



**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
COLOMBIA  
UNDERFUNDED EMERGENCY/ROUND I 2015**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Martin Santiago Herrero**

## REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

The AAR took place in Bogotá on 25 January 2016. During this meeting, 27 people participated from different organizations: UN agencies (10), National Non-Governmental Organization (10) and International Non-Governmental Organization (4), Clusters coordinators (1), OCHA field coordinators (2).

It is important to highlight that UN agencies facilitated the participation of their staff at local level. Implementing partners came also from the field (Arauca, Cauca, Valle del Cauca, Putumayo and Chocó departments).

Furthermore, field coordinators of OCHA sub-offices (Chocó and Arauca), who were involved in the implementation and monitoring of CERF projects, participated in the AAR.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES  NO

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES  NO

The CERF final report has been shared with clusters coordinators (ICG), cluster members and HCT. The final report has been shared with the three main national state institutions, dealing with humanitarian issues and cooperation: Victim's Unit (UARIV), the National Unit for Risk and Disaster Management (UNGRD) and the Presidential Agency for International Cooperation (APC).

## I. HUMANITARIAN CONTEXT

<b>TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)</b>		
<b>Total amount required for the humanitarian response:</b> 136,100,000 (According to SRP 2015 requirements)		
<b>Breakdown of total response funding received by source</b>	<b>Source</b>	<b>Amount</b>
	CERF	2,994,382
	COUNTRY-BASED POOL FUND	385,397
	OTHER (bilateral/multilateral)	30,618,880
	<b>TOTAL</b>	<b>33,998,659</b>

<b>TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)</b>			
<b>Allocation 1 – date of official submission:</b> 20-Feb-15			
<b>Agency</b>	<b>Project code</b>	<b>Cluster/Sector</b>	<b>Amount</b>
WFP	15-UF-WFP-017	Food Aid	416,313
UNICEF	15-UF-CEF-022	Water, Sanitation and Hygiene	705,001
UNICEF	15-UF-CEF-021	Nutrition	200,004
UNICEF	15-UF-CEF-020	Child Protection	229,836
UNHCR	15-UF-HCR-011	Protection	244,996
UNDP	15-UF-UDP-002	Protection	350,000
WHO	15-UF-WHO-006	Health	382,500
FAO	15-UF-FAO-00	Agriculture	465,732
<b>TOTAL</b>			<b>2,994,382</b>

<b>TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Type of implementation modality</b>	<b>Amount</b>
Direct UN agencies/IOM implementation	1,437,432
Funds forwarded to NGOs for implementation	1,556,950
Funds forwarded to government partners	0
<b>TOTAL</b>	<b>2,994,382</b>

## **HUMANITARIAN NEEDS**

The de-escalation measures implemented by the Government of Colombia and the Fuerzas Armadas Revolucionarias de Colombia-Ejército del Pueblo (FARC-EP), in the framework of the peace talks taking place in La Habana, contributed to decrease violence and had a positive impact on some humanitarian indicators. However, in 2015, civilians in Colombia continued suffering the impact of the armed conflict and armed violence. While the de-escalation measures have contributed to reduce significantly events such as massacres and mass displacements,<sup>1</sup> individual displacements, which are less visible and more difficult to monitor, continue to affect civilians.

According to official UARIV data, the total number of IDPs remained steady over the first two years of negotiations (2012-2014) at an average of 200,000 persons per year. Between January and December 2015, 115,124<sup>2</sup> persons were forcibly displaced as a result of the conflict and armed violence. Some 45 per cent of these were under 18. While this figure represented a decrease compared to 2014, the number of IDPs in 2015 increased as the registry was updated,<sup>3</sup> as it has happened in previous years. OCHA estimated that the number of IDPs during 2015 might reach more than 180,000 in total.

Despite the reduction in armed actions related to the armed conflict with the FARC-EP, the actions of other armed groups such as the Ejército de Liberación Nacional (ELN), the Ejército Popular de Liberación (EPL) and post-demobilization armed groups (PDAGs) continue creating important humanitarian needs, and protection concerns, including forced recruitment, extortion and sexual violence. During the peace process, threats against civilians, in particular against human rights defenders, social leaders and victims' leaders have increased by 53 per cent. While in the three years prior to the peace talks OCHA Monitor registered 956 threats, this figure has reached 1,466 cases in the last negotiation period.<sup>4</sup> The increase in this type of violence primarily attributed to post-demobilization armed groups, seriously impacts communities, their leaders and political and social processes.

Reports of extortion have also increased. Official figures<sup>5</sup> report a total of 13,741 cases of extortion denounced between January 2013 and October 2015, while in the three years prior to the peace talks there were 5,473 such cases. The total number of victims is likely to be much higher due to under registration.

Access constraints also continued to be of concern for the humanitarian community. In 2015, more than 2 million people were impacted by mobility limitations and access to basic goods and services; 66 per cent of these events were caused by armed violence.

The Pacific Coast together with border areas with Venezuela and Ecuador were the regions most affected by the impact of armed conflict and violence in 2015. Indigenous and Afro-Colombian people, women and children were particularly affected by displacement, mobility restrictions, sexual and gender based violence and forced recruitment among others. All CERF-funded projects were implemented in the most affected departments.

Colombia is also prone to natural disasters. In 2015, El Niño event has increased the vulnerability of regions already affected by the conflict. While the drought was most intense along the Caribbean coast and in the Andean region, departments in the southwest suffered heavy rainfall and flooding.

In this context, in 2015, more than 50,000 people in need were reached through the CERF underfunded window (eight projects - \$3 million). These resources helped to complement the state's assistance in areas difficult to access, with low institutional presence and with critical gaps identified through joint assessments. UN agencies and their national and international implementing partners, who actively participated in the formulation of the projects, implemented actions in the sectors of WASH, Protection, Food Security and Nutrition in the departments of Chocó, Valle del Cauca, Cauca (Pacific), Arauca (border with Venezuela) and Putumayo (border with Ecuador). All departments and sectors of intervention were also prioritized in the HCT Strategic Response Plan, ensuring coherence with the overall humanitarian vision and strategy for 2015.

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<sup>1</sup> Mass displacement: more than 50 people or 10 family displaced in the same event

<sup>2</sup> Registro único de Víctimas UARIV (RNI), accessed on 01.02.2016

<sup>3</sup> Displaced people have two years to declare their status to the Public Ministry. The Victims Unit (UARIV) currently has 60 working days to evaluate the proposal and decide on inclusion in the Victims Registry

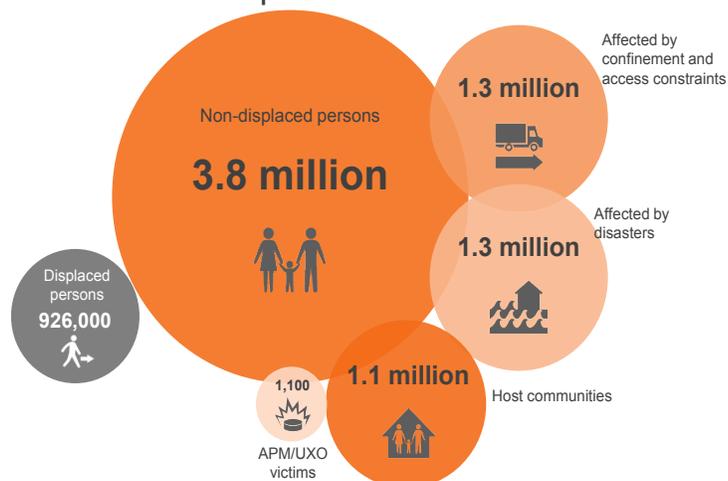
<sup>4</sup> 20 July – 19 November 2015

<sup>5</sup> Ministry of Defense

## II. FOCUS AREAS AND PRIORITIZATION

In 2014 the Humanitarian Country Team (HCT) agreed upon a Strategic Response Plan (SRP) based on a thorough Humanitarian Needs Overview (HNO). This exercise helped to address response gaps in areas of most difficult access; improve state capacity to provide effective and timely assistance; increase the resilience of affected and at-risk communities; and promote an effective, integral and multi-sector response that assures the centrality of protection.

### 4.8 million People in need



The geographical prioritization of the HCT's 2015 Humanitarian Needs Overview (HNO) took into account a set of sectoral indicators provided by each cluster that were cross-analyzed with the humanitarian caseload, composed both by armed conflict and natural disaster indicators for the period 2012-2014. The analysis conducted by Local Humanitarian Teams (LHTs) on the most affected municipalities in their respective regions and the results of Multi-Cluster/Sector Initial Rapid Assessment (MIRA) (46 carried out in 2014) were also taken into consideration in the HNO geographical prioritization process, resulting in the prioritization of 15 departments and 186 municipalities (16,6 per cent of all municipalities in the country).

These municipalities, inhabited by 30 per cent of the country's population (52 per cent of the total Afro-Colombian population and 45 per cent of the total Indigenous population), concentrate 76 per cent of all IDPs registered by the Government between 2012 and October 2014, 98 per cent of mass displacements, mobility restrictions and access constraints monitored by OCHA and 80 per cent of people affected by natural disasters according to the government's National Unit for Risk and Disaster Management (UNGRD). The HCT identified more than 4,800,000 people in need of humanitarian assistance in 2015. The following groups were identified as being the most vulnerable: (i) New IDPs, especially single-parent head of households, which have not received immediate humanitarian assistance both in rural and urban areas; (ii) Indigenous and Afro-Colombian people living in isolated, rural areas affected by conflict and/or natural disasters; (iii) Confined populations, defined as populations affected by mobility restrictions that last for more than one week and that limit civilians' access to three or more basic services; (iv) People affected by natural disasters, with an emphasis on those living in conflict-prone areas, thus suffering from double vulnerability; and (v) People in need living in host municipalities with high IDP reception rates and low institutional response capacities.

The SRP provided the framework for the work of the humanitarian community in Colombia. The strategy contributed to improved prioritization and helped to maximize the value of HCT field presence by focusing in most needed areas and those with major response gaps, thus complementing national response efforts. CERF sectorial and geographical prioritizations were aligned with the SRP strategy with three main purposes:

- Provide integral humanitarian assistance mainly in food security and nutrition, health, WASH and protection to IDPs and populations affected by mobility restrictions predominantly in areas with gaps in the state response as prioritized in the SRP.
- Focus the assistance to the most vulnerable population, particularly indigenous and Afro-Colombian population in areas of difficult access.
- Ensuring an operational use of protection throughout CERF projects in every sector of intervention.

In terms of geographic coverage, the HCT identified 17 municipalities (in the departments of Arauca, Cauca, Chocó, Putumayo and Valle del Cauca) targeting approximately 48,000 people (52 per cent women and 48 per cent men) as in need of humanitarian assistance. Of them, the majority (80 per cent) belong to Indigenous communities, 10 per cent to Afro-Colombian and 10 per cent to other population groups.

Along with the CERF, the Country Based Pooled Fund (CBPF) allowed important humanitarian needs to be met. These pooled funds played an important role in humanitarian action by enhancing complementarity of action with state institutions and providing budget allocations for a coordinated humanitarian response. The CBPF allocated in its first funding round of 2015 a project to the Shelter/CCMM Cluster following the commitments that HCT decided when the CERF prioritization process were made. Also the second funding round prioritized the departments that did not receive resources from CERF in 2015.

### III. CERF PROCESS

The HC activated all the humanitarian architecture fora (LHTs, clusters, ICG, HCT). With the assignment to Colombia of \$3 million in the first UFE round of 2015, the HCT immediately mobilized its LHTs all over Colombia and the inter-cluster group in order to provide suggestions about the main sectorial and geographic humanitarian needs in the country. OCHA promoted the communication between clusters and LHTs in order to make sure that the definition of activities and municipalities of intervention are coinciding and responding to the main humanitarian needs and to the SRP.

The whole prioritization was centred on the SRP. The ICC focussed on the ranking of the top ten departments prioritized on base of the following indicators: (a) humanitarian needs (b) response gaps (c) people in need. The proposal was approved by the HCT core group.

The 2015 Strategic Response Plan represented the basis for the decision making process. The following criteria were used to identify priority sectors:

- Response capacity of UN agencies and implementing partners;
- Complementarity to national state institutions and humanitarian stakeholders;
- Coincidence of at least two sectors in the same municipality;
- Prioritization of the most underfunded activities within the Cluster Response Plans;
- A focus on indigenous and Afro-Colombian communities (at least 70 per cent of targeted beneficiaries).

Bilaterally and in the main coordination fora (ICC, LHTs, and HCT), NGOs were part of the process and it was clearly stated to inter-cluster members the importance of involving NGOs as implementations partners. During the prioritization process, clusters, UN agencies and implementing partners worked closely with state entities such as the National Unit for Disaster Risk Management (UNGRD), the Presidential Agency for International Cooperation (APC) and the Unit for the Attention and Integral Reparation to Victims (UARIV).

A gender sensitive approach was ensured and implemented through different strategies and in close coordination between OCHA, UN Women and UNFPA. In addition, a GenCap advisor was appointed on a part-time basis to provide support to this task. UN Women/UNFPA/Gencap reviewed the project proposals to ensure that gender considerations were included in the design of the projects and that specific needs of men/women/boys/girls were reflected in the needs analysis and within the logical framework

In addition, the CERF prioritization process took into account good practices from the Country Based Pooled Fund. Three ad-hoc meetings of the inter-cluster group took place, following the experience of the CBPF Review Committee, in order to jointly discuss and establish coherence and complementarity among CERF proposals. It is important to mention that the CBPF Review Committee is composed by cluster leads, who are also in charge of the CERF prioritization process. As a result, important complementarities between the pooled funds have been defined.

#### IV. CERF RESULTS AND ADDED VALUE

**TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR<sup>1</sup>**

Total number of individuals affected by the crisis: US\$ 4.8 million (people in need, according SRP 2015)									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Aid	1,387	1,299	<b>2,686</b>	1,774	1,209	<b>2,938</b>	3,161	2,508	<b>5,669</b>
Water, Sanitation and Hygiene	2,653	3,284	<b>5,937</b>	2,670	3,233	<b>5,903</b>	5,323	6,517	<b>11,840</b>
Nutrition	996	3,254	<b>4,250</b>	1,106	2,650	<b>3,756</b>	2,102	5,904	<b>8,006</b>
Protection	7,020	5,499	<b>12,519</b>	6,295	3,579	<b>9,874</b>	13,315	9,078	<b>22,393</b>
Health	1,438	4,219	<b>5,657</b>	1,433	4,308	<b>5,741</b>	2,871	8,527	<b>11,398</b>
Agriculture	1,129	887	<b>2,016</b>	1,267	917	<b>2,184</b>	2,396	1,804	<b>4,200</b>

<sup>1</sup> Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

#### **BENEFICIARY ESTIMATION**

Table 5 contains the total number of beneficiaries of the food and nutrition security cluster (FNS) (WFP, UNICEF and FAO) by gender and age. In order to avoid duplication in the calculation of the figures recorded, we took the number of direct WFP beneficiaries (5,669 individuals), which includes the 4,200 people served by the FAO, and added the beneficiaries of the UNICEF nutritional component (8,000 individuals), for a total of 13,669 beneficiaries of food and nutrition security actions. In all cases the actions were carried out in a complementary manner mainly by the agencies of the FNS cluster present in the territories and PAHO/WHO.

