUMMARY OF FUNDING IN 2011 – US\$

Funding	1. Total amount required for the humanitarian response		37,011,827	
	2. Breakdown of total response funding received by source	2.1 CERF		9,568,038
		2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (<i>if applicable</i>)		1,622,837
		2.3 OTHER (Bilateral/Multilateral)		48,043,592
		2.4 TOTAL		59,234,467
	3. Breakdown of funds received by window	X Underfunded		5,927,391
		1. <i>First Round</i>		2,939,401
		2. <i>Second Round</i>		2,987,990
		X Rapid Response		3,640,647
	4. Please provide the breakdown of CERF funds by type of partner	4.1 Direct UN agencies/IOM implementation		2,562,912
		4.2 Funds forwarded to NGOs for implementation		2,818,851
		4.3 Funds forwarded to government partners		842,516
		4.4 Funds forwarded to other organizations (i.e catholic church, universities)		3,343,759
		4.5 TOTAL		9,568,038

II. SUMMARY OF BENEFICIARIES PER EMERGENCY

Total number of individuals affected by the crisis	Individuals	Approximately 2,202,747
Total number of individuals reached with CERF funding	Female	51.2%
	Male	48.8%
	Total individuals (Female and male)	202,764
	Of total, children <u>under</u> 5	16.9%

III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

CERF rapid response: Caribbean coast, La Mojana, Depresión Momposina, Brazo de Loba (which is part of the Depresión Momposina), and the departments of Nariño, Córdoba, Chocó, Cauca and Norte de Santander.

CERF underfunded first allocation: Tierralta, Lorica and Ayapel municipalities in Cordoba department, Colombia.

CERF underfunded second allocation: UNHCR: Pacific Coast: Chocó, Valle del Cauca and Nariño. Border Areas: Putumayo, Nariño; Arauca, Norte de Santander, Medellín (Antioquia). UNFPA: Tumaco (Nariño) and Istmina (Chocó). UNICEF: Putumayo, municipalities of Mocoa, Villagarzon, Puerto Caicedo, Orito, Valle del Guamez, San Miguel. FAO: Department of Putumayo (Municipalities of Puerto Asís, Mocoa, San Miguel and Valle del Guamez) and the department of Valle del Cauca (Bajo Calima region). WHO/PAHO: department of Putumayo (Municipalities of San Miguel, Puerto Asís, Valle del Guamez, Mocoa); department of Córdoba (Municipalities of Tierralta, Ayapel, Puerto Libertador and Montelíbano) and department of Nariño (Municipality of El Charco), Indigenous group Ette Enakka (Chimila) located in the municipality of Sabanas de San Ángel, department of Magdalena, reservations Issa Oristunna and Ette Butteriya.

IV. PROCESS AND CONSULTATION SUMMARY

- I) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?
 YES NO

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 compilation of the CERF final report for Colombia in 2011 was prepared by OCHA, in support of the role of the RC/HC.

- II) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?
 YES NO

The final report has not yet been shared with partners. It will be presented in the upcoming HCT meeting.

V. ANALYSIS – RAPID RESPONSE EMERGENCY AND FIRT UNDERFUNDED ROUND

1. The humanitarian context

Rainy seasons occur twice a year in Colombia, causing floods in several regions of the country. These two rainy seasons last normally between March and May, and September and mid-December. However, in 2010 and early 2011, the La Niña phenomenon strongly affected weather patterns in Colombia, prolonging the first rainy season so much that it merged with the second one.

President Santos stated that damages due to the impact of la Niña amounted to \$5.2 billion. The cumulative number of people affected by flooding in Colombia in 2010 and 2011 was 3.9 million, a record number in Colombian history. The situation overwhelmed national and local response capacities in a moment of institutional transition. A new Government took office in August 2010. Moreover, new local authorities were elected in October 2011. The Government of Colombia made an extraordinary effort in mobilising resources to address the emergency, as well as the reconstruction phase. More than \$16 billion, including funds raised through the private sector and directly from citizens, was made available. However, only \$1.3 billion (less than 10 per cent) was used for humanitarian assistance, \$3 billion was designated for early recovery and \$12.2 billion for reconstruction. Some State entities raised concerns about the effective use of these funds. Currently there are over 100 cases under investigation by the Attorney General's Office. While the Government requested international support to individual countries and UN agencies, it was adamant in refusing a Flash Appeal for further resource mobilisation.

Of the 3.9 million people affected by the floods from April 2010 to June 2011, an estimated 40 per cent were also considered internally displaced persons (IDPs) due to armed conflict. Previous vulnerabilities associated with the internal armed conflict (i.e. IDPs, confined communities in rural or marginalised areas of the country, vulnerable women, children, indigenous and Afro-descendants) were seriously aggravated by the high impact of flooding for during a 12 month period. Flood-related emergencies took place in a context of more than 3.9 million displaced people (according to official figures), of which 49.5 per cent were women, 38.4 per cent were children aged 0 to 18 years, 2.53 per cent were indigenous and 9.1 per cent were members of Afro-Colombian communities.

Official data was used by the Humanitarian Country Team (HCT) as the basis to carry out needs assessment missions in 2010 (rapid response window) and in March 2011 (first underfunded round). The record level of persons affected, combined with overall damage to infrastructure and disruption of services, was the basis for the extraordinary allocation of CERF resources for Colombia.

The National System for Disaster Prevention and Response (SNPAD) reported over 3.9 million people affected, 486 dead, 595 injured, and 43 missing. The rains destroyed 16,213 homes. These figures indicated the scope of the emergency, which affected 28 out of 32 of Colombia's departments. It was estimated that about 40 per cent of the total affected population was under the age of 18.

Humanitarian Impact (April 2010 - June 2011)	
Deaths	486
Wounded	595
Missing	43
Affected population	3,941,818
Affected families	930,683
Destroyed Homes	16,213
Damage homes	525,673

The most affected departments were Bolívar, Cauca, Cesar, Valle del Cauca, Cundinamarca, Norte de Santander, Magdalena, Chocó and Boyacá. Some of these departments are also affected by armed conflict.

Field missions of UN agencies and International Non Governmental Organizations (INGOs) had underlined a lack of consultation among Government entities at the national level, as well as between Bogotá and the regions. As information systems were not integrated, response decisions were not made strategically. To a large extent, those provinces with best capacity to channel information to the capital were also those which obtained larger allocations, regardless of the degree to which they were affected. The Humanitarian Country Team (HCT) also analysed the amount of resources allocated to affected areas with its transparency index, thus providing donors with an approximate idea of the risks of transferring large amounts of money to areas characterised by weak governance and corruption where relief assistance was also at risk of being used for political purposes.

Rapid needs assessments carried out by members of the extended UNETT¹, as well as data collected by the SNPAD in the most affected areas highlighted priorities for CERF proposals:

The emergency had an impact on food and income sources for rural households, as agriculture and livestock rearing are the major economic activities in these regions. As large areas of cropped land and livestock holdings have been lost and will take over a year to recover, livelihoods have deteriorated. In the Caribbean region, floods came in just before the harvest, and therefore a large portion of agricultural cultivation was lost. Many rural communities that lived around a planned production cycle were fully dependant on food assistance and non-traditional, temporary and unstable sources of income to purchase food. Food assistance provided by different sources lasted for a month or less. In terms of food consumption, most households were forced to cut the consumption of meals. The assessments showed that households consumed low levels of milk products, fruits, roots, vegetables and eggs. The household diet mostly consisted of carbohydrates, fats and sugars.

Further compounding the already difficult situation was the presence of non-State armed groups and the proliferation of mines/UXO/IED in the rural areas of Chocó, Nariño, Cauca, Norte de Santander, Arauca, Depresión Momposina and La Mojana. In addition, these areas suffered from structural development problems and high poverty levels. Official data indicates that 71 per cent of households in the departments mentioned above had unsatisfied basic needs (DANE 2005) and around 33 per cent of households reported not having an working adult who generated income at the time of the emergency. Severe damage to housing, school infrastructure and health centres was reported. The use of schools as shelters and the suspension of classes in schools damaged by the floods raised special concerns regarding child protection and education in emergencies. Several affected areas were not accessible by land, which further hindered the timely delivery of assistance.

The already basic sanitary conditions have deteriorated significantly due to the contamination of water sources by sewage, causing diarrhoea, respiratory, eye and skin infections, as well as increasing the risk of water and vector-borne diseases such as dengue and malaria, especially in children. Overcrowded shelters also increased the risk of Gender-based Violence (GBV) and Sexual and Gender-Based Violence (SGBV) for vulnerable people such as women, children and youth. In this context, it was recognised that the attention given to the specific protection needs of women and vulnerable groups were life-saving actions, particularly in matters related to GBV.

In spite of official figures, according to the HCT needs assessments, Córdoba emerged as one of the most acute humanitarian situations created by La Niña floods. Tierralta, Lorica and Ayapel municipalities located in this department were seriously affected by a complex humanitarian situation combining the impact of floods and violence against civilians. Major rivers that cut across its farmlands overflowed causing massive floods that destroyed hundreds of homes and left thousands of families in the most at-risk areas completely dispossessed. Children were unable to return to classes as their schools were used as shelters, while small self-sustaining crops were completely lost, as were livestock. Shelter, health, nutrition and protection were among the most pressing humanitarian needs. By the end of June 2011, La Niña had directly affected 217,677 people, and damaged 36,737 homes. Approximately 50,839 families in Córdoba faced difficulties in accessing safe water, medical assistance and food.

Humanitarian Impact in Córdoba (April 2010 - June 2011)	
Deaths	0
Wounded	0
Missing	0
Affected population	217,677
Affected families	50,839
Destroyed Homes	45
Damage homes	36,737

According to local sources, 575 homicides were recorded in Córdoba in 2010 (compared to 397 in 2009). Most of the victims were community leaders, indigenous persons, teachers and politicians. There were four massacres that left a total of 21 civilians dead. Secondary sources and information gathered by OCHA report of 10 massacres during this same period (44 dead, 7 under age). The generalised fear that spread after these massacres led to displacements of whole communities and a decline in economic activities. In addition to floods, violence has led to a food security crisis, particularly in the south of Córdoba. Moreover, selective homicides and

¹ The UN Emergency Technical Team was coordinated by OCHA and involved active participation of UN agencies, INGOs, national civil society organizations, the National Red Cross Society and government agencies that are part of the SNAPD.

massacres, and threats to council members and teachers have resulted in the stagnation of the department's administrative and legislative agenda, as well as the desertion of hundreds of children from schools.

In the specific case of Córdoba, the initial assessments conducted by UN agencies and implementing partners in January and February 2011 confirmed that the armed conflict and natural disasters increased previous inequalities, discrimination, vulnerabilities and risks for women and girls who suffer multiple threats, such as: increase of domestic violence related to forced displacement; beginning of sexual life at an early age; unwanted pregnancies among young women; limited access to services and professional assistance in GBV and SGBV cases; overcrowding and limited access to basic services in shelters that increase the risk of sexual violence and abuse; among other issues. In addition, through the rapid assessment in Tierralta (Córdoba) 58 GBV risk cases were identified, and 10 cases were confirmed.

According to United Nations Children's Fund (UNICEF) assessments, children and pregnant women required urgent life-saving assistance to be able to survive, and psychosocial support was required to help children overcome the emotional impact of the emergency. In order to uphold children's right to education, support was needed to ensure that education activities could resume at the planned start of the new school year. In addition, it was important to provide children with safe and child-friendly spaces for recreational activities during the school break. The National Ministry of Education (MEN) reported that 4,728 children were not enrolled in school in the first semester of 2011, and that 17 educational institutions were used as shelters in the same period.

CERF (rapid response and underfunded window) interventions in the above contexts had a great added value for the communities in which CERF-funded activities were implemented. Not only have they allowed for critical response gaps to be filled, but they also increased the capacity of UN agencies, INGO partners and local actors to reach at-risk communities.

The targeting and scope of the CERF intervention was appropriate to respond to critical life-saving needs in areas where the State response faced serious constraints (mostly in rural and remote areas with presence of non-state armed actors). Success was due to a multi-sectoral approach that allowed for complementary interventions among the UN agencies and partners (i.e, Córdoba).

2. Provide brief overview of CERF's role in the country

The Commitment of lead agencies to consult on their activities throughout the programme cycle (i.e. planning together based on commonly identified needs and priorities, and implementing together to maximise operational capacities) has been a key factor for the successful implementation of CERF projects. Moreover, CERF played an interesting role in fostering coordination to achieve results and a timely response. The discussions held around lessons learned regarding the CERF interventions inspired the definition of criteria for the prioritisation of areas in the Common Humanitarian Framework of 2011 (this CHAP-like document was finalised in October 2011).

By the end of 2010, the HCT put together a flood response plan that sought to mobilise over \$49 million. The GoC refused to launch a Flash Appeal or other resource mobilisation efforts fearing that this would portray institutional weaknesses and affect the international image of Colombia. Nonetheless, the plan was presented to the in-country donor community and also to relevant State institutions, whose reaction was positive.

Joint planning and formulation of projects took place in Bogotá and in the affected regions. Through the coordination and leadership of the HC, with the support of OCHA, all clusters brought to the table their expertise, ideas and knowledge to address gaps identified by needs assessments. Meetings with the National Government and local authorities were held often to coordinate activities and provide technical assistance.

The HC made sure that CERF was complementary to other emergency funds, such as the Emergency Response Fund (ERF). At least four ERF projects were designed to fit into a wider strategy formulated around CERF rapid response grants. In this way, local and international NGOs, in partnership with UN agencies, managed to address the most critical gaps in water and sanitation, food security, early recovery and health. While humanitarian financing gaps remain a challenge in Colombia that neither CERF nor ERF are suited to fill;

these pooled funds enhanced the capacity of the HCT to reach the most vulnerable communities in a timely manner.

CERF rapid response grants provided swift support to the UN to help at least 46 per cent of the 1.2 million people affected by floods in 2010. Funds allowed for immediate response interventions, which helped to assess needs of the most affected and isolated communities, as well as to provide life-saving assistance. In the particular case of Córdoba, the first underfunded allocation (\$3 million) followed interventions funded through the rapid response window, as it targeted critical gaps and uncovered needs. This sequence greatly improved coordination at the local level, since the capacity of the local humanitarian team to reach communities severely affected by both floods and conflict was enhanced.

For both windows, CERF met performance targets and helped to mainstream a gender approach throughout the humanitarian response with a particular focus on the prevention and protection of vulnerable people, reducing the impact of Gender-Based Violence (GBV), sexual violence and discrimination. Funds were used to ensure that local women have the organisational and technical expertise and resources they need to provide sustainable services long into the future. It allows for not only safeguarding the rights of women in complex humanitarian contexts, but also reinforcing the empowerment of women through community rehabilitation activities.

The efficient and rapid availability of CERF funds made the purchase of good quality materials and technical assistance in the most deprived rural areas possible. It also allowed families in these rural areas to count on safe shelter throughout the flood seasons. Additionally, CERF funds helped to meet, in a timely manner, the critical needs of children in the areas of health and nutrition; water, sanitation and hygiene; education in emergencies and child protection. It also helped to strengthen the coordination of humanitarian assistance with key actors including the Government, UN Agencies and NGOs. The excellent level of coordination with local authorities was also an important factor in the implementation of activities.

3. What was accomplished with CERF funding

Despite significant national efforts to respond to the emergency, which prompted a declaration of a national disaster by the President of the Republic, the situation remains critical in some regions of the country, particularly the western region (Pacific coast) and northern departments.

For this reason, it is important to highlight that CERF rapid response and CERF underfunded activities helped to improve some aspects of the living conditions of the most vulnerable communities in areas difficult for State institutions to access. 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 during the constant rains of 2011).

