

**ANNUAL REPORT OF  
THE RESIDENT/HUMANITARIAN COORDINATOR  
ON THE USE OF CERF GRANTS**

<b>Country</b>	<b>COLOMBIA</b>
<b>Resident/Humanitarian Coordinator</b>	<b>BRUNO MORO</b>
<b>Reporting Period</b>	<b>1 January 2009 – 31 December 2009</b>

**I. Summary of Funding and Beneficiaries**

Funding (US\$)	Total amount required for the humanitarian response:	\$35,475,942	
	Total amount received for the humanitarian response:	\$8,137,886	
	Breakdown of total country funding received by source:	CERF \$8,137,886 CHF/HRF COUNTRY LEVEL FUNDS OTHER (Bilateral/Multilateral)	
	Total amount of CERF funding received from the Rapid Response window:	\$3,137,908	
	Total amount of CERF funding received from the Under-Funded window:	\$4,999,978	
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	\$4,141,632
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	\$3,996,254
		c. Funds for Government implementation:	None
		<b>d. TOTAL:</b>	<b>\$8,137,886</b>
	Beneficiaries	Total number of individuals affected by the crisis:	2,337,722 individuals
Total number of individuals reached with CERF funding:		273,000 approx. total individuals	
		25,700 approx. children under 5	
		150,150 approx. females	
Geographical areas of implementation:	Pacific Coast departments, La Mojana region (North-Caribbean), Magdalena (North), area around Nevado del Huila Volcano (South) in Colombia		

## II. Analysis

Rain seasons in Colombia during 2007-2008 were the harshest in decades. There are normally two yearly rain cycles, separated by extended dry seasons. However, rains in 2007 prolonged longer than expected and coincided with the start of the first rainy season of 2008. By the end of 2008, over 230,000 families had lost their livelihoods partially or entirely. Over 73,000 homes had been destroyed, 67 persons had died and more than 45,000 productive hectares were completely ruined --dead livestock and destroyed crops--. The cumulative burden of floods on already vulnerable populations --inhabiting areas prone to flooding and often also affected by the internal armed conflict-- triggered the declaration of a national state of emergency that required a national Flood Response Plan to address immediate needs as well as early and mid-term recovery.

The availability of CERF funds was critical to the task: First and foremost to address immediate needs of the most affected communities --IDPs in shanty towns, women and children in remote rural areas, and dispossessed farming communities--. But also to bolster the deployment of inter-institutional teams to conduct rapid needs assessments throughout the country, enabling the speedy preparation of the national Flood Response Plan (FRP). The FRP was, in fact, an inter-institutional effort never seen before; it counted with the active involvement of UN agencies, international NGO partners, governmental authorities at the capital and provincial levels, national NGOs and civil organisations. The process was led by the UNETT and facilitated by Office for the Coordination of Humanitarian Affairs. In total, the FRP pledged for US\$ 34 million (i.e. 67 percent for immediate response and 33 percent for early and mid-term recovery actions). CERF funds accounted for nearly over 10 percent (i.e. US\$ 3,514,052), which were allocated to the World Food Programme (WFP), International Organization for Migration (IOM), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF) and Food and Agriculture Organization (FAO) in January 2009. Through these projects, over 73,000 victims were reached.

The availability and timeliness of CERF funds prevented the deterioration of the already difficult living conditions and precarious livelihoods of thousands of families during the emergency. Most of these families --of which a large percentage belong to afro-Colombian and indigenous groups-- were already affected by a high degree of violence and insecurity due to the presence of illegal armed groups and the restrictions imposed by them on these communities, limiting or completely severing their access to markets and crops.

CERF resources were key to an early action and effective response that contributed to the survival of the population, especially to meet the critical needs of children, pregnant and lactating women in a timely manner. As a result of the emergency, a high percentage of the inhabitants of the rural communities lost their basic elements, including systems for storing rainwater, which are the main sources of supply in the affected areas. UNICEF, together with partners like the Red Cross, mayors and municipal servants, and the Diocese of Istmina / Tadó, along with private sector organisations like ACT (an NGO) established a rapid response strategy for providing and installing family water storage units, thus providing the target population with a rapid response. CERF funding allowed an integrated response to ensure the survival and protection of children affected by the floods in Chocó, Colombia. This integrated emergency response benefited 20,000 persons in 25 rural communities. These figures include 6,600 children and adolescents, 70 percent indigenous and 30 percent Afro-descendant, 3,560 (54 percent) girls and 3,050 (46 percent) boys. Through the CERF grant, these children and their families were able to have access to basic utilities and services of safe water, sanitation, hygiene, health, nutrition and protection. The entire process of formulation and implementation of the CERF projects, including rapid needs assessment, gaps analysis, geographic prioritisation and targeting, contributed significantly to improving the level of coordination with local and national government authorities, UN agencies and NGOs. For example: the emergency increased the risk of malaria in the affected communities. The coordinated

response of UNICEF, the Malaria Programme in Chocó and Plan International, as well as the technical assistance of Pan-American Health Organization (PAHO) made the distribution of mosquito nets, the education and monitoring of the population affected by the emergency possible. The Health Service and Plan International distributed the mosquito nets to the adult population and UNICEF distributed them to children under 12 years of age.