For the health component, activities implemented with CERF funds benefited 11,398, compared to 6,323 initially targeted. This corresponds to an increase of 80.3 per cent in the beneficiary population. This increased coverage of humanitarian needs was made possible thanks to the important variation of the COL-USD exchange rate, which allowed for the purchase and delivery of larger amount of supplies and the implementation of additional activities to cover similar humanitarian needs of local displaced and confined communities. Variations in exchange rates allowed to cover an additional 18 communities for a total of 35 communities attended under this project. Health activities were directly implemented by PAHO/WHO and its strategic implementing partners: Colombian Red Cross in Arauca, Halu Human Welfare Foundation in Choco and Valle del Cauca and the Foundation of Peace in Cauca. Most of the beneficiary population benefitted from more than one service/activity, but each beneficiary was only reported once.

UNICEF's methodology vis-à-vis beneficiaries began with a prioritization of specific villages and communities, based on a general assessment using a set of agreed upon indicators of need. Once selected, UNICEF counted the number of beneficiaries in each community, going house to house, with the assistance of local authorities and/or traditional leaders. Delivery of supplies was always accompanied by an act of reception, documenting the number of beneficiaries and corresponding amount of supplies provided. The main problem in terms of avoiding double-counting of beneficiaries lay in the issue of school children, who received some benefits through the school and others through the community/family. This problem was overcome by identifying the school to which children attended when carrying out the house-to-house verification of beneficiary numbers. In this manner, the implementing partner was able to ensure that each child was treated as one single beneficiary.

**TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup>**

	<b>Children ( &lt; 18 )</b>	<b>Adults ( ≥ 18 )</b>	<b>Total</b>
<b>Female</b>	16,705	17,369	34,074
<b>Male</b>	17,504	18,758	36,262
<b>Total individuals (Female and male)</b>	<b>34,209</b>	<b>36,127</b>	<b>70,336</b>

## **CERF RESULTS**

### **PROTECTION**

- In Putumayo, schools were turned into protective spaces for children and the students themselves received training and skills to afford them a vision of a life-project removed from the crude realities of violence and armed conflict.
- In Arauca, thousands of children and their families mine risk education to help them protect themselves and others from accidents with explosive devices.
- Building of five temporary community centres in Putumayo and Choco, as part of a broader protection intervention in prioritized communities.
- Improvement of sanitation systems in Putumayo, reaching 83 people of indigenous origins.
- Provision of equipment to support the conditions of a community in Arauca, reaching 115 people of indigenous origins.
- Provision of equipment to a women's organization in the Arauca department to support training and coordination meetings, resulting in strengthened community dialogue, reconciliation and women's participation.
- Support to indigenous and afro-descendant women in Buenaventura, so to ensure access to information and services related to prevention and response to sexual and gender based violence. This action benefitted 2,200 among indigenous and afro-descendant community members with a focus on women and girls.
- Raised awareness on self-protection mechanisms for young people in Buenaventura, reached through community initiatives targeting children, young people, parents, community leaders and caregivers.
- Strengthened organizational capacity of indigenous inhabitants in the Buenaventura area, reaching 1,500 people.
- A total of 3,237 indigenous and 1,701 afro Colombian, women, man, boys, girls, adolescents and youth have today a greater access to protective community spaces and institutional survival-centered services that respond to GBV, forced recruitment and UXO/landmine cases in Cauca ( Toribio, Jambaló, Tambo) and in Chocó ( Litoral San Juan)

### **WATER, SANITATION AND HYGIENE**

- Families and school children in Chocó, Cauca, Valle del Cauca and Putumayo benefitted from no longer having to leave their communities in search of safe drinking water, a novelty which afforded them greater safety, convenience and free time.

### **FOOD SECURITY AND NUTRITION**

- Children and their mothers received personal nutritional care with education and treatment; in some cases, therapeutic feeding was also provided.
- All assisted families received awareness training on good nutritional practices and healthy food mainly nutrition, especially for pregnant and lactating women (PLW) and children under five, pre-and post-natal care and food handling and storage. These activities were conducted by WFP staff in collaboration with the cooperating partners.
- By the end of the intervention, the households had more diversified diet, showing a positive impact of WFP trainings as part of the assistance.
- Indigenous communities in Chocó do not produce fruits and vegetables, and have difficulty accessing other markets due to poor transportation infrastructure. Therefore, despite the fact that the communities were sensitized on the importance of a diverse and balanced diet, the consumption of fruits and vegetables remained low as changing cultural practices is a long-term process.
- The food assistance helped the affected families in stabilizing their situation during the emergency as they did not have to resort to negative coping mechanisms, such as reduced number of meals or portion sizes and borrowing money from relatives.
- The gender assessment demonstrated that in these indigenous communities, women have a greater role than men in decisions making on food preparation and distribution. Although, the importance of equal participation of men and women in decision making processes was highlighted during trainings, the duration of the intervention was too short to introduce a cultural change, yet it reflects on the importance to have targeted actions to promote women's participation and access to food and related services.

- Establishment of 15 Demonstration Centres for Community Training (CDCs: Centros Demostrativos de Capacitación) or community fields for the rapid and diversified production of food.
- Community production of 2,235 kilograms of diverse foods obtained from short-cycle plant species (first harvests from 90 to 120 days from the start of the intervention).
- Rehabilitation of 10.8 ha of traditional species key to the food security of the families (plantain, taro, pineapple, ñame yams) in community use areas.
- Rehabilitation of 28.6 ha of traditional crops in family production units.
- Establishment of 15 production units with egg-laying hens and production of 17,700 eggs, distributed among the participating families.
- Ninety per cent of the participating families (646) established family production units, in which they included plant species that are sources of vitamin A and protein, improving the availability of diverse foods for family self-consumption.
- All of the communities applied practical measures for the rapid reestablishment of diversified production of foods for self-consumption, applying techniques for the reduction of risk from weather events to which their agricultural means of subsistence are exposed.
- The 15 participating communities received practical training events on the healthy handling and consumption of food. Fourteen sessions were held with each of the communities on appropriate preparation and preservation of food.
- At the end of the intervention five events for the exchange of flavours and knowledge among the participating communities were held during which they were able to exchange their experiences, knowledge, recipes and seeds and to strengthen ties of trust.

## HEALTH

- A total of 11,398 beneficiaries were reached in 35 communities located in five municipalities of the departments prioritized under this project. This represents an increase in coverage of 80.3 per cent for the population originally targeted (11,398 / 6,323 people) and 106 per cent for the number of communities initially prioritized (35/17 communities).
- A total of 4,418 people benefitted from improved access to healthcare services through the mobilization of mobile health units that provided 7,037 medical consultation and services (including general medical care, psychology and mental health support, nursing and / or dental), reaching 105.8 per cent of the initial target (4,176 people).
- A total of 2,912 people benefitted from mental health assistance and / or psychosocial support.
- Three basic primary health care posts were rehabilitated and improved using CERF funds.
- Through the project PAHO/WHO was able to improve both community and institutional emergency health response capacities, which included rapid training on key health issues in situation of displacement and/or confinement such as the management of acute diarrheal diseases (ADD) and acute respiratory infections (ARI), dehydration, sexual and reproductive health needs, good practices for a clean and safe delivery, first aid and emergency psychosocial prevention, proper water management, sanitation, vector control and hygiene among others things.

## CERF's ADDED VALUE

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

YES  PARTIALLY  NO

CERF's 2015 contribution facilitated the rapid delivery of humanitarian assistance to beneficiaries through rapid disbursement and immediate availability of funds allowing UN agencies and their implementing partners to implement activities in line with agreed timelines and work plans.

### b) Did CERF funds help respond to time critical needs<sup>6</sup>?

YES  PARTIALLY  NO

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<sup>6</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

The CERF funds helped respond to the critical needs of prioritized communities, focusing particularly on indigenous and afro-descendant communities situated in conflict affected areas like Chocó, Putumayo, Arauca, Cauca and Valle del Cauca. The following are some examples of how actions responded to time critical needs:

- The prompt implementation of CERF funds were instrumental to minimize additional loss of lives and damage to communities. This was possible due to the existing cooperation and dialogue with targeted communities and the selected implementation partners.
- Activities supported by CERF contributed to minimizing the pressure of the illegal armed groups on the confined populations that could not leave the area but were left with limited resources to meet their basic needs including food, and helped prevent further displacements. Moreover, by assisting confined groups CERF funds contributed to stop further deterioration of already harsh living conditions, as confinement had restricted communities' livelihood support activities such as agriculture, fishing and handcrafts.
- The CERF contributed to enhancing institutional and community response to risks related to sexual and gender based violence, promoting women's participation and association, strengthening services and referral systems for victims of SGBV in hard to reach areas.
- The CERF funds helped respond to the critical needs of prioritized communities, focusing particularly on doubly affected communities (armed conflict and natural disasters), facilitating access to health services in their territories, psychosocial support, strengthening the community health response capacity to confinement and emergency situations through the improvement of basic health care units, the delivery of basic supplies, and training in the use of UROC/UAIRA, delivery of community first aid kits and psychosocial support, kits to support rapid and adequate response to the main health issues faced by those communities and reducing health complications within the humanitarian context of limited access to institutional health services.

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

YES  PARTIALLY  NO

The high level of engagement of the different UN agencies and implementing partners at technical and at political level facilitated the positioning of the CERF grant as well as the positioning of the main humanitarian needs in the prioritized regions. Important advocacy and resource mobilization strategies have been implemented, as follow:

- The CERF funds received by UNHCR in 2015 proved crucial to mobilize further resources from other donors. For example, in Putumayo, the building of the maloka<sup>7</sup> was supported by the community itself and by the indigenous committee, ensuring sustainability of the action within the community. In Buenaventura, further funds were raised with the Ombudsman's office, while joint activities were agreed upon with the Jesuit Refugee Service. In Arauca, the delivery of livelihood equipment to indigenous communities was ensured in the context of a wider resettlement programme led by the government of Arauca.
- PAHO had mobilized some ECHO resources (\$435,818) to cover of the some humanitarian health needs of displaced and confined communities in the department of Arauca and three other departments (Cordoba, Norte de Santander and Putumayo). These funds were complemented by the CERF contribution, which facilitated the provision of similar humanitarian health assistance in other departments and municipalities equally affected by the conflict and natural events.
- WFP expanded its assistance to other affected communities in Litoral de San Juan with approximately \$100,000 from other international donors including USA, Canada, Germany, and Switzerland. The Mayor's office contributed \$38,800 for transportation and distribution of food to communities, and provided logistical support, which allowed quick access to the communities involved in the project, located in remote areas along the river San Juan.
- In FAO's case, CERF resources supported the mobilization of resources from ECHO (European Commission Humanitarian Aid and Civi; Protection) worth 450,000 euros to continue the operation in the rural area of Nariño and Putumayo. In addition, the agriculture in emergencies model used is of interest to the Swedish cooperation, and a project is being formulated to transfer it to the national institutions responsible for response to emergencies that affect the agricultural means of subsistence of vulnerable communities, such as the UARIV and the agency that governs disaster risk management in Colombia (UNGRD). Also, through coordination with the Iraca project of the Department for Social Prosperity (DPS: Departamento para la Prosperidad Social) the 15 participating communities (11 in Chocó and four in Valle del Cauca) were involved in a medium-term process that includes technical assistance and continuation of the strengthening of the traditional means of subsistence of the participating communities.

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<sup>7</sup> A maloca is an ancestral long house used by indigenous groups in Colombia. Each community has a maloca with its own unique characteristics, which serves as a meeting and exchange place for all the members of the community, as well as an important shelter in case of emergency (as within the context of this project).

- In UNDP Case, NRC reached in CAUCA that CERF supported the mobilization of resources from SIDA for the educational infrastructure component in Jambaló and Toribio (\$10,000) and ECHO expanded delivery of 478 additional school kits. In the case of Choco, the Municipality contributed with its own resources for the rehabilitation of the Protective Community Space for women in Litoral San Juan (around USD \$7,000) and UNDP, additionally financed USD \$20,000 for the same action.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  PARTIALLY  NO

CERF funds improved the coordination between the humanitarian community by facilitating coordinated activities with other humanitarian organizations and agencies to complement interventions (whether geographical distribution of similar actions and/or intersectorial interventions in similar areas) and avoid duplication of efforts through the CERF process. The agencies coordinated both at central and local levels which strengthened communication and decision making processes, and helped in identifying needs, providing solutions in consultation with communities and carrying out activities in the field. The articulation of the humanitarian community not only facilitated the communication between the agencies, but also with other partners, local authorities and communities.

**e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response**

**V. LESSONS LEARNED**

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The HCT develops a methodology to prioritize municipalities and departments. However, this prioritization was not respected once the CERF funds were received. Midway through the intervention, the Department of La Guajira was being affected by humanitarian conditions in an extreme manner.	Maintain the prioritization agreed upon by the Humanitarian Country Team.	CERF secretariat
During the project, the USD/COL exchange rate varied significantly, allowing for coverage expansion of activities and increase in the number of beneficiaries	Although the variation in exchange rate resulted in a positive impact on implementation capacity, it is important to highlight the risk of possible negative impact of such fluctuations. The CERF secretariat must be prepared for timely and quick necessary adjustments to optimize resources and ensure adequate provision of assistance to the larger population possible with the limited resources available.	CERF secretariat /UN Agencies
Possibility of obtaining funds as Early Recovery working group	The CERF secretariat stated that funding could not be received under the Early Recovery cluster, so UNDP project was provided under the protection cluster. While this is a strategic protection project, it also has a strong component for Early Recovery and responds to the strategic plan of the ER working group. The ER working group is active and has a specific plan that complements the rest of the cluster, and should be able to apply to humanitarian funds like the rest of clusters to meet its goals and established priorities.	UNDP and CERF secretariat
Multisectoral interventions are	While multisectoral interventions under the CERF are not	OCHA and CERF secretariat

optimal and respond to the humanitarian situation in Colombia	allowed in contexts such as Colombia, it would be important to contemplate that idea as this country is in a protracted complex emergency, where different humanitarian needs are simultaneously present. This explains why it is important for multisectoral interventions to respond comprehensively to complex environments with multi-sectoral needs, with the participation and support of the different specialized clusters. It is not only a matter of complementing actions between agencies but also of betting on integrated projects with a multisectoral approach to meet multiple needs.	
It is important to analyse rigorously the targeting proposed by the countries for humanitarian assistance using CERF funds, taking into account that it arises from assessments of intersectoral needs and judicious exercises for the analysis of priorities and humanitarian gaps.	Execution of missions for verification of the humanitarian situation in areas difficult to position in the context of CERF funds, as is the case of Guajira in Colombia, where child mortality due to causes associated with malnutrition is critical. Also, it could be useful to create spaces for technical discussion in which technical experts of the countries can interact with the CERF secretariat, present existing questions and better orient the final decision regarding the geographic areas and beneficiary populations.	OCHA, CERF secretariat

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
Implementing partners with the ability to work with several agencies simultaneously guarantee a comprehensive and coherent intervention	Implementing partners with capacity to work with several agencies at the same time should be a considered criteria	UN agencies
The inclusion of early recovery actions (community worker training and the setting up of water and sanitation committees or inclusion of livelihood activities in an approach to prevent SGBV in the first stages of the project can help ensure the sustainability of the emergency actions.	Include early recovery actions in the immediate response.	All sectors
Humanitarian contexts, in the framework of the CERF, also serve as spaces for coordination with Government institutions, in order to draw their attention to humanitarian realities and needs of affected communities, in order to make progress on sustainable development processes	Plan for coordination platforms with Government institutions on a regular and specific basis, not only to share the project initiative or to consult with them on the development plans, but also to construct sustainable processes.	Local Humanitarian Teams