These funds not only allowed for strengthening the networks and working relationships between Afro-Colombians and indigenous communities, but also contributed to ensure the integration of a gender approach, targeting both men and women equally (CERF allocations). For example, in the home garden component developed by FAO, both men and women were involved in the daily work, which has traditionally been the role of women.

CERF funding improved access to basic services for children and their families in rural areas. The rapid response grants for education in emergencies also improved access to child-friendly and safe spaces, food, health, nutrition, water, sanitation and hygiene. Special emphasis was given to assisting children under the age of 12, as well as pregnant and lactating women.

WFP, utilising CERF funds, prioritised emergency food assistance in rural areas where food security depends on agricultural activities, fishing, hunting and trade of goods and food that was affected by flooding. The supply of food in such areas was precarious, mainly due to the bad condition of roads and the increased dependency on expensive transportation by river or by air. Once the most vulnerable communities that required emergency food assistance were identified through food security assessments at the household level, WFP structured a response plan, which included 6 departments and 35 municipalities. Emergency food assistance began in early January 2011 and continued until March 2011. With these contributions, a total of 67,377 people were assisted with

individual 40-day emergency food rations, complementing government efforts and reaching primarily the most affected and isolated rural areas of the country, where populations did not receive emergency assistance due to access constraints.

One of the major achievements made with CERF rapid response funding was that the intervention allowed for rapid planting and production of food crops through FAO assistance. Some 93 per cent of targeted beneficiaries who received seeds benefited from crops which showed optimal growth. These actions decreased dependency of vulnerable communities on food aid and provided families with the opportunity to increase their food security in the long term.

The quality and timeliness of the census of the population affected by the floods was one of the main constraints to humanitarian response. Beginning in February 2011, the national government began to work on a Unified Census of Victims of the 2010 – 2011 Floods. This census was the baseline for guiding GoC projects and programmes to assist affected people, both in the humanitarian and recovery phases. Other assessments conducted by UN agencies helped facilitate effective humanitarian aid.

CERF rapid response funds enabled PAHO/WHO to support Territorial Health Authorities to respond to the flood emergency. PAHO/WHO actions included: implementation of critical life-saving actions aimed at the provision of acute medical and primary health care (delivered by Immediate Response Teams); early detection of new life-threatening conditions and their rapid treatment through activation of institutional and community-based epidemiological surveillance systems; and water and sanitation protection activities to avoid preventable diseases. Additionally, coordination among local and departmental authorities was strengthened and capacities and skills at the institutional and community levels were reinforced to respond to acute health problems caused by imminent floods that are expected with the arrival of the new rainy season.

On the other hand, through CERF underfunded allocations, immediate and complementary solutions were provided in Córdoba department. In the health sector, some of the major achievements were the prevention of water-borne diseases, improved access to health services for vulnerable people, especially pregnant women and children under the age of 5 and enhanced capacity of municipal health authorities to manage the emergency.

In response to a request made by the Indigenous Governor, water solutions were provided to an entire community of the Indigenous Group ZENU, in Tierra Santa Reservation (156 families) and in La Apartada municipality in Córdoba department. Additionally, in the three municipalities selected, two hospital emergency plans were reviewed and updated (San Jorge de Ayapel, Santa Teresita, San José de Tierralta Hospital Hospitals). In addition, two municipal emergency plans were reviewed and updated in Ayapel and Lorica. One plan was developed from scratch in Tierralta. Knowledge was transferred and more than 63 leaders were trained in the three target municipalities in analysis of key emergency information and its use for effective decision-making.

Due to CERF funds, 100 per cent of the target population have access to safe water (delivery of water tanks, filters and hygiene kits), which greatly reduced the incidence of water-borne diseases such as diarrhoea and dermatological problems. Initially, 75 per cent of families reported these health issues compared to just 17 per cent at the end of the project. This has also aided the finances of the affected communities that initially had to spend their scarce resources to buy water.

CERF underfunded grants covered 15 per cent of the affected population with health services which benefited not only those impacted by the rainy season but also helped displaced communities that already resided in the territory which did not have access to local health services. Lorica was the municipality where results were more visible due to the support of local health authorities and the ease of access for land transportation.

For the food security and nutrition sector, the establishment of gardens and nurseries and the distribution of working tools and kits improved the situation of affected families, providing urgent assistance for them to re-start their productive activities (food production). These activities also helped improve their skills and promoted risk management; such techniques and initiatives prompted immediate resilience among participating families to address basic food needs during the constant rains and outbreaks of violence in 2011.

Regarding the situation of women and risks of GBV and SGBV in Córdoba department, UNFPA reported that the situation remains problematic, especially due to the increase of violent actions in late 2011 and the first weeks of 2012. Thus, communities are still affected by protection gaps, especially in relation to GBV and SGBV. Even when the situation remains complex, the allocation of CERF underfunded grants allowed women, leaders, civilian organisations, humanitarian workers, some institutional officers and local authorities to improve their knowledge, capacities and response mechanisms to GBV in humanitarian crises. In particular, 96 female leaders of 20 organizations were trained to provide psychosocial assistance to victims of GBV and SGBV and to promote prevention activities in their communities. These women were also trained to make their needs visible and to launch the referral system to point victims to responsible authorities and institutions. Alliances between local and departmental health authorities were established in order to support the training of local health institutions on GBV and SGBV issues. As a result of this alliance, a workshop was conducted with the participation of local and departmental health officials, in which project results and assessment findings were shared, and gaps and needs identified for effective protection measures as well as to guarantee their reproductive and psychosocial health.

In hindsight, grants from both CERF windows were made available at a critical moment in which local and national capacities to respond to the rainy season had already been overwhelmed. As a result, the funds served their purpose in providing life-saving solutions for affected communities.

4. An analysis of the added value of CERF to the humanitarian response

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

YES NO

CERF life-saving criteria ensured that resources were maximised and that the bulk of the investment went to the most vulnerable people rather than to organisations. CERF funding enabled the fast delivery of assistance due to strong networks and partnerships previously established by UN agencies in the country, as well as the solid logistical capacity to deliver the aid in a timely manner.

The following are some examples on how CERF funds led to a fast delivery of assistance to beneficiaries:

CERF funds were the first step in developing field capacity to better target the most vulnerable families affected in Chocó and Córdoba departments. With the rapid financial support of CERF, FAO's technical teams and Local Humanitarian Teams (LHT) responded quickly as well as advocated for the needs of the most deprived and isolated communities. With the actions supported by CERF rapid response grants, the Food Security and Nutrition Cluster enhanced its analysis and participation in national discussion teams for emergency response, and therefore, mobilised more resources to the regions of Córdoba and Chocó.

The implementation of the project was carried out through WFP's network of partners (Protracted Relief and Recovery Operation PRRO 10588.0 – Food Assistance to Internally Displaced People and other Highly Food Insecure Groups Affected by Violence) in the six departments and through informal agreements with NGOs, and community-based organizations. Targeting, implementation, distribution of food and other complementary activities were carried out by eleven partners.

WFP borrowed the required commodities from stocks available under PRRO 10855.0 and replaced them through local purchase. In this manner, food was available for immediate delivery to affected areas. WFP worked together with different local and INGOs in the selected regions in order to reach the rural communities that were identified by the assessments and information gathered by partners and the Government.

CERF underfunded grants allowed for the immediate re-stocking of commodities to assist beneficiaries with the required food rations and micronutrient powders, while encouraging joint operational activities of the partners with the other food security and nutrition cluster agencies, especially UNICEF and FAO. Beneficiaries were provided timely food assistance, micronutrient powders for a maximum period of 360 days and health controls and nutrition education each month.

Additionally, CERF funds allowed prompt humanitarian assistance to address the GBV and SGBV protection gaps of vulnerable people, especially women and young girls located in temporary shelters, affected by displacement and/or flooding who were exposed to significant risks. In the case of the health sector, priority was given to pregnant women and children under age 5, or those with malnutrition, acute respiratory diseases or acute diarrhoea. The most vulnerable patients from remote areas were transferred and included in local hospital prevention programmes.

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

YES NO

CERF funding helped meet critical needs in a timely manner in areas where State and government institutions often face access constraints. CERF provided humanitarian partners the opportunity to complement government-led efforts by focusing in the areas/communities where HCT agencies and INGOs could more easily access. CERF funding addressed the needs of people affected both by La Niña phenomenon and the humanitarian consequences of the ongoing armed conflict. It met critical needs of children in the areas of health and nutrition; water, sanitation and hygiene, education in emergencies and child protection, while also providing food assistance for 40 days, and in the worst cases for 80 days to affected population.

Floods in 2011 proved much work is still needed in terms of prevention and preparedness, but also that existing response capacities and schema are insufficient. The pre-positioning of stock -food and non food items (NFIs) in at-risk areas should be a priority, as well as better contingency planning at the local level.

Since people living in shelters had more visibility and received assistance from local or central Government, WFP targeted and provided timely assistance to those living in remote rural areas who did not receive State assistance and in many cases were not included in the official census of people affected by the floods. On the other hand, FAO was able to tackle the difficult food security situation of 2,206 families that were 100 per cent dependant on external food assistance (which was designed to cover no more than 1 month in many cases). Nearly 75 per cent of the families supported began with food production (especially vegetables) and after 60 days had developed better techniques in planting, harvesting and post-harvesting. The communities have had the opportunity to receive expert guidance during the emergency, and their capacity to better respond to shocks was strengthened.

c) Did CERF funds result in other funds being mobilized?

YES NO

The rainy season mobilised the entire international community to respond to the worst emergency scenario faced by the country in recent years. Such mobilisation was led by the UN system under the leadership of the HC and OCHA's support. Despite enormous difficulties and obstacles in accessing larger sources of funding, CERF and ERF funding enabled the HCT to cover close to 11 per cent of emergency response financial requirements in this period. While humanitarian financing gaps remain a challenge that neither CERF nor ERF can fulfil, it is clear that these sources of funding have been useful in reaching the most vulnerable among the most affected.

CERF rapid response funding allowed additional fundraising by UNICEF Country Offices to meet the critical needs of children in the Mojana region. Private companies donated \$414,316 to UNICEF for the Mojana region. Additionally, the MEN mobilised resources to expand the coverage of "education in emergency" activities in La Mojana region and in other departments affected by the heavy rainy season in Colombia.

For the food security and nutrition sectors, most of the cooperating partners that worked with WFP covered the cost of food transportation from their warehouses to the communities and the distribution of food, with their own funds. Due to damage to road networks, WFP and partners were forced to use longer routes and/or transport by river, considerably increasing the cost of food deliveries.

Additionally, the Colombian Red Cross provided additional funding for complementary activities and social assistance for the construction of shelters.

With CERF funds, it was also possible to increase rapid response capacity and advocate for populations in need in rural and isolated areas. For this reason, the GoC has channelled through UN agencies \$4.6 million to support 4,000 families in the Pacific Coast (departments of Chocó, Nariño and Cauca). Other internal funds were requested to complement the activities in Chocó and Córdoba.

The Return to Happiness and Child Health and Nutrition in Emergencies strategies funded by CERF underfunded allocations in the department of Córdoba were adopted by the National Institute of Family Welfare - ICBF. These strategies were implemented in 22 departments and benefited 12,300 children and youth affected by armed conflict and natural disasters. The budget of this initiative is around \$500,000.00. ICBF has 116 Mobile Units composed of technical professionals with experience in rapid response for Children in Emergencies.

At present UNFPA is internally reviewing the possibility of supporting implementing partners in resource mobilisation to continue and/or extend the strategy to other municipalities.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

CERF funding contributed to strengthening the coordination of the humanitarian community and coordination between the humanitarian community and Government institutions. Over the years, the HCT has perfected its method of maximising the use of CERF funding. The availability of CERF funding in a limited funding context provides an incentive for HCT agencies and INGO partners to coordinate around specific actions that lead to inter-agency programmatic and operational arrangements.

The strategy was strongly coordinated and led by the HC with OCHA's support, activating Local Humanitarian Teams in the targeted areas to quickly avail of updated information and deploy rapid needs assessment missions. Weekly meetings were arranged with the teams (cluster lead agencies and NGOs) at the national level establishing informal agreements on who-does-what-when-and-where. Due to the above, improved coordination led to a timely and effective response.

The integrated actions designed by the food and nutrition cluster, especially with food assistance provided by WFP, were successful in making a significant impact in the humanitarian response in Chocó and Córdoba. Such actions should continue in the future, in order to ensure better assessments and design of assistance packages.

One particular example follows the assessment process led by WFP which allowed for a more coordinated intervention plan focused on the most affected areas of the country. In order to avoid duplication, WFP focused its intervention on remote rural areas, while other agencies such as IOM and UNICEF directed their humanitarian assistance to emergency shelter. Additionally, WFP maintained regular contacts with national and regional authorities, UN agencies and NGOs operating in the country. A series of committees at departmental and national levels were set-up to share and plan joint implementation strategies. Local authorities were informed of activities carried out in their jurisdictions through meetings and planning exercises.

UN agencies that were provided CERF funds closely coordinated during the implementation of the projects, and sought opportunities to support each other to enhance the scope and reach of interventions.

For the implementation of CERF underfunded allocations, various meetings were held in Bogotá and Montería (capital city of Córdoba) with the field teams. Joint visits to projects and joint monitoring activities were also carried-out during project implementation.

The CERF underfunded strategy was strongly coordinated with UN agencies and NGOs with a field presence. Activities were also coordinated with departmental and local committees for disaster prevention and response. At the national level, UNDP and UNFPA coordinated to provide technical advice and continuously monitor progress.

The response was also closely coordinated in collaboration with WFP, PAHO/WHO, FAO and local authorities. Thus, CERF funding contributed to strengthening the LHTs and the HCT.

There was a very effective coordination and exchange of information during the design and implementation stages of the projects. For example, in the case of the food Security and nutrition cluster sector (FAO, UNICEF and WFP) the preparation of the project proposal was coordinated and based on a situation analysis prepared by the three agencies. Draft proposals were shared within the agencies and two cluster meetings were held to review them. The food security and nutrition strategies (and budgets) targeting pregnant and lactating women and children under age 5 were agreed with UNICEF. FAO also supported communities in rural areas through rapid food production activities.

V. ANALYSIS - UNDERFUNDED SECOND ROUND

1. The humanitarian context

Colombia remains engaged 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 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 demobilisation of paramilitary forces in 2005/6 (post-demobilisation armed groups) increasingly affected 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 addressed these new armed groups as an issue of criminality, minimising their significant humanitarian impact.

IDP figures vary according to the source and methodology used. The Government confirms that there are 3.9 million IDPs at present, while the human rights NGO CODHES estimates that there are 5.2 million IDPs. Intra-urban displacement is increasing, especially in the cities of Medellín 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 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, people's movements are often restricted due to fear of violence, and they often cannot access essential 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, which in some cases worsens their nutritional 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, attacks on community leaders and displacement, especially among vulnerable groups.

The Special Task Force on SC Resolution 1612 has registered an increase in the cases of forced recruitment of children during the second half of 2010, particularly by armed groups post-demobilisation. Cases of the other five grave violations addressed by the Resolution have also been registered, mainly attacks and occupation of schools and sexual violence. Of particular concern are the crimes committed by members of the armed forces. In 2008, the Government agreed to monitor and report on the six grave violations under SC Resolution 1612; the first report of the SG on children and armed conflict in Colombia was issued on August 2009. Although consolidated figures are hard to come by, available data collected and analysed by UNICEF indicates that children are forcibly recruited at a younger age. In 2002, the average age of children forcibly recruited by non-State armed groups was 13.8; in 2006 it was 12.8 and in 2010 it is 11.8. Reports of the Defensoría del Pueblo – Ombudsman’s office - recurrently point to the increasing number of tactics used for forced recruitment in both rural and urban areas, particularly in Antioquia, Cauca, Córdoba, Meta, Nariño, Sucre and Atlántico. However, less visible but perhaps even more worrisome, are cases of forced recruitment of indigenous children attending boarding schools in remote areas of Putumayo. For this reason, child protection in Putumayo was a top priority for the HCT in this CERF UF allocation.