IOM's project complemented water and sanitation activities led by UNICEF and focused in providing temporary shelter solutions to the most affected communities during the emergency. A diagnosis was made by the team in the field on a total of 1,203 families; of this number only 1,164 were assisted. The population identified is composed of 51.1 percent males and 48.9 percent females and in terms of ethnicity 8 percent were indigenous and 98 percent afro-Colombian. Those in most vulnerable conditions or with any type of disability were given priority during the selection process; there were a total of 61 people with disabilities. A total of 500 sanitation kits were handed out to each family. With the help from UNICEF, 600 families received water tanks capable of storing up to 500 liters of water. Assistance was provided to 600 families in building the shelters not just in terms of construction the correct installation of the shelters through the hiring of skilled workers, but also in terms of coexistence and management of these community facilities. The community was involved in the signing of the necessary paperwork at the time of delivery of the installation materials as well as the kits. Having in mind the hardships in the affected areas, the shelter solution was critical, especially because the heavy winter months had affected the availability of materials, wood cutting and the distribution of materials. The quick assistance provided by IOM was successful thanks to the expertise of IOM's emergency team --especially of personnel related to logistics and procedures--. The synergies established between IOM and CISP in previous emergency interventions allowed immediate response to save lives.

UNFPA was able to respond with its local partners to the need of approximately 10,800 women and girls in personal hygiene and dignity. This was vital to support their personal care with hygiene products and strengthen their resilience and welfare during a situation of deprivation. This protection intervention contributed not only to the well-being of the women themselves, but in a more indirect way to their capacity to support their family members and community. In the area of reproductive health, 16 health centres in 16 municipalities (Regidor, Tiquisio, Gamarra, Arenal, Morales, Puerto Wilches, Rio Viejo, La Gloria, Achí, Guaranda, Sucre, San Benito Abad, Majagual, Medio San Juan, Istmina and Carmen del Darién), were strengthened in their capacity to support and attend women in their last phase of their pregnancy and the support of clinical delivery and identification of risks, treatment of Sexually Transmitted Diseases (STDs) including HIV/AIDS and treatments of rape. Through the health centres, condoms were made available for the communities, which in combination with IEC contributed to lowering the number of unwanted pregnancies. The distribution of sexual reproductive health kits was accompanied by training in the use of kits in the local health posts, and the management of emergency situation and strengthening the referral system. As the capacity of the local health posts did not permit the strengthening of obstetric services the focus here was on early identification and reference. This was done mainly with the traditional health attendants through the supply of clean delivery kits and training in their use. Kits were supplied to attend the necessities in reproductive health of approximately 8,900 women, men and young people. In the health and protection areas, communities were prepared to cope with risks in the area of sexual and reproductive health and Sexual and Gender-Based Violence (SGBV) prevention and protection, due to IEC processes by local partner organisations and their community based networks. Each local partner developed its own and creative methods, among others, theatre forums, radio campaigns, material distribution, community talks and discussions. Although those actions sometimes are not considered as life-saving, in a context where access to health services is limited prevention of an unwanted pregnancy can be vital, also the prevention of STDs is relevant in this matter. Community-based approaches and activities contributed in the risk mitigation in relation with SGBV and supported people in the awareness of their rights.

WFP provided assistance to persons affected by the floods starting in December 2008, reaching highly vulnerable communities at a time of great need. Results of the rapid needs assessments

indicated a deterioration of livelihoods, as large areas of cropped land and livestock holdings were lost. The emergency situation impacted sources of food and income of rural households as agriculture and livestock rearing are the major economic activities in these regions. National statistics indicate that 89 percent of households in the worst affected municipalities live below the poverty line (DANE 2005). Severe damage to housing, school infrastructure and health centres was also reported. The already basic sanitary conditions deteriorated significantly due to the contamination of water sources by sewage, causing diarrhoea and skin and respiratory infections. Further compounding the already difficult situation was the presence of illegal armed groups, confinement and blockades and the proliferation of mines in the rural areas of the Departments of Chocó, Magdalena and Bolivar. The government invested US\$ 15 million since September 2008 to deal with these emergencies. UN agencies provided technical support to national and municipal authorities through the UNETT. Five teams of the UNETT Colombia, together with the Colombian Red Cross, DGPAD staff and local emergency committees, conducted rapid fact-finding and needs assessment missions. WFP was the lead agency in two of these missions and was present in all five, supported by the sub-office structure in place for the assistance to IDPs. WFP had targeted approximately 70,000 beneficiaries; a number considerably surpassed (81,940) at the end of the project (food assistance for three months complemented with nutritional and food security activities).

The rapid support obtained from the CERF RR Window enabled FAO to prevent the worsening of food security conditions among the affected communities by floods. Most of the families were farmers who base their income generation activities on small plots along the rivers and lakes (especially afro-Colombian and indigenous groups) in regions commonly affected by isolation, violence and movement restrictions. Those constraints make access to these communities all the more difficult for governmental assistance, especially in the area of emergency support to livelihoods support and early recovery activities. The government's response mechanisms are increasing their capacity to coordinate with UN agencies thanks to CERF funding. FAO provided over 5,000 persons with emergency food production kits (seeds, farming inputs and tools). Had they not been available, their food security would have been greatly compromised and their capacity to endure during and after the emergency almost completely maimed.

