



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
COLOMBIA
UNDER-FUNDED EMERGENCY
2014 Round I**

RESIDENT/HUMANITARIAN COORDINATOR

Fabrizio Hochschild

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The AAR review took place in Bogotá on February 24. During this meeting, 42 people participated from different organizations: United Nations (UN) Agencies, National and International Non-Governmental Organizations (NNGO, INGO) and INGO, Clusters coordinators.

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

Furthermore, Field Coordinators of OCHA sub-offices (Nariño, Chocó, Cauca), 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 Inter-Cluster Group (ICG), Cluster coordinators, Cluster members and the HCT. The final report has also been shared with the main three national state institutions dealing with humanitarian issues and cooperation: Victims' Unit (UARIV), the National Unit for Risk and Disaster Management (UNGRD) and the Presidential Agency for International Cooperation (APC).

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$177,000,000 (according to SRP 2014 requirements)		
Breakdown of total response funding received by source	Source	Amount
	CERF	4,505,909
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	1,979,416
	OTHER (bilateral/multilateral)	79,514,675
	TOTAL	86,000,000

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 11.03.2014			
Agency	Project code	Cluster/Sector	Amount
UNDP	14-UFE-UDP-004	Protection	337,475
WHO	14-UFE-WHO-028	Water, Sanitation and Hygiene	299,835
WHO	14-UFE-WHO-027	Health	387,087
UNICEF	14-UFE-CEF-064	Protection	598,697
UNICEF	14-UFE-CEF-063	Education	208,217
UNICEF	14-UFE-CEF-062	Nutrition	194,301
UNICEF	14-UFE-CEF-061	Water, Sanitation and Hygiene	509,705
IOM	14-UFE-IOM-024	Shelter and non-food Items	369,668
WFP	14-UFE-WFP-029	Food	515,120
FAO	14-UFE-FAO-017	Food	650,803
HCR	14-UFE-HCR-021	Protection	435,001
TOTAL			4,505,909

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	2,021,649
Funds forwarded to NGOs for implementation	2,484,260
Funds forwarded to government partners	0
TOTAL	4,505,909

HUMANITARIAN NEEDS

Despite the on-going peace process between the Government of Colombia and the FARC-EP, Colombia continues to face the consequences of armed confrontation and violence involving multiple actors: the FARC-EP and ELN guerrillas, successor groups of the demobilized paramilitaries known as “post demobilization armed groups” (PDAGs), and other local armed and criminal structures. According to the Unified Victim Registry (RUV in Spanish), the total number of IDPs in Colombia between 1985 and December 2013 was officially reported at 5,368,138 (January 2014). Circa 115,000 of these victims were displaced in 2013. Taking into account the registration period established by law - up to two years after victimization - the figure of 115,000 is likely to increase in the coming months. During 2013 OCHA monitoring recorded 103 mass-displacement events, which affected 29,697 people. According to OCHA Colombia estimates, 57% of mass-displacement victims in 2013 were caused either by unilateral actions or confrontations with the military involving the FARC-EP. There was a 90 per cent increase in PDAG involvement in mass displacement events relative to 2012. OCHA Colombia estimates also recorded 270,059 people affected in 31 different confinement situations, which limited their freedom of movement. Caquetá department, in the south of country, concentrated 59 per cent of the national population affected by movement limitations as a result of mass protests and road blockages.

According to the official mine-action programme (PAICMA), in 2013 there were at least 359 Anti-Personnel Landmines and Unexploded Ordnance (APM-UXO) victims, an average of 30 each month. In several departments mine contamination in rural areas was directly linked to movement restrictions and displacement events. Following years of debate and the creation of a normative framework, civilian humanitarian demining operations began in September 2013. Humanitarian demining has been critical to the advancement of land-restitution processes: the Government estimates that 30 per cent of territories to be restituted may suffer from some degree of mine contamination.

Colombia remains highly vulnerable to natural disasters. In 2013, disasters affected at least 590,000 people, nearly half of whom were in Chocó, Putumayo, Cauca and Valle del Cauca departments on the pacific coast. These areas are also highly affected by armed violence. The number of people affected by natural disasters in 2013 showed a 36 per cent decrease relative to 2012. However, humanitarian actors are concerned that the most affected areas continue to be highly vulnerable, with extreme poverty levels, persistent armed conflict and difficult humanitarian access due to complex geographic and security conditions.

II. FOCUS AREAS AND PRIORITIZATION

In 2013 the Humanitarian Country Team (HCT) agreed on a Strategic Response Plan (SRP) based on a thorough Humanitarian Needs Overview (HNO). This exercise allowed the HCT to more accurately identify humanitarian needs and response gaps, thus leading to the prioritization of 13 departments for its 2014 activities. The departments where the population has greatest needs are Putumayo, Cauca, Nariño, Chocó and Caquetá; and the departments with the most significant response gaps are Arauca, Meta, Guaviare, Caquetá and Nariño.

According to the HNO, in 2014 there were some 6.8 million people in need, of which 2.9 million were prioritized by the HCT in the provision humanitarian assistance. The most vulnerable population groups prioritized for HCT assistance were: recently displaced population (from the past 1 to 2 years) which have not yet received state assistance; populations at-risk of displacement; indigenous and Afro-Colombian people living in conflict-affected areas; populations that faced access limitations and/or confinement situations and movement restrictions; and populations affected by natural disasters, particularly in areas also affected by conflict (“double vulnerability”), whose needs are not covered by state assistance.

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

- Reaching underfunded areas: some 30% of the funds were allocated for response in municipalities with the greatest gaps in the country (Caquetá, Arauca and the border region between Meta and Guaviare). These are regions with low humanitarian presence.

- Complementing current response efforts: some 70% of the funds were allocated for response in departments with the greatest needs such as Cauca, Chocó, Nariño and Putumayo. In certain parts of these regions, the magnitude and recurrence of the emergencies overwhelm national and international response capacities.

Along with the CERF, the Emergency Response Fund (ERF) 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. Not only was complementarity between sectors strengthened (for example ERF provided response in WASH and Shelter and CERF in Food Security and Nutrition in Arauca Department), but also in terms of advocacy with local state institutions. This was possible in the framework of the Humanitarian Local Teams, which carried out coordinated monitoring processes there where CERF and ERF were implemented in the same regions. OCHA led regular monitoring meetings with ERF and CERF implementing partners, in order to share information regarding main advances and challenges.

III. CERF PROCESS

One of the salient characteristics of the international response in Colombia is the active coordination role played by sub-national inter-cluster mechanisms in conflict affected regions, which in the Colombian context are referred to as “Local Humanitarian Teams” (LHTs). Currently there are nine LHTs located in the departments of Nariño, Putumayo, Cauca and Valle del Cauca, Chocó, Antioquia, Córdoba, Meta, Arauca and Norte de Santander. The Protection Cluster operates in the field through local clusters in the same nine priority regions. At the national level, five clusters have been activated in 2014: protection, food security and nutrition, shelter, health, WASH and an inter-cluster group where multisectoral analysis takes place. Education in Emergency is a sector and Early Recovery is a working group and network which includes focal points from all other clusters.

With the assignment to Colombia of US\$4.5 million in CERF UFE 2014 – 1st round, the HCT immediately mobilized its LHTs and the inter-cluster group to generate analysis of the main sectorial and geographic humanitarian needs in the country. OCHA promoted the communication between clusters and LHTs in order to ensure that the definition of activities and the prioritization of intervention municipalities responded to the main humanitarian needs and coincided with the SRP.

The prioritization was centered on the SRP and OCHA encouraged the ICG to focus on:

- Underfunded regions with large humanitarian gaps (some 30% of the funds will be disbursed in municipalities of departments with the greatest humanitarian gaps - Caquetá, Arauca, Meta and Guaviare) and
- Departments where further actions could help ensure a more holistic response (some 70% of the funds will focus on the departments with the greatest needs such as Cauca, Chocó, Nariño and Putumayo).

OCHA’s proposal was fine-tuned by the inter-cluster members without major changes and then approved by the HCT core group. This executive body equally decided on the proportion of allocations across clusters and agreed on mainstreaming the early recovery component. As soon as a decision was taken, the HCT informed the Victims’ Unit, the National Unit for Risk and Disaster Management and the Presidential Cooperation Agency about the prioritization scheme in order to enhance dialogue and foster complementarity with the state.

Bilaterally and through the main coordination fora (ICG, LHTs, and HCT), NGOs were involved in the prioritization process. The importance of involving NGOs as implementing partners was advocated among inter-cluster members.

Finally, OCHA promoted the gender marker review carried out by the GENCAP. Each cluster sent agency proposals to the GENCAP, who made important recommendations regarding the gender mainstreaming.

The HCT’s 2014 SRP was the basis for the decision making process. In this sense, the following criteria were used to identify priority sectors:

- Urgent humanitarian situations to be addressed in the short term
- Cluster and Local Humanitarian Team prioritization

- Complementarity with national response efforts
- Financial requirements highlighted by the HCT
- Execution capacity
- Compliance with CERF life-saving criteria.

In addition, it is important to note that the ERF Review Committee was composed of Cluster Leads, who were also in charge of the CERF prioritization process. This enabled an integral analysis process of humanitarian needs and response gaps, which took into account information provided through ERF projects. As a result, important complementarities between the pooled funds have been reached.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 1.827.253				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Protection	14,931	12,920	27,851
	Water, Sanitation and Hygiene	6,478	6,878	13,356
	Health	5,512	5,319	10,831
	Education	1,832	2,748	4,580
	Nutrition	2,556	1,889	4,445
	Shelter and non-food Items	1,156	1,242	2,398
	Food	10,936	12,025	22,961

BENEFICIARY ESTIMATION

In order to minimize the possibility of double-counting beneficiaries, we proceeded with a consolidation of the estimated numbers of direct beneficiaries provided to us by agencies at national level and, at the same time, cross-checked them, according to their geographic distribution. OCHA collected information about beneficiaries at municipal and sub-municipal levels from all agencies: in case, two or more agencies operated in the same sub-municipal administrative units (*vereda* or *corregimiento*), those beneficiaries were counted just once. During follow-up missions and local coordination meetings, LHTs could collect and share additional information about beneficiaries (i.e. same *vereda* but different beneficiaries) in order to further minimize overlaps: this helped us to be more precise in identifying beneficiaries, even if it could not be done systematically for all projects.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	31,148	43,401
Male	28,563	43,021
Total individuals (Female and male)	59,711	86,422
Of total, children <u>under</u> age 5	10,482	12,157

CERF RESULTS

Protection:

- Boys, girls, adolescents and adults living in areas with APL/UXO/IED improved their protection mechanisms through the dissemination of information about the dangers and characteristics of explosive devices and the promotion of safety measures to avoid accidents.
- As part of local capacity building efforts, 19 community leaders who live in 8 prioritized municipalities in the Departments of Arauca, Caquetá, Guaviare and Meta were trained in Mine Risk Education. Thanks to this strategy, the project reached 37 communities with a presence of APL/UXO/IED.
- 29 victims of APL/UXO/IED in the departments of Arauca, Caquetá, Guaviare and Meta received assistance in the restitution of their rights as stipulated in national legislation. They also received humanitarian assistance in the areas of transportation, food and lodging during the process of getting access to health care and full rehabilitation services. Local emergency response pathways for APM/UXO/IED incidents were developed in 37 rural areas in the above-mentioned departments.
- 6,018 boys and girls in the prioritized areas of Putumayo, Meta and Guaviare received tools to build life-projects, away from the on-going violence. The process involved the socialization of guidelines and protocols developed with the Colombian Institute for Family Welfare (ICBF) to assist children demobilized from non-state armed groups. Furthermore, UNICEF and partners worked with over 500 families of the affected girls and boys so that the wider community could participate in the creation of child-friendly and protective environments in each of the communities prioritized by the project.
- In Nariño department, a slightly different methodology was used, focusing on the protection of girls, boys and adolescents at risk of recruitment in the urban and peri-urban schools around Tumaco. Some 324 girls, boys and adolescents received education materials and hygiene kits; 433 children participated in protective activities (including Golombiao and other recreational and pedagogical activities in violence prone areas around Tumaco). A total of 193 teachers and other educational personnel received refresher trainings in the use of education-in-emergency techniques. Finally, three schools received equipment and materials for sports, culture and pedagogy, to contribute to the creation of protective environments for children at risk.
- 2,512 displaced or at risk of internal displacement women, men, adolescents and youths from Afro-Colombian and Indigenous communities in the areas of Nariño (Ricaurte municipality) and Chocó (Bajo Baudó and Litoral de San Juan municipalities), strengthened their protection capacities through the development of integrated psychosocial and communitarian rehabilitation strategies, which have increased its protection capacities to deal threats from armed conflict, in particular those related to SGBV and Under an inter-agency framework, UNDP in alliance with UNFPA, UN Women and UNICEF, have implemented protection strategies both in Chocó and Nariño, to tackle SGBV and CRSV incidents through the reinforcement of grassroots organizations and the creation of protection networks among communities, capacity building of local authorities, and operationalization of referral pathways. Initiatives related to livelihoods and rehabilitation of community infrastructures have also ensured an early recovery approach for the affected communities by armed conflict.

WASH:

- Improvement of temporary water storage systems in the targeted communities in the departments of Cauca, Chocó and Nariño, which contributed to reducing the risk factors for water-borne diseases.
- Indigenous communities in Nariño and Arauca improved their sanitary conditions through the improvement of temporary sanitary facilities.
- 2,064 families from Tame, Arauquita (Arauca Department) and Bajo Baudó (Chocó Department) affected by complex emergencies obtained access to safe water and sanitation services and improved their hygiene practices, with the active participation of girls, boys, women and men.

Shelter/CCCM:

- Indigenous communities (1856 people) and Afro-Colombian communities (542 people) from Pizarro, Bajo Baudó and Bojayá in Chocó department improved their shelter conditions through the improved infrastructure of three collective centers. Each collective center received the necessary equipment to guarantee its adequate use and service.
- Workshops (TIGAT) on management of temporary shelters were carried out, with the participation of 150 community leaders and government officials, focusing on collective management capabilities and prevention of sexual violence.
- 500 families improved their hygiene conditions through the delivery of kits; 85 other families received habitat kits and a further 100 received livelihood kits.

Food Security and Nutrition:

- WFP provided crucial humanitarian assistance to conflict-affected people with high levels of food insecurity through a family-oriented, integrated approach that included both relief and recovery assistance.
- Emergency relief assistance was provided to highly food-insecure families through General Food Distribution (GFD) consisting of rice, pulses, vegetable oil, fortified wheat flour and sugar. WFP reached additional GFD beneficiaries in mass displacements and provided 40 to 80 days rations in accordance with their vulnerability, capacity and level of food security.
- Emergency food assistance was also provided to displaced children aged 6-14 years. 285 schoolchildren (148 girls and 137 boys) in Nariño and 637 (299 girls and 338 boys) in Arauca received one daily on-site cooked meal according to the school calendar. The food distribution was linked to trainings on healthy life styles and good nutrition practices.
- Mothers and children of Awá indigenous families in Nariño received supplementary food rations and were enrolled in mother-and-child health (MCH) activities. Pregnant and Lactating Women (PLW) were trained on good nutritional practices, pre-and post-natal care, growth monitoring and vaccination campaigns. These activities were conducted in collaboration with local/government health institutions and the Pan American Health Organization (PAHO).
- WFP also contributed to the sustainable recovery of conflict-affected people through Food for Assets (FFA) and Food for Training (FFT) activities to improve their income and for human capital development. Close coordination with communities and local organizations allowed WFP to reach a high percentage of planned beneficiaries in FFA and FFT activities. Likewise, coordination with United Nations Agencies such as PAHO, FAO, UNDP and UNHCR enhanced the implementation of trainings and assets creation activities that were based on needs identified by communities, improving family self-sufficiency, income generation and livelihoods.
- Food for Assets (FFA) activities supported the rehabilitation of agricultural production and creation of community assets; helped to diversify diet and improved food storage in emergency. Indigenous communities in Nariño participated in the establishment of 17 community centers (CDC)¹, where community gardens were set up for a sustainable production system to improve their food sovereignty. In addition, in collaboration with UNDP, WFP's FFA activities helped in rehabilitation of schools, maintenance of feeder roads and community bridges. In Arauca, working with communities, FFA activities resulted in cleaning of roads, construction of drains and improvement of community infrastructures and all the communities improved their community asset score (100 percent).
- Indigenous communities in Nariño improved their food security and nutrition conditions due to the rapid food production, diversified according to environmental conditions and the cultural agro-ecologic priorities of communities.

¹CDC, by its acronym in Spanish. (Centro Demostrativo de Capacitación)

Health:

- Indigenous communities of Tame (Arauca) and 14 surrounding villages improved their access to health services through temporary improvement of health posts.
- 3,698 people living in confined communities received medical consultations and other lifesaving health services in Cauca, Caquetá y Nariño.
- 11 psychosocial support kits were delivered to schools and health posts to support delivery of psychosocial care to community members, with particular attention to children, in Cauca, Arauca and Chocó.
- 1,080 IDPs and confined community members received mental health care and psychosocial support, in Cauca, Nariño, Meta and Caquetá.
- 30 birthing kits were distributed to local communities to support safe child birth in communities away from proper health centers, in the departments of Arauca, Cauca, Nariño and Choco.
- CERF funds contributed to the availability of essential medical and health supplies for the treatment of common ailments affecting displaced and confined communities, with a particular focus on acute diarrheal and respiratory diseases disproportionately affecting children.

Education:

- 4,580 children (1,832 girls and 2,748 girls) and 30 teachers (male and female) have been provided with education in emergency assistance (safe and secure learning environments and educational kits and activities).

CERF's ADDED VALUE

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

YES PARTIALLY NO

Some of the internal administrative procedures of UN Agencies rendered difficult and delayed the delivery of assistance. On the one hand, some memoranda of understanding (MoU) between UN Agencies and NNGO or INGO were only signed and initiated in August 2014 (4 months after the disbursement). On the other hand, internal procedures between HQs and Agencies at country level increased the expected time for disbursements.

Nonetheless, UN Agencies and their implementing partners provided assistance to beneficiaries and contributed to improve humanitarian conditions of the most affected population.

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

YES PARTIALLY NO

Besides some delays caused by administrative procedures (see above), UN Agencies and implementing partners carried out rapid actions to respond to time-critical humanitarian needs. Below are some examples of how actions responded to time critical needs:

- Food crops were rehabilitated and produced food in 90 days. Rapid food production in critical situations helps save lives.
- The victims of APM/UXO/IED present immediate needs for health care, physical rehabilitation, psychosocial support and intersectoral coordination. These needs were duly covered in a timely fashion thanks to the availability of CERF funding.
- In the case of recruitment prevention, CERF funding likewise facilitated timely access to communities for direct work with girls, boys and adolescents as well as their families, communities and institutions.
- CERF funds allowed for the immediate basic needs of prioritized populations in the field of temporary shelter to be met. This included: i. access to temporary shelter in dignity under SPHERE minimum standards; ii. assistance with non-food items

² 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.).

accompanied by processes strengthening response and resilience capabilities in situations of displacement; iii. tools for restoring livelihoods that provide basic food security.

- Thanks to CERF funds, WFP enhanced its assistance in three provinces, meeting urgent food needs of most vulnerable populations and supporting communities to strengthen their resilience to the adverse effects of the conflict and environmental disasters.

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 a technical and political level, facilitated the acceptance and visibility of the CERF grant and of the main humanitarian needs in the prioritized regions. Important advocacy and resource mobilization strategies were implemented across the prioritized departments under the leadership of UN Agencies, implementing partners and the different LHTs. As a result, important contributions were made by institutions like the Ministry for Agriculture and Rural Development, the Victims' Unit (UARIV), the health state entity of Ricaurte, Quibdó's Major Office, National Red Cross, Pastoral Social, Departmental Women Network of Chocó, Technical Secretariat for the Prevention of Forced Recruitment, Presidential Program "Colombia Joven", Médicos del Mundo, World Lutheran Federation, Fundación Plan, SAHED (NNGO), SENA, UMATA, CORPOICA among others. These organizations and institutions mobilized additional funds in cash or in kind, contributing to maximize the impact of CERF funds.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The delivery of humanitarian response through CERF projects was possible due to the existing coordination mechanisms at national and local level. The preexisting presence of UN Agencies in the majority of the prioritized regions facilitated the humanitarian response and promoted articulation with state institutions and other humanitarian actors. The definition of MoUs with implementing partners and their participation in the LHTs was promoted. In addition, Cluster leads used CERF funds in order to push active participation and information flow within the Clusters and to contribute to the monitoring of the response plans in the frame of the SRP.

Following agreements of the HCT, a monitoring strategy was defined for the CERF projects. It included the elaboration of a mid-term report and the implementation of common monitoring missions. These activities enhanced communication flow at local and national level, as well as between LHTs, Clusters and HCT. OCHA subsequently consolidated joint mission reports, as follows:

Date	Participants	Sectors Involved	Department
20.08.2014	UNHCR, WHO/PAHO, WFP, Colombian Red Cross, OCHA	Protection, Food Security and WASH	Arauca
25-30.08.2014	OCHA, WFP	Food Security and Nutrition	Putumayo
10-11.09.2014	UNICEF, OCHA, Corporación Infancia y Desarrollo (NNGO), UNHCR, Campaña Colombia Contra Minas (NNGO)	Protection	Meta
18-19.09.2014	UNICEF, OCHA, Corporación Infancia y Desarrollo (NNGO)	Protection	Guaviare
06.10.2014	FAO, WFP, UNDP, Early Recovery Working Group, UNHCR, OCHA	Food Security and Nutrition, Protection	Nariño
28.10.2014	Fundación Plan, OCHA	WASH and Education in Emergencies	Chocó
05.11.2014	IOM, CISP (INGO), OCHA	Shelter/CCCM,	Chocó
21.11.2014	OCHA, UNHCR, Opción Legal (NNGO)	Protection	Chocó
11.2014	OCHA, FAO	Food Security and Nutrition	Chocó
11.2014	UNDP, Red Departamental de Mujeres Chocoanas (NNGO), Pastoral Indígena, OCHA	Protection	Chocó

In the department of Chocó, education and water sanitation and hygiene (WASH) activities were coordinated through the Plan Foundation, the implementing partner of both projects. The schools targeted in emergency education were also prioritized for

rehabilitation of school restrooms, including water capture systems and wastewater treatment (septic pit) and community awareness of the community in the use and promotion of hand washing. UNICEF coordinated activities with the round-table for Education in Emergencies of Chocó, where local education authorities, other humanitarian agencies and national and international non-governmental organizations participate.