The UN Special Rapporteur on indigenous people, Mr. James Anaya, published his report on Colombia in July 2009, pointing to the clear deterioration of the situation of indigenous people due to the internal armed conflict. Violence, forced displacement and confinements are threatening the survival and culture of indigenous communities. According to CODHES, 83 per cent of all displacements in 2010 affected indigenous and afro-Colombian communities. In addition, an estimated 117 indigenous people were killed in 2011, according to the National Indigenous Organization (ONIC). Indigenous territories in the departments of Arauca, Cauca, Vaupés, Nariño and Chocó are affected by land mines/UXO/IED and hostilities between armed actors. Vast portions of indigenous lands have been expropriated by non-state armed actors. This, in combination with structural poverty, lack of access to basic services, malnutrition and illiteracy has placed indigenous communities at high risk of extinction. According to the Colombian Constitutional Court, 34 indigenous communities are at risk of extinction. To be noted are the especially at-risk indigenous communities (Kofanes and Ingas) in the rural areas of the municipalities of Puerto Asís, San Miguel, Mocoa (rural areas), Villa Garzón, Orito, Puerto Leguizamo, Valle del Guamuez and others with an increasing risk of confinement and forced recruitment of children and youth by non-State armed groups (especially guerrillas).

There has also been an increased use of land mines and individual displacements from rural areas to small towns or cities, including into Ecuador. According to official figures (DPS) half of the population of Mocoa were displaced as of January 2010. The same situation can be found in Puerto Asís, the second largest city of the department. Likewise, according to local government officials and Community Based Organizations (CBOs), this displacement is mostly unregistered, especially those that do not receive any assistance from government programmes. In many cases, the International Committee of the Red Cross (ICRC) has provided emergency assistance and has promoted the registration of those cases.

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. Moreover, the GoC has strengthened illicit crop eradication activities (with mobile manual eradication groups and aerial eradication) in the region. Putumayo is one of the most affected departments in this regard the country. All of these situations, combined with the permanent outbreaks of violence between non-state armed groups, have created risks and spread fear among civilians while creating access constraints for the humanitarian community.

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 the historical oppression of the communities inhabiting these territories, most of them Afro-Colombians and indigenous people, 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 monitoring reports) and FAO (March 2011) in several regions of the country, restriction of movement and displacement are still common factors in several

departments of the country, and particularly in Putumayo. The situation was further intensified by recent natural disasters during 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 murder, further deteriorating the protection situation. 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. 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. Some 50 per cent of reported homicides in 2011 also took place in these same areas.

With CERF underfunded allocations during the reporting period, UN cluster lead agencies (UNHCR, FAO, WFP, PAHO/WHO, UNFPA and UNICEF) responded to the ongoing displacement crisis by providing protection and assistance for displaced people, as well as for communities at risk of displacement. The following areas were prioritised:

- 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 to 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 the 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 to food security.
- Health in emergencies:
 - Support access to essential primary health care services and specialised care for life-threatening conditions
 - Psychological support in crises;
 - Stockpiling 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 improved access of the displaced communities to health, justice and protection services.

2. Provide brief overview of CERF's role in the country

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 begin working with target communities that lacked appropriate humanitarian assistance.

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 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 prioritised 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 (Medellín). 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 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 allocation respond to the priorities identified in the protection cluster work plan for 2011 and 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 the critical needs of children, women, men, and elderly people affected by complex emergencies. These types of grants strengthened the coordination of humanitarian assistance and intensified advocacy about seriousness of the humanitarian crisis experienced in Putumayo department. Thus, CERF funds also boosted the mobilisation of human and financial resources at the national and local levels.

3. What was accomplished with CERF funding

Given that CERF underfunded allocations were received in October 2011, a comprehensive evaluation of results will be available as of the second quarter of 2012. The humanitarian situation has deteriorated since the allocation of CERF funds. Armed assaults in the targeted municipalities, including attacks in both rural and urban areas and subsequent restriction to mobility, delayed the start of activities until 31 December 2011. Some UN agencies, such as PAHO/WHO, gained access to the territories through association with INGOs already present in the field. Despite these conditions, the following progress was reported:

- Protection by presence was provided to nine out of 10 originally planned displaced communities or communities at risk of displacement. Infrastructure projects were completed or launched.
- In the area of SGBV, activities with children and youth were undertaken in Buenaventura. Additionally, community-strengthening activities will be carried out in the department of Putumayo in 2012 during the implementing period.
- Protection by presence was provided to four indigenous communities. Facilities were improved or constructed in Putumayo, Norte de Santander and in Chocó (Río Putumayo, Teorama, Medio San Juan, Riosucio). The self-protection capacity of eight indigenous groups was enhanced. Five indigenous associations were also supported on the Pacific coast.
- Due to the complex security conditions in the area, some activities planned by OXFAM in the department of Nariño could not be undertaken. For instance, several field missions and community capacity strengthening activities in Awá territory have not yet taken place. Nonetheless, they will be carried out within the first half of 2012, as soon as the situation improves.
- Activities to address the issue of forced recruitment of children and youth will be carried out by Save the Children in the first semester of 2012.
- Assessments of the critical needs and delivery of basic supplies to target populations in two rural boarding schools (Cuembí and Puerto del Sol) of Putumayo department in collaboration with ACF International and the LHT.
- Identification of the main gaps to accessing life-saving health services and provision of basic supplies.
- Advocacy activities for the humanitarian crisis in Putumayo, where there is a reduced presence of the international community.
- By December 2011, some 1,200 households were pre-targeted and during the first quarter of 2012, all households will be targeted. Selection of beneficiary communities has been based on vulnerability criteria and

conducted by FAO staff and implementing partners. Joint actions with UNICEF have been developed to cover not only food production needs, but when possible, several communities will be targeted with nutrition support activities.

- Ongoing joint targeting of “Internados para la Paz”, with UNICEF, based on coverage criteria, ethnic/demographic considerations, vulnerability of students and surrounding communities.
- Common approaches to assistance, including protection activities for children and youth (UNICEF) and technical approaches to emergency food security assistance developed.
- Prepare the agreements and training materials for PASTORAL SOCIAL DE MOCOA – SIBUNDOY staff, as a potential implementing partner in the region. The training will include all methodological steps and technical approaches used by FAO and its emergency programme to ensure complete coverage during the monitoring stage of the project and future assistance support from each implementing partner.
- Prepare the implementation plans based on information gathered through field visits to communities (considering the security situation and access) and in consultation with implementing partners and local authorities. A different range of small interventions in fishery, food subsistence crops and livestock support activities will be supported depending on the location of communities, local customs and risks associated with future disasters (especially natural disasters).²
- UNFPA and implementing partners made progress with identifying the most vulnerable communities, the prioritisation of beneficiaries, and the identification of strategic humanitarian actors, as well as the formulation of action plans. The action plans to be developed by the implementing partner Red de Mujeres Chocóanas, will take place in three educational institutions of Istmina, Condoto and Medio San Juan municipalities and will impact 680 people - most of whom were affected by forced displacement. The actions are focused on the strengthening of community organisation, institutional mechanisms and means of protecting GBV and SGBV victims. Such means may include work with displaced women, teachers, women’s organisations, displaced persons committees, officials, authorities and the humanitarian community. The action plan developed by Tumaco by Fundación Plan will be implemented in collaboration with 820 people, who will participate in community-based and institutional strengthening activities to respond to GBV needs in humanitarian contexts.

With CERF underfunded support, the situation of affected families will improve considerably to help affected people re-start their productive activities (food production), increase their skills and promote risk management for future emergencies.

4. An analysis of the added value of CERF to the humanitarian response

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

YES NO

As a result of CERF funding, assistance to IDPs is being provided in a timely manner in prioritised areas. In particular, UNHCR strengthened its presence and ongoing initiatives are taking place in the border areas of Venezuela and Ecuador, and along the Pacific Coast. Oxfam and Save the Children were able to effectively implement planned activities in the department of Nariño and Antioquia, respectively.

CERF funds were the first step in having the field capacity to better target the most vulnerable families affected by violence and displacement in the Putumayo region, especially those that have not been included in official support programmes hosted by the national Government. With the CERF’s rapid financial support FAO’s technical teams and LHTs were able to respond quickly and advocate for more visibility for the vulnerability situation among the deprived and isolated communities in department of Putumayo. With CERF funds, the food security and nutrition cluster enhanced its analysis and participation in national discussion teams for emergency response, which might lead to future resource mobilisation for the region.

²The plans will be prepared during the first month of intervention based on previous visits to pre-targeted communities assessed in August 2011. After project approval, the FAO field staff and its partners will gather information and build technical models for intervention with communities. The Technical Units in FAO review the proposals, address the technical constraints and provide expert feedback, considering the ongoing activities in the south region of the country.

For UNICEF and UNFPA, this question is not applicable at this moment of the intervention.

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

YES NO

With CERF funding, UN agencies and their partners have immediately begun to respond needs in a region in which humanitarian assistance had decreased dramatically over the past five years. The coordinated interventions in protection, food security, nutrition and health will allow partners to address humanitarian gaps and provide immediate assistance in the short term to the most vulnerable communities, especially those covered by the State's response.

Protection for IDPs and people at risk of forced displacement, as well as assistance in the area of SGBV, is a ongoing need in the country. In this context, due to CERF funding, UNHCR is addressing the needs of women, indigenous communities, IDPs and communities at risk of displacement in an appropriate manner.

For UNICEF and UNFPA, this question is not applicable at this moment of the intervention.

c) Did CERF funds result in other funds being mobilized?

YES NO

CERF funding for the emergency response in the department of Putumayo allowed for additional fundraising by the UNICEF Country Office and raised awareness of 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 to prioritised indigenous communities.

With CERF funding, it will be 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's Emergency and Rehabilitation Programme is seeking for new donors for Putumayo, with direct efforts and inter-sectoral coordination activities.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

In the context of CERF funding, discussions allowed partners to identify new synergies and areas for cooperation with NGOs and other UN agencies. For example, UNHCR collaborated on its CERF-funded intervention with Save the Children in Medellín, with OXFAM in Nariño and with UN Women in Putumayo.

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, especially in nutrition (with technical assistance provided by UNICEF), were closely coordinated. Further coordinated actions will be ensured during project implementation to improve inter-sectoral assessments and to design appropriate assistance packages.

VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
AT STRATEGIC LEVEL		
There is a need to ensure sustainability of actions undertaken with CERF funding	More emphasis should be made at the planning stage on how CERF projects will be sustainable over time. Important steps were taken in this direction by the leading agencies to involve local actors. However, it is important to encourage local authorities to continue supporting CERF-funded initiatives.	UN cluster lead agencies HC/HCT With overall OCHA support
It is worth revisiting agreements and establishing rules within the HCT on the use of CERF funds in Colombia - geographical and sectoral prioritisation, and participation of NGOs in a non-CAP context.	Given the scarcity of emergency response funds, and based on the Common Humanitarian Framework, the HCT should define a set of rules/criteria for more strategically allocating CERF grants	UN cluster lead agencies HC/HCT With overall OCHA support
The actions involving humanitarian response require greater visibility. Donors and the GoC underscore the importance of complementarity and value added of the presence of the UN and the international community in the country. It is necessary to make visible the impact of the actions of the HCT, and the gaps in humanitarian response.	<ul style="list-style-type: none"> - Encourage the development of communication strategies based on success stories. - Promote external evaluations with recommendations and lessons learned. - Conduct a joint study on the visibility of gaps in areas affected by the emergency with an emphasis on technical support to ensure complementary multisectoral planning is improved. 	UN cluster lead agencies HC/HCT Public Information Officers With overall OCHA support
At the technical level:		
The 4W matrix (who, what, where, when) was a successful tool to report on CERF interventions, allowing UN agencies and the GoC to know valuable information regarding the humanitarian assistance provided	It was used only for the emergency; however it will be extended to all UN agency operations.	UN cluster lead agencies HC/HCT, IMWG With overall OCHA support
Ensure inter-sectoral interventions that reflect the gender perspective and involve teams on the ground in CERF project preparation.	Even though projects were prepared and implemented following the joint-intervention strategy and analysis, more involvement of local teams is necessary in CERF project preparation.	HCT and the Inter-Cluster Group UN cluster lead agencies With overall OCHA support
Strengthen the ability to make rapid needs assessments	In the wake of emergencies, conducting joint needs assessment missions is difficult and consolidating information takes too long. Therefore, better tools should be developed to systematise rapid needs assessments in real time and feed directly into the preparation of proposals in order to respond to time-critical needs.	HCT and the Inter-Cluster Group, IMWG UN cluster lead agencies With overall OCHA support
Agree on joint monitoring mechanisms for CERF projects such as joint field missions and the definition of broader frameworks of M&E for humanitarian response	Missions and joint monitoring reports have been proposed but not carried out. This should be a priority for future CERF projects.	HCT and Inter-Cluster Group UN cluster lead agencies With overall OCHA support