Differential (ethnic) approach was critical as it allowed greater acceptability of assistance by communities	Reinforce the differential approach and adapt the intervention to local cultural contexts	UN agencies
Joint assessment missions between UN agencies and other humanitarian actors who are part of the HCT and LHTs are key to ensure comprehensive analysis of the situation and identification of the needs gaps and to make adequate commitments with administrative and ethnic – territorial authorities, as well as the affected communities.	It is recommended to continue with this practice and to involve more humanitarian actors and authorities whenever possible, to facilitate coordination, engagement and complementarity and therefore avoid duplication of efforts while improving the channels of communication, intercultural dialogue and inclusion of gender and differential perspectives in projects.	HC/RC, OCHA, UN agencies, HCT and Local Humanitarian Teams
Regular analysis of the progress of all humanitarian actors' projects and the identification of common difficulties in the course of the execution are necessary for appropriate and joint decision-making and action in a timely manner.	It is recommended that this analysis be performed regularly at cluster and inter-cluster meetings to identify joint solutions and make it easier to take action to ensure efficient execution of projects and inter-sectoral action.	Cluster, UN agencies and implementing partners
It is important that cluster-lead agencies and co-leaders participate in monitoring missions and monitoring of projects.	It is recommended that the coordinators of the clusters conduct joint missions to track and monitor projects, making it easier to have recommendations to improve the implementation and impact of interventions.	Clusters Coordinator / OCHA
Human rights based approach, with inclusion of differential perspective of gender, ethnic and diversity should be ensured in the set priorities, and the design and implementation of the projects, and maintained throughout all the phases	Coordinating different projects from an early stage, establishing and following clear criteria on human rights, gender, age, diversity and ethnic perspectives to be maintained and checked against throughout the whole process. Particular relevance should be given to gender considerations, given the specific risks women and girls continue to face in the framework of armed conflict and displacement	UN agencies, Cluster coordinators, HCT, implementing partners and the local humanitarian teams
Targeted communities should be involved in all the phases of the project, to ensure transparency and accountability.	Needs assessment, project design, monitoring of implementation and final evaluation have been carried out in close cooperation with involved communities. This said, standardized mechanisms and procedures should be agreed upon to allow a consistent approach with beneficiaries.	UN agencies, implementing partners and the local humanitarian teams
Improve communication channels and coordination mechanism at the operational level between the involved agencies, the implementing partners and the local humanitarian teams	Strategically define the roles and channels of communication between the involved humanitarian actors (HCT, UN agencies, implementing partners, governments, etc) to avoid duplicating actions and maximize the time and efforts. While progress has been made in interagency coordination in priority areas of intervention, it is important to advance optimal communication mechanisms for coordinating and operating activities and optimize human, technical and financial resources, avoiding	UN agencies, implementing partners and the local humanitarian teams

	saturation of communities.	
Mental health and psychosocial support are key components of care delivery in the communities affected by the armed conflict and natural disasters. Transversal and complementary measures in that area should be considered by the various priority sectors for joint intervention.	It is recommended to continue strengthening psychosocial support, as well as appropriate channels and communication spaces, to foster joint work and to promote relationships based on trust and active listening between health care providers and the targeted communities. It is also necessary to incorporate a human rights approach in care delivery to the victims.	OCHA/UN Agencies and strategic partners for implementation
Some communities in Colombia require technical assistance for food production, ensuring the availability of the same. This activity requires permanent expert technical staff, which should be funded as part of the support of the project.	Explain clearly to the CERF the special situation of Colombia in terms of availability of food and the need for constant technical assistance during emergency situations.	FAO, OCHA
The areas of GBV and SGBV care are a key issue in humanitarian contexts and needs to be treated with an early recovery approach and cultural sensitivity.	Continue to prioritize projects and strategies for prevention and care of GBV and GBSV in emergency contexts, since those situations are exacerbated and even more invisible in these settings. Those kinds of projects with an specific protection and restoring livelihoods approach allow avoiding new victimizations and double victimizations and empowered youth and women, who are the main victims of the conflict. With indigenous communities, it is necessary to take into account ethnic and cultural sensitivity approach and make awareness processes with local authorities before actions on those specific issues.	UNDP, UNFPA, UN Women and UNICEF ,NRC implementing partner and the local humanitarian teams

## I. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
<b>CERF project information</b>						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	26/03/2015-31/12/2015		
<b>2. CERF project code:</b>	15-UF-WFP-017		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Food Aid			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency Food Assistance for Indigenous and afro Colombian Communities in Litoral del San Juan – Chocó and Buenaventura –Valle del Cauca					
<b>7. Funding</b>	a. Total project budget:	US\$15,603,482	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 15,603,482	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 15,627	
	c. Amount received from CERF:	US\$ 416,313	▪ <i>Government Partners:</i>		US\$ 0	
<b>Beneficiaries</b>						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<b>Direct Beneficiaries</b>	<b>Planned</b>			<b>Reached</b>		
	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (below 18)</i>	1,763	1,752	3,515	1,387	1,774	3,161
<i>Adults (above 18)</i>	1,080	1,074	2,154	1,299	1,209	2,508
<b>Total</b>	<b>2,843</b>	<b>2,826</b>	<b>5,669<sup>8</sup></b>	<b>2,686</b>	<b>2,983</b>	<b>5,669</b>
<b>8b. Beneficiary Profile</b>						
<b>Category</b>	<b>Number of people (Planned)</b>		<b>Number of people (Reached)</b>			
<i>Refugees</i>						
<i>IDPs</i>			982		894	
<i>Host population</i>						
<i>Other affected people</i>			4,687		4,775	
<b>Total (same as in 8a)</b>			<b>5,669</b>		<b>5,669</b>	
<i>In case of significant discrepancy between planned and reached</i>	There is no discrepancy between planned and reached beneficiaries.					

<sup>8</sup> 83% of beneficiaries will be indigenous population and 17% Afro-Colombians

beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Save lives and protect livelihoods in emergencies		
<b>10. Outcome statement</b>	Stabilized or improved food consumption over assistance period for targeted individuals		
<b>11. Outputs</b>			
<b>Output 1</b>	Food distributed in sufficient quantity and quality and in a timely manner to the 5,669 targeted beneficiaries		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Percentage of households with poor Food Consumption Score	Reduced prevalence of Poor Consumption Score of targeted individuals by 80%	Prevalence of poor food consumption score of targeted Households reduced by 100% compared to pre-assistance baseline value
Indicator 1.2	Diet Diversity Score	Increased Diet Diversity Score of targeted individuals	Diet Diversity Score of targeted Households is 6.4 compared to baseline value 4
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Signature of the Field Level Agreement with Cooperating Partner	WFP and Cooperating Partner	WFP and Cooperating Partner (Fundación Halú and Secretariado Diosesano Pastoral Social de Buenaventura)
Activity 1.2	Targeting of population – Baseline	WFP and Cooperating Partner	WFP and Cooperating Partner (Fundación Halú and Secretariado Diosesano Pastoral Social de Buenaventura)
Activity 1.3	Distribution of food assistance	WFP and Cooperating Partner	WFP and Cooperating Partner (Fundación Halú and Secretariado)

			Diosesano Pastoral Social de Buenaventura)
Activity 1.4	Carry-out trainings in Food Security and Nutrition to beneficiaries with a family based approach, targeting men and women.	WFP and Cooperating Partner	WFP and Cooperating Partner (Fundación Halú and Secretariado Diosesano Pastoral Social de Buenaventura)
Activity 1.5	Follow-up and evaluation process	UN-WFP	Follow-up: WFP Evaluation: No
<b>Output 2</b>	Gender equality and empowerment improved		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Proportion of households where females and males together make decisions over the use of food	Increased 10% over the Baseline data	Proportion of households where females and males together make decisions over the use of food increased by 5% over the baseline data
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Conduct community based and culturally-sensitive trainings to promote inclusion of both men and women in decision-making process	WFP and Cooperating Partner	WFP and Cooperating Partner (Fundación Halú and Secretariado Diosesano Pastoral Social de Buenaventura)
Activity 2.2	Organize information sessions prior to the start of the project with targeted women, men, boys and girls (using child-friendly techniques) to understand their priorities, needs and capacities.	WFP and Cooperating Partner	WFP and Cooperating Partner (Fundación Halú and Secretariado Diosesano Pastoral Social de Buenaventura)
Activity 2.3	Gender and protection assessment	UN-WFP	WFP

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

The joint project implemented with CERF funds provided timely food assistance to displaced and confined populations, preventing deterioration of their food security. The project helped stabilize their situation and provided essential relief to the vulnerable

households. In addition, WFP provided training created awareness among populations on importance of diverse diet as part of improvement in their food security.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

Beneficiary committees were established as part of the project design. In these committees, all the activities and issues concerning CERF intervention were discussed and agreed upon. During the implementation phase, the committees participated in planning of activities, trainings, and food distributions. They contributed to monitoring through verification of quantity and quality of food distributed, and also served as a feedback mechanism through which, the communities could raise their questions and give suggestions on the project implementation.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

The short duration of the project did not allow evaluation. However, WFP ensured that the progress is measured against the corporate indicators included in the logical framework.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	19/03/2015– 31/12/2015		
<b>2. CERF project code:</b>	15-UF-CEF-022		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Access to safe water, sanitation and hygiene practices for rural communities and families affected by complex emergencies					
<b>7. Funding</b>	a. Total project budget:	US\$ 1,700,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 1,363,880	▪ NGO partners and Red Cross/Crescent:		US\$ 524,258	
	c. Amount received from CERF:	US\$ 705,001	▪ Government Partners:		US\$ 0	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	1,466	1,241	2,707	2,653	2,670	5,323
Adults (above 18)	4,398	4,173	8,571	3,284	3,233	6,517
<b>Total</b>	<b>5,864</b>	<b>5,414</b>	<b>11,278</b>	<b>5,937</b>	<b>5,903</b>	<b>11,840</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	4,861		5,091			
Host population	6,043		6,275			
Other affected people	374		474			
<b>Total (same as in 8a)</b>	<b>11,278</b>		<b>11,840</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The difference is minimal (<5%).					

CERF Result Framework			
<b>9. Project objective</b>	Access to safe water, sanitation and hygiene practices for rural communities and families affected by complex emergencies		
<b>10. Outcome statement</b>	Provide access to safe water in sufficient quantity and quality, sanitation and hygiene practices for families in rural communities affected by complex emergencies in the prioritized municipalities, and support the local and subnational response mechanisms currently in place.		
<b>11. Outputs</b>			
<b>Output 1</b>	A total of 7,895 Men, women, boys, girls and prioritised families who have needs due to the gap in State response, have access to water suitable for human consumption, using the standards of the Sphere handbook as a reference and, when necessary, compliance with national standards. The equitable delivery of water suitable for consumption is ensured through the implementation of mobile treatment systems, home water systems and rehabilitation of a system for supplying communities and schools.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of men, women, children and adolescents who benefit from equal and safe access to community-based water systems.	60% (6,767) Women 2,639 Men 2,504 Girls 880 Boys 744	100% (11,840) Women 3,284 Men 3,233 Girls 2,653 Boys 2,670
Indicator 1.2	Number of water systems has been monitoring and analysis of water quality in communities and schools	9	13
Indicator 1.3	Number of people who benefit from filters or 20/40 lt. containers disaggregated by gender and age.	70% (7,895) Women 3,079 Men 2,921 Girls 1,026 Boys 869	75% (8,880) Women 2,463 Men 2,424 Girls 1,990 Boys 2,003
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Rehabilitation and improvement of community supply system with secure access, for members of the community and schools.	OXFAM, ACF, Tierra de Paz, Fundación Halü.	OXFAM, ACF, Tierra de Paz, Fundación Halü
Activity 1.2	Monitoring and analysis of water quality in communities and schools	OXFAM, ACF, Tierra de Paz, Fundación Halü.	OXFAM, ACF, Tierra de Paz, Fundación Halü
Activity 1.3	Distribution of water treatment systems in homes (home filters for water treatment) and containers (between 20 and 40 lt. storage capacity) for transport and storage of water, in an equal manner to men and women <sup>9</sup> .	OXFAM, ACF, Tierra de Paz, Fundación Halü.	OXFAM, ACF, Tierra de Paz, Fundación Halü
<b>Output 2</b>	A total of 9,022 Women, men, children and adolescents and families prioritised by the WASH cluster access appropriate technologies and mechanisms that respond in a differential manner to prioritised needs of different population groups, to improve conditions of basic sanitation at a family, school and community level and waste disposal.		

<sup>9</sup> The IPs in Jambaló, Tambo (Cauca); Buenaventura (Valle del Cauca) and Litoral del San Juan are the same than the WHO. So, the activities of WHO are complementary with the WASH Cluster.

<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of women, men, children and adolescents who benefit from a technology for proper disposal of excreta (separate female and male).	14% (1,578) Girls 810 Boys 768	18% (2,131) Girls 1,044 Boys 1,087
Indicator 2.2	Number of women, men, children and adolescents who benefit from the delivery of sanitation kits for waste disposal (the kits are made up depending of the specific and differential needs identified –man or female- in relation with Sphere standards).	80% (9,022) Women 3,518 Men 3,339 Girls 1,172 Boys 993	80% (9,472) Women 2,627 Men 2,586 Girls 2,122 Boys 2,137
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Improvement and/or construction of a battery of school sanitation facilities, including the system for the treatment of residual waters (1 toilets/latrines battery is made up of 10 toilet/latrine, 5 for men, 5 for women and 20 people benefit from each toilet/latrine).	OXFAM, ACF, Tierra de Paz, Fundación Halü.	OXFAM, ACF, Tierra de Paz, Fundación Halü
Activity 2.2	Distribution of elements to facilitate the collection and safe disposal of solid residues at a community and school level (shovels, cans, bags, brooms wheelbarrows) in an equal manner to women, adolescents, men and the community.	OXFAM, ACF, Tierra de Paz, Fundación Halü.	OXFAM, ACF, Tierra de Paz, Fundación Halü
<b>Output 3</b>	11,278 Women, men, children and adolescents and families who benefited of water and sanitation interventions count on suitable items and have received orientation on the importance of hygiene practices and their direct relation with health.		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of people who benefit from family and school hygiene kits (the kits include the specific topics for girls), desegregated by gender and age.	80% (9,022) Women 3,518 Men 3,339 Girls 1,172 Boys 993	80% (9,472) Women 2,627 Men 2,586 Girls 2,122 Boys 2,137
Indicator 3.2	Number of men, women, children and adolescents benefiting from training in key hygiene practices (hand washing, water treatment and safe storage, treatment of solid waste and safe excreta disposal) and their relation with health.	100% (11,278) Women 4,398 Men 4,173 Girls 1,466 Boys 1,241	100% (11,840) Women 3,284 Men 3,233 Girls 2,653 Boys 2,670
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Supply of family and school hygiene kits, with a differential and gender approach, distributed to women, men, children and adolescents.	OXFAM, ACF, Tierra de Paz, Fundación Halü.	OXFAM, ACF, Tierra de Paz, Fundación Halü
Activity 3.2	Development of workshops on water, sanitation and hygiene and development of communication and school materials with an ethnic and gender focus, for women, men, children and adolescents.	OXFAM, ACF, Tierra de Paz, Fundación Halü.	OXFAM, ACF, Tierra de Paz, Fundación Halü
<b>Output 4</b>	Two departmental, nine municipal governments and nine communities are trained to coordinate, monitor and complement the response on a local level.		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>

Indicator 4.1	Number of municipal and departmental governments with training.	2 Department and 8 municipalities.	2 Department and 8 municipalities.
Indicator 4.2	% female members of community water committee.	35%	30%
Indicator 4.3	Number of monitoring and evaluation fields visits	8	10
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Workshops and trainings to complement the response and carry out the intervention with an intercultural and gender focus.	UNICEF, OXFAM, ACF, Tierra de Paz, Fundación Halü.	OXFAM, ACF, Tierra de Paz, Fundación Halü
Activity 4.2	Establish community water committee with an equal number of women and men.	OXFAM, ACF, Tierra de Paz, Fundación Halü.	OXFAM, ACF, Tierra de Paz, Fundación Halü
Activity 4.3	Monitoring and evaluation	UNICEF, WHO, LHT, the proposal evaluation WASH Committee and clusters.	OXFAM, ACF, Tierra de Paz, Fundación Halü

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

We were able to benefit a larger than planned population in the rehabilitation of water systems by optimizing the purchase of supplies, transportation costs and the labour of implementing partner OXFAM. The savings enabled us to rehabilitate additional systems and ensure the quality of the water. Ten visits to the field were made, rather than the eight that were planned. In Riosucio municipality we had to make two additional visits on account of the instability/insecurity related to the armed conflict, which intensified significantly during the period, slowing down the progress of the Project. The visits enabled us to reach an agreement with the implementing partner to speed up the work schedule without endangering the safety of the field staff. As a result, work was intensified in one zone where the conflict had not yet flared up so much. When the conflict in another area diminished temporarily, we shifted activities and intensified efforts there.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

The participation of community representatives as presenters in meetings with traditional authorities was guaranteed via several mechanisms. In targeted communities:

- Initial approach was made to set up the scope of the project and its implementation strategies and elicit community involvement.
- Monitoring visits provided feedback to communities to plan progress and identify opportunities for improvement.
- Final visits were made to achieve project closure and accountability, in which the community itself highlighted that they were actively involved in implementation of the actions.