In addition to this allocation from the CERF RR Window, the ERC apportioned US\$ 5 million from the CERF UF Window to address the protracted and escalating humanitarian crisis in Colombia's Pacific Coast; one of the country's most affected regions by the internal armed conflict and the gradually harsher impact of disasters --hazards compounded by longstanding poverty, precarious services and infrastructure, and insufficient State presence--. The region's population is 1,180,631 persons (2.8 percent of the total), 85 percent is afro-descendant, 10 percent indigenous and 5% *mestizo*. Needs assessments, studies, reports and baseline information availed by IASC UN agencies and international NGO partners were the basis for prioritising this region and targeting sectors and beneficiaries of four affected municipalities that are only accessible by boat, through areas often controlled by guerrillas and paramilitary groups, resulting in food insecurity, confinement, forced mass-displacements and restricted humanitarian access, as well as very high operational costs. Communities lack access to potable and safe-drinking water sources, and sewage for the management of wastes and excretas, and therefore suffer continued outbreaks of water-borne diseases, as well as acute respiratory, parasite and skin diseases. The military offensive against guerrillas and the emergence of groups created after the paramilitary demobilization forced their relocation to the west and north-east (borders with Ecuador, the Pacific Coast and Venezuela). Finding refuge in areas that offered a strategic advantage for coca growing and new drug-trafficking routes, already vulnerable indigenous and afro-descendant communities have been subjected to confinements, death threats, direct attacks and massacres, landmine accidents, displacements and restricted access and mobility. Local authorities and international organisations lack enough capacity and funding to provide all required humanitarian assistance, which is additionally difficult to deliver in hardly accessible villages along the rivers of the Pacific coast.

The selected municipalities have comparably higher displacement rates than the departmental and national averages, as well as lower coverage and access to basic services. In addition,

while the UN and international NGO partners have some presence in these areas, this intervention aimed also to increase international operational capacities on the ground that would enable the implementation of wider strategies for the Pacific coast. The three local IASC coordination mechanisms in the area (Chocó, Cauca and Nariño) put together a plan for 2009. This intervention was articulated to the main needs and activities identified last year as part of the 2009 objectives. CERF funding enabled the strengthening of ongoing activities, while also addressing areas formerly not covered. Further funding will have to be obtained locally in order to ensure the continuity and sustainability of the activities started last year. Whilst the presence of guerrillas and reorganised paramilitary groups and the continued confrontations with the public forces are objective restrictions to the provision of humanitarian assistance, a bold interagency intervention and a longer-term action plan for the Pacific coast, have a potential to protect and save the lives of those most affected. CERF UF funding enabled to i) expand presence in hardly accessible areas inhabited by indigenous and afro-descendant communities; ii) strengthen humanitarian coordination through an interagency implementation approach in close cooperation with international NGO partners; iii) facilitate the gradual establishment of a common services platform; and iv) deliver, in line with the Constitutional Court Sentence T-025, humanitarian assistance specifically for indigenous and ethnic minorities (differentiated approach).

The requested funding to the CERF UFW represented 37.6 percent of the total humanitarian funding required for the targeted areas of the Pacific Coast in 2009. This was the first time Colombia had access to the CERF UF Window, enabling a longer-term intervention and the joint entrance of international humanitarian actors to areas where access is extremely difficult; indigenous and afro-descendant communities are disenfranchised and almost completely abandoned, deprived of basic services, trapped by the cross-fire and constant pressure of armed actors, and almost no opportunities and capacities to overcome their hardships (i.e. education, employment/productivity). CERF funding was critical in enabling the implementation of a common logistic platform operated by WFP and UNHCR, which is innovative in the operational context of Colombia. A second interesting accomplishment was the demonstrative effect of the health project implemented by the World Health Organization (WHO). Colombia's health provision model --as in most countries-- consists on patients attending medical facilities --quite basic and primary in these areas--. However, these are dispersed and remote communities that live in areas only accessible by river who cannot afford the costs of displacing towards the nearest towns where medical centres or hospitals exist. Therefore, WHO reversed this model by creating mobile health units that can be systematically deployed to these communities to provide medical care but also to register patients, conduct epidemiological census/studies, and facilitate the entrance of other actors. For instance, the articulation of nutritional and protection activities by United Nations Commission for Human Rights (UNHCR), UNFPA, UNICEF, WFP and FAO were greatly bolstered, altogether creating a protective shield for communities while at the same time ensuring --to the extent possible-- the coordinated provision of services and implementation of projects.

As earlier mentioned, since late 2008 and during the first quarter of 2009 there was increased rainfall causing the flooding of several of the major rivers on the Pacific Coast provinces of Chocó, Cauca and Nariño. In the case of the Department of Chocó the increased intensity of rainfall in the coastal area of normally calm rivers caused the flooding of the San Juan and Baudó rivers, mainly in the municipalities of Bajo Baudó and the Litoral del San Juan, affecting some 12,000 of these municipalities' 23,000 inhabitants --approximately 2,500 families, comprising 3,200 indigenous people and 6680 afro-Colombians--. In February and March of 2009 there was increased rainfall in the Department of Nariño that flooded the Mira River, affecting 62 of the 100 communities (around 62,894 people) in the municipality of Tumaco. The most affected was Candelilla village with heavily affected rural schools. In Cauca the municipalities most affected by the rainy season were the municipalities López de Micay and Timbiquí. These departments are seriously affected by armed conflict, social conflict and weak institutions, including schools, and weak community organisation of both the indigenous and afro-Colombian peoples. There has been an increase in displacement --and in other cases the confinement-- of rural communities with high population dispersion and difficulties in travel. The

heavy poverty and poor housing and basic sanitation conditions are prevalent causes of communicable diseases, including malaria and high levels of malnutrition, with consequent manifestations in infant morbidity and mortality. UNICEF's project to provided comprehensive protection for the children and women affected by the humanitarian situation generated by this complex and prolonged emergency, tying the intervention funded by this CERF Window to the earlier rapid response actions mentioned in the beginning.