Psychosocial support activities strengthened the impact of a rapid emergency response.	Giving additional attention to the affected population allowed closer ties between agencies and rural communities.	UN cluster lead agencies
Proposals were commented on by the CERF Office in NY on three occasions, requesting details on the budget, which prolonged the final approval.	Improved guidelines for the preparation of the budget section of the CERF proposals is required	CERF Secretariat
There is a need to share proposals between clusters, as they are normally complementary and could increase impact.	Increased sharing of proposals before submitting to CERF through inter-cluster coordination	UN cluster lead agencies INGOs in the country
Humanitarian access and security conditions for leaders and communities are of serious concern.	Consistently use the Do No Harm and Sphere standards in our work with leaders and communities.	UN cluster lead agencies
AT THE OPERATIONAL LEVEL		
Periodic situation reports helped to identify gaps in humanitarian assistance and also informed UN cluster lead agencies' interventions	UN agencies should conduct assessments using a participatory process in order to collect information and in parallel develop the capacity of communities and local authorities.	Inter-Cluster Group, IMWG UN cluster lead agencies
Government is weak in information and data collection. Most of the decisions depended upon CLOPADs and CREPADs (Local and regional committees for the prevention and attention of disasters).	<ul style="list-style-type: none"> - Use weekly situation reports during the emergency period to orient assistance. - Improve the local capacity for information gathering. - Implement monitoring activities jointly with the Colombian Red Cross, Unidad de Gestión de Riesgo de Desastres 	UN cluster lead agencies, IMWG
Targeted families, despite having been affected by conflict, provided enthusiasm and hard work in the recovery of their livelihoods.	Mobilise additional resources for mid-term initiatives that aim to enhance the risk management capacities of communities and local authorities. The donor community should include some initiatives within their particular agendas.	Donors UN cluster lead agencies Inter-Cluster Group
The activities generated a community consciousness regarding risk management.	Enhance community efforts with training and technical support in developing local risk management strategies to mitigate the effects of floods.	UN cluster lead agencies
Local implementing partners are few and receive many requests to carry-out projects with no standardised financial and operational criteria. Lots of operational and administrative pressure is put on a few partners to carry-out activities, during short periods.	Review and assess the different agreement modalities and coordinate previously so that partners feel a clear direction from the UN and INGOs.	UN cluster lead agencies
The cluster approach strategy contributed to improve coordination and to avoid duplication in the emergency response.	The cluster approach should be operative at the local level to respond to emergencies related to natural disasters, violence and displacement	Inter-cluster LHT
Establishment of cooperation agreements among the governmental health authorities and representatives of the community is of paramount importance in order to guarantee technology and processes	Reinforce the dialogue between health authorities and community leaders	PAHO-Governmental health authorities

empowerment, thus achieving sustainability of actions.		
Implementation of actions has to be coordinated among all the humanitarian actors and the health authorities present in the territories in order to avoid overlapping.	Reinforce the capacity of coordination of the LHT	PAHO/WHO/ LHT
The Mayors' election period in October 2011 placed immense pressure on communities and presented a great risk to them. Candidates used the supplies and solutions delivered within the project as their own benefit to gain votes. This added to the fact that some of the local authorities tried to interfere with the selection of beneficiary communities.	Strategic communication of the project should be developed for the entire community to avoid interference of local authorities' candidates.	Public Information Officers of the UN cluster lead agencies
Initially, the former Mayors did not show interest in supporting the CERF underfunded projects as their administrative period was about to end.	In order to gain the political support of the former Mayors, the project was presented as an opportunity for them to show the results of their actions to the communities and the central Government within the context of the critical needs derived from the rainy season. Their support was translated into availability of human resources and political will.	WHO/PAHO
Commitment and support on the part of the departmental health authorities was vital for the smooth execution of the project.	A committee for the follow up and support to the implementation of the project was created through an official resolution which guarantees the sustainability of the activities. This committee served as a focal point that secured the permanent follow up to the execution of the project by the Government and increased the involvement of health professionals.	Local and departmental health authorities WHO/ PAHO
UNDERFUNDED SECOND ROUND		
AT STRATEGIC LEVEL		
There is a need to further discuss life-saving criteria for CERF underfunded allocations in context such as Colombia	Enlarge the scope of life-saving criteria based on the Colombia experience for CERF underfunded resources.	CERF Secretariat OCHA
There is a need to better define the partnership role of the INGOs in CERF underfunded allocations.	Best practices could be documented by the CERF Secretariat to enhance the role played by NGOs.	CERF Secretariat OCHA
In vulnerable communities highly affected by armed conflict or natural disasters, it is important to carry out actions that will effectively contribute to the recovery, reconstruction or rehabilitation of useful communitarian infrastructure. This assures greater motivation for collective work and community organization. By doing it through a cash-for-work initiative, affected families receive income that helps them restore their productive assets and improve their livelihoods.	It is important to prioritise actions not only to save time-critical needs of affected people through delivery of humanitarian aid, but to also promote the early recovery process.	Implementing partners UNDP (supported by UNFPA)

<p>In armed conflicts and natural disasters there is high tolerance of GBV and SGBV incidents, thus it is very important to build confidence among women and participants in the process.</p>	<p>Innovative initiatives to work in GBV prevention and protection are required to motivate learning and promote active participation of communities, especially women and young people in complex humanitarian contexts.</p> <p>Take into account approaches such as Do No Harm in all the interventions and from an initial phase of the initiatives.</p> <p>It is important to link GBV protection activities in humanitarian settings, with long-term processes in order to advance the transformation of cultural and traditional practices that impact women's lives.</p>	<p>Implementing partners UN leading agencies with UNFPA support</p>
<p>To guarantee effective participation and commitment of institutions and authorities, it is important to advance in advocacy activities in order to make visible the human rights situation of vulnerable populations and the improvement of protection mechanisms.</p>	<p>Advance the development of a political agenda on GBV and SGBV issues in humanitarian settings, to guarantee the effectiveness and continuity of activities even in scenarios of political change.</p>	<p>Implementing partners UNFPA</p>
<p>The awareness phase plays a fundamental role in developing the commitment of humanitarian actors and beneficiaries. Involving the beneficiaries in the construction and analysis of assessments promotes and guarantees high participation by the community in the processes.</p>	<p>Include a participatory approach to guarantee a needs-based method in all project activities.</p>	<p>UN cluster lead agencies Implementing partners</p>
<p>Armed conflict impacts humanitarian actions and could limit the development and fulfilment of some programme actions.</p>	<p>It is important to develop flexible plans in order to overcome restrictions and limitations of complex humanitarian settings in an effective way.</p>	<p>Implementing Partners UNFPA</p>
AT THE TECHNICAL LEVEL		
<p>Need to further improve coordination between different clusters</p>	<p>While involving the clusters in the planning phase significantly enriches the discussions and the technical content of the proposals, further efforts need to be made in order to assure consistency between the different groups' decisions and the compatibility of the latter.</p>	<p>Cluster Leads, OCHA</p>
<p>Need to improve inter-agency joint proposals</p>	<p>In 2011, additional efforts were made to present joint documents and reduce the total amount of proposals. In this sense, there is still a margin for improvement as far as reaching concrete agreements, objectives and implementation measures from the beginning of the negotiation process.</p>	<p>UN cluster lead agencies</p>
AT THE OPERATIONAL LEVEL:		
<p>In areas of difficult access where there is reduced presence of humanitarian UN agencies, collaboration with INGO present in the field becomes paramount</p>	<p>To make the most of the NGOs present in the field to gain access to and provide support to local communities to facilitate project implementation.</p>	<p>PAHO/WHO</p>

ANNEX I. INDIVIDUAL PROJECT RESULTS

UNICEF- WATER AND SANITATION, HEALTH, NUTRITION, EDUCATION IN EMERGENCIES AND CHILD PROTECTION						
CERF PROJECT NUMBER	10-CEF-068	Total Project Budget	\$ 1, 267,441	Beneficiaries		Gender Equity
PROJECT TITLE	Integrated Response to Ensure the Survival, Education in Emergencies and Protection of the Children and Families Most Affected by the Floods in La Mojana Region of Colombia.	Total Funding Received for Project	\$ 1, 267,441	Individuals	Targeted	Reached
				Female	30,236	29,373
				Male	15,027	14,540
				Total individuals (Female and male)	15,209	14,833
				Of total, children under 5	30,236	29,373
				Of total, children under 12		897
				Of total, pregnant women	7,560	11,275
				TOTAL	600	-
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 853,125			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS	
Integrated response to ensure the survival, education and protection of children and families who are most affected by the floods in the La Mojana region of Colombia.		<p>Health and Nutrition</p> <ul style="list-style-type: none"> Of the 22 prioritised communities, 40 community agents received health kits including supplies anthropometrical and clinical equipment for community health centres, de-worming treatment and re-hydration salts for families with children between 0 and 5 yrs and pregnant and lactating women A total of 897 children under age of 5 and 356 pregnant and lactating women received micronutrients and basic health and nutrition care A total of 2,500 families from prioritised communities received mosquito nets impregnated with insecticide (LLIN) A total of 40 community agents from 20 prioritised communities received training and monitoring in basic health care and nutrition in emergencies and received basic supplies for the primary health care of children under age 5, pregnant and lactating women. In the same communities, 410 parents and community leaders were sensitised and committed to child health care and infant and young child nutrition practices in emergencies <p>Education in Emergencies</p> <ul style="list-style-type: none"> A total of 7,078 children between 5 and 12 years had access to 80 temporary schools equipped with desks for children, blackboards, educational materials and school- in- a box and recreational kits A total of 6,500 children received school kits A total of 274 teachers from the 22 prioritised communities in charge of temporary schools received training and monitoring for strengthening their capacities on the emergency preparedness in education, and response plan 			<p>Special attention was given to the differentiated needs of girls, adolescents, pregnant and lactating women, and impact. The project benefited 14,540 girls and women, including 600 pregnant and lactating women. Pregnant and lactating women received micronutrients and counselling to improve health and nutrition care for themselves and their children. The participation of girls in all project activities with a special emphasis in indigenous communities was promoted</p> <p>Monitoring and evaluation plans were included in the implementing partners' proposals. Plans included collecting base line data, source of data, and timeliness of monitoring and use of information.</p> <p>UNICEF assigned two officers and a consultant for permanent technical assistance during the implementation period and technical committees were carried out to assess the project progress</p>	

	<p>Child Protection (improvement of protective environments)</p> <ul style="list-style-type: none"> ▪ Establishment of 22 child-friendly spaces where children can feel safe, play, and receive psycho-social support ▪ A total of 1,200 children and adolescents received psychosocial support based on the “Return to Happiness” strategy ▪ A total of 7,078 children between five and 12 years of 22 prioritised communities had access to child-friendly spaces ▪ A total of 150 teachers and adolescents training in the “Return to Happiness” strategy received backpacks and printed materials ▪ A total of 384 teachers of children affected by floods in the prioritised communities strengthened their capacities to prevent HIV/AIDS, violence, abuse and exploitation of children <p>Water and environmental sanitation</p> <ul style="list-style-type: none"> ▪ A total of 7,078 children between five and 12 years had access to water of good quality and sanitation services, ▪ A total of 3,500 children from the most affected communities received hygiene kits and education in hygiene practices ▪ A total of 1,400 prioritised families had access to safe water (filters and education) ▪ Approximately five prioritised communities benefited from the re-establishment of safe water supply systems and received basic sanitation supplies for the adoption of culturally adapted good sanitation and hygiene practices 	
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FAO- AGRICULTURE IN EMERGENCIES AND FOOD SECURITY																											
CERF PROJECT NUMBER	10-FAO-052	Total Project Budget	\$1,085,000	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>11,000</td> <td>11,036</td> </tr> <tr> <td>Female</td> <td>6,050</td> <td>5,956</td> </tr> <tr> <td>Male</td> <td>4,950</td> <td>5,080</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>11,000</td> <td>11,036</td> </tr> <tr> <td>Of total, children under 5</td> <td>-</td> <td>2,316</td> </tr> <tr> <td>TOTAL</td> <td>11,000</td> <td>11,036</td> </tr> </tbody> </table>		Beneficiaries	Targeted	Reached	Individuals	11,000	11,036	Female	6,050	5,956	Male	4,950	5,080	Total individuals (Female and male)	11,000	11,036	Of total, children under 5	-	2,316	TOTAL	11,000	11,036	Gender Equity The project equally benefits men and women; however, the activities were conducted with an emphasis on women heads of households and families with children under age 5. The technical packages promoted with communities were sensitive to women's role, workloads and cultural beliefs (especially with indigenous communities in Chocó region). The project is trying to support households headed by women and those with young children and elderly people. The small gardens and plots have been prioritised by women and the project aims to promote the rapid production of vegetables, key for family nutrition.
Beneficiaries	Targeted	Reached																									
Individuals	11,000	11,036																									
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Of total, children under 5	-	2,316																									
TOTAL	11,000	11,036																									
PROJECT TITLE	Emergency assistance for immediate food security through provision of critical agricultural inputs and livestock in Córdoba and Chocó departments	Total Funding Received for Project	\$ 825,396																								
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 490,396																								
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS																						
<p>Support to 2,200 families (approximately 11,000 individuals)</p> <p>At least 90 per cent of households establish vegetable production plots within one month from the provision of inputs by FAO, on a minimum surface of 1,000 square meters</p> <p>At least 90 per cent of the 2,200 targeted families are able to restore their small plots and animal rearing activities, increasing the possibility to meet their basic food needs.</p> <p>At least 70 per cent of beneficiary families are able to produce food for their own consumption and reduce their household food expenses or food assistance dependence</p>		<p>A total of 2,206 families supported, equivalent to 11,030 people (100 per cent compliance) with materials, tools, seeds adapted to the local manners and technical assistance.</p> <ul style="list-style-type: none"> ▪ Procured and distributed 2,206 tools and seed kits adapted to local production systems. ▪ Conducted at least eight technical workshops with each community (84 communities in total). ▪ About 93 per cent of households established vegetable production plots, on a 420 square meters surface, using risk management techniques. ▪ Approximatley 93 per cent of families recovered their vegetable small plots, basic food crops and in some cases fish/poultry production. ▪ About 93 per cent of households produced food for their own consumption (increasing their daily food intake in 20 per cent) 			<p>Extensive work on technical setup and social mapping has been conducted by FAO staff in the region in order to develop a technical assistant package according to family´ needs after the rainy season. These processes constitute a “navigation map” for agreements and targeting processes. Information was gathered and collected per community according to household composition, age, gender and ethnicity.</p> <p>FAO has enhanced its local staff in order to provide technical assistance for local institutions, communities and families in food production techniques. Each community is being visited at least three times during the intervention period.</p> <p>FAO has implemented two field partnership alliances with an international NGO in Córdoba (OXFAM Great Britain) and national Community Based organization COCOMACIA in Chocó in order to provide closer monitoring and technical support to families and local institutions</p> <p>FAO conducted measurement of yields obtained per community.</p>																						

		<p>FAO compiled documents (bill of lading) of inputs, seeds, materials delivered to communities.</p> <p>FAO communication office elaborated videos and pictures of activities.</p> <p>FAO collected and consolidated final reports of implementing partners.</p>
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IOM - EMERGENCY SHELTER

CERF PROJECT NUMBER	10-IOM-034	Total Project Budget	\$ 6,99,459	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Construction of single family shelters	Total Funding Received for Project	\$ 6,99,459	Individuals	3,750	3,750	The shelters include a nuclear family consisting of the father, mother and their children. Geographical segregation: Rural 90 per cent Urban 10 per cent
				Female	1,913	1,846	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 6,99,459	Male	1,836	1,754	
				Total individuals (Female and male)	3,750	3,550	
				Of total, children under 5	450	830	
				TOTAL	3,750	3,750	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
Design and construction of temporary shelters in wood and zinc for 740 families affected by the floods from 2010 to 2011 in the municipalities of Córdoba and Sucre departments.		A total of 710 families benefited from the design and construction of temporary shelters: <ul style="list-style-type: none"> ▪ Individual shelter solutions in Ayapel Córdoba ▪ A total of 150 family shelters in four districts of Ayapel in Córdoba department were designed and constructed of 16 square meters each, with an elevated structure (Palafitic) and dry wood floor. It became necessary to raise the originally budgeted structure by 1 meter because the levels reached by the water were higher than historical figures. The shelters were built next to the original homes of the beneficiaries increasing the transportation costs of materials. Multifamily shelters in Sucre department <ul style="list-style-type: none"> ▪ A total of 560 multifamily shelters were designed and constructed in Sucre department. Additionally, 40 families received habitat kits. Due to cost overruns of the shelters constructed in Córdoba and the demands of the local authorities (to build the shelters on dry land) the Colombian Red Cross was not able to construct more shelters, instead 40 families received shelter kits. ▪ Complementary strategy on prevention of recruitment into illegal armed groups for children and youth of the affected families in the municipalities of Córdoba. ▪ 400 families benefited from the the creation of community conflict resolution mechanisms and strengthening community capacities to solve disputes through peaceful means. 				Field visits are conducted in order to verify with local authorities the survey undertaken of the beneficiary families. The family beneficiaries are visited and verification of the materials that each family received for a single family shelter is done on a regular basis. Families are visited during the building phase to ensure proper technical construction.	