Provision of contact data for Project manager as well as an anonymous box for questions, complaints and suggestions, permitted more fluid access and participation of community members.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

EVALUATION PENDING

The implementation of a follow -on evaluation was determined to be unnecessary.

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	20/03/2015– 31/12/2015		
<b>2. CERF project code:</b>	15-UF-CEF-021		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Nutrition			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Nutrition assistance to boys, girls, pregnant and lactating women affected by armed conflict in Putumayo					
<b>7. Funding</b>	a. Total project budget:	US\$ 800,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 386,920	▪ NGO partners and Red Cross/Crescent:		US\$ 125,252	
	c. Amount received from CERF:	US\$ 200,004	▪ Government Partners:		US\$ 0	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	1,066	934	2,000	996	1,106	2,102
Adults (above 18)	3,240	2,760	6,000	3,254	2,650	5,904
<b>Total</b>	<b>4,306</b>	<b>3,694</b>	<b>8,000</b>	<b>4,250</b>	<b>3,756</b>	<b>8,006</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	400		450			
Host population						
Other affected people	7,600		7,556			
<b>Total (same as in 8a)</b>	<b>8,000</b>		<b>8,006</b>			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	There is no significant variance.					

CERF Result Framework			
<b>9. Project objective</b>	Address the urgent nutritional needs of 1,800 families with vulnerable indigenous and rural boys, girls, pregnant and lactating women through Community based Management of Acute Malnutrition and anaemia, prevention of water-borne diseases and respiratory infections.		
<b>10. Outcome statement</b>	Ensure the survival of boys, girls, pregnant and lactating women living in isolated rural areas through improving coverage to nutritional services.		
<b>11. Outputs</b>			
<b>Output 1</b>	Two thousand vulnerable boys and girls under 5 years and 400 pregnant and lactating women have access to nutritional care		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Coverage of treatment (MAM and SAM) in per cent (among boys and girls detected with acute malnutrition between the ages of 0 and 59 months detected in targeted population)	100% (44 girls, 56 boys)	100% (23 girls, 27 boys)
Indicator 1.2	Coverage of micronutrients to prevent and improve nutritional anaemia in per cent (among boys and girls between the ages of 6 and 59 months, pregnant and lactating women in targeted population).	100% (1,066 girls, 934 boys, 400 pregnant and lactating women)	95% (924 girls, 1,025 boys; 363 pregnant and lactating women)
Indicator 1.3	Number of targeted families supporting infant and young child feeding and health practices to prevent malnutrition, water-borne diseases and respiratory infections in their infant and young boys and girls	1,800	1,800
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement of: <ul style="list-style-type: none"> <li>RUTF for 8% of targeted boys and girls between the ages of 0 and 59 months (100 treatments)</li> <li>Micronutrients treatments for 2,000 children under 5 years</li> </ul>	UN Agency-NGO	UNICEF - ACH
Activity 1.2	Distribution of RUTF and micronutrients to target population at community level	NGO, primary health units, local health authorities	ACH, UNICEF primary health units, local health authorities
Activity 1.3	Support families leaders and volunteers from rural communities to implement community based nutritional care and prevention of water-borne diseases and respiratory infections.	UN Agency, NGO, Health Secretary at department level	ACH, UNICEF primary health units, local health authorities
<b>Output 2</b>	Public hospitals of Puerto Asis, Puerto Leguizamo, Puerto Guzman and San Miguel and 2 mobile health units implement nutritional and health care services addressed to boys, girls, pregnant and lactating women at risk of malnutrition - living in rural areas.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	% of targeted Municipalities that fully implement Community Based Management of Acute Malnutrition in their public hospitals and mobile health units.	100% (4 municipalities: Puerto Asis, Puerto Leguizamo, Puerto	100% (4 municipalities: Puerto Asis, Puerto Leguizamo, Puerto

		Guzman and San Miguel)	Guzman and San Miguel)
Indicator 2.2	% of Health workers from targeted public hospitals and mobile health units that strengthen their capacities to implement community based management of acute malnutrition and infant and young child feeding in emergencies	100% (4 public hospitals and 2 mobile units = 60 health workers)	100% (4 public hospitals and 2 mobile units = 67 health workers)
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procurement of equipment for nutritional evaluation of children, pregnant and lactating women (includes 2 anthropometric kits and Hemocues) and educational materials.	UN Agency - NGO	UNICEF - ACH
Activity 2.2	Distribution of nutritional equipment and educational materials at local level	NGO	ACH
Activity 2.3	Training of health workers from targeted public hospitals and mobile health units.	NGO	UNICEF - ACH

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

The percentage of children who required treatment for undernutrition was reduced to 2.4 per cent instead of the 5 per cent that had been originally planned. The authorities overestimated the need based on their own projections; we corrected once we measured the real incidence in the field. Therapeutic food acquired was utilized in the nutritional treatment in other departments prioritized by the CERF, with the technical support of UNICEF. Note: The project was only carried out in one department, Putumayo.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

Accountability was ensured through careful socialization of the project with the beneficiary communities beforehand, and providing the contact data of the national office to the community so that they could consult us with any concerns that might arise. Local authorities and indigenous leaders participated closely in discussion, decision-making and divulgation of the actions to be taken. For example, the local and traditional leaders themselves were instrumental in insisting that treatment for under-nourished children take place in homes and communities rather than in health institutions or recovery centres. Trained personnel from the affected communities voluntarily participated in implementing the project.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

EVALUATION PENDING

The implementation of a follow -on evaluation was determined to be unnecessary.

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	20/03/2015– 31/12/2015		
<b>2. CERF project code:</b>	15-UF-CEF-020		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Child Protection			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Integrated Protection of Children Affected by Armed Conflict in the specifically areas of recruitment and APM/UXO/IED					
<b>7. Funding</b>	a. Total project budget:	US\$ 900,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 829,836	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 160,342	
	c. Amount received from CERF:	US\$ 229,836	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	200	200	400	3,475	3,464	6,939
<i>Adults (above 18)</i>	800	800	1,600	807	909	1,716
<b>Total</b>	<b>1,000</b>	<b>1,000</b>	<b>2,000</b>	<b>4,282</b>	<b>4,373</b>	<b>8,655</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>			2,000		1,775	
<i>Host population</i>						
<i>Other affected people</i>			6,888			
<b>Total (same as in 8a)</b>			<b>2,000</b>		<b>8,655</b>	
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>			In drafting the project, we were intentionally conservative in our estimate of planned beneficiaries. This was due to the problems encountered in 2014, when flooding, insecurity and closure of access complicated our activities in Putumayo. During 2015 we were, in fact, able to reach and serve the communities targeted but also to expand activities to include surrounding towns and villages. This is why our final tally of			

beneficiaries reached is some four times greater than the figure originally provided.

CERF Result Framework			
<b>9. Project objective</b>	2000 beneficiaries, including 1,600 children (50% girls and 50% boys) and adolescents and 400 adults of the prioritized municipalities of the departments of Arauca, and Putumayo, affected by the armed conflict are protected against recruitment and APM/UXO/IED with an ethnical, gender and age perspective		
<b>10. Outcome statement</b>	Ensure the protection of boys, girls and adolescents from the risks of armed conflict through their access to child protection strategies and their inclusion in the institutional roadmaps		
<b>11. Outputs</b>			
<b>Output 1</b>	800 children and adolescents and 200 adults in the departments of Putumayo (Puerto Guzmán, San Miguel, Puerto Asís y Valle del Guamuez at risk of forced recruitment have access to comprehensive protection assistance through strategies to strengthen capacities and urgent protection activities.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of children and adolescents living in the prioritized communities that have access to child protection strategies.	800 (400 girls and 400 boys)	1,031 children and adolescents (598 boys and 433 girls), living in the prioritized communities, had access to child protection strategies.
Indicator 1.2	Percentage of girls and boys who acquire the respective tools needed to protect themselves from recruitment by illegal armed groups.	50% girls and 50% boys	100% of boys (58%) and girls (42%) participating in the project acquired tools to protect themselves from recruitment.
Indicator 1.3	Number of protective spaces for children and number of psychosocial assistance services established.	8	8 child-friendly and protective spaces were established in prioritized areas. These spaces were equipped with materials to develop activities of psychosocial recovery, through the Return to Happiness strategy.  The following schools participated: 1. La Ceiba, 2. José María, 3.

			Quinapejo, 4. Las Perlas, 5 Amazónica en Puerto Guzmán, 6. Bajo Lorenzón, 7. Villa Victoria en Puerto Asís, 8. Jordán Güisía en Valle del Guamuez and 9. El Sábalo en San Miguel.
Indicator 1.4	Number of recreation and psychosocial assistance kits distributed.	800	1,031 recreation kits and psychosocial recovery kits were distributed to participants.
Indicator 1.5	Number of children that are included in the institutional roadmaps against recruitment.	N/A	289 boys (152) and girls (137) in prioritized boarding schools were included in the early-action roadmap for the prevention of recruitment.  During this period, 17 boys and girls (11 boys and 6 girls) were included in the emergency roadmap for the prevention of recruitment at the Jordán Güisía boarding school, due to a collective threat of recruitment.
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Develop child protection strategies against recruitment with an ethnic, gender and age focus.	Local NGO	Fundación Proinco
Activity 1.2	Create temporary protective spaces for children where they can play, feel safe and protected, and receive psychosocial assistance.	Local NGO	Fundación Proinco
Activity 1.3	Protect children at risk of recruitment through development of the institutional roadmaps.	Local NGO ICBF	UNICEF Fundación Proinco ICBF

			Secretaría Técnica Comisión Intersectorial para la prevención del reclutamiento.
<b>Output 2</b>	800 children and adolescents and 200 adults in the departments of Arauca (Arauca, Tame and Arauquita) affected by APM/UXO/IED have access to comprehensive protection assistance through strategies for MRE and Victim Assistance to strengthen capacities and urgent protection activities.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of men and women that have been trained as trainers of MRE.	10	15 (5 female and 10 male)
Indicator 2.2	Number of children and adults provided with skills to adopt safe behaviours with gender approach and to reduce the risk of accidents in places affected by APM/UXO/IED.	4,254	7,338
Indicator 2.3	Number of victims of APM/UXO/IED (both female and male) who receive humanitarian assistance and who are included in the comprehensive institutional assistance plan	N/A	18 (11 male and 7 female)
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Community based Mine Risk Education (MRE) activities with emphasis on the education sector for children, families and teachers	Local NGO	Campaña Colombiana Contra Minas (CCCM) and UNICEF
Activity 2.2	Training of teachers and community leaders (men and women) as trainers of trainers on MRE to replicate messages on prevention of accidents in rural communities at high risk and with a high impact due to presence of APM/UXO/IED.	Local NGO	Campaña Colombiana Contra Minas (CCCM) and UNICEF
Activity 2.3	Humanitarian assistance to victims of APM/UXO/IED in order to guarantee their access to the institutional assistance plan.	Local NGO	Campaña Colombiana Contra Minas

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

As noted above, we had purposefully exercised caution in estimating the number of beneficiaries for each indicator, based on prior experience in Putumayo, where insecurity, natural disaster and lack of access obstructed our efforts. In fact we were able to surpass by far the number of persons trained in MRE. Please note: Mine action activities were carried out strictly in Arauca Department, while Protective Environment activities were limited to Putumayo. Thus, the results and achievement described refer to those two departments for each sub-sector, respectively.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

From the initial planning phase, UNICEF incorporated actions to ensure accountability to the community. These consisted of monthly progress and coordination meetings, which reviewed advances, constraints and proposals to improve implementation of the project. Between eight and 12 meetings were held with local authorities, indigenous leaders and other community members in each Department. The project was introduced to the community, they participated in decision-making on where and how to work, and feedback was provided to participating community members at the end of the project. Nevertheless, it was challenging to call together the affected population and it was not always possible to get the full community's participation. In future interventions, such strategies of accountability should be continued, but efforts should be made to achieve a wide participation and to ensure a basis for longer-term sustainability.

In the case of mine action activities (Mine Risk Education and Comprehensive Attention to Victims), community entry and exit strategies were designed using a "Do No Harm" approach. The exit strategy included a process of accountability to communities and to the local authorities. In addition, a separate, ethnically-sensitive protocol was established for specific use in the indigenous communities, especially in the Hitnu community.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
No formal evaluation was carried out; however ample impact was demonstrated in the comments of participants during the closure feedback activities.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNHCR		<b>5. CERF grant period:</b>	13/04/2015-31/12/2015		
<b>2. CERF project code:</b>	15-UF-HCR-011		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Protection			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Response to the humanitarian situation through protection by presence and strengthened self-protection mechanisms of communities in situation or at risk of displacement and confinement					
<b>7. Funding</b>	a. Total project budget:	US\$ 1,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 1,500,000	▪ NGO partners and Red Cross/Crescent:		US\$ 149,392	
	c. Amount received from CERF:	US\$ 244,996	▪ Government Partners:		US\$ 0	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	1,661	1,259	2,920	2,088	1,583	3,671
Adults (above 18)	2,545	1,535	4,080	3,199	1,930	5,129
<b>Total</b>	<b>4,206</b>	<b>2,794</b>	<b>7,000</b>	<b>5,287</b>	<b>3,513</b>	<b>8,800</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	4,900		6,160			
Host population						
Other affected people	2,100		2,640			
<b>Total (same as in 8a)</b>	<b>7,000</b>		<b>8,800<sup>10</sup></b>			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or			The increased number of beneficiaries is mainly due to a development in the project of the community centre in Puerto Jordan, Arauca, which ended up being available and open to several neighbouring communities, which are now taking advantage of the space for strengthening and organizational activities.			