It should be noted that the start date of most projects financed through the CERF UF allocation was late in May / early in June. Therefore, most agencies are still finishing the implementation of projects and cannot provide a full report of outcomes and results at this stage. These will be fully reflected in the consolidated report for 2010.

In 2010 the ERC apportioned US\$ 3 million from the CERF UF Window to Colombia. The United Nation Country Team (UNCT)/ Inter-Agency Standing Committee Country Team (IASC CT) considered it was still necessary to use these funds to reach additional communities/areas along the Pacific Coast; this time in the Northern coastal towns of Nariño and the coastal towns of Cauca provinces. Access to the CERF UF Window is therefore enabling the development of a humanitarian framework for the Pacific Coast. It should be said that Colombia is a non-CAP country and therefore sub-national strategies for humanitarian assistance, which can also guide the resource-mobilisation and financing strategy, are required to ensure sustainability of actions jump-started thanks to the CERF.

### III. Results:

Sector/ Cluster	CERF project title	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Agriculture and Food Security	09-FAO-001 "Immediate Assistance to Increase Food Production of Vulnerable Farmers Affected by the 2008 Winter Floods"	240,001	6.5 million	5,005 direct beneficiaries through the FAO intervention	<p>At least 800 hectares of crops have been rehabilitated and the production of short-cycle food crops reactivated in affected rural areas.</p> <p>Increase in the availability of carbohydrates.</p> <p>Increase in the availability of proteins thanks to the restarting of artisan fisheries and small livestock production.</p> <p>Increase in the intake of micronutrients by pregnant mothers and children through vegetable production.</p> <p>Greater resilience and reduction in vulnerability through the reduction of asset stripping and loss of goods.</p> <p>Reduction in household indebtedness</p>	<p>The project rehabilitated more than 1,043 hectares with food subsistence crops. Due to the adoption of an agricultural module which includes a comprehensive diversity of varieties of crops (vegetables, carbohydrates generating crops, livestock) the quality of food intake of benefited families is perceived better.</p> <p>FAO estimates that the food production could be near 2,500 metric tons after harvest normal losses. Extremely isolated communities were assisted, especially in rural areas with CERF RR assistance.</p> <p>The integral assistance coordinated for OXFAM GB has proved to be mandatory when feasible offering integrated approach and assistance packages be in order to achieve more impact and resilience in the benefited communities.</p>	<p>The rapid support obtained from CERF Rapid Response resources enable FAO to prevent the worsening of food security conditions among the affected communities by floods.</p>	<p>FAO conducted regular monitoring activities in the field. At least two (2) visits per month were carried out in all communities with programming an monitoring purposes. The implementing partners (OXFAM GB) provided relevant monthly reports and final report.</p>	<p>2,720 women and girls; 2,285 men and boys</p>

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Agriculture and Food Security	<b>FAO “ Food Security through Restored Agriculture in Affected Areas of the Pacific Coast” - 09-FAO-013</b>	USD 769 801	4 million	3, 700 families (18,500 persons)	<p>Increase in the availability of carbohydrates;</p> <p>Increase in the availability of proteins thanks to small livestock production;</p> <p>Increase in the intake of micronutrients by pregnant mothers and children through vegetable production.</p> <p>Greater resilience and reduction in vulnerability through the reduction of asset stripping and loss of goods.</p> <p>Measurable indicators:</p> <p>At least 2 960 hectares of crops rehabilitated and the production of short-cycle food crops reactivated in affected rural areas.</p> <p>The expected food production (rice, beans, vegetables) under the provided kit would be of 8 000 kg per family. For 3 700 families, the expected food produced would be around 33 600 Tons of food.</p>	<p>FAO reached nearly 3 800 families in three departments, Chocó, Nariño and Cauca with food security interventions based on a rapid rehabilitation of the productive capacity of the most deprived communities affected by violence in a very isolated areas or urban displaced persons settlements. The intervention supported by CERF resources and implemented by FAO reached nearly 19 000 persons and even more indirectly (currently we are finalizing the measurement through M&amp;E activities). The project was implemented in three departments Nariño (Tumaco), Cauca (López de Micay and Timbiquí) and Chocó (Bajo Baudo and Litoral del San Juan) through an important alliances with local stakeholders and community based organizations (most of them indigenous and afro descendant).</p> <p>The community- based crops (schools and community plots), implemented in Cauca in partnership with DIAKONIE KASTASTROPHENHILFE provided fast support when communities received new groups of displaced persons and gave an opportunity to support increase school attendance and food access through community organized barbers, seeds banks and</p>	<p>The presence of the humanitarian community in the region has been key in supporting the difficult situation of communities. The presence of FAO has been strengthened with CERF resources in the Pacific region, complementing previous efforts to cover the most isolated areas. The coordination of interventions through local IASC (UN/NGO) groups has been key, especially in Cauca, to approach the region with an integrated vision by providing a higher impact and understanding the humanitarian situation better.</p>	<p>FAO is currently expanding its field presence in Nariño and Chocó departments. With an expert technical team and in close liaison with UN sister agencies.</p> <p>In Cauca, FAO has implemented activities in close partnership with DIAKONIE KATASTROPHENHILFE.</p> <p>FAO provided technical assistance directly to communities and local authorities in order to promote the importance of food production in regions where violence and difficult access situation affect directly the capacity of families to feed themselves.</p>	57% women and 43% men