WFP-FOOD SECURITY AND NUTRITION

CERF PROJECT NUMBER	10-WFP-082	Total Project Budget	\$ 3,640,647	<table border="1"> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> <tr> <td>Individuals</td> <td>65,450</td> <td>67,377</td> </tr> <tr> <td>Female</td> <td>38,615</td> <td>30,501</td> </tr> <tr> <td>Male</td> <td>26,835</td> <td>36,876</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>65,450</td> <td>67,377</td> </tr> <tr> <td>Of total, children under 5</td> <td>18,326</td> <td>8,841</td> </tr> <tr> <td>TOTAL</td> <td>65,450</td> <td>67,377</td> </tr> </table>			Beneficiaries	Targeted	Reached	Individuals	65,450	67,377	Female	38,615	30,501	Male	26,835	36,876	Total individuals (Female and male)	65,450	67,377	Of total, children under 5	18,326	8,841	TOTAL	65,450	67,377	<p align="center">Gender Equity</p> <p>This project was directed to internal displaced population (IDPs) also affected by floods. The participation of women, girls, boys and men was similar and close to 25 per cent each.</p> <p>Women 15,287 (23 per cent) Girls 15,214 (23 per cent) Boys 19,027 (28 per cent) Men 17,849 (26 per cent) Total 67,377 Indigenous 2,375</p>
Beneficiaries	Targeted	Reached																										
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PROJECT TITLE	Emergency food assistance to people affected by floods and violence in the Departments of Bolivar, Cesar, Sucre and Magdalena.	Total Funding Received for Project	\$ 1,000,000																									
STATUS OF CERF GRANT	COMPLETED	Amount disbursed from CERF	\$ 1,000,000																									

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	Monitoring and Evaluation Mechanisms
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<p>Reduce the risk of loss of life and ameliorate conditions of people affected by the natural disasters and violence that live in isolated rural communities and have not received assistance through the provision of emergency assistance.</p> <p>Improve access to food, in order to support the reestablishment of livelihoods of extremely vulnerable isolated rural families affected by the floods and violence in the selected areas.</p>	<ul style="list-style-type: none"> Food security situation of 67,377 people supported during three months. Food access and availability improved for 67,377 people critically affected by flooding <p>Output indicators:</p> <ul style="list-style-type: none"> WFP distributed 14 per cent more of the non-perishable food than planned. <table border="1"> <thead> <tr> <th>Commodity</th> <th>Planed Tons</th> <th>Distribute d Tons</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Rice</td> <td>393</td> <td>406</td> <td>103%</td> </tr> <tr> <td>Sugar</td> <td>65,5</td> <td>67,3</td> <td>103%</td> </tr> <tr> <td>Pulses</td> <td>196</td> <td>203</td> <td>103%</td> </tr> <tr> <td>Salt</td> <td>6,5</td> <td>0</td> <td>4%</td> </tr> <tr> <td>Vegetable Oil</td> <td>65,5</td> <td>61,9</td> <td>94%</td> </tr> <tr> <td>Wheat Flour</td> <td>0</td> <td>90</td> <td>N.A.</td> </tr> <tr> <td>TOTAL</td> <td>726,5</td> <td>828,7</td> <td>114%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> The targeted population was to receive food rations for 40 days to complement their daily nutritional requirements, while they restart their livelihoods and productive cycle. On average beneficiaries received food rations for 61 days. 	Commodity	Planed Tons	Distribute d Tons	%	Rice	393	406	103%	Sugar	65,5	67,3	103%	Pulses	196	203	103%	Salt	6,5	0	4%	Vegetable Oil	65,5	61,9	94%	Wheat Flour	0	90	N.A.	TOTAL	726,5	828,7	114%	<p>The presence of field monitoring personnel provided support in the targeting, implementation and monitoring activities. WFP staff were present in all distribution sites. Weekly meetings with UN agencies and local authorities.</p> <p>Weekly meetings with implementing partners</p>
Commodity	Planed Tons	Distribute d Tons	%																															
Rice	393	406	103%																															
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TOTAL	726,5	828,7	114%																															

Food day rations	Planned Tons	Distributed Tons
80 days	35.330	52%
40 days	32.047	48%
TOTAL	67.377	100%

- The number of people in the targeted municipalities that received WFP food rations were 103 per cent more than the planned figure:

Department	Beneficiaries	Women	Girls	Men	Boys	Afro Colombians	Indigenous	Mixed race
Bolívar	16,808	3,538	3,515	4,754	5,001	-	-	16,808
Cesar	8,115	1,602	2,418	1,638	2,457	-	-	8,115
Córdoba	6,580	1,364	1,827	1,417	1,972	-	-	6,580
Guajira	2,375	442	730	460	743	-	2,375	-
Magdalena	18,763	5,198	3,721	5,358	4,486	-	-	18,763
Sucre	14,736	3,143	3,003	4,222	4,368	-	-	14,736
TOTAL	67,377	15,287	15,214	17,849	19,027	-	2,375	65,002
% Participation	100%	23%	23%	26%	28%	0%	4%	96%

- The 100 per cent of the communities supported by WFP were located in rural areas, against versus the 70 per cent planned.

WHO- HEALTH							
CERF PROJECT NUMBER	10-WHO-079	Total Project Budget	\$ 597,667	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Support to emergency response in order to cover basic health, water and sanitation needs	Total Funding Received for Project	\$ 597,667	Individuals	5,000	9,170	Gender Equity has been promoted by PAHO-WHO throughout the execution of the project, addressing the specific needs of men and women when implementing the activities. Special medical attention was provided to pregnant women and children under five throughout the implementation of the project, ensuring the coverage of health needs of these vulnerable populations. In addition training activities were also provided to pregnant women.
				Female	2,600	4,768	
				Male	2,400	4,402	
				Total individuals (Female and male)	5,000	9,170	
				Of total, children under 5	500	900	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 597,667	TOTAL	5,000	9,170	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Basic medicine kits and medical supplies for emergency medical care purchased and distributed.</p> <p>Immediate Response Teams- IRT operating in Nariño, Chocó, and Norte of Santander</p> <p>Epidemiological surveillance activated at the institutional level</p> <p>Health</p> <ul style="list-style-type: none"> - Health leaders and community agents trained in community- based epidemiological surveillance - Community- based epidemiological surveillance activated - kits for the management of dehydration and acute respiratory diseases (In Colombia: UROCs) purchased and distributed <p>Situation reports permanently compiled and updated.</p> <p>National crisis centre at the Ministry of Social Protection functioning and generating data</p>		<ul style="list-style-type: none"> ▪ 50 basic medical kits purchased and distributed. ▪ Immediate response teams fully operational in Norte de Santander and Chocó, effectively carrying out/updating needs assessments and epidemiological profiles of affected populations. ▪ Epidemiological surveillance at the institutional level has been strengthened through several training sessions provided to local health authorities and technical consultancy. <p>Health</p> <ul style="list-style-type: none"> ▪ A total of 100 health leaders and community agents have been trained in community-based epidemiological surveillance ▪ Actions were focused on building the necessary skills within the community so that they are able to produce periodic reports in the near future. ▪ 20 UROCs purchased and distributed along with the necessary training for them to be functional. ▪ A total of five situation reports issued ▪ Two epidemiologists and one systems engineer have been hired and the national crisis centre on the health impact of the rainy season is functioning and being consistently updated ▪ A consultant has been hired and a technical report on the actions implemented in water and sanitation is under development. ▪ About 20 per cent of the total number of beneficiaries has been reached. A total of 180 households have benefited. ▪ 220 home water filters have been delivered and are functioning. 				<p>Monitoring in Bogotá took place using a matrix to manage programmed activities. This was revised from month to month in order to check the status of progress according to expected results.</p> <p>Monthly meetings were carried out under the leadership of OCHA with the local humanitarian team to review the situation and give priority to critical issues and achieve inter-agency coordination.</p> <p>Follow up was done for security incidents that affected different programmed actions within the project</p>	

<p>Technical coordination of actions related to water and sanitation.</p> <p>Rainwater harvesting systems installed/improved.</p> <p>Home water filters delivered to the affected communities.</p> <p>Training in healthy household strategy carried out</p>	<ul style="list-style-type: none">70 people have been trained. The rest of the training sessions are already programmed for the remaining implementation period.	
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UNICEF - WATER AND SANITATION, HEALTH, NUTRITION, EDUCATION IN EMERGENCIES AND CHILD PROTECTION

CERF PROJECT NUMBER	11-CEF-014	Total Project Budget	\$ 533,427	Beneficiaries		Targeted	Reached	Gender Equity
				Individuals				
PROJECT TITLE	Integrated Response to Ensure the Survival and Protection of the Children Most Affected by Violence and Floods in the department of Córdoba	Total Funding Received for Project	\$ 607,780	Female		9,670	8,523	<p>Women and girls constituted 55 per cent of beneficiaries reached by the project. The project benefited 8,523 girls and women including 600 pregnant and lactating women</p> <p>Pregnant and lactating women received micronutrients and counselling to improve the health and nutrition of themselves and their children.</p> <p>A special emphasis was given to the gender approach in the delivery of psychosocial care. The psychosocial instruments applied to girls and boys showed more boys than girls were adversely affected, suggestive of sexual violence and abuse.</p>
				Male		8,930	6,972	
				Total individuals (Female and male)		18,600	15,495	
				Of total, children 6 - 17		12,000	6,033	
				Of total, children under 5		6,000	8,704	
				Of total, pregnant women		600	758	
				TOTAL		18,600	15,495	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 495,175					
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES						Monitoring and Evaluation Mechanisms
<p>18,000 children and adolescents and 600 pregnant and lactating women affected by the flooding emergency and violence generated by illegal armed groups, received access to comprehensive care including basic services in child protection, health and nutrition.</p>		<p>Health and Nutrition</p> <ul style="list-style-type: none"> ▪ Nutrition screening and surveillance at community level relevant results: <ul style="list-style-type: none"> ⊙ A total of 6,287 children under 5 (3,160 girls and 3,127 boys) were screened for their nutritional status. 119 cases of acute malnutrition were detected and 29 per cent of cases of children at nutritional risk. ⊙ A total of 2,417 children in which the measurement of hemoglobin is made, 1,035 (43per cent) were detected with anemia ▪ Support of mobile units of ICBF for the rapid nutritional response <ul style="list-style-type: none"> ⊙ A total of four mobile units integrated by nutritionists and social workers from the department of Córdoba and 307 community agents received technical and logistical support for the nutritional and health care of children under 5 and pregnant and lactating women, including counseling for breastfeeding in emergencies and special needs related to HIV and AIDS. ▪ Distribution of life-saving and critical relief supplies for nutrition and health of children, pregnant and lactating women affected or at risk of acute malnutrition <ul style="list-style-type: none"> ⊙ A total of 1,035 children under age 5 were detected with anemia and 755 pregnant and lactating women received micronutrients ⊙ Children under age 5 with acute malnutrition received nutritional and medical treatment. ⊙ ICBF mobile units and community agents of 35 prioritised communities received anthropometric equipment and 70 basic kits for nutritional surveillance and primary health care for children under age 5 and pregnant and lactating women ▪ Provision of equitable and timely access to emergency Primary Health Care <ul style="list-style-type: none"> ⊙ A total of 307 community agents of prioritised communities received training and equipment for primary health care of children, pregnant and lactating women. 						<p>Monitoring and evaluation plan was included in the implementing partners' proposals. Plans included collecting base line data, source of data, and timeliness of monitoring and use of information.</p> <p>UNICEF assigned two officers and a consultant for ongoing technical assistance during the implementation period and technical committees' reviews carried out to assess the course of the project.</p>

	<p>Child Protection</p> <ul style="list-style-type: none"> ▪ Establishment of temporary child-friendly spaces <ul style="list-style-type: none"> ⊙ A total of 15 prioritised communities most affected by natural disasters, violence and displacement received supplies for the establishment of of child-friendly spaces ▪ Adaptation and transfer of routes for the protection of children <ul style="list-style-type: none"> ⊙ A total of 5,291 children and 742 adolescents received psychosocial community-based care through the child-to-child strategy "Return to Happiness" and protection from violence, abuse, exploitation and recruitment by illegal armed groups. Of them, 46 girls and 84 boys at risk of recruitment, by illegal groups received special care and protection. ⊙ Some four ICBF Mobile Units (technical teams for comprehensive care of children affected by emergencies integrated by social workers, lawyers, psychologist and nutritionist) and community agents – leaders, teachers and adolescents – received training and supplies to support activities of psychosocial care, routes for the protection of children and prevention violence, abuse, exploitation and recruitment by illegal armed groups. 	
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FAO - AGRICULTURE IN EMERGENCIES AND FOOD SECURITY

CERF PROJECT NUMBER	11-FAO-014	Total Project Budget	\$ 1,000,000	Beneficiaries			Targeted	Reached	Gender Equity
				Individuals	6,250	6,345			
PROJECT TITLE	Food security and nutritional emergency support to vulnerable people affected by violence and natural disasters in the department of Córdoba	Total Funding Received for Project	\$ 300,000	Female	3,438	3,807			The project benefits equally both genders; however, the action was conducted with an emphasis on women-headed households and families with children under age 5. The technical packages promoted with communities were sensitive to women's roles, workload as well as cultural beliefs.
				Male	2,813	2,538			
				Total individuals (Female and male)	6,250	6,345			
				Of total, children under 5	1,650	1,269			
				Of total, pregnant women	6,250	6,345			
				TOTAL	6,250 *	6,345			
				STATUS OF CERF GRANT	Completed	Amount disbursed from CERF			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES						Monitoring and Evaluation Mechanisms	
<p>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;</p> <p>1,250 vulnerable families are identified and food security kits defined (community and individual kits);</p> <p>At least 90 per cent of targeted families are trained in food production techniques and 70 per cent of them apply them;</p> <p>Targeted families reduced their food expenses by 10 per cent;</p> <p>At least 90 per cent of farmers are trained and apply food production techniques, and;</p> <p>All the communities supported are targeted for community-based nutrition interventions with WFP and UNICEF.</p>		<p>1,269 families supported, equivalent to 6345 people (101 per cent compliance) with materials, tools, seeds adapted to the local manners and technical assistance.</p> <ul style="list-style-type: none"> ▪ 1,269 tools and seeds kits adapted to local production systems procured and distributed. ▪ Thirty-nine community training centres were installed with CERF support and conducted at least eight technical workshops with each community (39 in total). ▪ Particular technical models sensitive to risk management to disasters (especially flash floods) were developed in consultation with communities, local government institutions, implementing partners (in Loricá with OXFAM GB) and scientific and sectoral counterparts in the region (SENA, CORPOICA, ICA, and Universidad de Córdoba). ▪ Each family/community plot has 2,500 square meters devoted to crops for at least 20 vegetable and food subsistence varieties, increasing the quantity of food at the family level and increasing the food diversity among families. According to monitoring results, the increase in vegetable food consumption was around 20 per cent by the end of project activities. ▪ Several adapted species were tested in the chronic flooded regions with successful results (especially rice from Loricá in Ayapel) providing better options to small farmers affected by consecutive floods during 2011 in Ayapel. ▪ On average, each family participated in subsistence crop production interventions (rice, beans, maize and small fisheries) which produced S\$193 during the project implementation. These resources were used by households to purchase non-food items. Food for self-consumption produced in the community/family interventions had an estimated value of \$650 per family during the second half of 2011, reducing the overall household food expenditures by 6 per cent. Dependency on food assistance in some communities (especially in Ayapel) and the increase in food prices made it difficult to reach the goal by December 2011. 						<p>Recurrent field visits and training workshops conducted by FAO personal per community.</p> <p>Measurement of yields obtained per community.</p> <p>Information collection per community regarding of household composition, age, gender and ethnicity.</p> <p>Documents (bill of lading) of inputs, seeds, materials delivered to communities.</p> <p>Videos and pictures of activities.</p> <p>Final reports of implementing partners.</p>	