CERF funding contributed not only to improve coordination among Food Security and Nutrition cluster agencies in the targeted areas but also strengthened cooperating partners' activities and technical skills, resulting in more sustainable solutions for beneficiaries. The inter-agency project in Chocó between UNDP, UN Women, UNFPA and UNICEF allowed having an integrated multi sectoral protection response, taking into account the expertise of each agency, while also incorporating an early recovery approach.

The interagency response facilitated access to people in isolated, remote and hard to access areas and allowed UN Agencies to optimize the use of its resources, and decrease logistics and operational costs.

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

Other ways in which CERF added value to the humanitarian response are:

- **Information management:** CERF projects increased the capacity to receive and process information regarding humanitarian needs and response gaps. Thanks to CERF grant, the HCT was able to provide assistance to communities affected by confinement or access restrictions, as a result UN Agencies and implementing partners were able to know and analyze the humanitarian situation of those communities, who never have received humanitarian response before.
- **Advocacy in decision making processes:** The project provided an opportunity to socialize relevant information about the humanitarian situation of the targeted communities to decision-making instances, such as departmental / municipal committees on risk management, Council of Transitional Justice as well as within the HCT, to advocate for people-oriented actions based on contextualization of the crisis in the specific territories and the identification of major gaps. This helped give higher visibility to the humanitarian needs.
- **Articulation with State institutions:** CERF projects promoted the establishment of regular communication flow with State institutions in regions, where the humanitarian stakeholders did not have a frequent presence. This was favorable in order to enhance sustainability of the implemented actions.
- **Identification of potential implementing partners for ERF:** UN Agencies were able to enhance coordination with "new" implementing partners and strengthened them in terms of funds management and implementation capacities. These processes allowed the identification of potential implementing partners for ERF projects.
- **Needs Assessments:** Enabling joint assessment missions with LHT and departmental and municipal counterparts for the purpose of the prioritization process and development of proposals facilitated coordination between partners during the implementation of activities.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Some communities in Colombia require specific technical assistance for food production. This activity requires permanent experts, who should be funded as part of the support of the project.	Consider the possibility to increase the staff costs within the project budget.	CERF
Unforeseen variations in the dollar exchange rate might generate positive balance at the end of the projects.	Consider the possibility to increase the scope of the projects with any positive balance accumulated	CERF, UN Agencies
The implementation of multisector projects has more impact than one sector interventions.	Consider the possibility to allow multisector proposals, not only for refugees, as is currently allowed in the CERF guidelines.	CERF Secretariat /UN Agencies
UN Agencies and OCHA at country level should be informed in advance about the changes in the interpretation and implementation of CERF global guidelines. There have been several important changes in the way how CERF carried out the revision process, without informing OCHA and/or UN Agencies.	Carry out a workshop with UN Agencies and implementing partners regarding CERF life-saving criteria and global guidelines.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The consultation, coordination and articulation with the local and national authorities promote sustainability of implemented projects.	Strengthen communication and coordination with government agencies at local and national level	UN Agencies / HC
The importance of strengthening coordination between the national level, the inter-cluster group and the Local Humanitarian Teams.	Improve channels of communication and coordination between the national level, the inter-cluster group and local humanitarian teams	OCHA
Elaboration of draft emergency proposals requires collection of primary and secondary information. For this reason it is important to continue to strengthen local capacities in local humanitarian teams to gather information through tools like MIRA or in-depth needs assessments.	Continue training local humanitarian teams with rapid needs assessment tools and analysis of sectorial data.	IASC members OCHA Clusters
The workshops of joint presentation, coordination and accountability to municipal administrations served to put Humanitarian issues squarely on the public agenda, and to assure that the municipal authorities were engaged in dealing with them.	It is strongly recommended that coordination be strengthened for institutional and community management, to ensure that Humanitarian activities remain on municipal contingency plans and within community discussions.	UN Agencies
Prior coordination and timely signing of agreements with IPs contribute to timely implementation activities	It is highly recommended to include administrative and logistical activities in the Operational Plan to avoid delays in project implementation	UN Agencies
Close coordination and community participation allow ownership of the project outputs by them leading to sustainability.	Regular meetings with community leaders should be held at different stages of the project for greater clarity on the activities and more agile project implementation.	UN Agencies
Gender and culturally sensitive trainings enhance the impact of projects	Gender equality should be strengthened in all CERF proposals.	UN Agencies
Coordination and communication with indigenous communities and local administration reduce	Coordination with local community leaders and local administrations should be strengthened to ensure a safe intervention.	UN Agencies

security risks that may occur in the intervention.		
The creation of oversight committees allows communities to take greater ownership of the project results.	Create opportunities for capacity building of women and men leaders and strengthened the role of committees	UN Agencies
The identification and selection of implementing partners should take into consideration the recommendations of the LHTs.	UN Agencies should contact LHTs in order to receive feedback regarding local implementation capacity and coordination goodwill of possible partners	UN Agencies
Implementing partners should be informed regarding CERF life-saving criteria and CERF global guidelines.	With the support of UN agencies, OCHA should organize Pre Action Review of CERF projects, in order to share CERF guidelines with implementing partners, promote coordination and reach operational agreements.	OCHA and UN Agencies
The creation of local monitoring committees allows communities to take greater ownership of the project results and improve social control.	This practice should be streamlined to improve ownership and accountability of beneficiary communities.	UN Agencies, implementing partners and LHTs

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	FAO	5. CERF grant period:	24.04.14 – 31.12.14
2. CERF project code:	14-UFE-FAO-017	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture in emergencies / Food security		<input checked="" type="checkbox"/> Concluded
4. Project title:	Fast production and sustainability of food crops and capacity building for indigenous peoples Awa and Embera (Dovida, Chami y Katio) in the departments of Nariño and Choco		
7. Funding	a. Total project budget:	US\$ 1,200,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 950,000	▪ NGO partners and Red Cross/Crescent: US\$ 99,044
	c. Amount received from CERF:	US\$ 650,803	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	2,475	2.516	After all initial diagnoses, women and men were having a close number. The number of children under 5 years was not as high as planned, finding more between 8 and 12 years.
b. Male	3,025	2.812	
c. Total individuals (female + male):	5,500	5.328	
d. Of total, children <u>under</u> age 5	1,925	616	
9. Original project objective from approved CERF proposal			
Rapid food production and strengthening of community and institutional capacity, directed to improving and sustaining the food security through the establishment of technical models, respecting the cultural and agro-ecological dynamics of these areas.			
10. Original expected outcomes from approved CERF proposal			
<p>✓ RESULT 1: rapid food production, diversified according to environmental conditions and the cultural agro-ecologic priorities of communities</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • 100% of families (50% men and 50% women) receive seeds, tools, materials and supplies, for the development of technical models concerted; • 100% of families (50%men and 50%women) receive agricultural tools to facilitate the activities of planting and harvesting, traditionally led by women; • Percentage of men and women that produce food through the inputs provided by the Project. • 100% of the communities have community models for food production; • 85% of participating families replicated technical models individually or collectively; • 80% of schools replicate technical models for the production of food for school meals; 			

- 70% of the communities establish or rehabilitate livestock production systems;
- 90% of the collective shelter sites have community food production systems; and
- 100% of the communities develop specific activities (mano prestada) to expedite the installation of individual or collective replicas for families led by single mothers and the elderly.

✓ **RESULT 2:** strengthen the capacity of targeted communities to achieve food production sufficiently, sustainably and respectful of the local culture.

Output indicators:

- 100% of the communities trained on rapid production of food based on the worldview of the indigenous communities;
- 90% of the communities embrace the training models;
- 100% of communities trained in the proper use of spaces for agricultural production;
- 50% of the communities improve the distribution and use of spaces for the keeping of animals;
- 100% of the communities have capabilities to transform and preserve food;
- 85% of the communities improve dietary diversity by implementing concerted technical models;
- 80% of boys/girls in the communities understand the technical models for food production integrating ancestral survival strategies related to agricultural livelihoods; and
- 80% of the communities develop activities for strengthening indigenous women Governors and leaders, as catalysts for food production and processing, after consultation with the traditional authorities.

✓ **RESULT 3:** Strengthening of institutional and community capacities to generate sustainability of the proposal in the targeted areas.

- One initial diagnostic and plan of action formulated to achieve a coherent response based on needs of men and women in the communities and sustainability.
- 15 local staff from the municipality or other agricultural –related institutions trained and implementing models of rapid food production.
- 20 local leaders (50% men and 50% women) trained and providing support and technical assistance to their communities

11. Actual outcomes achieved with CERF funds

✓ **RESULT 1:** rapid food production, diversified according to environmental conditions and the cultural agro-ecologic priorities of communities

Output indicators:

- 107% of families (50% men and 57% women) receive seeds, tools, materials and supplies, for the development of technical models concerted;
- 107% of families (50%men and 57%women) receive agricultural tools to facilitate the activities of planting and harvesting, traditionally led by women;
- 95 % Percentage of men and women that produce food through the inputs provided by the Project.
- 95% of the communities have community models for food production;
- 75% of participating families replicated technical models individually or collectively;
- 85% of schools replicate technical models for the production of food for school meals;
- 80% of the communities establish or rehabilitate livestock production systems;
- 100% of the collective shelter sites have community food production systems; and
- 100% of the communities develop specific activities (mano prestada) to expedite the installation of individual or collective replicas for families led by single mothers and the elderly.

✓ **RESULT 2:** strengthen the capacity of targeted communities to achieve food production sufficiently, sustainably and respectful of the local culture.

Output indicators:

- 100% of the communities trained on rapid production of food based on the worldview of the indigenous communities;