<sup>10</sup> Of which 6,255 are indigenous people (71%) and 2,545 (29%) are afro-descendants.

the age, sex or category distribution, please describe reasons:	
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CERF Result Framework			
<b>9. Project objective</b>	Strengthening the protection situation of IDP communities and communities at risk of displacement or in situation of confinement.		
<b>10. Outcome statement</b>	Communities heavily affected by the conflict situation (in situation of displacement, confinement or at risks) are strengthened in their self-protection and coping mechanism and other risks directly related to the conflict situation are mitigated.		
<b>11. Outputs</b>			
<b>Output 1</b>	Protection situation of prioritized communities enhanced through the implementation of PPPs and protection by presence strategy.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Three temporary community centres constructed as part of a broader protection intervention in prioritized communities in Putumayo and Choco	1,200 people Of which Sex Women: 600 Men: 600  Age <18: 660 >18: 540  Ethnic Indigenous: 100%	1,100 people  <b>Sex</b> Women:531 Men: 569  <b>Age</b> <18: 613 >18: 487  <b>Ethnic</b> Indigenous: 100%
Indicator 1.2	The community of San Antonio del Convoy directly benefitted with improved sanitation systems	100 people Of which Sex: Women: 51 Men: 49 Age: <18: 50 >18: 50	83 people  <b>Sex</b> Women: 42 Men: 41  <b>Age</b> <18: 41 >18: 42  <b>Ethnic</b> Indigenous: 100%
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Conduct participatory assessment to identify basic needs and protection risks (AGDM approach) with community members and identify specific needs affecting women, men children and adolescents.	UNHCR	UNHCR
Activity 1.2	Develop design for construction of different community shelters	ACF/ CorporacionOpcion legal	Corporacion Opcion Legal

Activity 1.3	Implement construction activities in direct coordination with community members and relevant authorities	UNHCR in alliance with partners (ACF and Corporación Opción Legal) and local authorities	Corporacion Opcion Legal
Activity 1.4	Address continuously arising protection needs and advocacy with authorities in order to improve protection situation through protection by presence, field missions etc.	UNHCR	UNHCR
Activity 1.5	Coordination with local authorities to promote civil state presence and the reestablishment of basic social rights and services within the community	UNHCR	UNHCR
Activity 1.6	Conduct field missions to prioritized communities in order to ensure accompaniment, protection by presence and follow up on project implementation.	UNHCR	UNHCR
<b>Output 2</b>	Improved community conditions for indigenous communities and farmer communities affected by conflict and displacement in Arauca through provision of kits and tools to address early recovery, improved food security and strengthen protection mechanisms		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	The Cuiloto Marrero community in Puerto Rendon is provided with equipment to support the conditions of the community	105 people Of which Sex: Women: 53 Men: 52 Age: <18: 50 >18: 55 Ethnic Indigenous: 100%	115 people <b>Sex</b> Women: 55 Men: 60 <b>Age</b> <18:60 >18:55 <b>Ethnic</b> Indigenous: 100%
Indicator 2.2	Organization of a community space in Puerto Jordan to promote dialogue and reconciliation among victims, local authorities and other actors	575 people Of which Sex: Women: 290 Men: 285 Age: <18: 275 >18: 300	2986 people <b>Sex</b> Women: 1972 Men: 1014 <b>Age</b> <18: 811 >18: 2175
Indicator 2.3	Equipment of women's organization to strengthen community dialogue and reconciliation (chairs, tables , acrylic boards , paint and accessories and other materials to support their training and coordination meetings)	370 women Age: <18: 100 >18: 270	116 women <b>Age:</b> <18: 3 >18: 113
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by</b>	<b>Implemented by</b>

		(Planned)	(Actual)
Activity 2.1	Design of kits in order to respond to basic unmet needs identifies	UNHCR	UNHCR
Activity 2.2	Purchase of equipment and distribution to families	UNHCR	UNHCR
Activity 2.3	Support is given to the design and implementation of the community space in Puerto Jordan	UNHCR	UNHCR
Activity 2.4	Purchase and distribution of material and furniture to the Women's associations in the Charo y Barrancones island	UNHCR	UNHCR
Activity 2.5	Conduct field missions to ensure accompaniment to organizations affected by violence and conflict and promote the dialogue with local entities and authorities	UNHCR	UNHCR
<b>Output 3</b>	Communities in urban and rural areas of Buenaventura strengthened in their coping skills to deal with displacement situations and sexual and gender based violence.		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Indigenous and Afro-descendants women of La Gloria, Triana, Zaragoza y Bajo Calima have access to information and services related to SGBV	2,400 people Of which Sex Women: 1,725 Men: 675 Age <18: 700 >18: 1,700 Ethnic: Afro-descendent: 1,945 Indigenous: 455	2,200 people <b>Sex</b> Women: 1,625 Men: 575 <b>Age</b> <18: 600 >18: 1,600 <b>Ethnic</b> Afro-Descendent: 1,845 Indigenous: 355
Indicator 3.2	Young people and their carers of Comuna Siete of the Barrio San Francisco, Continental Sector of the District are aware of self-protection mechanisms against violence	750 people Of which Sex Women: 375 Men: 375 Age <18: 540 >18: 210 Ethnic Afro-descendent: 750	700 people <b>Sex</b> Women: 350 Men: 350 <b>Age</b> <18: 510 >18: 190 <b>Ethnic</b> Afro-descendent: 700
Indicator 3.3	Community initiatives involving children and young people, parents, community leaders and carers are organized in the Comuna Siete	750 people Of which Sex Women: 375 Men: 375	700 people <b>Sex</b> Women: 350 Men: 350

		Age <18: 540 >18: 210 Ethnic Afro-descendent: 750	Age <18: 510 >18: 190 Ethnic Afro-descendent: 700
Indicator 3.4	Indigenous inhabitants of the urban and rural areas of the Buenaventura municipality strengthen their organizational capacity	1,500 people Of which Sex Women: 750 Men: 750 Age <18: 550 >18: 950 Ethnic Indigenous: 1,500	1,500 people Sex Women: 750 Men: 750 Age <18: 550 >18: 950 Ethnic Indigenous: 1,500
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Training and awareness raising at community level on SGBV prevention, self-protection mechanisms and routes of attention	Akina-Opcion Legal Prodes UNHCR	Akina- Opción Legal
Activity 3.2	Dissemination on IDP rights and legislation	UNHCR and Prodes	Prodes
Activity 3.3	Identification of SGBV risk and advocacy with state entities to improve the response	UNHCR and Prodes	UNHCR
Activity 3.4	Awareness raising and training on indigenous organizational capacity	UNHCR	UNHCR - Akina-Opción Legal
Activity 3.5	Conduct field missions, to accompany victims of gender based violence, men, women and children and lobby with respective entities to promote a more effective response.	UNHCR	Prodes

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

**PUTUMAYO**

- Temporary Maloka for the indigenous community Murui (Piñuña Negro, Leguizamo): The project was implemented in accordance with the established planning, taking into account external factors such as climate. The community met established commitments by contributing with unskilled labour under the methodology of contribution by all. Accompaniment to the community was maintained throughout the whole project. The process of building the Maloka Murui has contributed to the organizational strengthening of the community and its relationship with regional organizations. Shared work improved relationships between people and enabled them to have common positions while facing current challenges.
- PPP/ sanitary units (San Antonio del Comboy, San Miguel municipality): The construction of sanitary facilities and basic sanitation systems significantly contributed to improve the quality of life of community members, especially those with specific protection needs.

**CHOCÓ**

- Building and adaptation of a community centre for indigenous people in Puesto Indio in the Rio Cugucho valley and of a community centre in the indigenous community of Chagadó, Medio Atrato: The activities were implemented as planned.

#### **ARAUCA**

- Endowment of the indigenous community of Cuiloto Marrero, Puerto Rondon Municipality: Given the need to improve the living conditions of families in the indigenous settlement Cuiloto Marrero, the provision of tools and elements of habitat was conducted. This resulted in: rescue of the people's activities, identity and ancestral practices such as agriculture, which generated good use of time, food security, community interaction, transmission of knowledge and ancestral knowledge among its members and generations, while strengthening community structure; interaction and coordination between UNHCR and the community, generating actions that kept a differential ethnic approach, becoming a reference for other institutions that support the relocation; improvement of their living conditions, especially in the dry season, when the appearance of mosquitos, flies, bugs and other insects threatens the members of the community, becoming a source of skin and other diseases.
- Endowment of a community space in Puerto Jordan, Tame municipality: During and after the endowment of the community space in Puerto Jordan, community exercises were conducted and the people often took part to the planned activities and made good use of the physical space. Likewise, community organizations and government can now count on an adequate physical space and necessary audio visual equipment for conducting meetings. The number of beneficiaries increased in comparison with what originally planned, because the renewed community centre ended up being available for several neighbouring communities, which are now taking advantage of the space for strengthening and organizational activities.
- Endowment of Organization for Women (La Playa community, Puerto Contreras, Remolino, Barrancones ), Saravena Municipality: Through common areas for women, the following objectives were achieved: strengthening the current state of the women's network, so that they can respond to the accompaniment of women victims of GBV and the need to forge local actions, to position and make an impact on the route of care for victims GBV; strengthening the capacity of empowerment and enforcement of rights of women in the towns of Flor Amarillo, Puerto Jordan, Vida y Rostro de Paz and Isla de Charro, throwing the development of a Community Action Plan, which will serve as an input to the incidence in 2016, as well as strengthening the continuity of the women engaged in peace projects in Arauca; organization of women in the process of sharing experiences, identifying the different situations of women in these towns, mostly rural areas with a strong involvement of the armed conflict. The number of beneficiaries of this action decreased in comparison to what originally planned because of the difficulties in moving women from one community to another, encouraging therefore exchange and community strengthening. Difficulties were due to bad conditions of the roads, which limited the transportation options.

#### **BUENAVENTURA**

- Protection strategy with focus on solutions to combat or mitigate the risks for Sexual and Gender Based Violence: Activities were implemented as planned. Throughout 2015, the Red Mariposa confirmed itself as a reference point in the area of prevention and response to SGBV, with active participation to the inter-sectorial table and other for a. The network grew and reached geographical coverage over that was planned in the project proposal.
- Participation of children and adolescents in the recuperation and participation of community spaces in the community 7 of Buenaventura: Although the project was fully and successfully implemented, the number of beneficiaries was reduced by a half. This was due to difficulties in mobilizing and involve all the parents and caregivers to planned activities, with exception made for the "School of parents", which registered high attendance.
- Organizational strengthening of indigenous community: Strengthening of organizational activities was provided to the indigenous community of Wounaan, with difficulties only registered in organizing days to adopt the statement for the collective reparation, due internal limitations of agenda and time of the regional Public Attorney.

### **13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

UNHCR is committed to deliver results for populations of concern within a framework of respect, transparency, agreed feasibility, trust, delegated authority and available resource. The dependency of the Agency's persons of concern is balanced with a corresponding system of checks that respond to the obligation of accounting for the use of financial means put at its disposal by CERF.

To ensure such accountability, a continuous and open channel of communication between UNHCR and benefitting populations was kept, while all the phases of the project were monitored by the Agency and its implementing partners. Communication and cooperation were ensured through regular meetings, visits and exchanges. More in detail:

- In Putumayo, the interventions with priority communities involved the following steps: visits for technical assessment of prioritized community needs and intervention; participative construction of solutions, with active contribution of communities; presentation and approval of the intervention: assessment of the intervention by UNHCR and partner communities so to reach acceptance of final works by all the parties.
- In Chocó, beneficiaries were permanently informed about the projects progress on site, as they also were participating in the design and construction of the infrastructure by providing feedback to UNHCR protection officer and to the architect.
- In Arauca, throughout the implementation of the projects, an open and honest conversation was kept with communities, aiming at fully explaining planned activities and resulting in transparency and effective participation of the members of the community.
- In Buenaventura, all the communities were involved in the process of cooperation, design, implementation and monitoring of the project. These joint actions were completed throughout the whole year in the framework of the technical committees organised which each of the counterparts.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?** EVALUATION CARRIED OUT

UNHCR’s monitoring of CERF-funded activities is based on reports and observations by the partners and local authorities and on regular direct observation and on-going assessment by UNHCR (e.g. on the spot visits to project sites) and the comparison of achievements and related financial expenditures with objectives. Monitoring activities are carried out at various levels (community, household) by implementing partners, authorities, UNHCR Branch Office, Sub Office and Field Offices. Situation reports are submitted by all UNHCR Field Offices to their respective Supervising Office on a monthly basis and Branch Offices submit a corresponding report to Headquarters.

EVALUATION PENDING

For the purpose of this project, a continuous monitoring and specific evaluation activities and missions on certain projects were carried out, occasionally matching with the date of delivery of the infrastructures or of the closure of the project:

**PUTUMAYO**

- The project of the temporary Maloka for the indigenous community Murui (Piñuña Negro, Leguizamo) was implemented in line with the intended planning. The intervention was positively evaluated, considering the contribution to organizational strengthening of Murui people, the strengthening of the relationship between the council and its organization and the protection that the infrastructure provides for emergency situations. An evaluation was carried on November 10<sup>th</sup> 2015 (report in attachment – Annex 1).
- An assessment of the PPP of sanitary units (San Antonio del Comboy, San Miguel municipality) was performed as part of a community meeting, with the presence of UNHCR and implementing partners for verification of compliance with previous commitments and agreements. The community recognizes that the sanitary units represent a positive contribution to security and an improvement of the quality of life of the community, especially children and adolescents. As acceptance of satisfactory compliance, the community signed the final act of delivery and transfer of ownership. The units were delivered on November 13<sup>th</sup> 2015.

**CHOCO**

- Indigenous communities benefit from having a dignified physical place with a roof when they are forcefully displaced and also used to carry out their community activities (discussions about their future as victims of displacement, carrying out workshops, holding meetings with authorities, NGOs and other parties). This results in increased resilience and ability to cope with the consequences of armed conflict in their lives. Appropriation of the space, and feeling it as its own, has provided communities with a sense of wellbeing and for indigenous authorities a sense that they are not forgotten by the State and organizations that are accompanying their process of displacement. An evaluation of the project in Puesto Indio was carried out in September, in occasion of the delivery of the infrastructure (report attached –

NO EVALUATION PLANNED

Annex 2). Finally, an evaluation of the project in Chagadó was completed in November 2015.

**ARAUCA**

- In Arauca, although no formal evaluation has been issued, a continuous monitoring and effective communication with communities ensured the successful completion of the project.