	<ul style="list-style-type: none">▪ FAO closely worked with WFP and UNICEF in the construction of better practices to respond to nutrition emergencies in Córdoba, providing basic technical training to community leaders and technicians on diagnosis and detection of nutrition status, and best feeding practices at community level. The model should be delivered to the National Government (ICBF) to be put in practice for future emergencies in Colombia.▪ FAO and OXFAM GB (Lorica only) delivered poultry and breeding infrastructure to 400 families in eight communities, supporting the recovery of assets, the vaccination and sanitary care of the animals, enhancing animal feeding schemes, training households on risk management, best practices and linking technical assistance with local authorities such as CORPOICA and ICA provided sustainability.▪ In addition, eight groups (Lorica) were supported with tools, fingerlings and support to re-adequate the production of aquaculture. Food schemes were enhanced and risk management plans were applied at the community level.▪ A total of 38 communities (100 per cent of targeted families) have increased their technical skills in food preparation activities with food produced in their family/community plots. In addition, the training included easy and accessible techniques to store seeds for future planting seasons, post-harvest transformation and better feeding practices.	
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UNFPA - PROTECTION							
CERF PROJECT NUMBER	11-FPA-014	Total Project Budget	\$ 648,400	Beneficiaries	Targeted	Reached	<p style="text-align: center;">Gender Equity</p> <p>Taking into account the disproportionate impact of emergencies on women, the focus of the project was on women of reproductive age. * Targeted beneficiaries were estimated taking into account the main objective of the integral strategy. However, as institutional actions were not achieved completely the strategy could not reach all beneficiaries originally targeted. ** Direct beneficiaries: women, men, youth, children, leaders, teachers and officials who took part in activities. Indirect beneficiaries: strategy estimates that activities related to community and institutional strengthening reached at least 15.000 people of focalized communities.</p>
PROJECT TITLE	Integral strategy for GBV/SGBV prevention and protection to people affected by forced displacement and rainy season	Total Funding Received for Project	\$ 608,139	Individuals	5,000	2,139	
				Female	5,000	1,673	
				Male	-	253	
				Total individuals (Female and male)	5,000	1,926	
				Of total, children under 5	-	213	
TOTAL	5,000	2,139					
STATUS OF CERF GRANT	Completed as of 31 December 2011	Amount disbursed from CERF	\$ 428,139	<p><i>To Note: The total number of beneficiaries that the project aimed to target included those who would be reached as a result of the project component identified as "institutional strategy", meaning the strengthening of institutions to improve delivery of services.</i></p> <p><i>However, due to political issues (local elections), and the non-availability of local authorities to collaborate on this component, the strategy was delayed.</i></p> <p><i>When UNFPA requested a 3 months no-cost extension in order to implement remaining activities, it was not approved by the CERF secretariat. For these reasons, fewer beneficiaries were reached.</i></p>			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Implement integrated actions related to protection and prevention of GBV from a rapid assessment in target areas</p> <p>Strengthen community protection mechanisms that already exist in coordination with teachers, leaders and women's organizations of targeted municipalities</p>		<p>Rapid diagnosis developed for two municipalities and three temporary shelters</p> <ul style="list-style-type: none"> ▪ Capacities, vulnerability conditions, risks and general situation of GBV and SGBV identified in two municipalities and three temporary shelters. ▪ Diagnosis about status of basic services (such as health, education, sanitation, justice, etc) were developed in coordination with authorities, leader and communities. ▪ Mapping of actors, communitarian organizations, institutions and leaders developed. ▪ Needs of rehabilitation and communitarian infrastructure identified in coordination with communities and authorities. <p>Community mechanisms for prevention and protection are in place and working in two municipalities and three temporary shelters</p> <ul style="list-style-type: none"> ▪ A total of 2,055 people from 12 target communities (including communities located in temporary shelters), especially women, girls and youth, recognize risk of GBV/SGBV and protection factors in case of forced displacement, natural disasters and other humanitarian situations; ▪ A total of 2,139 participants improved their knowledge in relation to human rights in humanitarian settings and developed practical strategies to be prepared in complex situations; ▪ A total of 96 women leaders of 20 social based organizations were trained to give psychosocial attention to victims of GBV and SGBV and to promote prevention processes in their communities. These women were also trained to make their needs visible and to establish a reference system to refer victims to the responsible authorities and institutions in cases of GBV and SGBV, especially in emergency situations; 				<p>Conduct of participatory assessments at the initial phase of the process allowed for planned activities from a needs-based approach.</p> <p>Implementing partners were continuously advised and technical support provided by a consultant contracted by UNFPA and UNDP to coordinate the process. A technical committee was established and met every week in order to follow up advances, identified limitations, challenges and to share information about strategy implementation in each municipality.</p> <p>A monthly committee was established composed of UNFPA, UNDP and a field coordinator. In addition to technical monitoring, the committee was also responsible for making decisions on the implementation process and monitoring results achieved as per objectives, outputs and outcomes.</p> <p>A field coordinator supported activities with communities and established permanent contact with beneficiaries of</p>	

<p>Strengthening of institutional mechanisms for prevention, protection and response to GBV through identifying needs, risks and gaps in capacity</p>	<ul style="list-style-type: none"> ▪ Targeted communities knowledge of the ways to avoid and respond to GBV and SGBV cases in a suitable, timely and confident way; ▪ A total of 429 people located in temporary shelters identified the types of GBV that affects women, children and youth due to the overcrowding and the difficult living conditions. ▪ A total of three shelters developed community mechanisms to prevent and report timely GBV and SGBV cases. ▪ A total of nine communities of Lorica (three) and Tierralta (six) restore and rehabilitate community halls, classrooms, parks, shelter areas, amongst others spaces that provide protection to women, children and vulnerable people in emergency situations. ▪ A total of 360 women improve their living conditions through their participation in activities. ▪ A total of 360 women are empowered by receiving training in reconstruction and rehabilitation activities; ▪ Approximately 1,000 family members (children and youth) of women participating in empowerment and rehabilitation activities were benefit indirectly from the process. ▪ A total of six women committees were created to support rehabilitation projects (health committee, childcare committee, nutrition committee, amongst others). <p>Institutional mechanisms for prevention and protection were strengthened</p> <ul style="list-style-type: none"> ▪ Strategic alliances with justice authorities were established in order to strengthen legal mechanisms for GBV and SGBV cases. ▪ Alliances between local and departmental health authorities were established in order to support and link local health institutions in training processes regarding GBV and SGBV issues. ▪ Municipal education institutions, especially teachers, were charged with the development of the institutional strategy. Some 46 teachers, 36 students and 26 public functionaries identified the main risks to GBV and SGBV and gaps in the prevention, detection and response to cases. ▪ One institutional route to guarantee victim's confidentiality and access to protection measures was elaborated in the education sector. ▪ A total of three workshops were conducted with employees of local committees for disaster prevention and risk management, in order to train them in gender issues and GBV/SGBV prevention in humanitarian settings. 	<p>the project. The coordinator supported advocacy with institutional authorities at the departmental and local level, and coordinated with other UN agencies and humanitarian actors in the municipalities.</p> <p>An evaluation was conducted in order to identify the main achievements of the strategy, lessons learned, goods practices, limitations and recommendations.</p>
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WFP - FOOD SECURITY AND NUTRITION

WFP - FOOD SECURITY AND NUTRITION							
CERF PROJECT NUMBER	11-WFP-016	Total Project Budget	\$ 3,000,000	Beneficiaries		Reached	Gender Equity
				Targeted	Reached		
PROJECT TITLE	Nutritional support to pregnant and lactating women and children under five affected by both natural disasters and conflict in the Department of Córdoba	Total Funding Received for Project	\$ 2,357,875	Individuals	24,500	19,250	This project targeted children (girls and boys) under six years and pregnant and lactating women. Indigenous women Afro-descendant women Other women Indigenous boys Indigenous girls 65 per cent or more of beneficiaries are women and girls.
				Female	4,220	4,409	
				Male	1,850	1,694	
				Total individuals (Female and male)	6,070	6,103	
				Of total, children under 5	4,249	4,911	
				TOTAL	6,070	6,103	
STATUS OF CERF GRANT	Ongoing Commitments made by 31/Dec/2011; finalising implementation by March 31, 2012	Amount disbursed from CERF	\$ 747,744				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>The objective of supplementary feeding is to provide nutritional support to the moderately malnourished to save lives, where exposure to disease is high; to prevent severe malnutrition; to prevent malnutrition in those with high requirements; and, to prevent malnutrition in children under age 5.</p> <p>Prevent the deterioration of the nutritional conditions in PLW (Pregnant and lactating women) and children under age 5.</p>		<p>Food access and availability improved for 6,070 pregnant and lactating women and children under five</p> <ul style="list-style-type: none"> ▪ Through this proposal, WFP covered the nutritional needs of at-risk pregnant and lactating women and of children under age 5 in the department of Córdoba, especially those living in rural areas, with very limited access to health services, suffering from both restricted movement and the effects of prolonged flooding. <ul style="list-style-type: none"> ○ Supply of complete rations to 6,103 made up of 1,200 kilocalories per day per beneficiary. ○ A total of 6,103 beneficiaries received take home food rations for 40 days, for nine months to complement their daily nutritional requirements. At least 95 per cent of beneficiaries supported live in rural areas. ○ Supply of 715,200 micronutrient sachets (120 per child) which benefited 5,950 children under age 14 s during four months. ▪ With resources from the local health sector all beneficiaries of the micronutrient powders were de-wormed <ul style="list-style-type: none"> ○ A total of 5,731 beneficiaries were tested for anaemia. ▪ The deterioration of the nutrition conditions of 6,070 beneficiaries is prevented. ▪ Integrated health and nutrition response provided to beneficiaries <ul style="list-style-type: none"> ○ Some 90 per cent of beneficiaries had access to at least two health controls in hospitals and health centres. At least 80 per cent of beneficiaries are directly linked to health institutions. ○ All beneficiaries received training in nutrition, breast feeding, balanced diet, food management, healthy living family planning, and common health issues in children and how to treat them at home, first aid. 				<p>Project visits.</p> <p>Field monitoring reports.</p> <p>Meeting minutes</p> <p>Training reports.</p> <p>PROINAPSA reports and protocol on nutrition in emergencies.</p> <p>Hemo-cue baseline (anaemia)</p> <p>Nutritional follow-up system in place.</p>	

Provide an integrated response to beneficiaries through access to health sector institutions that provide pre-and post natal assistance and growth and development monitoring of children, the provision of supplementary feeding, including micronutrient supplementation.

Promote household and community-level hygiene and sanitation best practices.

Identify cases of at risk, moderate and severe acute malnutrition and support their attention and treatment.

Promote the inclusion of beneficiaries in social governmental programmes, through ACCION SOCIAL and ICBF.

- Nutritional follow-up system in place.
- The four implementing partners maintained a register of anthropometric measurements of children under age 5; they identified children with acute malnutrition and followed the corresponding protocol.
 - Lorica children under age 5, (640 samples): 34 per cent has deficiency in weight with relation to age, 28 per cent have low height for their age and 38 per cent have adequate parameters.
 - Tierralta: Children under age 5, (311 samples), 39 per cent have deficiencies in their weight in relation to age, 27 per cent have low height to their age and 34 per cent have adequate parameters.
 - Ayapel: Children between under age 5, (589 samples), 48 per cent have deficiencies in their weight in relation to age, 23 per cent have low height for their age and 34 per cent have adequate parameters.

WHO - HEALTH							
CERF PROJECT NUMBER	11-WHO-017	Total Project Budget	\$ 850,000	Beneficiaries		Reached	Gender Equity
				Targeted	Reached		
PROJECT TITLE	Reduction in morbidity and mortality rates among populations simultaneously displaced by internal conflict and flooding in Córdoba, Colombia	Total Funding Received for Project	\$ 850,001	Individuals	25,000	50,000	Special medical attention was provided to pregnant women and children under age 5 throughout the implementation of the project, ensuring the coverage of health needs of these vulnerable populations. In addition, training activities were also provided to pregnant women. Therefore, gender issues were considered during the implementation of the project.
				Female	12,450	26,000	
				Male	12,450	24,000	
				Total individuals (Female and male)	25,000	50,000	
				Of total, children under 5	2,750	5,000	
				TOTAL	27,750	50,000	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 850,001				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Medical and psychological assistance has been provided to persons in need of acute care.</p> <p>Basic medical kits and medical supplies for emergency medical care purchased and distributed.</p> <p>Vests with logos and life jackets purchased and distributed.</p> <p>Situation rooms at the municipal level functioning and generating data.</p> <p>Units for the management of dehydration (UROCs) purchased, distributed and effectively implemented.</p> <p>Units for the management of acute respiratory infection (UAIRAs) purchased, distributed and effectively implemented.</p> <p>Long-term insecticide treated bed nets purchased and distributed.</p>		<ul style="list-style-type: none"> ■ 20,074 consultations (around 2, 230 per month) were carried out in the three target municipalities. ■ 50 kits were delivered in 35 villages benefiting around 21, 000 people. ■ 63 vests with logos and life jackets were purchased and distributed for three community response teams. ■ Three situation rooms on health related matters were implemented and are permanently updated in the municipalities of Lorica, Tierralta and Ayapel. ■ A total of 23 UROCs were purchased and distributed directly to the communities as follows: <ul style="list-style-type: none"> ○ Ayapel Municipality: 11 UROCS ○ Lorica Municipality: 6 UROCS ○ Tierralta Municipality:6 UROCS ■ A total of 23 UAIRAS were purchased and distributed directly to the communities as follows: <ul style="list-style-type: none"> ○ Ayapel Municipality: 11 UAIRAS ○ Lorica Municipality: 6 UAIRAS ○ Tierralta Municipality:6 UAIRAS ■ A total of 1,500 households benefited (Long- term insecticide treated bed nets per family) distributed as follows: <ul style="list-style-type: none"> ○ Ayapel: 700, Montería (Nueva Holanda Village) 200 , Lorica: 400 , Tierralta: 1.456 ○ Puerto Córdoba: 244 (Village of the Buenavista Municipality included as a request of the Global Fund to Fight AIDS, Tuberculosis and Malaria) ■ 15 flasks delivered (five per municipality). Thermal boxes were not delivered as the local authorities had already purchased those items; instead, five more flasks from the original target were purchased. ■ Three health facilities supported which have been equipped with cold chain material. 				<p>Monitoring in Bogota took place using a matrix to manage the programmed activities. This was revised from month-to-month in order to check the status of advances according to expected results.</p> <p>Monitoring took place with departmental and local authorities through the aforementioned technical committee.</p> <p>Monthly meetings were carried out under the leadership of OCHA with the local humanitarian team to review the situation and give priority to critical issues and achieve inter-agency coordination.</p> <p>Follow up was undertaken for security incidents that affected different programmed activities within the project.</p>	