<ul style="list-style-type: none"> • 97% of the communities embrace the training models; • 100% of communities trained in the proper use of spaces for agricultural production; • 87% of the communities improve the distribution and use of spaces for the keeping of animals; • 100% of the communities have capabilities to transform and preserve food; • 75% of the communities improve dietary diversity by implementing concerted technical models; • 85% of boys/girls in the communities understand the technical models for food production integrating ancestral survival strategies related to agricultural livelihoods; and • 87% of the communities develop activities for strengthening indigenous women Governors and leaders, as catalysts for food production and processing, after consultation with the traditional authorities. <p>✓ RESULT 3: Strengthening of institutional and community capacities to generate sustainability of the proposal in the targeted areas.</p> <ul style="list-style-type: none"> • 1 One initial diagnostic and plan of action formulated to achieve a coherent response based on needs of men and women in the communities and sustainability. (One for Department) • 13 local staff from the municipality or other agricultural –related institutions trained and implementing models of rapid food production. • 50 local leaders (50% men and 50% women) trained and providing support and technical assistance to their communities 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
In general indicators were met and exceeded in most cases. The continuity of actions in the area, ensuring recognition of the work of FAO and greater ownership of activities by the community.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 1</p> <p>If 'NO' (or if GM score is 1 or 0): Focus groups were conducted with women, to understand their specific needs versus food production. Some of the vegetable species included were taking this variable, such as those used in most of the preparations (tomato, onion) and other medicinally employed. Additionally, subsistence crops were located in closest to the houses spaces, facilitating the work of maintenance and harvest, which in many cases is in charge of women and is difficult by long distances they must travel, coupled with the housework. The tools given to women were intended for use, taking into account the weight and size and ease of handling. Preparation workshops and food processing, included topics of interest to women, such as breastfeeding and complementary feeding.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
FAO projects are permanently evaluated and monitored by the local technical teams assigned to each region. This guarantees the achievement of targets in the established timeframe. To date consolidation of general monitoring report is in process.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	IOM	5. CERF grant period:	24.04.14 – 31.12.14
2. CERF project code:	14-UFE-IOM-024	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Shelter and non-Food Items		<input checked="" type="checkbox"/> Concluded
4. Project title:	Increasing temporary shelter capacities to protect vulnerable conflict affected IDPs in selected areas of Colombia		
7. Funding	a. Total project budget:	US\$ 3,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 969,668	▪ NGO partners and Red Cross/Crescent: US\$293,866
	c. Amount received from CERF:	US\$ 369,668	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1,046	1,156	Statistical information on beneficiaries built in areas of the project did not possible to establish a detailed quantification of children. Census data did not include communities in all cases information on this population group, so that the number of child population served less than five years may be higher than the number reported.
b. Male	1,180	1,242	
c. Total individuals (female + male):	2,226	2,398	
d. Of total, children <u>under</u> age 5	1,199 ³	702	
9. Original project objective from approved CERF proposal			
To provide essential support to selected communities affected by the conflict in Colombia by meeting basic shelter and NFI needs and the development of effective and efficient coordination of sector response based on reliable and accessible information, regular inter-agency assessments, integrated planning and comprehensively monitored assistance to the affected population.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • 500 Families attended with kit of hygiene considering gender specific needs • 85 families attended with habitability kits • Construction or repair of 2 multifamily shelters in the selected areas in consultation with the community and local authorities • 100 government officials and community leaders with increased capacities in collective Centre/Camp management and prevention of sexual violence • Sex and age disaggregated information on NFI needs, gaps, distribution and monitoring is shared with HCT • Distribution is done according with operational guidelines • 100 families assisted with livelihood kits • 3 shelters furnished 			
11. Actual outcomes achieved with CERF funds			

³ According to the percentage on children in the departmental population.

- 500 families assisted with kit specific needs taking into account gender hygiene
- 85 families assisted with kits of habitability
- Repair 2 multifamily shelters in selected areas of the project in consultation with the community and local authorities
- 150 government officials and community leaders to increase collective management capabilities Centre / Camp and prevention of sexual violence
- 1856 persons of indigenous communities and Afro descent 542 communities served by the project through its various components; 1156 men and 1242 women served through the different project activities.
- Reports about the situation of the people in the communities were sharing with another entities including local authorities and SNU, for instance the situation with the two people with disability were reporting to health authority, in total in the zone were identified 75 people older. 504 people were identified between 6-17 years old. In case the women were coordination actions with UNDP and UNFPA
- Provisions concerted with communities and authorities under Sphere minimum standards and in accordance with the parameters of Accommodation Management System considering the differential approach: gender, ethnicity and disability.
- 100 families assisted with livelihood kits
- 3 provided temporary accommodation
- 1156 men and 1242 women served through the different project activities.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Fill in	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0):</p> <p>Project activities contemplated gender approach, from identifying the items making up the kits of hygiene and cleanliness; the processes of sensitization and training which participation of women and activities related to the provision of livelihood kits are privileged; where their participation was very active and decisive for achieving project results.</p> <p>The calls to meetings, workshops and socialization involvement of women had this to streamline processes in their communities; in making decisions about the components of the kits and training activities and training.</p> <p>The delivery of hygiene and cleanliness kits took place ensuring that communities receive training with a gender perspective on hygiene and cleanliness, essential to prevent disease and to improve management practices and disposal of liquid and solid waste. These aspects are considered particularly important because of the frequent occurrence of skin diseases with the highest incidence in children.</p> <p>Similarly issues related to the main risks to which they are exposed women, youth and children, in temporary accommodation and what the parents and caregivers have their children, helping them to physical and sexual protection in emergency situations. As awareness strategy hygiene kits and toiletries are provided in women's handbags with designs allusive messages and prevent gender-based violence that say: "All women have the right to live without fear and to have a life free of violence. Meet and demand your rights "</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
The project did not include resources for a project evaluation. Regarding this issue, the	EVALUATION PENDING <input type="checkbox"/>

training activities were included in the assessments, which showed positive results in reference to their content, the level of knowledge of the facilitators and the contribution of such training to knowledge of the participants.	NO EVALUATION PLANNED <input checked="" type="checkbox"/>
---	---

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	5. CERF grant period:	15.04.14 – 31.12.14
2. CERF project code:	14-UFE-CEF-061	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water, Sanitation and Hygiene		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency response to ensure Water, Sanitation and Hygiene services for children and their families affected by complex emergencies		

7. Funding	a. Total project budget:	US\$ 1,500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 618,000	▪ NGO partners and Red Cross/Crescent: US\$ 437,259
	c. Amount received from CERF:	US\$ 509,705	▪ Government Partners: US\$ 0.00

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	2,295	4,140	The number of beneficiaries was higher, new communities were assisted because in the second half of the project the value of dollar increased in relation to the Peso. The NGOs allocated extra funds for the project. People from other communities (not prioritized) participated in the trainings.
b. Male	2,205	4,321	
c. Total individuals (female + male):	4,500	8,461	
d. Of total, children <u>under</u> age 5	500	1,862	

9. Original project objective from approved CERF proposal

To improve the access to basic services in Water, Sanitation and Hygiene for 900 families (4,500 beneficiaries), including 1,800 children and adolescents in prioritized municipalities of the departments of Arauca and Chocó, both of which are affected by complex emergencies.

10. Original expected outcomes from approved CERF proposal

900 families of prioritized communities affected by complex emergencies in the municipalities of Tame/Araucuita (Arauca) and Bajo Baudó (Chocó) have access to safe water and sanitation services and improve their hygiene practices, with the active participation of girls, boys, women and men.

Indicators

- Percentage of households and schools of prioritized communities affected by complex emergencies with access to

<p>drinking water.</p> <ul style="list-style-type: none"> • Percentage of prioritized communities affected by complex emergencies that have improved sanitation. • Number of schools that have improved sanitation facilities. • Percentage of families with required supplies and skills to improve hygiene practices, involving girls, boys, men and women. 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • 229% percent of households and schools (2,064 households and 11 schools) of prioritized communities affected by complex emergencies with access to drinking water. • 100% percent of prioritized communities (19 communities) affected by complex emergencies that have improved sanitation. • 11f schools that improved sanitation facilities. • 83% percent of families (749 families) with required supplies and skills to improve hygiene practices, involving girls, boys, men and women. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The prioritized communities contributed to the project with their workforce which permitted an increased number of beneficiary families in the water, sanitation and hygiene actions. Initial findings found that the population affected by the complex emergency was higher than the population identified in the project.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a</p> <p>The gender was integrated in a transversal manner into the actions of the cluster using an analysis and considering the specific needs, priorities and capacities of women, men and children of affected communities.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
A final evaluation will be carried out in the first quarter of 2015.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	15.04.14 – 31.12.14
2. CERF project code:	14-UFE-WFP-029	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project title:	Protracted Relief and Recovery Operation 200148: Integrated approach to address food insecurity among highly vulnerable households affected by displacement and victims of the armed conflict		
7. Funding	a. Total project budget:	US\$ 19,871,946	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 12,559,070	▪ NGO partners and Red Cross/Crescent: US\$19,799
	c. Amount received from CERF:	US\$ 515,120	▪ Government Partners: US\$0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	4,989	8,420	The difference between actual and planned values is explained by following reasons: <ul style="list-style-type: none"> • A close coordination with communities and local organizations helped to create synergies and assist more beneficiaries especially through food for training activities. • Through this close coordination with local authorities and other entities in the area, WFP adjusted its implementation strategy. More training and capacity building activities helped beneficiary recover faster and built their capacity to access alternate resources. This allowed WFP to assist higher number of vulnerable people than originally planned.
b. Male	4,563	9,213	
c. Total individuals (female + male):	9,552	17,633	
d. Of total, children <u>under</u> age 5	413	1,729	
9. Original project objective from approved CERF proposal			
This project adopts the family-oriented, integrated approach of the PRRO 200148 to support IDPs and conflict-affected people with high levels of food insecurity, and contributes to the following objectives. <ul style="list-style-type: none"> •Improve access to food and dietary diversity among vulnerable groups, such as indigenous communities, women, girls and boys, affected by displacement and violence and with limited access to other programmes by providing emergency assistance and linking them to government programmes; •Help internally displaced girls and boys and those affected by violence to return and stay in primary education through emergency school feeding; •Support the recovery and rehabilitation of vulnerable displaced families by improving their livelihoods and asset base with a view to self – sufficiency, fostering inclusion in national social protection programmes, and promoting equitable access of women. 			
10. Original expected outcomes from approved CERF proposal			

ACTIVITY	40 day ration (Kg)	Nariño			Arauca			Guaviare			BENEFICIARIES	DELIVERIES	MT PER
		Beneficiaries	Deliveries	MT	Beneficiaries	Deliveries	MT	Beneficiaries	Deliveries	MT	PER ACTIVITY		ACTIVITY
General Food Distribution	9.8	1,500	1	14.70	1,300	2	25.48	3,000	2	58.80	5,800	10,100	98.98
School Feeding	3.15	120	5	1.89	550	7	12.13	-	-	-	670	4,450	14.02
Supplementary Feeding (PLW)	4.6	113	5	2.60	-	-	-	-	-	-	113	565	2.60
Supplementary feeding (Children 6 months to 5 years)	4.6	285	5	6.56	-	-	-	-	-	-	285	1,425	6.56
Food for Training	9.8	5,207	3	153.09	1,300	2	25.48	3,000	2	58.80	9,507	24,221	237.37
Food for Assets	9.8	1,455	3	42.78	1,300	2	25.48	-	-	-	2,755	6,965	68.26
TOTAL BENEFICIARIES (Without overlapping) & MT		5,252		221.61	1,300		88.57	3,000		117.60	9,552		427.77
New Beneficiaries (Relief)		1,500			1,300			3,000					
New Beneficiaries (Early Recovery)		1,500			1,300			3,000					
Total New Beneficiaries (Without overlapping)		1,500			1,300			3,000					
Beneficiaries CERF 2013 (Complementing activities on Early Recovery)		3,752			-			-					

Outcomes:

- 4,300 persons receive two 40-day rations of General Food Distribution and 1,500 people receive one 40-day ration in the three departments
- 670 targeted school girls and boys in Nariño and Arauca receive school meals for seven months
- 398 PLW, girls and boys under 5 years of age, receive supplementary take home rations in Nariño.
- 9,507 persons assisted by WFP participate in UN and NGO partner supported life-saving activities and receive food for training in the three departments
- 2,755 persons assisted by WFP participate in UN and NGO partner supported life-saving activities and receive food for assets in the three departments
- 85% of attended families have an adequate household food consumption score
- 70% of communities attended under the continued assistance activity improve their community asset score
- At least 50% of beneficiaries attended under supplementary feeding are directly linked to local/governmental mother and child health (MCH) services.