					<p>complementing community kitchens. Several times these activities were complemented with food rations from WFP.</p> <p>The project has been comprehensive with the needs of targeted families, considering their costumes and likes, including the package of native species, technical support in ancestral enhanced practices and risk management activities to mitigate future threats on food insecurity. In Chocó, FAO has promoted a small community barter and purchase some seeds through local producers, enhancing the community nets and promoting resilience and local production capacity. In Nariño, in liaison with local authorities, PLAN International and WFP, FAO is trying to complement the food production activities with rehabilitation processes and nutrition awareness activities.</p> <p>Near 2 200 hectares have been rehabilitated by beneficiaries by April 30, 2010 with short-cycled food crops and better techniques of production. Through its M&amp;E visits, FAO will update the total quantity of land used to food production.</p> <p>The security situation and spraying against coca crops in Nariño and Cauca affected some communities (almost 100 families). The negative effect on crops was partial.</p>	<p>The rapid action supported by CERF provided FAO and its partners with the capacity to support school and community crops, most of them managed by indigenous groups and afro-descendant organizations. The project provided them with better tools to adapt to difficult situations of food security and access to official assistance. In turn, the rapid restoration of their production capacity acts as catalyst to facilitate interventions in health, community strengthening activities, education and water and sanitation activities.</p> <p>In all of the regions, with this rapid intervention, FAO has promoted more barter events, seeds fairs and experience interchanges around the food security, food production and nutrition activities.</p>	<p>The information about communities and the technical approaches are been gathered in an information system hosted in Bogotá and field offices.</p> <p>The M&amp;E activities are focused around trainings in better food production techniques and better food intake practices. All of the visits are documented by technical teams (monitors) in the field and are being systematized through regional technical models which will be shared with local authorities and will be adopted as a model to future interventions of other organizations.</p>	
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Sector/ Cluster	CERF project title	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Emergency Food Assistance	09-WFP-001 "Emergency Food Assistance to Persons Affected by Natural Disasters in Colombia"	1,271,938	3,316,000	81,940	<p>Targeting of very difficult to reach communities on the most affected areas of the floods and the Nevado del Huila volcano eruption.</p> <p>73,000 persons in extremely difficult to reach areas benefited from emergency food assistance and complementary health, education in emergency, food security and food exchange activities.</p> <p>The targeted population will receive food assistance to complement their daily nutritional requirements for 40 days while they restart their productive cycle.</p>	<p>5 departments, 29 municipalities and reached 81,940 persons, most of them in extremely difficult to reach rural / jungle / mountainous areas.</p> <p>The provision of the emergency food rations during the three months immediately following the emergency was essential for persons to re-start their livelihood activities and quickly get back on their feet.</p> <p>With project resources WFP purchased 954 metric tons of food that was all distributed on a timely basis to beneficiaries during three months.</p> <p>Solid, coordinated and articulated working relations with FAO, UNICEF, PAHO, IOM, Diakonie, Oxfam proved to be necessary and essential in offering integrated packages of assistance (shelter, health, production, nutrition and food ) to families in need.</p> <p>Extremely isolated and disperse rural communities in the Nevado del Huila, La Mojana and Chocó were reached by this project.</p> <p>With three field monitors and the support of four WFP sub-offices, WFP maintained a daily follow-up of the project in the Nevado del Huila area, Magdalena Medio, Chocó and la Mojana.</p>	<p>CERF funds were an incentive for wider coordination. WFP together with the other UN and NGO partners worked towards strengthening the capacity of indigenous and afro Colombian authorities and organizations and local government and emergency committees, to respond to emergencies and to mitigate the effects of the annual effects of the rainy season.</p>	<p>Through its sub-office structure (10 in the country) and the three field monitors contracted with CERF resources, WFP carried out continuous monitoring visits.</p>	<p>40,438 women and girls; 41,502 men and boys</p>

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Emergency Food Assistance	WFP 09-WFP-032 “Emergency Assistance in isolated rural areas of the Colombian Pacific Coast.”	1,215,330	3,540,220	23,854 An increase in the number of persons assisted versus originally planned – particularly in school feeding, with the same amount of resources was due to the entry and exit of children during the school year; after the initial assistance was provided, some of the beneficiaries returned and some others arrived ; the above based on their high levels of mobility and risk. WFP distributed the planned amount of metric tons for shorter periods of time.	Communities and affected persons had access to nutritious food to complement their daily kilocalorie requirements. Communities that are suffering from the consequences of conflict and violence and are not being assisted by the government are given visibility and possibilities to access official assistance, especially health and education.	WFP covered 4 departments and 5 municipalities and reached 23,854 persons most of them in extremely difficult to reach rural / jungle / areas. The provision of the emergency food rations during the three months immediately following the emergency was critical for persons to re-start their livelihood activities. The assistance was directed to groups of displaced persons that require urgent assistance and to confined and blockaded communities.  WFP provided Provide school feeding rations for children through the strengthening of community structures such as community or school canteens/kitchens, thus promoting school enrolment, assistance and lower rates of desertion.	WFP presence in these municipalities would have been sporadic, if it had not been for CERF funding. Planning and implementing activities together with the UN/NGO team was key to coordinated and complementary actions in these areas. Together with PAHO, WFP strengthened local capacity to assist disperse and difficult to reach communities. Such was the case for Chocó where CAPRECOM mobile health units were supported by PAHO and provided all complementary activities required by WFP beneficiaries. Also in Nariño, together with PAHO, WFP supported the local Emergency response Team. WFP and UNHCR continued to strengthen the capacity of indigenous and afro Colombian authorities to respond to emergencies.	A national and decentralised information system that gathers information from each community intervention is used to produce quantitative data on WFP supported projects. Additionally each field Office has an M&E assistant in charge of producing monthly reports produced by WFP monitors- which provide key information for quick decision making. WFP has also finalised a nation-wide baseline and follow-up study on socio-economic /health and nutrition indicators of beneficiary households.  With three field monitors and the support of three WFP field offices, WFP maintained a daily follow-up of the projects.	12,375 women and girls; 11,479 men and boys.