**BUENAVENTURA**

- The project focusing on protection strategy with focus on solutions to combat or mitigate the risks for Sexual and Gender Based Violence has not being evaluated yet, but it's important to point out that the network got expanded and strengthened.
- In the community 7 of Buenaventura, the continuous assessment of participation of children and adolescents in the recuperation and participation of community spaces highlighted that the methodology used for intervention was particularly adequate for work with children and young people and to collect evidence of rights violation that beneficiaries were experiencing. As a result of the project, volunteers and teachers were trained, ensuring more sustainability in the long run. No assessment will be carried out for the project focusing on organizational strengthening of indigenous community, as the accompaniment process responds to a permanent dialogue with indigenous communities at risk of displacement

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>		UNDP		<b>5. CERF grant period:</b>		08/04/2015-31/12/2015	
<b>2. CERF project code:</b>		15-UF-UDP-002		<b>6. Status of CERF grant:</b> <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
<b>3. Cluster/Sector:</b>		Protection					
<b>4. Project title:</b>		Protection of affected children, adolescent and youth, women and men against GBV, forced recruitment and APM/UXO accidents in Chocó and Cauca					
<b>7. Funding</b>	a. Total project budget:		US\$ 5,615,037 <sup>11</sup>	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:		US\$ 375,000	▪ NGO partners and Red Cross/Crescent:		US\$ 288,255	
	c. Amount received from CERF:		US\$ 350,000	▪ Government Partners:		US\$	
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (below 18)		1,370	1,175	2,545	1,457	1,248	2,705
Adults (above 18)		1,210	505	1,715	1,493	740	2,233
<b>Total</b>		<b>2,580</b>	<b>1,680</b>	<b>4,260</b>	<b>2,950</b>	<b>1,988</b>	<b>4,938</b>
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		1,159			2,691		
Host population		1,158			1,120		
Other affected people		1,943			1,127		
<b>Total (same as in 8a)</b>		<b>4,260</b>			<b>4,938</b>		

<sup>11</sup> For the funding part, there was a misunderstanding during the project formulation as we were informed that 7.a should refer to the global agency funding requirements for the corresponding activities in the sector, according to the SRP 2015. Besides, for 7.b, we understood that we should indicate the total amount received for humanitarian response as agency, but not concretely for the current emergency. After clarifying this, we specify that the total funding received so far for the project was USD \$25,000 added to those \$350,000 received from CERF.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	There has been an increase in the total beneficiary population, especially displaced population, stemming from the increased population coverage in Cauca both for children at risk of recruitment and for affected groups such as teachers and educators, doubling the number of prioritized educational institutions. On the other hand, there was also a greater increase in displaced population in Chocó, as during the intervention, according to the needs identified, a greater number of this type of population was prioritized in the area of the municipal seat of Docordó, Litoral san Juan (Chocó).
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Improve life-saving strategies and protection, under a human rights and early recovery approach, for indigenous and Afro-Colombian communities in situation or at risk of displacement and confinement in Cauca (Jambaló, Toribío, El Tambo) and Chocó (Litoral de San Juan).		
<b>10. Outcome statement</b>	Promote an integral multi-sectorial protection strategy for 2,450 indigenous and 1,810 Afro-Colombian women, man, boys, girls, adolescents and youth to have greater access to protective community spaces and institutional survival-centred services that respond to GBV, forced recruitment and UXO/landmine cases.		
<b>11. Outputs</b>			
<b>Output 1</b>	The psychosocial capacities and collective and self-protection mechanisms of 2,530 persons (1,621 women, 909 men) at risk or affected by multiple forms of GBV, forced child recruitment and APM/UXO in the context of armed conflict are strengthened.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	# of validated needs assessments with the full participation of prioritized communities and different sex/age/ethnic groups	3	3
Indicator 1.2	# of persons men, women, children, youth and adolescents who receive training on risk management, peace building, sexual and reproductive health, protection and response to GBV, forced recruitment and APM/UXO	2,210 (1,330 Women, 880 Men)	4,938 persons in total 2,189 (1,062 girls and adolescent, 1,127 boys) in Cauca and 768 adults ( 460 women, 308 men) 1,981 ( 395 girls and adolescent, 121 boys and adolescent, and 1,033 women, 432 men)
Indicator 1.3	# of active protection community-based referral pathways for GBV, child recruitment, APM/UXO incidents in prioritized communities	5	5 in total. 3 one per Municipality in Cauca 2 in Litoral San Juan ( 1 for afro Colombian, 1 for indigenous communities)

Indicator 1.4	% of women from the women's protection network who have increased their capacities to provide vital community-based psychosocial support to victims of the armed conflict	75%	75%
Indicator 1.5	# of victims who benefit from vital community-based psychosocial support	20 (19 women 1 men)	9 (women, adolescent) in Litoral San Juan
Indicator 1.6	# of women, men, adolescents, youth, boys and girls who benefit from the replication of trainings on risk reduction and mitigation and protection mechanisms	2,530 (1621 women, 909 men)	1,154 in total. 1,015 (720 women 212 men, 83 children and adolescent in Litoral San Juan) 139 women, and men benefit from the replication in Cauca ( 85 women, 54 men)
Indicator 1.7	# of men, women, youth, and adolescents who participate in accountability initiatives	230 (145 women, 85 men)	260 persons (80 women, 70 men)
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Validation of needs assessments with prioritized communities	NRC, RED	NRC, RED
Activity 1.2	Train boys, girls, adolescents, youth, women and men on risk management, sexual and reproductive health, protection and response to GBV, forced recruitment and APM/UXO	NRC, RED	NRC, RED
Activity 1.3	Create and/or strengthen community-based referral pathways for GBV, child recruitment, APM/UXO incidents in prioritized communities	NRC, RED	NRC, RED
Activity 1.4	Increase the capacities of the women's protection network to provide vital community-based Psychosocial First Aid to victims of the armed conflict	RED	RED
Activity 1.5	Support the replication of trainings among community members through cultural and recreational activities to sensitize community members on gender-based violence, prevention of forced recruitment, APM/UXO and human rights, sexual and reproductive rights and sexual and reproductive health.	NRC, RED	NRC, RED
Activity 1.6	Implement transparency and accountability initiatives with boys, girls, adolescents, youth, women and men to ensure pertinence and efficiency of the response to the emergency crisis	NRC, RED	NRC, RED
<b>Output 2</b>	Three hundred persons (153 women, 147 man) from the prioritized families have access to livelihoods and local communities affected by armed conflict benefit from the dotation and rehabilitation of community infrastructure in crisis settings		

<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	# persons from families who benefit from livelihoods initiatives receiving technical assistance and the necessary materials and inputs identified to kick-start or strengthen initiatives	300 (153 women, 147 men)	303 persons (160 women, 42 men, 52 adolescent women, 49 adolescent men) in Litoral San Juan. Those persons are member of 3 indigenous Committes, 4 productive groups in Docordó, 3 indigenous youth groups and 3 afro colombian groups in Docordó
Indicator 2.2	# of rehabilitated community (with low cost local materials) centres as safe spaces and environments for victims and communities affected or at risk of GBV, GBSV, APM/UXO and/or child recruitment.	2	2 rehabilitated community ( 1 Women Protection Rights house and 1 Youth Protection Rights house) in Docordó
Indicator 2.3	# of Equipped education facilities and community centers that have received educational and recreational materials	15	31 Education facilities equipped with educational and recreational material. 7 Schools benefitted from the prioritised municipalities 1 Women Protection Rights house and 1 Youth Protection Rights house equipped in Docordó
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Support livelihoods initiatives and provide technical assistance for families and communities affected or at risk of GBV, GBSV, APM/UXO and/or child recruitment.	RED	RED
Activity 2.2	Rehabilitate community centers as safe spaces and environments for survivors and communities affected by or at risk of GBV, GBSV, APM/UXO and/or child recruitment through self-management and self-construction strategies	RED	RED, Local municipality, UNDP
Activity 2.3	Education facilities and community centers identified as protective spaces are equipped with	NRC	NRC, RED

	pedagogical and recreational materials.		
<b>Output 3</b>	130 persons from local and indigenous authorities (90 woman, 90 men) improve their capacity to provide an integral, multi-sectorial and survivor-centred response to victims of GBV, forced child recruitment, APM/UXO and high-risk pregnancies/deliveries, with a strong emphasis on Psychosocial First-Aid and clinical medical and reproductive health care.		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	# Teachers, education actors, local authorities and indigenous authorities (men and women) who improve their capacities on education in emergencies, the detection and mitigation of risks associated to GBV, GBSV, forced recruitment, APM/UXO and the activation of institutional referral pathways and SOPs in emergencies	130 (65 woman, 65 men)	903 persons in total 135 teachers, local authorities, indigenous authorities, (92 women, 43 men) in Litoral San Juan. 151 teachers (78 men, 73 women), and 617 education actors (387 women, 230 men) in Cauca.
Indicator 3.2	# of created/strengthened institutional referral pathways in emergencies	4	5 in total. 3 in Cauca, one per municipality and 2 in Litoral San Juan
Indicator 3.3	# of registered and assisted cases in the framework of the institutional referral pathways and SOPs	15	8 cases
Indicator 3.4	# of validated and adopted protocol on Psychosocial First-Aid, clinical mental and reproductive health care for referral pathways on SGBV and sexual and reproductive health	2	1 Mental first-Aid, clinical mental and reproductive health care adopted and validated
Indicator 3.5	% of institutional actors who have increased their capacities to provide vital Psychosocial First-Aid and clinical mental assistance in emergencies	75%	75% which implies 4 main institutions Local health sector, Family Commissioner, Local school, leaders.
Indicator 3.6	# of forensic kits delivered to the local health centres in Litoral de San Juan for the collection and shipping of forensic evidence.	100	100 forensic kits delivered to the local health centres and traditional health centres
Indicator 3.7	# of staff of institutional actors (men and women) who increase their capacity to collect forensic evidence and management of the chain of custody to fight against impunity on GBV cases	20	30 staff of institutional actors from justice and health sector.
Indicator 3.8	# women who benefits from “clean delivery” distributed in the intervention zones to counter maternal deaths	250 (250 women)	250 indigenous women and midwives in Litoral San Juan

Indicator 3.9	# of local midwives and health sector actors (indigenous and Afro-Colombian) who benefit from sensitization activities and fast trainings to the on the use of the kits	30 (15 women, 15 man)	85 local midwives and health sectors actors from 16 indigenous communities (60 women, 25 men)
Indicator 3.10	# traditional and mainstream health sector actors who perceive that the a coordinated link between traditional and mainstream health sector has been created	30 (15 women, 15 man)	113 traditional and ordinary justice and health sector actors perceiving that the coordinated link between traditional and mainstream health sector has been reinforced. (69 men, 44 women)
<b>Output 3 Activities</b>	Description	Implemented by (Planned)	<b>Implemented by (Actual)</b>
Activity 3.1	Teachers, education actors, local authorities and indigenous leaders (men and women) increase their capacities on education in emergencies, the detection and mitigation of risks associated to GBV, GBSV, forced recruitment, APM/UXO and the activation and strengthening of institutional referral pathways and SOPs in emergencies	NRC, RED	NRC, RED
Activity 3.2	Elaborate of a protocol on Psychosocial Fist-Aid, clinical mental and reproductive health care in emergency to attend cases of SGBV and high-risk pregnancies/deliveries to reinforce referral pathways for protection of GBV and SGBV	RED	RED
Activity 3.3	Health sector actors and key actors within the SOPs improve their capacities to properly utilize forensic kits for the management of the chain of custody delivered in the framework of the project	RED	RED
Activity 3.4	Provide clean delivery kits to traditional midwives and local health centres in the confined, or at risk of displacement communities, and conduct sensitization activities and capacity building for the local midwives and health sector actors (indigenous and Afro-Colombian) on the use of the kits	RED	RED
Activity 3.5	Organize encounters between traditional and mainstream health sector actors in order to foster a coordinated link between them	RED	RED

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

The general project objective aimed to Improve life-saving strategies and protection, under a human rights and early recovery approach, for indigenous and Afro-Colombian communities in situation or at risk of displacement and confinement in Cauca (Jambaló, Toribío, El Tambo) and Chocó (Litoral de San Juan) through an integral multi-sectorial protection strategy. A total of

3,237 indigenous and 1,701 Afro-Colombian, women, man, boys, girls, adolescents and youth have today a greater access to protective community spaces and institutional survival-centered services that respond to GBV, forced recruitment and UXO/landmine cases through emergency education.

The project has been able to exceed the previous coverage and care figures under the three main outputs proposed.

- 1) The psychosocial capacities and collective and self-protection mechanisms of 4,988 persons (1,493 women, 740 men, 1,457 girls, 1,248 boys) at risk or affected by GBV, forced child recruitment and APM/UXO in the context of armed conflict are strengthened.
- 2) A total of 303 persons (212 women, 91 men) from the prioritized families have access to livelihoods and local communities affected by armed conflict benefit from the donation and rehabilitation of 33 community infrastructure in crisis settings
- 3) A total of 903 teachers, local authorities, and education actors (552 women, 352 men) from local and indigenous authorities improve their capacity to provide an integral, multi-sectorial and survivor-centred response to victims of GBV, forced child recruitment, APM/UXO and high-risk pregnancies/deliveries, with a strong emphasis on Psychosocial First-Aid and clinical medical and reproductive health care

The project in Cauca has been focused on strengthening the protective environment for children affected by armed conflict, through education strategies during emergencies, impacting 2,957 beneficiaries of which 2,189 are children (1,062 girls, 1,127 boys), and 769 adults (corresponding to teachers, educational agents and parents. Specifically, the project had an impact on the following components:

- Access to community educational spaces for 2,189 children, schooled adolescents and unschooled adolescents, increasing vital protection strategies vital to saving lives. School and hygiene kits were delivered, as well as recreational kits (907 kits in Toribio, 734 kits in Jambaló and 39 kits in Tambó) and all these children and adolescents were trained in safe behaviours and prevention of accidents with landmines or unexploded ordnance, using methodologies such as Return of Joy and Golombiao. It is noteworthy that during the project's operation there were 85 cases of children and adolescents potentially recruited by armed groups that were directly protected with the strategies presented.
- Thirty-one educational institutions were worked with, considerably increasing the number of prioritized institutions, and there was a strengthening of the capacity of the educational response for the prevention of forced recruitment and strengthening of self-protection mechanisms with children, parents in situations of risk of mines, forced recruitment and gender-based violence. In addition, educational institutions were endowed and equipped with musical materials, artistic materials, sporting goods and audio-visual tools.
- The capabilities of 151 teachers (73 women, 78 men) and 292 teachers (198 women, 108 men) and 217 parents (109 women, 108 men) were strengthened in educational tools related to education in emergencies in crisis prevention contexts, with emphasis on recruitment, strengthening protective environments, and prevention of gender-based violence from a psychosocial and psycho-legal approach. To this end, 100 educational kits were delivered and work performed in strategic alliance with ACIN (Association of Indigenous Councils of Northern Cauca), as indigenous territorial authorities, to leave installed capacity on these issues and strengthen community protection structures. In particular, protection networks were strengthened for both the indigenous guard and the *Fabric of life and human rights programs of the indigenous*, as well as the ACIN Women Program.
- Through this project, the activation and operation of local routes for the prevention of GBV in all indigenous reservations was similarly implemented.

The project in Chocó has been focused on strengthening community and institutional capacities for prevention, care and early recovery through a comprehensive and multi-sectoral protection strategy for 1,981 women, men, teenagers, and children (1,033 women, 432 men, 395 girls, 121 children) affected or at risk of displacement or gender based violence in areas affected by armed conflict in Litoral San Juan, serving 750 people from indigenous communities and 1231 Afro-Colombians displaced or at risk of becoming so from the municipal seat. The project has achieved the following results:

- Strengthened mechanisms of individual and community protection for 1,981 women, young men, and children for prevention from gender-based violence in crisis contexts, through training strategies in protection and self-care, human rights, sexual and reproductive health, maternal health, justice and norms and replication strategies. A psychosocial support network with community protection mechanisms has been strengthened (3 indigenous communities) with capacity

to give support and first aid care to victims of sexual violence, made up of Afro-Colombian women leaders, health operators, justice officials, teachers and representatives of indigenous communities.

- There have been inputs and technical assistance has been provided to strengthen the livelihood resilience of 303 people (160 women, 42 men, 52 adolescent women, and 49 adolescent men) between indigenous communities and Afro Colombian communities, focusing on initiatives for crafts, clothing, food, audio-visual tools.
- The rehabilitation and equipping of two spaces of protection for women and young people at risk or affected by displacement and GBV in the municipal seat of Docordó have been supported, with mechanisms for appropriation and community self-management, as well as sustainability strategies for local institutions and indigenous authorities on the proper use and handling of those spaces.
- Protection capacity of institutions and ethnic authorities has been strengthened in identification, risk mitigation and timely care in cases of gender-based violence and sexual violence, maternal health and vital psychosocial care, with an age range and ethnic approach through training strategies for 135 people (92 women, 43 men) including local authorities, ethnic authorities, teachers, midwives and health promoters. There has been a specific delivery of chain of custody kits and clean delivery and midwife kits. Additionally, two care routes have been built in a participatory manner for care, prevention and protection based on gender violence and sexual violence, and mental health care protocol has been established for victims of violence, linking ordinary health care and justice system with traditional indigenous health and justice to save lives in emergency contexts.