Indicators:

- Number of households that receive food during the intervention
- Number and percentage of household headed by women that receive food
- Number of boys and number of girls that are participating in the emergency school feeding programme
- Percentage of indigenous girls that are participating in the emergency school feeding programme
- Number and percentage of PLW, girls and boys under 5 that participate in supplementary feeding programmes
- Number of women and number of men that participate in the food for assets and food for training activities
- Percentage of households with adequate food consumption score
- Percentage of persons receiving assistance that belong to indigenous groups.

11. Actual outcomes achieved with CERF funds

Outcomes achieved:

- 4,753 persons received one 40-day rations of General Food Distribution in Arauca and Nariño (3,253 and 1,500 respectively) and 3,000 people received two 40-day rations in Guaviare.
- 922 targeted school girls and boys in Nariño and Arauca received school meals for seven months.
- 233 PLW, girls and boys under 5 years of age received supplementary take home rations in Nariño.
- 15,380 persons assisted by WFP participate in UN and NGO partner supported life-saving activities and receive food for training in the three departments.
- 3,650 persons assisted by WFP participate in UN and NGO partner supported life-saving activities and receive food for assets in the three departments.
- 74% of attended families in relief activities and 76% of attended families in recovery activities have an adequate household food consumption score.
- 100% of communities attended under the continued assistance activity improved their community asset score.
- 83% of beneficiaries attended under supplementary feeding were directly linked to local/governmental mother and child health (MCH) services.

Indicators:

- 3,527 households received food during the intervention.

<ul style="list-style-type: none"> - 2,186 and 62 percent of household headed by women received food in relief activities. In recovery activities this percentage dropped to 46 percent with 1,498 household headed by women. - 475 boys and 447 girls participated in the emergency school feeding programme. - 64% percent of girls assisted under the emergency school feeding programme belonged to indigenous communities. - 39 PLW participated in supplementary feeding activities, constituting 70 percent of programme beneficiaries and 155 girls and boys under 5 participated in supplementary feeding activities, constituting 87 percent of programme beneficiaries. - 1,940 women and 1,458 men participated in the food for assets and food for training activities. - 74% of attended families in relief activities and 76% of attended families in recovery activities have an adequate household food consumption score. - 54 percent of population reached belonged to indigenous groups. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>A close coordination with communities and local organizations helped to create synergies and assist more beneficiaries especially through food for training activities.</p> <p>Through this close coordination with local authorities and other entities in the area, WFP adjusted its implementation strategy. More training and capacity building activities helped beneficiary recover faster and built their capacity to access alternate resources. This allowed WFP to assist higher number of vulnerable people than originally planned.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>If no evaluation is carried out or pending, please describe reason for not evaluating project.</p> <p>The Protracted Relief and Recovery Operation PRRO is funded by multiple donors, including CERF. WFP annually selects projects to be evaluated worldwide and so far the PRRO currently implementing in Colombia has not been chosen. Therefore, planned evaluation processes has not been scheduled beyond the measurement of indicators included in the logical framework aligned with the corporate strategic plan.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	15.04.14 – 31.12.14
2. CERF project code:	14-UFE-CEF-063	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Education		<input checked="" type="checkbox"/> Concluded
4. Project title:	Integrated response to ensure the survival and protection of children affected by complex emergencies		
7. Funding	a. Total project budget:	US\$ 358,216	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 150,000	▪ NGO partners and Red Cross/Crescent: US\$169,070
	c. Amount received from CERF:	US\$ 208,217	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	640	1,832	The project achieved greater coverage of beneficiaries because resources were optimized. PLAN, our implementing partner, has a sub-office and permanent staff in the project area and has wholesale suppliers, which allowed them to get inputs at lower prices and to cover transportation costs through other projects operated in the area.
b. Male	770	2,748	
c. Total individuals (female + male):	1,410	4,580	
d. Of total, children <u>under</u> age 5	123	123	
9. Original project objective from approved CERF proposal			
1,410 beneficiaries, including 1,380 children and adolescents and 30 teachers of the prioritized municipality of the department of Chocó, affected by complex emergencies, have access to comprehensive care, which includes basic services in Education in Emergencies.			
10. Original expected outcomes from approved CERF proposal			
1,380 children (620 girls and 760 boys) and 30 teachers (male and female) have been provided with education in emergency assistance (safe and secure learning environments and educational kits and activities).			
Indicators			
<ul style="list-style-type: none"> • Number of boys and girls receiving educational kits. • Number of teachers and education authorities (male and female) trained on Education in Emergency topics, methodologies and tools. 			
11. Actual outcomes achieved with CERF funds			
4,580 children (1,832 girls and 2,748 girls) and 30 teachers (male and female) have been provided with education in emergency			

<p>assistance (safe and secure learning environments and educational kits and activities)</p> <p>Indicators:</p> <p>4,580 children (1,832 girls and 2,748boys) received educational kits</p> <p>30 teachers and education authorities were trained on tools to promote safe and protected learning environments</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>The project achieved greater coverage of beneficiaries because resources were optimized. Fundación PLAN, our implementing partner, has a sub-office and permanent staff in the project area and has wholesale suppliers which allowed them to get inputs at lower prices and to cover transportation costs through other projects operated in the area.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 1</p> <p>If 'NO' (or if GM score is 1 or 0):</p> <p>In the project indicators were incorporated to track the involvement of girls and boys benefiting from the assistance on safe learning spaces. At the same time, teachers and educational authorities acquired gender sensitive tools in education in emergencies. The training addressed issues related to identifying the needs of boys and girls to ensure enrollment, participation and achievement of learning in safe spaces. The mapping exercise worked with the community to identify the reasons for children's early leaving of school and to identify strategies to promote equal access for students who may be excluded from school for reasons of gender. The mapping helped identify existing resources, stakeholders from Government, civil society groups, communities and potential partners to determine the requirements for training and support to ensure quality education for boys and girls.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>No evaluation is planned; given the small founding amount, UNICEF felt that on-going monitoring and evaluation during the project's life were sufficient.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNDP	5. CERF grant period:	08.05.14 – 31.12 .14
2. CERF project code:	14-UFE-UDP-004	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded
4. Project title:	Multifunctional protection strategy for indigenous and afro Colombian populations in situation or at risk of displacement with emphasis on youth and women affected by GBV and SGBV		
7. Funding	a. Total project budget:	US\$ 12,072,000	d. CERF funds forwarded to implementing partners: 229.553
	b. Total funding received for the project:	US\$ 6,932,000	▪ NGO partners and Red Cross/Crescent: 229.553 US\$
	c. Amount received from CERF:	US\$ 337,475	▪ Government Partners: US\$
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1,804	1,550	The project has presented a discrepancy between the planned and actual beneficiaries. The planned activities have been carried out; however, the number of beneficiaries is less than the expected. This is due to the fact that fewer people than the planned conducted replication activities; therefore fewer people participated in such activities. Throughout the rolled out of the project, many women expressed that due to their state of vulnerability they could not replicate in other communities as they needed to seek and engage in income generating activities.
b. Male	996	962	
c. Total individuals (female + male):	2,800	2,512	
d. Of total, children <u>under</u> age 5	0	133	
9. Original project objective from approved CERF proposal			
To improve protection mechanisms and community-based rehabilitation for 2.800 indigenous and Afro-Colombian people displaced or at risk of displacement, with an emphasis on youth and women affected by GBV and SGBV in the municipalities of Bajo Baudó, Litoral San Juan (Department of Chocó) and the municipality of Ricaurte (Department of Nariño).			
10. Original expected outcomes from approved CERF proposal			
Outcomes/Activities		SMART indicators	
Outcome 1: Strengthening community-based mechanisms for emergency response and self-protection through integrated vital psychosocial care strategy		At least 2.800 people in the prioritized areas are empowered and involved in strengthening community self-protection mechanisms to create community safety nets that ensure access to protection services with a differential and gender approach, in coordination with local and ethnic authorities, women organizations and other stakeholders operating in targeted areas.	

<p>1.1 Validation of the needs assessment⁴ with the community as an accountability process with targeted communities</p>	<p>1 needs assessment validation and targeting community per prioritized community with the local and ethnic authorities, teachers, leaders, women's organizations, Afro-Colombian and indigenous displaced population or at risk of displacement in Chocó and Nariño.</p>
<p>1.2 Psycho-social vital services provided through establishment of community safety nets developed to protect and support victims among indigenous and Afro-Colombian displaced population or at risk of displacement with emphasis on youth and women in risk of GBV and SGBV.</p>	<p>At least 640 indigenous and Afro-Colombian persons displaced or at risk of displacement (400 women and 240 men) and at least 20 teachers and school administrators from the targeted communities are benefiting from a training to strengthen their capacities as "caregivers" for community protection and capabilities for advice and counseling to victims and accompaniment on prevention routes, emphasizing on GBV and SGBV.</p> <p>At least 6 community safety nets developed in the targeted communities acquired knowledge in community-based protection mechanisms, prevention, and protection routes and the rapid recovery of basic livelihoods.</p> <p>1 space for vital psychosocial support operating and orienting victims in the Camawari Community Center, mainly focusing on access to justice and security needs (located in Quaiquer integrado or Quaiquer viejo).</p> <p>At least 6 psychosocial groups with emphasis on women and youngsters are established and exchanging experiences for protection and personal and community leadership.</p> <p>At least 2160 indigenous and Afro-Colombians displaced people from the targeted communities received replicas of the psychosocial strategy support in their communities from the trained caregivers.</p>
<p>1.3 Development of life-saving IEC strategies as a self-protection strategies for the communities under imminent risk of displacement, mobility restrictions, confinements, forced recruitment and sexual and gender-based violence for timely crisis response</p>	<p>2 communication strategies designed and functioning with mechanisms for disseminating lifesaving information in Chocó and in Nariño.</p>
<p>1.4 Non-agriculture livelihoods developed for basic survival needs of the indigenous community and Afro-Colombian displaced or at risk of displacement, with special emphasis on youngsters and women</p>	<p>At least 20 non-agriculture activities for livelihood for immediate survival needs, identified and supported in community settings as strategies for self-protection and risk reduction.(crafts, debris management, sewing, waste management, recycling, basket weaving, fishnets, packaging and community services and other prioritized activities in accordance with the community needs).</p>
<p>Outcome 2: Rehabilitation of temporary community/women spaces damaged by armed conflict or natural disasters (with low costs local materials) to facilitate subsistence and protection for population in situation or risk of GBV and SGBV and displacement</p>	
<p>2.1 Definition of the criteria to identify community temporary infrastructure in critical conditions due to armed conflict and natural disasters that requires emergency rehabilitation to allow humanitarian</p>	<p>1.450 indigenous and Afro-Colombian displaced or at risk of displacement are involved in rehabilitation of the temporary community spaces for protection - in coordination with local and ethnic authorities for life saving within 9 months of project implementation.</p> <p>100% of the population from the prioritized communities in situation or at risk of displacement and/or GBV/SGBV benefit from restored community infrastructure as spaces for self-protection and early recovery.</p>

⁴ A needs assessment exercise will be conducted prior to the beginning of the CERF project with contributions from the implementing agencies' core budgets (i.e. UNFPA, UNICEF, UNDP and UN Women). The results of this previous needs assessment will be validated at the beginning of the project through the above-mentioned Activity 1.1.