<p>Supplies to maintain cold chain and vaccine storage purchased and distributed.</p>	<ul style="list-style-type: none"> ■ Six health officials (two per municipality) who work as permanent staff of the Local Health Secretariat were trained in the specific subjects. 	
<p>Local health authorities able to perform water testing, evaluation of sanitation conditions and able to propose adequate solutions for safe water supply.</p>	<ul style="list-style-type: none"> ■ 1,750 individuals (one per family) informed of the Healthy Housing Strategy and have received the booklet. 	
<p>Affected populations informed on Healthy Housing Strategy.</p>	<ul style="list-style-type: none"> ■ 1.925 water tanks of 150 litres(175 more than initially planned) 1.925 water filters (175 more than initially planned) and 1.750 hygiene kits delivered and functioning. From these 156 water tanks, water filters and hygiene kits were delivered to the indigenous group ZENU in the reservation Tierra Santa in the Municipality of La Apartada in response to an urgent requirement made by the authorities despite the fact that water solutions were initially projected just for Tierralta Municipality. 	
<p>Water tanks, water filters and hygiene kits delivered to the affected communities simultaneously displaced by internal conflict and flooding.</p>	<ul style="list-style-type: none"> ■ About 22.5 per cent of the target population in Tierralta (prioritised municipality in the rural portion) and 100 per cent of the indigenous group ZENU in the reservation Tierra Santa in the Municipality of La Apartada have access to safe water. 	
<p>Communities and members of CLOPADs and CREPADs trained in the first responders strategy, Health Damage and Needs Assessment (EDAN), development of contingency plans to be able to respond in the acute phase of future natural and man-made emergencies.</p>	<ul style="list-style-type: none"> ■ A total of 71 individuals trained in the specific subjects 	
<p>Community first responder kits purchased and distributed.</p>	<ul style="list-style-type: none"> ■ About 95.2 per cent of those trained in the first responder's strategy received first responder kits which correspond to 0.24 per cent of the total target population. 60 kits were delivered (20 per municipality). 	
<p>Risk communication pieces and materials designed and implemented.</p>	<ul style="list-style-type: none"> ■ 642 risk communication pieces and materials designed implemented and delivered to the Sectional Health Secretariat and the community. These are as follows: <ul style="list-style-type: none"> ○ 470 booklets "Towards a healthy housing, long life to my house!, QUE VIVA MI HOGAR" ○ 170 booklets "Appropriate technologies for the delivery of water in emergency situations" ○ 2 games "Towards a safe and happy delivery" 	

UNICEF-CHILD PROTECTION, NUTRITION, WASH																																	
CERF PROJECT NUMBER	11-CEF-053	Total Project Budget	\$ 950,000	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>11,600</td> <td>8,123</td> </tr> <tr> <td>Female</td> <td>6,200</td> <td>4,305</td> </tr> <tr> <td>Male</td> <td>5,400</td> <td>3,818</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>11,600</td> <td>8,123</td> </tr> <tr> <td>Of total, children under 5</td> <td>1,800</td> <td>193</td> </tr> <tr> <td>Of total, children from 6 to 17 yrs</td> <td>9,400</td> <td>485</td> </tr> <tr> <td>Of total, pregnant and Lactating Women</td> <td>400</td> <td>39</td> </tr> <tr> <td>TOTAL</td> <td>11,600</td> <td>8,840*</td> </tr> </tbody> </table>		Beneficiaries	Targeted	Reached	Individuals	11,600	8,123	Female	6,200	4,305	Male	5,400	3,818	Total individuals (Female and male)	11,600	8,123	Of total, children under 5	1,800	193	Of total, children from 6 to 17 yrs	9,400	485	Of total, pregnant and Lactating Women	400	39	TOTAL	11,600	8,840*	Gender Equity Of the total beneficiaries targeted, 53.4 per cent are women and girls. Pregnant and lactating women are specifically targeted as beneficiaries of child health and nutrition activities as well as children under age 5. In addition, of the activities to be implemented with CERF funds, UNICEF complemented the project with training and educational activities aiming to promote respect for sexual and reproductive rights that are often massively breached in the humanitarian context of the department of Putumayo.
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PROJECT TITLE	Integrated response to ensure the survival and protection of children in the eight municipalities most affected by armed Conflict in the department of Putumayo	Total Funding Received for Project	\$ 867,384																														
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 544,812	To Note: <i>To reach the targeted beneficiaries between May and June local and regional gatherings of the Golombiao strategy will take place in the focalized communities to promote safe child-friendly learning spaces.</i>																													
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS																												
11,200 children and adolescents and 400 pregnant and lactating women of eight prioritised municipalities of the department of Putumayo affected by armed conflict received access to comprehensive care which includes basic services in Child Protection and Nutrition.		<p>CHILD PROTECTION – PROTECTION FROM RECRUITMENT (improvement of protective environments)</p> <ul style="list-style-type: none"> Elaboration of project baseline Socio-demographic profile of project participants and status of their citizenship rights, development and protection established Visit to 22 boarding schools. Inventory and needs analysis of boarding in the municipalities prioritised Presentation and coordination of the project to local authorities and communities Participation of children of the indigenous community of Yunguillo, in the Golombiao National Tournament <p>NUTRITION AND HEALTH</p> <ul style="list-style-type: none"> Technical teams of implementing partners have received training on methodologies of nutrition screenings and surveillance at the community level and key components of “Nutrition in Emergencies” in accordance with the food security and nutrition cluster. The preliminary data of children under age 5 and pregnant and lactating women reached by the project correspond to data of the Yunguillo – indigenous community, based in the rural area of Mocoa Previous advocacy and coordination with National Institute of Family Welfare - ICBF at the national level and consultations with indigenous communities prioritised by the project will make the implementation of Nutrition in Emergency Model. This includes Community Based Management of Acute Malnutrition – CMAM and promotion of infant and young child feeding in emergencies and counselling for pregnant and lactating women with special needs, including those related to HIV/AIDS. Mobile units of ICBF are receiving technical assistance to the implementation of Community-based Management of Acute Malnutrition The anthropometric equipment – scales, measure boards and MUAC for the implementation of the project have already been purchased and will be given to implementing partners when the agreement is signed. The equipment will be used by five health centres, five nutrition recovery centres, 10 members of mobile units and 150 community agents of 22 rural communities Ready to Use Therapeutic Food – RUTF for 200 children detected with Acute Malnutrition is already available for implementing partner and ICBF mobile units at local level 			<p>A monitoring and evaluation plan was included in implementing partner proposal. Plans included collecting base line data, source of data, and timeliness of monitoring and use of information.</p> <p>All activities include planning and review meetings to be carried out by the project's technical committee. The monitoring plan will be tracked.</p> <p>UNICEF assigned 2 officials and a consultant at the field level for permanent technical assistance during implementation. Technical committees will follow up the project progress.</p>																												

UNHCR-PROTECTION																											
CERF PROJECT NUMBER	11-HCR-046	Total Project Budget	\$ 1,600,000	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>22,561</td> <td>11,448</td> </tr> <tr> <td>Female</td> <td>12,188</td> <td>5,676</td> </tr> <tr> <td>Male</td> <td>10,373</td> <td>5,772</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>22,561</td> <td>11,448</td> </tr> <tr> <td>Of total, children under 5</td> <td>902</td> <td>902</td> </tr> <tr> <td>TOTAL</td> <td>22,561</td> <td>11,448</td> </tr> </tbody> </table>		Beneficiaries	Targeted	Reached	Individuals	22,561	11,448	Female	12,188	5,676	Male	10,373	5,772	Total individuals (Female and male)	22,561	11,448	Of total, children under 5	902	902	TOTAL	22,561	11,448	<p style="text-align: center;">Gender Equity</p> <p>Overall, the project benefited women, girls, boys and men. UNHCR applies a differentiated approach in all its activities in order to meet the different needs of women and men, children, youth and the elderly, as well as different ethnic groups and people with disabilities. The approach takes into account age, ethnic origin and gender and seeks adequate responses according to the needs of different social groups.</p> <p>Some activities in the framework of the presented project are aimed at particular social groups:</p> <ul style="list-style-type: none"> - Children and youth: mitigation of the risk of forced recruitment and assistance to victims (implementation in 2012 by Save the Children) - Indigenous: protection of indigenous communities through PPPs and assistance - Women: Response to SGBV
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PROJECT TITLE	Protection of IDPs in zones highly affected by the internal conflict	Total Funding Received for Project	\$ 1,600,000																								
STATUS OF CERF GRANT	Ongoing \$ 590,173 implemented	Amount disbursed from CERF	\$ 930,000	<p>To Note: <i>The difference in targeted and reached beneficiaries is due to two factors:</i></p> <ul style="list-style-type: none"> ▪ <i>Some projects will only be implemented in 2012 (Oxfam, Save the Children, SGBV projects)</i> ▪ <i>Some final beneficiary numbers for 2011 still have to be consolidated and will be reported on in the final CERF report on 2012</i> 																							
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS																						
<p>Protection by presence with communities at risk of forced displacement through Practical Protection Projects (PPPs)</p> <p>Response to and prevention of GBV through assistance to victims as well as institutional and community strengthening.</p> <p>Protection of ethnic groups in risk of displacement and extinction through protection by presence and improved self-management.</p>		<p>Protection by presence provided to 9 communities through PPPs</p> <ul style="list-style-type: none"> ▪ IDP communities and those at risk of displacement received increased protection through the presence of UNHCR and the implementation of small protection projects benefitting the communities: ▪ A total of four humanitarian/reception centres constructed or under construction in Buenaventura, Bojayá, Tagachí, Tanguí ; ▪ A total of three educational centres constructed or under construction in Currulao (Turbo), Turbo, Comuna Three (Medellin); ▪ A total of one school restaurant constructed in San Isidro; ▪ A total of three sanitary systems improved in educational institutions in Puerto El Refugio. <p>Improved SGBV response, prevention and self-protection mechanisms</p> <ul style="list-style-type: none"> ▪ Vulnerable people and victims are strengthened in their response to GBV and in prevention capacity: ▪ A total of seven activities carried out with children and youth who are now trained in GBV prevention and self-protection mechanisms in Buenaventura; ▪ Other activities to be implemented in 2012. <p>Improved protection of ethnic groups at risk of displacement and extinction and improved self-management capacities</p> <ul style="list-style-type: none"> ▪ Threatened indigenous communities received protection through the presence UNHCR , PPPs and community strengthening; ▪ A total of two humanitarian/reception centres constructed in Rio Putumayo and Teorama; ▪ A total of one shelter infrastructure for young Wounaan indigenous improved in Medio San Juan; 			<p>Monitoring and reporting by UNHCR staff are based on the reports and observations of the IPs and on regular direct observations and ongoing assessments carried out by UNHCR (e.g. through direct implementation of protection activities and spot visits to project sites) and on comparison of achievements and related financial expenditures with according objectives.</p> <p>Monitoring activities are carried out at various levels by agencies implementing sub-projects, the UNHCR country office, sub-offices and field offices. Situation reports have been submitted by all UNHCR field offices to their respective supervising office on a monthly basis while the country office submits a corresponding report to UNHCR headquarters.</p>																						

<p>Mitigation of risks of forced recruitment and support to victims.</p>	<ul style="list-style-type: none"> ▪ A total of one education centre for young Bari indigenous constructed in Teorama; ▪ A total of 150 indigenous leaders from the prioritised regions participated in trainings and are able to provide knowledge on protection and self-protection mechanisms to their communities; ▪ A total of five 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 functions 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 eight indigenous groups strengthened in self-protection measures (Awá, Wounaan, U'wa, Sikuani, Hitnú, Makaguan, Betoy, Inga). <p>Risks of forced recruitment mitigated and assistance provided to victims</p> <ul style="list-style-type: none"> ▪ Activities to be implemented by Save the Children in 2012. 	
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UNFPA-PROTECTION																												
CERF PROJECT NUMBER	11-FPA-045	Total Project Budget	\$ 300,000	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>1,500</td> <td></td> </tr> <tr> <td>Female</td> <td>1,500</td> <td></td> </tr> <tr> <td>Male</td> <td></td> <td></td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>1,500</td> <td></td> </tr> <tr> <td>Of total, children under 5</td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td>1,500</td> <td></td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	1,500		Female	1,500		Male			Total individuals (Female and male)	1,500		Of total, children under 5			TOTAL	1,500		Gender Equity Taking into account the disproportionate impact that faces women in emergency settings, the focused of the project was on women of reproductive age
Beneficiaries	Targeted	Reached																										
Individuals	1,500																											
Female	1,500																											
Male																												
Total individuals (Female and male)	1,500																											
Of total, children under 5																												
TOTAL	1,500																											
PROJECT TITLE	Strategy for GBV/SGBV prevention, protection and attention in municipalities affected by armed conflict and forced displacement in the Colombian Pacific Coast	Total Funding Received for Project	\$ 215,257	TO NOTE: <i>Field actions are in their initial phase.</i>																								
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 178,257																									
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS																						
<p>Support the strengthening of community- based mechanisms for prevention and protection, in coordination with teachers, leaders, women and civil organizations in the focalized municipalities.</p> <p>Support the improvement of the institutional response to GBV and SGBV and strengthen institutional mechanisms (routes, protocols) with a culturally sensitive approach.</p>		<ul style="list-style-type: none"> ▪ Two IP's for developing actions in Tumaco and Istmina were selected. ▪ Two action plans were formulated and aproved to develop activities in targeted municipalities of Nariño and Chocó departments. ▪ Two agreements were signed between UNFPA and implementing partners. ▪ 820 displaced and vulnerable perople were targeted in Tumaco (department of Nariño). ▪ 680 displaced and vulnerable people were targeted in Istmina, Condoto and Medio San Juan (department of Chocó). 				<p>Implementing partners will be supported by UNFPA.</p> <p>A technical committee will be established in order to follow up and monitor progress, identify limitations, challenges and share information about the strategy implementation in each municipality.</p> <p>An evaluation process will be conducted to the end of the strategy in order to identify the main achievements, lessons learned, goods practices, limitations and recommendations.</p>																						

FAP - FOOD SECURITY AND NUTRITION								
CERF PROJECT NUMBER	11-FAO-037	Total Project Budget	\$ 4,330,000	Beneficiaries		Targeted	Reached	Gender Equity The project aims to benefit equally both genders; however, the action will be conducted with an emphasis on women heads of household and families with children under age 5. The intervention was sensitive to the role of women, women's workloads and cultural beliefs (especially with indigenous communities).
PROJECT TITLE	Food security and nutritional emergency support to vulnerable people affected by violence in the department of Putumayo (Municipalities of Villa Garzón, Puerto Asís, Mocoa, Puerto Caicedo and San Miguel)	Total Funding Received for Project	\$ 1,167,000	Individuals	7,500	6,000		
				Female	4,125	3,250		
				Male	3,375	2,750		
				Total individuals (Female and male)	7,500	6,000		
				Of total, children under 5	2,200	716		
TOTAL	7,500	6,000						
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 534,923					
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					MONITORING AND EVALUATION MECHANISMS	
<p>Support to 1,500 families (approximately 7,500 people)</p> <p>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;</p> <p>At least 90 per cent of targeted families are trained in food production techniques and 70 per cent of them apply them; and</p> <p>Targeted families reduced their food expenses in vegetables and some staples by 10 per cent.</p>		<p>By the end of 2011, nearly 80 per cent of families were targeted. With this information, FAO has begun to:</p> <ul style="list-style-type: none"> ▪ Design community training centre interventions, school plots and family kits according to local needs, ancestral knowledge and location of selected communities. ▪ Review and produce training materials to conduct the technical support per family and at community level. ▪ Prepare the procurement plans (which are now ongoing). ▪ Systematise the planting calendars and gather pending information about particular vulnerabilities in the field. ▪ Train and prepare implementing partnership agreements with Pastoral Social e Mocoa – Sibundoy to complement the technical assistance provided by FAO during 2012. ▪ Coordinate joint activities with UNICEF, especially regarding nutrition and protection activities in schools (Internados para la paz). 					<p>The project is currently ongoing. FAO has begun field work and is currently adapting its monitoring and evaluation activities.</p> <p>Since November 2011, FAO through its field team, has conducted frequent field visits and workshops in several communities to rationalize the particular intervention and adapt the technical models.</p> <p>Field staff have begun to collect information in communities on household composition, age, gender and ethnicity.</p> <p>By the end of intervention, FAO will implement the following additional evaluation tools: Videos and pictures of activities. Final reports of implementing partners.</p>	