The main differences in the project from planning to final execution are the changes in coverage and care in Cauca, which has allowed a higher number of beneficiaries than planned. This is mainly because the project coverage was not limited to the educational institutions initially planned: in the course of the project it was decided to include other institutions that were also at risk in areas of armed conflict, achieving a greater impact on the beneficiary population of teachers in the educational community, and in children, adolescents and youth.

Another significant difference is also highlighted in the replication training component. Although a considerable number were benefitting from the replication training, the vulnerability of many families and transfer difficulties resulted in fewer replies than expected in Docordó. However, it was possible to cover all the areas in the territory.

Finally, there is variation in the beneficiary population in Chocó for training and experience exchange initiatives with midwives and health and justice promoters, expanding not only to the communities initially prioritized by the project in Chocó (Buenavista, Papayo, Union Balsalito) but also 13 more from Litoral San Juan.

### **13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

From the initial planning phase, UNDP together with its implementing partners incorporated actions to ensure accountability to the community. These consisted in a prior consultation process with traditional and institutional authorities and project adjustments, monthly progress and coordination meetings that reviewed advances, constraints and proposals to improve implementation of the project. These accountability processes included the participation of local authorities, women, youth, adolescents and children, making the participation of these population groups a prerequisite.

During project implementation and monitoring, accountability actions have been performed, such as communication of project progress with ethnic and local authorities, and two evaluation strategies have been implemented that allowed redirecting some activities to increase impacts, in view of the priorities set out in the institutions' sectoral plans and the territorial and ethnic safeguard plans.

Also noteworthy is that as part of the accountability process has resulted in hiring both ASIN (Asociación Cabildos Indigenas del Norte de Cauca/Indigenous authorities of the North of Cauca) people as well as youth and women in each indigenous community, appointed by indigenous authorities, who have become spokespersons and promoters for the process in Cauca and Chocó.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
The NRC intervention in Cauca included at December 2015, UNDP final mission to establish achievements, key findings and sustainability and strategic elements. In the case of Choco, an evaluation will take place at the end of March 2016 by the UN agencies, seeking to analyse impacts achieved during the 2015 intervention, the exit strategy implemented, and a sustainability analysis of the actions performed <sup>12</sup> .	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

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12 The internal evaluation of the project was depending on a inter agency mission to the field. But for security reasons in Chocó during that time, we couldn't perform the expected evaluation, and it was postponed until the end of september. The evaluation will be shared afterwards.

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WHO		<b>5. CERF grant period:</b>	27/03/2015-31/12/2015		
<b>2. CERF project code:</b>	15-UF-WHO-006		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Increase the access of the communities affected by the conflict to the response of health in emergency in order to save lives and guarantee the basic services of health care in Arauca and communities of the peaceful Coast of Chocó, Cauca, and Cauca Valley					
<b>7. Funding</b>	a. Total project budget:	US\$ 1,200,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 742,500	▪ NGO partners and Red Cross/Crescent:		US\$ 196,376	
	c. Amount received from CERF:	US\$ 382,500	▪ Government Partners:		US\$ 0	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	725	729	1,454	1,438	1,433	2,871
Adults (above 18)	2,429	2,440	4,869	4,219	4,308	8,527
<b>Total</b>	<b>3,154</b>	<b>3,169</b>	<b>6,323</b>	<b>5,657</b>	<b>5,741</b>	<b>11,398</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	6,323			11,398		
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>6,323</b>			<b>11,398</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i>	PAHO/WHO interventions under this project benefited a total of 11,398 people, thereby increasing the beneficiary population by an additional 5,075 people compared to what was originally planned. This represents an increase of 80.3 per cent of the initially targeted population. This increase was achieved thanks to the important variation in the					

<i>please describe reasons:</i>	Colombian peso / US dollar exchange rate throughout the implementation period, which resulted in surplus of resources and facilitated the expansion of interventions to additional beneficiaries and communities with similar needs.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Reduce the impact of the internal armed conflict on the health of the displaced and confined populations in Colombia, particularly focusing on children, women and indigenous groups		
<b>10. Outcome statement</b>	Restore access to essential health services to children, women and other vulnerable individuals living in scattered rural areas and confined communities affected by the armed conflict in the priority departments of Arauca, Chocó, Cauca and Valle del Cauca.		
<b>11. Outputs</b>			
<b>Output 1</b>	<b>Access to essential health services to the displaced and confined population ensured</b>		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	66% of the population affected by the armed conflict in the priority areas of Arauca, Cauca, Chocó and Valle del Cauca with improved access to basic health services in humanitarian settings	At least 4,176 people in the priority communities with access to essential health care 2,046 males and 2,130 females	4,418 people from prioritized communities in the departments of Arauca, Chocó, Cauca and Valle del Cauca, had improved access to health services (2,133 males and 2,285 females)
Indicator 1.2	30% of the victims of the conflict in priority departments have received psychological support in emergency setting.	1,937 people in the priority communities receive psychological support or mental health services	2,912 victims of the conflict in priority communities received mental health and psychosocial support (Arauca: 660, Choco: 760, Valle del Cauca: 455, Cauca: 250)
Indicator 1.3	32% of women in childbearing age, midwives and local health officials know risk factors and protective measures of pregnancy, childbirth and postpartum, clean delivery techniques	At least 250 people know good practices for emergency maternal and neonatal health	326 people received information on sexual and reproductive health and can identify risk factors and protective measures of pregnancy, childbirth, postpartum, clean delivery techniques and care of the

			newborn.
Indicator 1.4	At least 30% of children under 5 receive primary health care	446 children under age receive medical attention in communities of prioritized departments	978 children under 5 years of age have received primary health care (Arauca: 235, Choco: 406, Valle del Cauca: 252, Cauca: 85)
Indicator 1.5	28% of confined families receive home filters to improve water quality and hygiene practices.	395 families with improved access to safe water and hygiene	765 families improved their access to safe water and hygiene practices through the delivery of 455 household filters and 310 hygiene kits. All families received training in good sanitary practices.
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Provide psychosocial support to the victims of armed conflict	OPS/OMS, Fundación Halü Bienestar Humano, Fundación Tierra de Paz & Cruz Roja Colombiana	PAHO / WHO Fundación Halü Bienestar Humano, Fundación Tierra de Paz & Colombian Red Cross in Arauca
Activity 1.2	Provide communities with essential health supplies for basic medical attention in confined areas and health response in acute emergency situations	OPS/OMS, Fundación Halü Bienestar Humano, Fundación Tierra de Paz & Cruz Roja Colombiana	PAHO / WHO Fundación Halü Bienestar Humano, Fundación Tierra de Paz & Colombian Red Cross in Arauca
Activity 1.3	Strengthen basic knowledge of the population and community health agents in good practices for lifesaving health care for most vulnerable groups	OPS/OMS, Fundación Halü Bienestar Humano, Fundación Tierra de Paz & Cruz Roja Colombiana	PAHO / WHO Fundación Halü Bienestar Humano, Fundación Tierra de Paz & Colombian Red Cross in Arauca
Activity 1.4	Restore access to safe water fit for human consumption, sanitation and hygiene	OPS/OMS, Fundación Halü Bienestar Humano, Fundación Tierra de Paz & Cruz Roja Colombiana	PAHO / WHO Fundación Halü Bienestar Humano, Fundación Tierra de Paz & Colombian Red Cross in Arauca
Activity 1.5	Conduct vector control interventions to reduce the	OPS/OMS,	PAHO / WHO

	incidence of chikungunya and dengue outbreaks in priority areas	Fundación Halü Bienestar Humano, Fundación Tierra de Paz & Cruz Roja Colombiana	Fundación Halü Bienestar Humano, Fundación Tierra de Paz & Colombian Red Cross in Arauca
<b>Output 2</b>	Institutional healthcare delivery capacity recovered in priority areas affected by the conflict		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of temporary basic health care units with adequate supplies for care delivery installed	3	Three health care units improved and provided with basic supplies for health care delivery  * 1 in Chocó  * 2 in Valle del Cauca
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Install three temporal basic health units in indigenous communities	OPS/OMS & Fundación Halü Bienestar Humano	PAHO / WHO and Halu Foundation
Activity 2.2	Provide essential health supplies to health posts to deliver basic health services to the community	OPS/OMS & Fundación Halü Bienestar Humano	PAHO / WHO and Halu Foundation

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Overall, the project achieved greater health care coverage and psychosocial support than anticipated thanks to the variation of the currency exchange rate which allowed the expansion of interventions within the same approved budget. The project managed to reach 80.3 per cent more beneficiaries than initially planned thanks to surplus of funding resulting from the drop of the Colombian peso against the US dollar.

Some difficulties were nonetheless faced when trying to reach priority communities located in the Colombian-Venezuelan border area through the mobile health units mobilized by the Colombian Red Cross. Unfortunately, it was not possible to secure higher participation of these communities in the extramural health missions organized by the CRC despite large and intensive dissemination of upcoming health days through local media and written communication. This crisis was a result of the border closure, which forced many families to move to the municipal capital or to the provincial capital in search of better jobs and family members. Some stayed home and did not move from their homes for fear of looting during their absence. Due to the presence of police in the village of Puerto Contreras and the pre-election days as well as other circumstances of local dynamics, the population did not agree to be attended by the UMS as planned. Additional extramural health missions were carried out in other areas to compensate this missed opportunity and improve coverage of health services in other priority communities. In the end, this situation did not affect the final results of the project.

All activities were completed and indicators were all reached or exceeded.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

Initial prioritization of departments, municipalities and communities to be included in the CERF was done through the MIRA and available information from LHTs. Field verification missions later helped confirm communities to be intervened in and define their specific needs and interventions to be carried out. Following the approval of the project, socialization meetings were organized with the beneficiary communities to disseminate the interventions strategy and secure commitments from local health authorities, territorial-ethnic organizations and community leaders. At the start of the implementation, community oversight committees were formed to ensure direct monitoring of interventions by community members and ensure accountability and empowerment of beneficiary populations. The community oversight committees consisted mostly of leaders and authorities of the indigenous councils.

Supervisory missions and follow up meetings were conducted regularly by PAHO/WHO officers to monitor progress of activities and included the participation of department and municipal health authorities, ethnic territorial authorities and organizations, and members of the communities. These meetings were held in each of the priority communities, providing a dialogue space to report on progress of activities, reaffirm commitments, identify complains and difficulties and solve problems that might arise during project implementation.

Report on interventions and transfer of knowledge and tools were done with each of the Communal Action Boards (JAC) of the prioritized communities as well as the departmental and municipal health authorities where health advocacy activities were also carried out. City officials made agreements and pledged to give continuity to the actions and to ensure follow-up for the sustainability of UBA, UROC and UAIRAC. Communities, through their authorities, also pledged to follow up and advocate to the municipal authorities that the agreements are met.

Closing project activities were carried out in each of the priority communities through the organization of socialization meetings at institutional level in priority departments, during which results of actions implemented under this project were presented. This ensured accountability to beneficiaries as well as response to concerns and strengthening of existing commitments.

It is important to highlight that constant communication with key actors of the health system at the departmental and municipal levels, in coordination with humanitarian organizations and UN agencies, as well as ethnic territorial authorities, JAC, and leaders of both communities, were effective strategies that allowed for the successful implementation of activities and the completion of all the targets set in the project.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?<sup>13</sup>**

EVALUATION CARRIED OUT

An internal evaluation was carried out by PAHO/WHO field officers and emergency coordinator at the end of this action. The end-of-project analysis of results allowed demonstrating compliance with the planned goals of improving access to health services, and the high impact of interventions on the beneficiary communities, including reduction of maternal mortality and a reduction of over 50 per cent of cases of respiratory diseases and acute diarrheal diseases in confined and displaced communities of intervention.

EVALUATION PENDING

Various monitoring missions were carried out throughout the implementation of the project and joint assessment missions of the humanitarian context and the persisting humanitarian health need were performed with other members of the LHTs and HCT at the end of 2015 to evaluate the 2015 Strategic Response Plan (under which this CERF was launched), identify humanitarian needs for 2016 and develop the Humanitarian Response plan for 2016.

NO EVALUATION PLANNED

<sup>13</sup> There are not a formal evaluation about the project. The information presented above makes reference to the results and lessons learned within the final field missions carried out by WHO

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	FAO		<b>5. CERF grant period:</b>	01/04/2015-31/12/2015		
<b>2. CERF project code:</b>	15-UF-FAO-009		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Agriculture			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Rapid rehabilitation of food security for vulnerable people affected by conflict with strategies for restoring agriculture livelihoods and the right to food					
<b>7. Funding</b>	a. Total project budget:	US\$ 5,927,800	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 765,732	▪ NGO partners and Red Cross/Crescent:		US\$ 97,448	
	c. Amount received from CERF:	US\$ 465,732	▪ Government Partners:		US\$ 0	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	756	924	1,680	1,129	1,267	2,396
Adults (above 18)	1,134	1,386	2,520	887	917	1,804
<b>Total</b>	<b>1,890</b>	<b>2,310</b>	<b>4,200</b>	<b>2,016</b>	<b>2,184</b>	<b>4,200</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs			1,302		1,440	
Host population						
Other affected people			2,898		2,760	
<b>Total (same as in 8a)</b>			<b>4,200</b>		<b>4,200</b>	
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The profile of the planned beneficiaries was calculated initially using censuses and secondary information provided by the representatives of the participating communities. Once the baseline of the project was defined (collection of primary information) a better estimate of the actual composition of the targeted households was achieved, finding a population of men and women under eighteen years of age that was significantly higher than what had been foreseen, and a similar proportion of men and women.					