assistance and to offer secure spaces for girls and women. Selection of the community that will participate in the processes in different prioritized areas	
2.2 Displaced or at risk of displacement youth, men and women and community leaders trained in the community infrastructure emergency rehabilitation with emphasis on women secure spaces and other welfare activities (debris management, clearance of roads to allow humanitarian aid access) to meet their immediate survival needs	At least 1.150 people in the targeted communities (960 women and 190 men) in Chocó are trained to repair community infrastructure and to develop healthy community survival initiatives (debris management, removal of waste, cleaning roads, etc.) to allow access of humanitarian assistance.
2.3 Women in Chocó are provided temporary livelihood support through Cash for work for the work done on the community rehabilitation and rehabilitation of women secure spaces as a community-based self-protection strategy for GBV and SGBV risk reduction.	300 women are receiving cash for work for rehabilitation of women secure spaces and community rehabilitation for their immediate survival in Chocó
2.4 Performing Communal work for emergency rehabilitation on identified temporary structures (with low cost self-selection local materials) in Ricaurte (Nariño) and temporary women secure spaces in Chocó as spaces for protection, psychosocial support and recovery of livelihoods	3 temporary community spaces rehabilitated as women secure spaces for community protection strategies to reduce risk of GBV and SGBV in Chocó. 1 Camawari community center equipped to serve as a pilot space for protection, psychosocial support, and early recovery activities for victims in Nariño. 2 temporary structures rehabilitated serving as a space for protection, psychosocial support (attached to the community center) knowledge sharing and recovery of livelihoods in Nariño carried out by “community communal work”.
Outcome 3: Support to ethnic and local authorities in the implementation of an multi-sectorial inter-institutional emergency response, protection and vital psychosocial care for displaced indigenous, Afro-Colombian, and victims of GBV and SGBV victims, focusing on health sector, security forces and justice servants	At least 40 officials from local and ethnic authorities are involved in the implementation of multi-sectorial inter-institutional strategy to improve humanitarian and protection response and vital psychosocial care with a differential, and gender focus
3.1 Institutional capacity is enhanced for immediate emergency response to cases of GBV and SGBV with a focus on health, security forces and access to justice in the targeted communities (particularly institutions like the Unit for Attention and Reparation of Victims –UARIV–, institutions part of the National System for Comprehensive Attention and Reparation of Victims –SNARIV and entities such as Transitional Justice Committee, Local Social Policy Boards)	At least 40 ethnic authorities and officials trained to improve institutional capacity for immediate emergency response with and early recovery approach with emphasis on health, access to justice and protection in Chocó and Nariño.
3.2 Health centers in the targeted municipalities provided with and trained in the use of rape treatment kits in order to ensure immediate basic health care for survivors of SGBV. Training on Minimum Initial Service Package (MIPS) and activation of routes and protocols for health personnel to improve their capacity to identify cases, collect forensic evidence and know how to process/refer it in Chocó.	2 sets of 3A and 3B kits delivered to the health sector and women in the targeted areas in Chocó (Kit 3A - Basic treatment after rape, including treatment for children; and Kit 3B - Post-exposure prophylaxis for HIV, including treatment for children) At least 10 health centers personnel (women and men) trained and able to use the provided kits in Chocó Number of women/girls, men/boys receiving institutional support (immediate emergency responses to cases to GBV and SGBV) and receiving specific treatment for SGBV by the health personnel
3.3 Coordination and institutional management for the institutional support of the Awa Community Center and transfer of the psychosocial model established for protection and early recovery of communities in Nariño	Institutional recognition of the Awá Community Center and institutional adoption of psychosocial model by local institutions.

11. Actual outcomes achieved with CERF funds

Outcome 1: Strengthening community-based mechanisms for emergency response and self-protection through integrated vital psychosocial care strategy.

Indicator: At least 1,872 (1,216 women, 656 men) people in the prioritized areas are empowered and involved in strengthening community self-protection mechanisms to create community safety nets that ensure access to protection services with a differential and gender approach, in coordination with local and ethnic authorities, women organizations and other stakeholders operating in targeted areas.

1.1 Validation of 8 needs assessment processes with the community as an accountability process with targeted communities

- ✓ 8 Needs assessments processes validated with 1,025 (624 women and 401 men) Afro-Colombian and indigenous beneficiaries and with the local and ethnic authorities, teachers, leaders, women's organization and displaced population or at risk of displacement to ensure the visibility of the specific needs of the different population groups with a gender and early recovery approach.

1.2 Psycho-social vital services provided through establishment of 6 community safety nets developed to protect and support victims among indigenous and Afro-Colombian displaced populations, or at risk of displacement, with emphasis on youth and women in risk of GBV and SGBV.

- ✓ 1,131 beneficiaries, of which 441 are indigenous (260 women, 181 men) and 690 are Afro-Colombian (483 women, 207 men), and 65 teachers, have strengthened their capacities as "caregivers" for community protection and capabilities for advice and counseling to victims and accompaniment on prevention referral pathways, emphasizing on GBV and SGBV.
- ✓ 6 community safety nets are developed in the targeted communities, acquired knowledge in community-based protection mechanisms, prevention, and protection referral pathways and rapid recovery of basic livelihoods
- ✓ 1 space for vital psychosocial support operating in the Camawari Community Center, mainly focused on protection needs and livelihoods recovery located in El Palmar
- ✓ 10 psychosocial groups among women and youth are established and are currently functioning in Litoral de San Juan, Bajo Baudó, Purricha communities and in Ricaurte (youth and children from IEBAS El Palmar, youth from communication network, artisanal women, women from community store, 3 indigenous territories)
- ✓ 741 indigenous and Afro-Colombians from the targeted communities (473 women, 268 men) received replications of the psychosocial strategy support in their communities from the trained caregivers.

1.3 Development of 3 life-saving IEC strategies for self-protection of communities under imminent risk of displacement, mobility restrictions, confinement, forced recruitment and sexual /gender-based violence for timely crisis response in Chocó and in Nariño.

- ✓ 3 communication strategies designed and functioning based on the recuperation and strengthening of tradition and culture, mainstreaming a gender approach and disseminating lifesaving information in Chocó and Nariño (3000 posters and calendars about institutional protection referral pathways with women and victims of GBV and SGBV, 1 participatory communication strategy and documentary elaborated with women, 1 indigenous community communication strategy (radio, contents, with 3 branches in the different communities) with Awá communities).

1.4 17 Non-agriculture livelihoods developed for basic survival needs of the indigenous community and Afro-Colombian displaced or at risk of displacement, with special emphasis on youngsters and women.

- ✓ 7 non-agricultural activities (handcraft, condiments, foods, shoes) are identified supported as self-protection and risk reduction strategies for women (4 in Litoral de San Juan and 3 in Pizarro.)
- ✓ 3 non-agricultural activities are identified supported in the indigenous communities as self-protection and risk reduction strategies for women (medicine plants, handcrafts, bread)
- ✓ 7 non-agriculture activities with indigenous communities are identified and supported in Nariño: packaging and transforming agricultural products (fruits and medicine plants), activating community store, craft, flowers and two farm

animals' initiatives for subsistence.

Outcome 2: Rehabilitation of temporary community/women spaces damaged by armed conflict or natural disasters (with low costs local materials) to facilitate subsistence and protection for population in situation or risk of GBV and SGBV and displacement

Indicator: 860 (602 women, 258 men) indigenous and Afro-Colombian displaced or at risk of displacement are involved in rehabilitation of the temporary community spaces for protection- in coordination with local and ethnic authorities for life-saving within 9 months of project implementation.

2.1 100% of the population from the prioritized communities in situation or at risk of displacement and/or GBV/SGBV benefit from restored community infrastructure as spaces for self-protection and early recovery

- ✓ 100% of the prioritized population recognized and benefit from the restored community infrastructure as spaces for self-protection and early recovery.
- ✓ 2 documents elaborated by engineers on the state of the spaces to be rehabilitated in Pizarro and Docordó and 2 rehabilitation plans strategies for the protection space validated with the local authorities and the community.
- ✓ 2 technical documents about the rehabilitation of the protection spaces in the communities in Nariño validated with the communities
- ✓ 100% of the rehabilitation plans have been consulted with the local community
- ✓ Selection of the 100 persons from the communities who participated in the identification of critical infrastructure that requires emergency rehabilitation in Chocó and Nariño

2.2 580 (450 women, 130 men) displaced or at risk of displacement youth, men and women and community leaders trained in the community infrastructure emergency rehabilitation with emphasis on women secure spaces and other welfare activities (debris management, clearance of roads to allow humanitarian aid access) to meet their immediate survival needs:

- ✓ 90 indigenous women trained on emergency rehabilitation of infrastructure with emphasis on safe and integration spaces for women and the communities recovering traditional and cultural symbols and infrastructure in Purricha
- ✓ 190 (10 men, 180 women) Afro-Colombians trained in Docordo and Pizarro on emergency rehabilitation of infrastructure and self-construction by an architect of the National Service for Learning (SENA for its Spanish acronym). The trainings were 30 hours long and each group was comprised of 90 to 95 people.
- ✓ At least 300 awá indigenous (130 women, 120 men, 30 boys, 20 girls) including the indigenous communities and educational institutions actively participated in capacity building "mingas" for the rehabilitation of communal spaces affected by the conflict. This, with the goal of converting them into enabling environments for community participation and as security and protection spaces according to the ways of life of the three communities in Nariño.

2.3 860 (602 women, 258 men) persons in Chocó (and Nariño) are provided temporary livelihood support through Cash/kits/food for work done on the community rehabilitation and rehabilitation of women secure spaces as a community-based self-protection strategy for GBV and SGBV risk reduction:

- ✓ 240 Afro-Colombian women and 80 indigenous women from Choco receive remuneration through Cash for Work of Food for their family livelihoods (beneficiaries of food for work: $80 \times 4 = 320$ beneficiaries)
- ✓ 300 indigenous (150 women, 150 men) from Nariño received food for work in the different working journeys for space rehabilitation (provided by WFP)

2.4 Performing Communal work for emergency rehabilitation on identified temporary structures (with low cost self-selection local materials) in Ricaurte (Nariño) and temporary women secure spaces in Chocó as spaces for protection, psychosocial support and recovery of livelihoods.

- ✓ 3 temporary community spaces are rehabilitated as protection spaces for women and as part of the protection strategy to reduce and mitigate risks associated with GBV and sexual violence in Chocó
- ✓ 1 Camawari Community center equipped served a pilot space for protection, psychosocial support, and early recovery activities for victims or communities at risk of displacement in Nariño
- ✓ 2 Temporary structures rehabilitated serving as a space for protection, knowledge sharing and recovery of livelihoods in Nariño carried out by 7 "Community communal work" (mingas)

Outcome 3: Support to ethnic and local authorities in the implementation of a multi-sectorial inter-institutional emergency response, protection and vital psychosocial care for displaced indigenous, Afro-Colombian, and victims of GBV and SGBV victims, focusing on health sector, security forces and justice servants.

Indicator: At least 100 (52 women, 48 men) Officials from local and ethnic authorities are involved in the implementation of a multi-sectorial inter-institutional strategy to improve humanitarian and protection response and vital psychosocial care with a differential and gender focus.

3.1 Institutional capacity is enhanced for immediate emergency response to cases with a focus on health, security forces and access to justice in the targeted communities

- ✓ 50 civil servants and 50 ethnic authorities trained to improve institutional capacity for immediate emergency response with and early recovery approach with emphasis on health, access to justice and protection with emphasis in GBV and SGBV in Chocó and Nariño.