				<p>With project resources WFP purchased 1,137 metric tons of food. 9,499 persons received emergency relief rations for at least 90 days. 8,090 primary school age children were assisted through schools by providing food rations while the situation normalized. Together with FAO/ Diakonie, complementary activities such as training, school vegetable gardens and psychosocial support were carried-out.</p> <p>3,446 children under five years of age and 2,819 pregnant and lactating mothers and their children &lt; 2 years of age at risk of malnutrition received health assistance through health centers and a fortified ration during nine months depending on their mobility.</p> <p>Complementary activities were carried out by health sector organizations with PAHO support:</p>	<p>Support nutritional at risk children and pregnant and lactating women, thus increasing their assistance to health controls together with PAHO and health organizations. Most complementary activities of partners with beneficiaries include vaccination, iron and folic acid supplementation, oral health, training on improvements in sanitation and hygiene conditions, including the promotion of breast feeding psychological support, reproductive health workshops, prenatal controls and other activities.</p> <p>The Nariño department Emergency Response Team was supported with a WFP nutritionist, in order to strengthen local capacity.</p>	<p>In emergency education, WFP provided strong support to rural and urban schools where displaced children were arriving through school feeding and together with FAO/Diakonie promoted school gardens; seed exchange fair and food preparation exchanges between schools.</p> <p>Joint missions to communities were programmed during the implementation phase.</p>		
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Water and Sanitation	09-FPA-001 “ Support the Reproductive and Maternal Health of Communities and the Hygiene and Dignity of Women Affected by the Flooding in Chocó, Magdalena Medio and La Mojana”	356,984	4,449,000	10,867 women and girls The total of beneficiaries ascends to 31.256. The initial proposal estimated 37.000 beneficiaries, but it was affected due to the final cost of the RH kits, to the cost of dignity kits and its high costs of transport in the zones affected by the floods.	Women's health and personal well being preserved, with an indirect effect on the resilience of the community	10.867 Women and girls in 24 municipalities have improved their hygiene situation and their personal well-being.  Women and girls are strengthened in their dignity and their capacity to care fro themselves and support their communities.	Quick access to CERF funds enabled us to complement and strengthen the humanitarian response led by the authorities in coordination with implementing partners and the departmental and local health secretaries. Moreover, this enabled us to reach out to the more isolated regions, where the most vulnerable affected population was located. Due to high cost, difficult access those regions where less well attended and communities where deprived from assistance.	UNFPA does not have permanent presence and the process was monitored from the central UNFPA office.  The monitoring of distribution of sexual reproductive health kits was coordinated with the departmental health secretaries. The development of the implementing partner's programmes was done in close collaboration with UNFPA. UNFPA (own funds) conducted the systematisation of the project.	Although the project focused on women and girls, it was implemented with a community- based approach, ensuring gender equity.
Health				16 health post, 122 health practitioners trained to attend SRH during emergency situations, 103 traditional birth attendants and 5 health community workers trained to attend clean/ home deliveries and identify risks in rural areas.	Availability of obstetric care and safe and hygienic conditions for delivery for women and girls affected by the flooding in Chocó, La Mojana y el Magdalena Medio  Risk of increased maternal mortality and morbidity reduced	16 health centres affected by the flooding received medical equipment and medicines to assist clinical delivery, treatment of STI, sexual violence and received condoms to distribute in support for prevention and promotion programs  122 health practitioners trained in the use of SRH kits, contingency planning in relation with SRH and opportune reference  103 female traditional birth attendants and 5 male community health workers trained in clean home delivery, identification of obstetric risks and reference to the institutional health system			