WHO - HEALTH							
CERF PROJECT NUMBER	11-WHO-058	Total Project Budget	\$ 1,635,000	Beneficiaries		Reached	Gender Equity
				Targeted	Reached		
PROJECT TITLE	Reduction in morbidity and mortality rates among populations affected by internal displacement in Colombia.	Total Funding Received for Project	\$ 799,998	Individuals	20,000	-	Special medical attention was given to pregnant women and children under age 5 throughout the implementation of the project, ensuring the coverage of health needs of these vulnerable populations. Gender issues were considered during the implementation of the project.
				Female	9,960	-	
				Male	10,040	-	
				Total individuals (Female and male)	20,000	-	
				Of total, children under 5	2,200	-	
				TOTAL	20,000	-	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 799,998				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Medical and psychological assistance has been provided to persons in need of acute care</p> <p>Basic medical kits and medical supplies for emergency medical care purchased and distributed</p> <p>Units for the management of dehydration (UROCs) purchased, distributed and effectively implemented</p> <p>Units for the management of acute respiratory infection (UAIARs) purchased, distributed and effectively implemented</p> <p>Basic Units for the Provision of Primary Health Care purchased and installed</p> <p>Vests with logos and life jackets purchased and distributed</p> <p>Community- based epidemiological surveillance committees created and functioning</p> <p>Long- term insecticide treated mosquito nets purchased and distributed</p>		<ul style="list-style-type: none"> ▪ Monthly number of consultation by age group and gender and by type of service provided (So far there is no progress) ▪ Two kits purchased and distributed ▪ Four UROCs purchased and distributed ▪ Four UAIARs purchased and distributed ▪ Four Basic Units for the Provision of Primary Health Care purchased and installed ▪ Thirty vests and life jackets purchased and distributed ▪ Community- based Epidemiological Surveillance Committees created and functioning: None committees in Putumayo yet, two committees have been created in Córdoba and none for the Ette Ennaka indigenous group yet. ▪ Not able to report on this at this stage of the project ▪ About 250 households benefited so far. ▪ Health posts equipped with material to attend clinical deliveries. No traditional birth attendants have basic elements to attend clean deliveries yet. No flasks and No thermal boxes delivered yet. ▪ Two Situations Rooms on health related matters implemented and permanently updated (1 in Córdoba and 1 at the Municipal level in El Charco). ▪ No Epidemiological Indicators Bulletin have yet been developed for Putumayo. 				<p>Monitoring in Bogota takes place using a matrix to manage the programmed activities.</p> <p>Monthly meetings have been carried out under the leadership of OCHA with the local humanitarian team to review the situation and give priority to critical issues and achieve inter-agency coordination.</p> <p>Follow up is permanently undertaken on security incidents that might affect the project implementation..</p>	

<p>Clinical and clean birthing kits purchased and delivered</p> <p>Supplies to maintain cold chain and vaccine storage purchased and distributed</p> <p>Situations rooms at the municipal level</p> <p>One Basic Health Indicators Bulletin developed for Putumayo</p> <p>Local health authorities able to perform water testing, evaluation of sanitation condition and able to propose adequate solutions for safe water supply</p> <p>Water tanks, water filters and hygiene kits delivered to the affected communities</p> <p>Monitoring sessions of quality to the water supplied executed</p> <p>Affected populations informed on Healthy Housing Strategy</p>	<ul style="list-style-type: none"> ▪ No community leaders yet trained in the specific subjects. ▪ 350 water tanks, water filters and hygiene kits delivered and functioning. ▪ Two monitoring sessions of quality to the water supplied executed in critical municipalities. ▪ No individuals have yet been informed of the Healthy Housing Strategy or received the booklet 	
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ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS RAPID RESPONSE

CERF PROJECT CODE	CLUSTER/ SECTOR	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE	TOTAL CERF FUNDS TRANSFERRED TO PARTNER US\$	DATE FIRST INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	Comments/ Remarks
10-CEF-068	Water And Sanitation, Health, Nutrition, Education In Emergencies And Child Protection	UNICEF	Catholic Church of Sincelejo	Other Catholic Church	599,793	23/12/2010	3/01/2011	
10-FAO-052	Agriculture In Emergencies And Food Security	FAO	OXFAM GB	INGO	63,000	03/04/2011	01/02/2011	<p>OXFAM GB strengthened the execution of the project thanks to its insight of the targeted communities and their acceptance by the communities</p> <p>With its support, the project provided technical assistance to 700 families in Córdoba department. Assessment, selection of staff and model design activities were conducted before the first instalment.</p> <p>Besides helping in the targeting, OXFAM implemented a much-needed basic hygiene component. Within the Letter of Agreement (LoA) signed between OXFAM and FAO the following results were obtained:</p> <ul style="list-style-type: none"> • selection of 700 families in five municipalities of the Bajo Sinú; • establishment of 17 capacity demonstrations centres (CDCs) in which 94 families benefited directly and 300 indirectly from the production of vegetables and staple crops; • establishment of two community nurseries for the replication of 300 plantain seedlings/pups; • strengthening of 17 communal

								<ul style="list-style-type: none"> fishery tanks with the re-stocking of cachama and bocachico fingerlings; • eight capacity trainings provided to 3,224 people; • monitoring and evaluation activities for in the verification of project progress and good use of distributed project inputs; • diversification (18 different vegetable and staple crop varieties) of crops in the diet of targeted families; and • disaster risk management strategies developed at the community level, such as the planting of raised seed beds, improved silos, contour barriers ditches.
10-FAO-052	Agriculture In Emergencies And Food Security	FAO	COCOMACIA (Consejo Comunitario Mayor de la Asociación Campesina Integral del Atrato)	NNGO	13,852	29/04/201	15/02/2011	<p>COCOMACIA'S main strength was the knowledge brought to the project of each targeted community.</p> <p>With its support, the project provided technical assistance to 362 families in Chocó department. Assessment, selection of staff and model design activities were conducted before the first instalment.</p> <p>Within the LoA signed between COCOMACIA and FAO the following results were achieved:</p> <ul style="list-style-type: none"> • Selection of 362 indigenous and Afro-Colombia families in the municipality of Quibdó; • Establishment of ten capacity demonstrations centres (CDCs) in which 362 families benefited directly; • Establishment of 310 family gardens; • Establishment of staple food crop nurseries with local seeds and planting materials (in which 20 hectares of rice, 43 of maize, 32 of plantain and 1.02 of cassava were planted); • Construction of composts for the production of organic fertilizers; • Establishment of one forest nursery for the soil improvement and watershed protection; • Eight capacity trainings provided to

								362 families; and • Monitoring and evaluation activities for the verification of project progress and good use of distributed project inputs.
10-IOM-034	Emergency Shelter	IOM	Colombian Red Cross	NNGO	633,900	17/01/2011	17/01/2011	
10-WFP-082	Food Security And Nutrition	WFP	Corporación De Desarrollo Y Paz Del Bajo Magdalena	NNGO	379,906	05/01/2011	03/03/2011	This contribution was made in-kind as it is the approximate cost of the food basket transferred through implementing partners to beneficiaries.
10-WFP-082	Food Security And Nutrition	WFP	Oficina De Prevención Y Atención De Desastres Del Dpto. Del Cesar	Gov	108,751	21/12/2010	06/01/2011	
10-WFP-082	Food Security And Nutrition	WFP	Alcaldia De San Pelayo	Gov	51,488	02/02/2011	14/03/2011	
10-WFP-082	Food Security And Nutrition	WFP	Alcaldia Municipal De Cotorra	Gov	19,978	02/02/2011	02/03/2011	
10-WFP-082	Food Security And Nutrition	WFP	Alcaldia Municipio De Tierra Alta	Gov	22,885	02/02/2011	08/03/2011	
10-WFP-082	Food Security And Nutrition	WFP	Junta De Accion Comuna De Las Parcelas Las Marias	Other	15,009	02/02/2011	28/02/2011	
10-WFP-082	Food Security And Nutrition	WFP	Planeacion Departamental Guajira	Gov	31,829	21/12/2010	06/01/2011	
10-WFP-082	Food Security And Nutrition	WFP	Comite Parroquial Pastoral Social - Iglesia Inmaculada Concepcion	Other Catholic Church	60,555	05/01/2011	22/01/2011	
10-WFP-082	Food Security And Nutrition	WFP	Parroquia San Sebastian De Tenerife	Other Catholic Church	45,031	19/01/2011	03/03/2011	
10-WFP-082	Food Security And Nutrition	WFP	Secretaria De Gobierno Municipal De El Banco	Gov	60,305	21/12/2010	19/01/2011	
10-WFP-082	Food Security And Nutrition	WFP	Sepas - Diakonia De La Paz	NNGO	221,231	06/01/2010	24/01/2011	
FIRST UNDERFUNDED ALLOCATION								

11-CEF-014	Health, Nutrition, Education In Emergencies And Child Protection	UNICEF	Catholic Church Of Monteria	Other Catholic Church -	209,927.10	13/07/2011	15/07/2011	
11-CEF-014			Pastoral De La Primera Infancia	NNGO	79,548.03	15/07/2011	15/07/2011	
11-CEF-014			Corporacion Accion Y Desarrollo	NNGO	79,335.07	11/08/2011	15/08/2011	
11-CEF-014			Proinapsa	NNGO	45,150.68	02/09/2011	15/09/2011	
11-FPA-014	Protection	UNFPA	Corporación María Cano	NNGO	159,976	29/07/2011	29/07/2011	
11-FPA-014			Diócesis De Montelíbano	Other Catholic Church -	159,976	14/07/2011	14/07/2011	
11-FPA-014			Fundación Futuros	NNGO	30,000	14/10/2011	14/10/2011	
11-WFP-016	Food Security And Nutrition	WFP	Proinapsa-Fundación Para El Desarrollo De La Salud, Universidad Industrial De Santander	Other-University and Research Institute	54,000	16/08/2011	01/09/2011	With the technical assistance provided by the University Institute, both WFP and UNICEF are working on a protocol on nutrition in Emergencies that can be used in all emergencies and lead by ICBF.
11-WFP-016	Food Security And Nutrition	WFP	Alcaldia De Lorica	Gov	50,204 ³	24/05/2011	08/06/2011	This contribution was made in-kind as it is the approximate cost of the food basket transferred through implementing partners to beneficiaries.
11-WFP-016		WFP	Alcaldía De Tierralta	Gov	49,707 ⁴	24/05/2011	23/06/2011	
11-WFP-016		WFP	Diocesis De Montelibano	Other Catholic Church -	180,471 ⁴	24/05/2011	17/06/2011	
11-WFP-016		WFP	Empresa Urra Esp	Other-Public health Sector Institution	7,758 ⁴	24/05/2011	13/06/2011	
11-WHO-017	Health	PAHO/WHO	Cruz Roja Colombiana	INGO	139,658	28/02/2011	15/03/2011	Access problems to the territories caused by internal conflict were barriers for the smooth execution of the project.
SECOND UNDERFUNDED ALLOCATION								

³ This contribution was made in-kind after the signature of an agreement with implementing partners. It is the approximate cost of the food basket transferred through implementing partners to beneficiaries.

11-CEF-053	Health, Nutrition, Education In Emergencies And Child Protection	UNICEF	Catholic Church Of Mocoa	Other Catholic Church	-	317,166	27/02/2012	27/02/2012	
11-HCR-046	PROTECTION	UNHCR	Oxfam	INGO		80,000	15/12/2011	01/10/2011	The most part of CERF funds will be implemented in 2012.
11-HCR-046	Protection	UNHCR	Save The Children	INGO		50,000	08/02/2012	01/01/2012	Save the Children will implement the CERF funds in 2012 (6 months).
11-HCR-046	Protection	UNHCR	Iniciativa Mujeres Por La Paz	NNGO		122,400	2012	2012	The Funds will be implemented in 2012. UNHCR is facing difficulties concerning this project and are currently in negotiations with UN Women; we will officially ask for an amendment in the following weeks.
11-HCR-046	Protection	UNHCR	Opción Legal	NNGO		223,827	02/12/2011	01/10/2011	The correction in the amount is due to the replacement of the municipality of El Charco. The implementation of the activities will take place in 2012.
11-HCR-046	Protection	UNHCR	Acf (Action Contre La Faim)	INGO		12,309	14/12/2011	01/10/2011	
11-HCR-046	Protection	UNHCR	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	
11-FPA-045	Protection	UNFPA	Fundación Plan	NNGO		52,700	08/02/2012	08/02/2012	
11-FPA-045	Protection	UNFPA	Red De Mujeres Chocóanas	NNGO		42,700	20/02/2012	20/02/2012	
11-FAO-037	Agriculture In Emergencies And Food Security	FAO	Pastoral Social De Mocoa - Sibundoy	NNGO		88,569	28/03/2012	01/02/2012	<p>With its support, the project provided technical assistance to 1,500 families and 12 schools in Putumayo department. The activities of community assessment, selection of staff and model design have been conducted before first installment.</p> <p>Among the most important support activities that Pastoral Social de Mocoa - Sibundoy will support are:</p> <ul style="list-style-type: none"> ▪ Support FAO staff with targeting and selection of 1,500 families in six (6) municipalities of Putumayo (Puerto Asís, Puerto Caicedo, San Miguel, Valle del Guamuez, Villa Garzón y Mocoa) following the

								<p>selection criteria of the intervention.</p> <ul style="list-style-type: none"> ▪ Support the implementation of food production technical models adapted to community urgent needs, applying in all the families and 12 schools. ▪ Support the logistics and technical routine training to all project participants. ▪ Monitoring and evaluation activities for in the verification of project progress and good use of distributed project inputs;
11-WHO-058	Health/Wash	PAHO	ACF INTERNATIONAL	INGO	222,532	01/03/2012	02/03/2012	

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACCION SOCIAL	Alta Consejería presidencial para la Acción Social y la Cooperación Internacional
ACF	Action Contre la Faim
ASPROCIG	Asociación de Productores para el Desarrollo Comunitario de la Ciénaga Grande del Bajo Sinú
CAP	The Consolidated Appeal Process
CERF	Central Emergency Response Fund
CLOPAD	Local Committee for Prevention and Attention to Disasters
COCOMACIA	Consejo Comunitario Mayor de la Asociación Campesina Integral del Atrato
COP	Country Operation Plan
CODHES	Consultoría para los Derechos y el Desplazamiento
CORPOICA	Corporación Colombiana de Investigación Agropecuaria
CREPAD	Regional Committee for Prevention and Attention to Disasters
DPS	Departamento para la Prosperidad Social (Department of Social Prosperity, Colombian Government)
DGR	National Department for Disaster Risk Management
ERF	Emergency Response Fund
GBV	Gender Based Violence
GoC	Government of Colombia
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HQ	Headquarters
HLT	Humanitarian Local teams
ICA	Instituto Colombiano Agropecuario
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IP	Implementing Partner
IOM	International Organization for Migrations
ICBF	Instituto Colombiano de Bienestar Familiar
INGOs	International Non-Governmental Organizations
FARC	Fuerza Armadas Revolucionarias de Colombia
FAO	Food and Agriculture Organization
LoA	Letter of Agreement
MEN	Ministerio de Educación Nacional
M&E	Monitoring and Evaluation
NNGO	National Non Governmental Organizations
NFIs	Non Food Items
NRC	The Norwegian Refugee Council
PRRO	Protracted Relief and Recovery Operation PRRO
OCHA	Office for the Coordination of Humanitarian Affairs
ONIC	Organización Nacional Indígena de Colombia
PLW	Pregnant and Lactating Women
PPP	Practical Protection Project
SGBV	Sexual and Gender Based Violence
SNPAD	National System for Prevention and Attention to Disasters
OXFAM GB	Oxford Committee for Famine Relief
UN	United Nations

UNICEF	The United Nations Children's Fund
UNFPA	The United Nations Population Fund
UNHCR	The United Nations High Commissioner for Refugees
WFP	World Food Programme
WHO/PAHO	World Health Organization/ The Pan American Health Organization