3.2 Health Centers in the targeted municipalities provided with and trained in the use of PEP kits in order to ensure immediate basic health care for survivors of SGBV. Training on MIPS (Minimum Initial Service Package) in the targeted municipalities provided and activation Standard Operating Procedures for health personnel to improve their capacity to identify cases, collect forensic evidence and know how to process/refer it in Chocó.

- ✓ 4 PEP Kits (for children victims under 30 kg) and 2 PEP Kits (for victims over 30 kg) delivered to the health sector
- ✓ 50 health centers personnel's (women and men) and servants trained and able to use the provided PEP Kits in Chocó (Training carried out by UNFPA and Department Health Secretary)
- ✓ 8 adolescent victims of GBV, primarily sexual violence, received institutional support and specialized medical treatment from the health personnel

3.3 Coordination and institutional management for the institutional support of the Awa Community Center and transfer of the psychosocial model established for protection and early recovery of communities in Nariño

- ✓ Institutional recognition of the Awá Community Center by local Institutions and ethnic authorities in Nariño.

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

The project has presented a discrepancy between the planned and actual beneficiaries in some aspects. The planned activities have been carried out; however, the number of beneficiaries is less or more than the expected in some cases.

For instance, the planned number of beneficiaries that received replications was less than expected. This was mainly due to the fact that there were fewer people than planned conducting replication activities; therefore, fewer people participated in such activities. Throughout the rolled out of the project, many women expressed that due to their state of economic vulnerability they could not replicate in other communities as they needed to seek and engage in income generating activities. This leads us to conclude that it would have been important to provide greater incentives for the women who were expected to conduct the replications.

With regards to the numbers reported for the people who were trained to repair community infrastructure and to develop healthy community survival infrastructure, there was an over estimation of the number of people in Choco during the planning phase of the project. Hence, when we held the self-rehabilitation of infrastructure workshops with an architect from SENA, we fell short on the number of participants.

However, it is important to point out that the people who did participate in the workshops shared the acquired information with their families and community members. In Nariño, self-rehabilitation of infrastructure workshops were also conducted with over 300 people under the leadership of indigenous authorities with the accompaniment of a professional in construction.

The number of beneficiaries of the cash for work, initially estimated to be 300 women, reached a total of 240 women in Docordó and Pizarro. These were the women who participated in the self-rehabilitation of infrastructure workshops as well as the rehabilitation of the community spaces. In Rio Purricha, given the extreme condition of famish by the indigenous communities, it was decided that instead receiving cash for work, the women received food for work kits, which helped their recovery and that of their families. Finally, as part of the articulation with other projects in Nariño, for the rehabilitation of the community space, WFP provided food kits for 300 indigenous community members, which explains the increase in the planned number of beneficiaries for

this activity.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2b If 'NO' (or if GM score is 1 or 0):	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
External Evaluation carried out within the framework of the project. Its main purpose was to facilitate the learning of good practices and lessons learnt, in order to provide feedback for decision making in future CERF initiatives. Please, refer to overall evaluation. Main findings:	EVALUATION PENDING
<ul style="list-style-type: none"> • In terms of the budgetary execution, the project has shown efficiency, achieving an execution level of practically 100%. • A qualitative analysis of the results from the achievement of goals standpoint, confirms that 80% of the goals were completely achieved and 20% were partially achieved. Regarding the next CERF, the UNDP will be able to respond adequately, given the lessons that have been taken into account to speed up the startup phase of the project. • The project has been particularly aligned with the 2014 Humanitarian Country Strategy, regarding the location of the actions (territories), the contents that have been addressed as well as the profile of the beneficiary population. In this context, the project has contributed to the compliance of the 2014 action plan of the protection and early recovery clusters. • The suitability in the choice of the implementation methods was a key lesson learnt: legitimized local implementation partners in the territories, with network structures which have enabled the penetration into the more remote communities, with cultural relevance (afro and indigenous). • In a humanitarian context and in a protection setting, the project has managed to foster individual and collective changes that in the short term can be connected to medium and long term development processes. This aspect is relevant both from the gender and from the Early Recovery approaches. • The project was conceived from a gender approach but the most important thing has been the realization of how the gender approach is as an essential element to the humanitarian work, and how without the gender approach, the process of transitioning towards development (ER) would contribute to the survival of inequities, which collides with any development proposal based on rights. • The development of different ER activities, its synergic relation with protection actions carried out, the impact on local dynamics (institutional and organizational), taking advantage of territorial synergies and local assets, among others, leads to think that ER is not only a transversal approach to the project, but that it constitutes in itself a body of programmed actions. • The inter-agency coordination has been a clearly enabling mechanism of the DO NO harm avoiding atomization, duplication, re-victimization, but most all, leading to reflect from the start on the need to link the gender and generational approach of violence in these contexts (given that the majority of abuses are towards young women and teenagers). The joint action ensures more effectively from a rapid response perspective since each agency adds value to the whole intervention. 	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	15.04.14 – 31.12.14
2. CERF project code:	14-UFE-CEF-062	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Nutritional care to ensure the survival of children, pregnant and lactating women affected by complex emergencies		
7. Funding	a. Total project budget:	US\$ 450,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 400,982	▪ NGO partners and Red Cross/Crescent: US\$ 124,576
	c. Amount received from CERF:	US\$ 194,301	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	2,128	2,556	To achieve 91% of children under 5 years and 94% of pregnant and lactating women planned, the nutrition project increased by 27% population coverage programmed.
b. Male	1,372	1,889	
c. Total individuals (female + male):	3,500	4,445	
d. Of total, children <u>under</u> age 5	2,615	2,403	
9. Original project objective from approved CERF proposal			
3,500 beneficiaries, including 2,800 children and 700 pregnant and lactating women of the prioritized municipalities of the departments of Chocó, Meta-Guaviare and Nariño—all of which are affected by complex emergencies—have access to nutritional care, which includes basic services in Nutrition in Emergencies.			
10. Original expected outcomes from approved CERF proposal			
2,800 children (1,428 girls and 1,372 boys), and 700 pregnant and lactating women critically affected by complex emergencies, living in prioritized indigenous communities in the departments of Nariño (municipalities of Ricaurte and Tumaco), Meta - Guaviare (municipalities of San Jose, Mapiripan, Vistahermosa and Calamar) and Choco (BajoBaudó and Alto Bojaya) have access to community based care on nutrition in emergencies.			
Indicators			
a) Number of children (girls and boys) under five, pregnant and lactating women in the prioritized municipalities that have received nutritional assistance (with data disaggregated by ethnic group, sex and age).			
b) Percentage of malnourished boys and girls that receive treatment and improve their nutritional status (data disaggregated by ethnic group, sex and age out of the total planned).			
c) Percentage of anaemic boys and girls that receive treatment and improve their nutritional status (data disaggregated by ethnic group, sex and age out of the total planned).			

- d) Percentage of pregnant and lactating women that receive micronutrients.
 e) Number of families and community leaders that improve their capacities for nutritional care of their children (data disaggregated by ethnic group, sex and age).

11. Actual outcomes achieved with CERF funds

3,785 (1,896 girls and 1,889 boys), and 660 pregnant and lactating women critically affected by complex emergencies, living in prioritized indigenous communities in the departments of Nariño (municipalities of Ricaurte and Tumaco), Meta - Guaviare (municipalities of San Jose, Mapiripan, Vistahermosa and Calamar) and Choco (BajoBaudó and Alto Bojaya) had access to community based care on nutrition in emergencies.

Indicators

- a) 3,785 (1,896 girls and 1,889 boys), and 660 pregnant and lactating women in the prioritized municipalities have received nutritional assistance (data disaggregated by ethnic group, sex and age over total planned).

Ethnic group	Under 5		5 - 10 years		PLW	Total
	Female	Male	Female	Male	Female	
Afro	54	51	90	98	27	320
Awa	369	361			200	930
Embera	224	217	152	160	107	860
Guayabero	50	52	28	29	45	204
Mestizo	179	192	217	224	47	859
Wounnan	120	132	81	75	138	546
Jiw	166	165	99	78	42	550
Nukak	16	17	8	11	43	95
Sikuani	19	19	24	8	11	81
Total	1197	1206	699	683	660	4445

- b) 92.3% of malnourished boys and girls received treatment, improved their nutritional status (data disaggregated by ethnic group, sex and age over total planned).

Ethnic group	Children with acute malnutrition (Start)			Improve nutritional status (Finish)		
	F	M	Total	F	M	Total
Afro		2	2		2	2
Embera	1	4	5	1	3	4
Mestizo	3	1	4	2	1	3
Wounnan	6	3	9	6	3	9
Jiw	4	1	5	4	1	5
Nukak	1		1	1		1
Total	15	11	26	14	10	24

- c) 100% of anemic boys and girls received treatment and improved their nutritional status (data disaggregated by ethnic group, sex and age over total planned). Anemia was detected in 826 (34.4%) children under 5 years and 474 (35%) children from 5 to 10 years.

Ethnic group	Children Under 5		5 - 10 years	
	F	M	F	M
Afro	23	24	22	32
Embera	102	101	67	76
Guayabero			7	7
Mestizo	77	79	47	40
Wounnan	46	45	11	15
Jiw	137	138	73	54
Nukak	11	13		4
Sikuani	16	14	12	7
Total	412	414	239	235

- d) 80% (528 of 660) of pregnant and lactating women received micronutrients.
e) 4,160 families, 80 community volunteers and 22 health promoters improve their capacities for nutritional care of their children

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

To achieve 91% of children under 5 years and 94% of pregnant and lactating women planned the nutrition project increased by 27% population coverage programmed.

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

YES NO

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

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

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

EVALUATION CARRIED OUT

EVALUATION PENDING

The final evaluation will be carried out in the first quarter of 2015.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	25.04.14 – 31.12.14
2. CERF project code:	14-UFE-HCR-021	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded
4. Project title:	Humanitarian response through protection by presence and enhanced self-protection of IDP communities or communities at risk of forced displacement		
7. Funding	a. Total project budget:	US\$ 1,050,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1.050.000	▪ NGO partners and Red Cross/Crescent: US\$ 334.775
	c. Amount received from CERF:	US\$ 435,001	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	6,000	5701	The reason why the estimated number of beneficiaries wasn't fully reached lies in the lack of implementation of the project aiming at the endowment of the community center in Cumbitara (Nariño Department) [see section 12]. Additionally, it is important to keep in mind that, while here direct beneficiaries are considered, the total number of beneficiaries exponentially increase when including the indirect ones benefitting from the intervention.
b. Male	5,000	4774	
c. Total individuals (female + male):	11,000	10475	
d. Of total, children <u>under</u> age 5	550	523	
9. Original project objective from approved CERF proposal			
<p>1. To protect IDP communities and those at risk of displacement through protection by presence and implementation of PPPs.</p> <p>UNHCR has an integral protection strategy and the implementation of practical protection projects (PPPs) is a key part of it. In areas where access is limited due to the presence of illegal armed actors, PPPs are a justification to access them and preserve the humanitarian space. UNHCR identifies basic needs in the most vulnerable communities and through the implementation of PPPs gains access to locations, thus strengthening the prevention of displacement and the protection of IDPs. The access gained through the implementation of PPPs allows UNHCR to carry out its protection mandate, identifying protection risks, strengthening the community's self-protection capacity, and creating a protection network with other stakeholders. These interventions also encourage the State to intervene in these areas.</p> <p>The implementation of practical protection projects (PPPs) is part of UNHCR's overall strategy of protection by presence. PPPs are small community infrastructure projects; they are not major infrastructure projects, but rather smaller interventions that address the most pressing issues in vulnerable communities. PPPs may include the improvement or reparation of existing facilities, temporary constructions, and other urgent interventions. The primary purpose of PPPs is to cover an urgent/basic need in the community, justify UNHCR's presence and promote the consolidation of protection spaces through interventions in</p>			

communities at risk. The secondary purpose of PPPs is to help communities maintain the humanitarian space by providing neutral spaces where community members can gather naturally, promote the presence of state institutions in the community and reduce risks such as displacement. UNHCR will have permanent presence in the field in order to maintain dialogue with community leaders. This permanent presence will also allow UNHCR to continuously assess the humanitarian situation and the risks/impact of the displacement situation, thus promoting the implementation of specific protection measures (e.g. related to SGBV, forced recruitment, etc.). The development of self-protection mechanisms allows communities to develop quick, organized and effective responses to risks related to the armed conflict.