				7,308 (women, men and young people)	Conducted awareness raising and distributed IEC material to affected communities to promote SRH and rights and the prevention of STDs, including HIV	<p>60 members of the community teams in sexual reproductive health, women &amp; youth networks and other community organisations were trained in prevention of GBV, hygiene and personal health and sexual reproductive health in emergency situation to train others in their communities.</p> <p>Through a mass campaign 2,500 women and youth were sensitised in 8 towns in SRH and personal health in emergency situations. At community level they discussed contingency planning, prevention of GBV, protection mechanisms different roles of men and women among others.</p> <p>3,740 youngsters and adults (from youth leaders to women and men above 14 years) in 5 towns in la Mojana where sensitised in the promotion and exercise of SRHR and SRH, prevention of unwanted pregnancies and STDs, and to identify risks and mechanisms for protection of GBV in emergency situations.</p> <p>368 women and men in the communities Istmina and Medio San Juan in the department of Chocó were trained in SRH during crisis situations and in the prevention and protection mechanisms of GBV and other risks related to SRH during floods or other emergency situations including internal displacement.</p>			
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Sector/ Cluster	CERF project title	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
SRH/GBV	09-FPA-009 Guaranteeing Safe Motherhood and Reproductive Health, Attention to Gender-Based Violence (GBV) and Dignity and Hygiene of Women in Displaced and Vulnerable Populations in Colombia's Pacific Coast	USD 345,583	USD 575,972	4,234 women and girls received dignity kits  12 centres health post received Reproductive Health Kits to assist approximately 20,000 people  Approximately 70 health practitioners trained to attend SRH during emergency situations  135 traditional birth attendants trained to attend clean/ home deliveries and identify risks in rural areas	Women's health and personal well being preserved, with an indirect effect on the resilience of the community  Reduced risks of maternal mortality and morbidity for women and girls are increased through safe and hygienic conditions for delivery in marginalised and displaced populations  Young women and boys prepared to protect themselves from the risk of STIs, including HIV, and unwanted pregnancies during emergencies  Protection mechanisms enhanced and awareness raised on GBV and access to care	4,234 Women and girls have improved their hygiene situation and their personal well-being and strengthened in their dignity and their capacity to support their communities.  12health centres of areas affected by displacement received medical equipment and medicines to assist affections on reproductive health of 20,000 women, men and young people approximately  Approximately 70 health practitioners where trained in the use of SRH kits for emergency situation  135 female traditional birth attendants were trained in clean home delivery, identification of obstetric risks and reference to the institutional health system  Women and youth networks and other community organisations of Tumaco, Litoral San Juan and Bajo Baudó, were trained in prevention of GBV, sexual reproductive health in complex contexts, protection mechanisms, different roles of men and women, promotion and exercise of SRHR and SRH, prevention of unwanted pregnancies and STIs in emergency situations.	Access to CERF funds enabled us to strengthen the institutional and local mechanisms to protect and guaranteeing RH in areas affected by complex emergencies.  Moreover, this enabled us to reach out to the more isolated regions, where the most vulnerable population was located.	UNFPA does not have permanent presence and the process was monitored from the central UNFPA office.  The monitoring of distribution of sexual reproductive health kits was coordinated with the departmental health secretaries.  The development of the implementing partner's programmes was done in close collaboration with UNFPA.	Although the project focused on women and girls, it was implemented with a community- based approach, ensuring gender equity.

Sector/ Cluster	CERF project title	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Shelter	01-IOM-001 "Provision of Emergency Shelters in La Mojana Region and Chocó"	466,418	466,418	1,164families	<p>Six (6) municipalities with family solutions of temporary shelters to face the emergency necessities</p> <p>At least 1,600 families with an individual sheltering solution</p> <p>At least 500 families with NFI Kits</p> <p>Reduction of the diseases transmitted by vectors (flies, mosquitoes, lice, etc.)</p> <p>One (1) municipality with family solutions of temporary shelters to face the emergency necessities</p> <p>At least 600 families with an individual sheltering solution</p> <p>900 families with NFI Kits.</p> <p>Reduction of the diseases transmitted by vectors (flies, mosquitoes, lice, etc.)</p>	<p>A diagnosis was made by the team in the field to a total of 1,203 families; of this number only 1,164 were assisted. Those in most vulnerable conditions or with any type of disability were given priority during the selection process; there were a total of 61 people with disabilities.</p> <p>A total of 500 kits were handed out to each family. With the help from UNICEF, 600 families received water tanks capable of storing up to 500 liters of water.</p> <p>Assistance was provided to 600 families in order to construct the shelters in terms of constructing material but as well support for the correct installation of the shelters through the hiring of skilled workers.</p> <p>The community was involved in the signing of the necessary paperwork at the time of delivery of the installation materials as well as the kits.</p>	<p>Coordination allowed CERF funded activities to timely achieve Project goals; moreover the Project allowed IOM and other partners to increase their capacity to work in the field through strengthening of government and NGO relationships. Every agency involved was able to show its technical capacity and expertise in the field, and furthermore develop a complete and multi-partner response to the consequences from flooding in this Colombian region.</p>	<p>IOM assumed constant project monitoring and evaluation by providing a field monitor who visited the sites to verify advancements in the construction process as well as supervise the execution and delivery of the kits. CISP contributed to activity monitoring in the field and directly participated in the implementation of activities with the means of guaranteeing a sustainable intervention.</p> <p>The communities selected committees of representatives in charge of doing follow-up and verification of the quality of the materials delivered and ensured the adequate construction of the shelters constructed by all the members of the community.</p>	<p>The population identified is composed of 51.1% males and 48.9% females and in terms of ethnicity 8% were indigenous and 98% afro-Colombian.</p>