	The increase in the displaced population compared to the initial figures of the project is due mainly to the inclusion of five additional communities (Isla Mono, Unión San Juan, Puerto Guadualito, Burujón and Santa Rosa) together with the eleven targeted in the proposal's formulation phase.
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CERF Result Framework			
<b>9. Project objective</b>	Achieve the rapid recovery of agricultural livelihoods of communities affected by conflict, guaranteeing their rapid access to their own produced food and supporting the right to food		
<b>10. Outcome statement</b>	The participant families have availability and easy access to food, as well as capacities to produce them using local inputs, in a short period of time		
<b>11. Outputs</b>			
<b>Output 1</b>	The participant families, rapidly re-establish their food production, which is also permanent, diversified and resilient in emergency situations		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	90% of the participant families have food production after 90 days of the establishment of the short cycle crops, ensuring a timely response to the lack of food	3,780 persons (1,701 women, 2,079 men)	90% (646) of the participant families 3,780 persons (1,814 women, 1,966 men)
Indicator 1.2	90% of participant families establish basic food staple crops (maize, rice, plantain and cassava), part of their own cultural consumption preferences and that are appropriate for the agro ecological conditions of these territories, guaranteeing the diversification of the diet.	3,780 persons (1,701 women, 2,079 men)	95% (682) of the participant families 3,990 persons (1,915 women, 2,075 men)
Indicator 1.3	90% of families establish crops that respond to the critical nutritional needs of the most vulnerable population.	3,780 persons (1,701 women, 2,079 men)	90% (646) of the participant families 3,780 persons (1,814 women, 1,966 men)
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Design of technical models for the rapid production of food in agreement with communities and families	FAO-IMPLEMENTING PARTNER	FAO
Activity 1.2	Sampling and application of surveys in order to measure the dietary diversity score and detect cases of acute malnutrition in boys and girls.	FAO-IMPLEMENTING PARTNER	FAO
Activity 1.3	Deliver seeds, tools and inputs for the establishment of community and family models of rapid production of food	FAO-IMPLEMENTING PARTNER	FAO-Fundación Alianza por la Solidaridad
Activity 1.4	Establishment of CDC (Community- level demonstrative centers) including nurseries of artisanal production of seeds, huts for the production of local fertilizers and compost,	FAO-IMPLEMENTING PARTNER	FAO-Fundación Alianza por la Solidaridad

	wellbeing areas, rapid food production areas and the demonstrative plots for the production of basic staple food.		
Activity 1.5	Establishment of food crops at family level	FAO- IMPLEMENTING PARTNER	FAO-Fundación Alianza por la Solidaridad
Activity 1.6	Permanent technical assistance	FAO- IMPLEMENTING PARTNER	FAO-Fundación Alianza por la Solidaridad
<b>Output 2</b>	Communities have the capacity to rehabilitate and protect their livelihoods, guaranteeing the availability of food in emergency situations		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	The technical capacity of 100% of participating communities is strengthened for the production of food for self-consumption	4,200 persons (1,890 women and 2,310 men)	100% (15) of the participant communities 4,200 persons (2,016 women and 2,184 men)
Indicator 2.2	100% of communities apply technics to produce food with inputs and materials from their own land.	4,200 persons (1,890 women and 2.310 men)	100% (15) of the participant communities 4,200 persons (2,016 women and 2,184 men)
Indicator 2.3	100% of communities are trained to prepare and consume healthy and balanced diets	4,200 persons (1,890 women and 2,310 men)	100% (15) of the participant communities 4,200 persons (2,016 women and 2,184 men)
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Project socialization and information sharing	FAO- IMPLEMENTING PARTNER	FAO
Activity 2.2	Design and agreement on the training models for rapid food production	FAO- IMPLEMENTING PARTNER	FAO-Fundación Alianza por la Solidaridad
Activity 2.3	Technical training for the rapid production of food	FAO- IMPLEMENTING PARTNER	FAO- Fundación Alianza por la Solidaridad
Activity 2.4	Application of methodologies that improve the diet with nutrition objectives	FAO- IMPLEMENTING PARTNER	FAO- Fundación Alianza por la Solidaridad

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

The project reached a coverage of 12 communities in the department of Chocó (Unión Balsalito, Unión San Juan, Puerto Guadualito, Papayo, Las Palmas, Burujón, San Bernardo, Guarataco, Buena Vista, Santa Rosa, Tío Cilirio and Isla Mono) and three in Valle del Cauca (Puerto Pizarro, Cabecera and Chachajo), for a total of 15 communities (13 indigenous communities of the Wounaan people and two Afro-Colombian communities). The total number of beneficiary families was 718 (536 in Chocó and 182 in Valle del Cauca), representing 4,200 individuals.

### **Output 1**

Rapid production of food was achieved based on the establishment of plantings of diverse species of vegetables – such as cucumber, French beans, radish, stem cabbage, cherry tomato, bell pepper, onion, lettuce, eggplant, ají pepper and medicinal species and spices such as oregano, cilantro, basil and pennyroyal – at the 15 Training Demonstration Centres (CDC: Centros Demostrativos de Capacitación) or community plots (one per community, with areas from 10,000 to 15,000 m<sup>2</sup>), 12 in the department of Chocó (Litoral del San Juan) and three in Valle del Cauca (Buenaventura). In total, a production of around 2,235 kilograms of vegetable products was obtained, distributed equitably among the participating families. While all of the participating families (718) benefited from the food produced in the community plots, 90 per cent (646) were constantly involved in the process, 482 in Chocó and 164 in Valle del Cauca.

A total of 10.8 ha of traditional or self-consumption species were also planted in the 15 CDCs or community plots using seeds provided by the project, with the following distribution: sugar cane (0.56 ha), Castilla pineapple (0.142 ha), yam (ñame) (0.14 ha), taro (1.2 ha), displaced banana (4.08 ha), wild banana (1.8 ha) and popocho plantain (2.9 ha). At the family level, 28.6 ha (21.4 in Chocó and 7.3 in Valle del Cauca) of self-consumption crops were established: displaced banana (19.5 ha), wild banana (7.25 ha), sugar cane (0.951 ha) and cassava mata Jorgito (0.928 ha). Being products long established in the production culture and local food preferences, a larger number of families than foreseen implemented these kinds of crop.

Measurement of the diversity of diet at the household level in the project's initial assessment permitted determining that only 16 per cent of the families consumed foods of vegetable origin high in vitamin A, and 53 per cent consumed foods of animal origin high in vitamin A. Likewise, the consumption of protein was found to be low. Thirty per cent of the families reported the consumption of legumes, 40 per cent the consumption of eggs and 20 per cent the consumption of meat. In response to the gaps identified, five to nine vegetable species that are sources of vitamin A (cabbage, lettuce, Welsh onion, eggplant, tomato, bell pepper, red radish, cilantro and ahuyama squash) and species providing vegetable protein (beans and French beans) were included in both the CDCs and the family production units.

To increase the availability of animal protein, 15 production units of egg-laying hens were established, 12 in Chocó and three in Valle del Cauca. As of December, 2015, a total production of 17,700 eggs (12,980 in Chocó and 4,720 in Valle del Cauca), which were used for family self-consumption, especially consumption by children under five year of age, had been achieved.

### **Output 2**

The community of Chamapuro was among the groups targeted by the project. However, as the families did not return to their territory it was not possible for them to participate in the initiative, the total number of communities served thus decreasing to 15, 12 in Chocó and three in Valle del Cauca.

Over the term of the project 35 training events (five per mission) were held on rapid food production topics. The techniques used by the communities at the CDCs and in family replication were defined in a participatory manner, taking into account the weather threats and the risks associated with the internal armed conflict that the fifteen communities (twelve in Chocó and three in Valle del Cauca) and their agricultural means of subsistence are exposed to, in the following way:

- Flooding: Drainages, high rooftop terraces, location of lots 50 and 100 metres from the riverbank, planting of water-tolerant species, crop strips according to plant tolerance.
- Wind: Trees scattered in the fields, natural strips of trees around the plots, trimming of overgrown trees, hole digging, fertilising, shape trimming of cassava, bracing of plantains and staking.
- Erosion: Conservation of tree cover in sloping areas, implementation of plant distribution according to the topography of the land, minimum tillage, regular planting densities.
- Related to the conflict: Planting of crops in areas that are safe and near the communities; fishing, fruit collection and collection of fibres for crafts in groups of men and women; production of species of interest for the production of craft items in nurseries and at sites close to the communities; all to avoid distant travel and reduce the risk to personal safety.

All of the communities (twelve in Chocó and three in Valle del Cauca) re-established diversified local food production, applying the above-mentioned techniques for the reduction of agricultural risk according to the weather threats identified and using local resources, such as lumber and organic material. Also, the 15 communities participated in the food and nutrition education process (482 families in Chocó and 164 in Valle del Cauca).

Fourteen training events were held on healthy food handling and consumption by means of practical sessions on preparation of diverse recipes and tastings. In this regard, the families showed positive changes in relation to the topics of cleanliness and hygiene in the home. The training sessions on food preservation techniques were very well accepted by the families, making it possible to take advantage of products in season that normally are lost due to abundance and later become scarce in the communities

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

The families served participated in all of the phases of the project. The proposal was based on needs analyses carried out in the field with men and women representing the communities. Subsequently, the project was socialised with the territorial ethnic authorities and with each of the communities, explaining in detail the characteristics of the proposal and noting the expectations and suggestions of the participants.

Once the families registered voluntarily with the project, a negotiation session was held at which the technical model, the pedagogical model and the responsibilities and commitments of each of the parties were defined jointly (by the technical team and the beneficiaries), thus building trust and empowering the communities with the process.

All of the working sessions included an evaluation and feedback space in which the participants were able to present their concerns, disagreement, recommendations and points of view regarding the activities carried out. This strategy was fundamental for adapting the methodologies to local customs and dynamics.

As a final act of accountability, six closing activities, to which the 15 communities were invited, were carried out with the aim of presenting a general balance of the project, exchanging experiences and knowledge, recognising the effort of each participating individual and socialising the articulation with the institutions that will make the activities carried out sustainable.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

The project's initial assessment was carried out in May of 2015, collecting key information for the technical orientation of the intervention, such as the indicator of diversity of diet at the household level. Family and focus group surveys were carried out.

EVALUATION PENDING

Project monitoring was carried out through the Representative's Planning and Monitoring System, which is composed of a set of tools designed for technical and budget monitoring of the various projects implemented by the organisation based on the information defined in the Logical Framework grid and the Annual Operating Plan. These management tools are updated periodically and are interconnected; thus they permit an overall and specific view of progress in the fulfilment of the tasks of the operating plan, in the achievement of outputs and results of the logical framework grid, and in budget execution and the contributions of the FAO to the agreement. Likewise, the system has tools with semaphore-type graphics that permitted monthly consultation of the percentage of execution of the tasks assigned for each activity, providing early warning of potential problems related to project execution.

NO EVALUATION PLANNED

In addition, the in-house project report was prepared by means of the Evaluative Monitoring by Project Results Platform (PSIMER), in which report templates adapted to what is programmed in the Logical Framework grid and Operating Plan are generated periodically. The PSIMER operates with standardised and interconnected online reports, also compiling qualitative aspects such as problems, lessons and best practices.

For more information, the family-level and focus group baseline reports are attached

**ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS**

<b>CERF Project Code</b>	<b>Cluster/Sector</b>	<b>Agency</b>	<b>Partner Type</b>	<b>Total CERF Funds Transferred to Partner US\$</b>
15-UF-WHO-006	Health	WHO	NNGO	\$35,014
15-UF-WHO-006	Health	WHO	NNGO	\$120,311
15-UF-WHO-006	Health	WHO	RedC	\$41,051
15-UF-WFP-017	Food Assistance	WFP	NNGO	\$14,156
15-UF-WFP-017	Food Assistance	WFP	NNGO	\$1,471
15-UF-FAO-009	Agriculture	FAO	INGO	\$97,448
15-UF-HCR-011	Protection	UNHCR	INGO	\$32,900
15-UF-HCR-011	Protection	UNHCR	NNGO	\$116,492
15-UF-UDP-002	Protection	UNDP	INGO	\$161,207
15-UF-UDP-002	Protection	UNDP	NNGO	\$127,048
15-UF-CEF-020	Child Protection	UNICEF	NNGO	\$79,919
15-UF-CEF-020	Child Protection	UNICEF	NNGO	\$80,423
15-UF-CEF-021	Nutrition	UNICEF	INGO	\$125,252
15-UF-CEF-022	Water, Sanitation and Hygiene	UNICEF	INGO	\$208,285
15-UF-CEF-022	Water, Sanitation and Hygiene	UNICEF	NNGO	\$97,455
15-UF-CEF-022	Water, Sanitation and Hygiene	UNICEF	NNGO	\$99,170
15-UF-CEF-022	Water, Sanitation and Hygiene	UNICEF	INGO	\$119,348

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

<b>AAP</b>	Accountability to Affected Populations
<b>ACF</b>	Action Contre la Faim
<b>ACIN</b>	Association of Indigenous Councils of Northern Cauca
<b>ADD</b>	Acute Diarrheal Diseases
<b>AGDM</b>	Age, Gender and Diversity Mainstreaming
<b>APC</b>	Presidential Agency for International Cooperation
<b>APL</b>	Anti-Personnel Landmines
<b>APM</b>	Anti-Personnel Mine
<b>APS</b>	Primary Health Services
<b>ARI</b>	Acute Respiratory Infections
<b>ARR</b>	After Action Review
<b>CAP</b>	Consolidated Appeal Process
<b>CERF</b>	Central Emergency Response Fund
<b>CBPF</b>	Country Based Pooled Fund
<b>CCCM</b>	Campaña Colombiana Contra Minas
<b>CCL</b>	Local Community Councils
<b>CRC</b>	Colombian Red Cross
<b>CDC</b>	Community Centers / Centro Demostrativo de Capacitación
<b>CRSV</b>	Conflict Related Sexual Violence
<b>DPS</b>	Department for Social Prosperity
<b>ECHO</b>	European Commission Humanitarian Organization
<b>EPL</b>	Ejército Popular de Liberación
<b>ER</b>	Early Recovery
<b>ELN</b>	Ejército de liberación Nacional
<b>FAO</b>	Food and Agriculture Organization of the United Nations
<b>FARC - EP</b>	Fuerzas Armadas Revolucionarias de Colombia – Ejército del Pueblo
<b>FNS</b>	Food & Nutrition Security Cluster
<b>FTT</b>	Food for Training
<b>GEN CAP</b>	Gender Standby Capacity Project
<b>GFD</b>	General Food Distribution
<b>GBV</b>	Gender Based Violence
<b>JAC</b>	Communal Action Boards
<b>HCT</b>	Humanitarian Country Team
<b>HNO</b>	Humanitarian Needs Overview
<b>IASC</b>	Interagency Standing Committee
<b>ICBF</b>	Colombian Institute for Family Welfare
<b>ICC</b>	Inter-Cluster Coordination
<b>ICG</b>	Inter-Cluster Group
<b>IDP</b>	Internally Displaced Person
<b>IED</b>	Improvised Explosive
<b>INGO</b>	International Non-Governmental Organization
<b>IP/IPs</b>	Implementing Partners
<b>IPS</b>	Institutional Health Providers
<b>LHT</b>	Local Humanitarian Team
<b>MAM</b>	Management of Moderate Acute Malnutrition
<b>MCH</b>	Mother and Child Health
<b>MIRA</b>	Multi-Cluster/Sector Initial Rapid Assessments
<b>MRE</b>	Mine Risk Education
<b>MISP</b>	Minimum Initial Service Package for Reproductive Health
<b>NGO</b>	Non-Governmental Organization
<b>NRC</b>	Norwegian Refugee Council

<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs
<b>OETs</b>	Territorial-ethnic Organizations
<b>OPS</b>	Organización Panamericana de Salud
<b>OMS</b>	Organización Mundial de la Salud
<b>PAHO</b>	Panamerican Health Organization
<b>PAICMA</b>	Presidential Program for Integrated Action against Antipersonnel Mines
<b>PDAGs</b>	Post Demobilization Armed Groups
<b>PLW</b>	Pregnant and Lactating Women
<b>PPPs</b>	Practical Protection Projects
<b>PRRO</b>	Protracted Relief and Recovery Operation
<b>PSIMER</b>	Evaluative Monitoring by Project Results Platform
<b>RC/HC</b>	Resident Coordinator and/or Humanitarian Coordinator
<b>RUV</b>	Unified Victim Registry
<b>SAM</b>	Severe Acute Malnutrition
<b>SGBV</b>	Sexual Gender Based Violence
<b>SIDA</b>	Swedish International Development Authority
<b>SOP</b>	Standard Operating Procedures
<b>SRP</b>	Strategic Response Plan
<b>SV</b>	Sexual Violence
<b>UAIRA</b>	Attention units for acute respiratory infection
<b>UARIV</b>	Unit for the Attention & Integral Reparation to Victims
<b>UMS</b>	Unidad Movil de Salud
<b>UNDP</b>	United Nations Development Program
<b>UNFPA</b>	United Nations Population Fund
<b>UNGRD</b>	Unit for Risk and Disaster Management
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>UROCs</b>	Community oral re-hidratação units / Unidad de Rehidratación Oral Comunitaria
<b>UXO</b>	Unexploded Ordnance
<b>WASH</b>	Water Sanitation and Hygiene Cluster
<b>WFP</b>	World Food Programme WHO World Health Organization
<b>WHO</b>	World Health Organization