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WatSan, Hygiene, Health, Nutrition and Child Protection	<p><b>UNICEF</b></p> <p><b>CERF N° 09-CEF-002 (Confirmed)</b></p> <p><b>Rapid Response “Integrated response to ensure the protection of the rights of children affected by the floods in Chocó”</b></p>	<p>Total Contribution : <b>\$800,000</b></p> <p>Recovery: <b>\$52,320</b></p> <p>(Confirmed) :</p>	927,299,00	<p>Beneficiaries (Total)</p> <p><b>22.491</b> (Confirmed)</p> <p><b>6,353</b> adults (included 1,000 pregnant and lactating women) and</p> <p><b>16,138</b> children and adolescents</p> <p>8,114 (50.3%) GIRLS</p> <p>8,024 (49.7%) BOYS</p> <p>4,850 (30%) under- 5 's</p> <p>7,695 (48%) indigenous children and adolescents</p> <p>8,443 (52%) Afro-descendant children and adolescents</p>	20,000 children and pregnant and nursing women affected by the flooding in the Department of Chocó guarantee their survival through protection and access to basic services in health, nutrition, education and hygiene practices	<p>2,500 children received mosquito nets impregnated with insecticide (LLIN)</p> <p>5,880 children and adolescents received birth certificates and IDs</p> <p>4,850 children under the age of 5 received basic health and nutrition care</p> <p>Health kits to 2,000 families with children between 0 and 5 and pregnant women</p> <p>900 children with moderate malnutrition or at nutritional risk received health and nutrition care</p> <p>3,222 children between the ages of 5 and 12 received psychosocial attention 720 children between the ages of 6 and 12 received education kits</p> <p>WASH, 3,311 houses benefited with water of good quality and sufficient quantity, and continuity of the gravity-fed systems; 694 were supplied with water and ceramic filters to make it drinkable; 1,033 families received household water storage units with 1,000-litre tanks; 254 families received family units with 500-litre tanks; in 850 houses the existing water-storage tanks provided by other institutions were re-used and we supplied all the materials for installing the family water units;</p>	CERF resources were the key to an early action to meet time critical needs of children, pregnant and lactating women. affected by floods	<p>Monitoring and evaluation plan was included in the implemented partners' proposals. Plans included collecting base line data, source of data, and timeliness of monitoring and use of information.</p> <p>UNICEF assigned 2 officers for permanent technical assistance during the implementation and technical committees were carried out to assess the project's progress</p>	<p>Special attention was paid to differential assessment of the impact and needs of girls, adolescents, pregnant and lactating women.</p> <p>The participation of girls in all project activities with a special emphasis in indigenous communities was promoted.</p>

						80 family water units were provided under the agreement with ACT; and 400 family water units were provided under the agreement with the Italian organization CISP.			
Health	09-WHO-019 "Health Access for Vulnerable and Displaced Population in the Colombian Pacific Coast"	749,000	749,000	14,756 persons; 7,422 female; 7,334 male; 6,020 under 15 years	<p>Health access for confined and at- risk populations= decreasing morbidity and morbidity as a result of health provision into areas previously un-reached.</p> <p>Provision of Mobile Health Units= Serious illness and wounds can be referred to higher capacity structures.</p> <p>Strengthening of the Information Management Capabilities= Baseline health and evolution can be measured and disseminated to facilitate decision making and to measure impacts.</p> <p>Strategies for the improvement of the health response in the context of natural disasters and complex emergencies= Acute displacement is properly assessed, response is effective and coordinated and health related consequences are mitigated.</p>	<p>Implementation of an alternative Model to ensure health access in isolated rural areas of the Colombian Pacific coast affected by conflict and that previously had almost no access to health, thus reducing their mortality and morbidity.</p> <p>Three Mobile Health Units were provided to local health authorities with basic diagnosis equipment and materials and supplies for primary health care.</p> <p>Two Health Indicators Bulletins were developed and local health officials were trained in related subjects. Besides, a methodological guideline for further construction of indicators was produced.</p> <p>One Immediate Response Team was effectively consolidated in Nariño, improving the departmental and local capacities to respond to the numerous displacements that occurred during the implementation of the project.</p> <p>The initial organization of an Immediate Response Team was set in Chocó and it is expected that can be further developed with other donor's funds.</p>	<p>The rapid support obtained from CERF Rapid Response resources enable WHO to test a model that through its implementation has proven to be cost-effective in the provision of health for isolated access. Thus, providing evidence of its value for National Authorities to consider its adoption for other territories of the country that share similar characteristics.</p> <p>The implementation of the model in another territory (El Charco, Nariño) taking as a reference the lessons learned from the experience in Chocó.</p> <p>Additionally, Mobile Team's Tool Box was developed with CERF- UF and other donors funds. Such tool box consists of:</p>	<p>Monthly reports were requested to the field officials, the local health provider. Additionally several verification visits took place in order to secure the smooth execution of the project. At the end of the project, PAHO produced a narrative report.</p>	4477 women and girls; 3024 men and boys

							<p>Mobile Team's Operations Manual; Supplies Management Manual; Package of administrative tools that include: cost analysis guidelines, Clinical Records, Risk Characterization ;Instrument called "Ficha Familiar", and a special software to process the information generated by this instrument; and another software called PERC (Production-Efficiency-Resources and Costs) that allows not only for the control of costs during the implementation of the project, but also for the gathering of information on the cost-effectiveness of the model.</p>		
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## Annex 1: NGOS and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded	Date Funds Forwarded
OXFAM	Agriculture and Food Security	FAO RR January 2009	Unknown / not provided to OCHA	January – April 2009
Action Against Hunger / OXFAM Plan International	Emergency Food Assistance	WFP RR January 2009 WFP UF May 2009	Unknown / not provided to OCHA	January – April 2009 May 2009
CISP	Shelter	IOM RR January 2009	Unknown / not provided to OCHA	January – April 2009
OXFAM	WatSan Hygiene	UNICEF RR January 2009	Unknown / not provided to OCHA	January – April 2009