2. To mitigate the effects of the armed conflict and to strengthen self-protection mechanisms in IDPs, afro-descendants and indigenous groups in displaced communities or communities at risk of forced displacement.

UNHCR offers technical assistance and strengthens the self-management of IDP communities in order to mitigate the effects of the armed conflict and promote their Early Recovery, dedicating particular attention to afro-descendants and indigenous groups. According to the Constitutional Court, these groups are at risk of physical and cultural extinction (Court orders 004 and 005 of 2009 and Decrees 4635 and 4633, as well as the Victims' law (which provides specific guarantees for the protection of ethnic minorities). Due to the armed conflict and severe violations of their fundamental, individual and collective rights, as well as of the International Humanitarian Law. UNHCR enhances self-protection mechanisms of communities to prevent effects of the armed conflict (killings, expulsion, SGBV, forced recruitment, etc.). Additionally, UNHCR assists associations of IDPs and indigenous population in order to achieve an impact and effective protection from State institutions

10. Original expected outcomes from approved CERF proposal

1. Protection of IDP communities and those at risk of displacement through protection by presence and implementation of PPPs.

Outcome

Protection risks of prioritized communities reduced and community structures strengthened through regular field presence and accompaniment of communities at risk and implementation of PPPs.

Indicators

- a) 10 community infrastructures works built or improved, thus improving the daily living conditions of communities and increasing civil state presence (e.g. in education and shelters) enhancing the protection of communities affected by conflict and forced displacement.
- b) 7 schools equipped with educational materials and sports supplies in the border area between the departments of Meta and Guaviare.
- c) 28 field missions conducted in areas at high risk of displacement, in order to promote and implement protection interventions, ensure accompaniment of affected communities and increase visibility of the humanitarian situation.

2. Effects of the armed conflict mitigated and self-protection mechanisms strengthened in IDP, afro-descendants and indigenous groups in displaced communities or communities at risk of forced displacement.

Outcome

Community self – management structures strengthened.

Indicators

- a) 17 communities benefit from the acquisition of self-protection mechanisms.
- b) 12 communities strengthened through the training and empowerment of their children and youth, thus preventing the risk

of forced recruitment and engagement in illegal activities.

- c) 2 indigenous communities benefit from capacity building through the strengthening of their own community structures, with particular attention given to women and youth.

11. Actual outcomes achieved with CERF funds

1. Protection of IDP communities and those at risk of displacement through protection by presence and implementation of PPPs.

Outcome

Protection risks of prioritized communities reduced and community structures strengthened through regular field presence and accompaniment of communities at risk and implementation of PPPs.

Indicators:

a)

- Improvement of two health centers:

- o The health center in the Policarpa municipality was improved and the number of attended patients increased during the health days organized. A technical package for the expansion of the center was approved and the license to build was accorded. Now the center counts with two additional toilets, two additional rooms for surgery and an additional waiting room. These additions to the existing community respond to an identified need within the community and will benefit the members of such community.
- o The health center El Vergel in Llanada (Nariño) was improved. Following the approval of the technical project, construction material was provided and the community work was coordinated to finalize the improvement of the center.

- Improvement of four educational centers and provision of material to 7 educational structures:

- o The educational center Rodrigo Lara Bonilla, in the El Vergel center in Llanada (Nariño) was improved through the endowment of the school restaurant, benefitting all the children attending the center.
- o The community library of Tallambí (Cumbal municipality, Nariño) was improved and the security conditions were ensured to all the people attending the structure, especially children. Now the community can count with an educational area targeting young people.
- o The Educational center La Union (Cumbal municipality, Nariño) was improved through the construction of the second floor of the student hall, the construction of the school restaurant and bathroom facilities. Improving the overall hygienic conditions of the center.
- o A sanitary unity composed of 12 facilities was built in La Victoria (Ipiales municipality, Nariño), improving hygiene and health conditions of the school.

- Improvement of two community structures benefitting indigenous communities:

- o The community center for indigenous Awá women (Nariño) was improved following the design decided by the women themselves according to their needs and culture. Plan and design were approved by the overall community and the second floor of the center was built accordingly. The community was involved in the building process and this encouraged social and organizational integration among the members.
- o The community center of Boyacá (Chocó), aiming at offering accommodation to young indigenous people, was

improved. The construction of such center increases the chances of access to education for young indigenous people, especially women, while strengthening their leadership and governance skills. At the same time, it reduces the risk of forced recruitment. This was recognized as having a positive impact on the overall community.

- **First phase of the construction of a humanitarian center:**

- o The first phase of the construction of the humanitarian center in La Pedregosa, Puerto Asís Municipality (Putumayo department), including design, budget approval and construction, was completed.

All these activities were coordinated with local authorities to improve an immediate response to vulnerable situations derived from the armed conflict.

- b) Educational materials and sport equipment were provided to seven educational institutions in the Meta and Guaviare departments. Beds, mattresses, dance and sport equipment and uniforms, painting material were delivered to the schools of Calamar, Guacamayas, Julia, Vistahermosa, Mampiripan, Retorno, and Macarena.
- c) 28 field missions have been carried out in areas at high risk of displacement, thus promoting and implementing protection interventions, ensuring the accompaniment of affected communities and increasing the visibility of the humanitarian situation

Field missions are an integral part of UNHCR's protection by presence strategy. Protection by presence is required in order to sustain the work with communities, including UNHCR's presence in affected communities, promotion of civil state presence in order to maintain the humanitarian space, as well as the improvement of conditions and access to basic services. Visibility given to the humanitarian situation and the enhancement of coordination mechanisms are also key elements for UNHCR's operation (e.g. UNHCR's role as leader within the protection cluster).

Protection by presence implies a proactive presence in conflict-affected communities, which builds on a protection strategy that seeks to comprehensively reduce protection threats and vulnerabilities, increase the commitment and capacities of state authorities to protect displaced communities and communities at risk of displacement, and increase the capacities of affected communities to protect themselves

Protection by presence is ensured with UNHCR offices present in strategic locations and through permanent field missions carried out. The protection by presence strategy enables the reduction of risks faced by communities due to the dissuasion of illegal armed groups from intervening violently in areas where presence is maintained. It also encourages the response by State institutions in areas with weak state presence.

2. Effects of the armed conflict mitigated and self-protection mechanisms strengthened in IDP, afro descendants and indigenous groups in displaced communities or communities at risk of forced displacement.

Outcome

Community self – management structures strengthened.

Indicators:

- a) All the mentioned communities have been provided with support for the acquisition and strengthening of self-protection mechanisms. This aim was reached through direct accompaniment of UNHCR staff in the field, in alliance with its different

counterparts and ethnic-territorial organizations.

b)

Prevention of SGBV, forced recruitment and engagement in illegal activities through the implementation programs for culture of peace practices, strengthening of community spaces and availability of constructive activities in the educational and community contexts

- In Arauca, a methodological guide on peace and democracy was developed and disseminated among children of primary school. Through work with children, parents and teachers, the final objective of raising awareness about eligibility of rights and leadership among children was reached.
- In Caquetá, in the villages of Remolino del Caguán (Cartagena del Chairá), Rionegro (Puerto Rico) the rights of children, adolescents and rural young people were promoted through the improvement of infrastructures for young people, as well as the design and implementation of a "School of young leadership for the building of the territory". Children, young people and adolescents took part to all the phases of creation, ensuring a rights-based participative approach to the project. The aim of the school is raising awareness on issues such as human rights, citizenship, democracy and participation among children, adolescents and young people. At the same time, children, adolescents and young people are provided with a forum where to exchange and develop artistic and cultural skills.

c)

- Strengthening of afro descendants and indigenous authorities and communities.

- In Nariño, several activities have been implemented to ensure the strengthening of the Awá and the Pereira Siapidaara community. Activities include support to youth and female leadership, awareness raising and training.
- In the Medio Baudó y Alto Baudó municipalities (Chocó), capacity building was offered and the skills of young and female leaders were strengthened in the context of the work of community councils. Trainings on leadership, gender, risk mitigation related to forced recruitment, SGBV and illegal activities were provided. The community was involved from the design to the implementation phase, resulting in an increased participation and integration.

- Strengthening of women groups within indigenous communities (indigenous Awá).

Activities included support and strengthening of female leadership, workshops and radio programs on victims' law, human rights and international humanitarian law, SGBV prevention and attention routes.

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

Of the 10 community centers that should be constructed and / or improved according to the original CERF project, one could not be done. Indeed, the endowment of the community center in Cumbitara (Nariño Department) resulted to be unfeasible due to unrelated conditions to UNHCR. The center had been built some years ago and was used for youth and students activities as a protection measure against forced recruitment and other affectations by the armed conflict. The UNHCR project, within the CERF fund, was to improve this infrastructure to consolidate this collective and communitarian protection mechanism. However after a complete and strict assessment of security conditions, which is required before any project of endowment of infrastructure, it was identified that the community center was in a state of poor quality and did not meet the standard of earthquake resistance force. Therefore it could

be a risk for people to use this facility, especially in this region where a seismic activity is reported. This risk assessment was achieved several months after the approval of CERF project due to the legal and bureaucratic complexity of Colombia that delayed the evaluation. Because of the short time allowed by the CERF process to submit proposals, between the moment we received the approval of the CERF for Colombia and the moment of presenting proposals, we had not received yet the results of the assessment of security conditions.

Given this situation, it was decided not to provide an endowment to this community center that did not meet full safety standards. Indeed improving and maintaining such a place would have resulted in a harmful action which is contrary to humanitarian principles such as “Do no harm principle”. However we sought alternatives with the local institutions such as the mayor’s office and the UARIV (National institution for assistance and reparation to victims) in order to explore the possibility of building another center in other area but so far this has not resulted.

This project had a value of 6743 USD (which represents 1.5% of the total value of the CERF funds allocated to the UNHCR proposal). Besides with this amount of money, it was impossible to build a new community center elsewhere. Then, this money was relocated to the construction and endowment of others infrastructures in the department of Nariño that were also in the CERF proposal (which are the improvement of health centers in El Vergel in Llanada and in Policarpa, and the improvement of educational centers in Talambi and La Victoria). It is noteworthy that the cost of these mentioned activities rose considerably during implementation due to the high costs of transport of materials in remote and affected regions by conflict and the difficulty in finding skilled workers to carry out the needed tasks. It turns out that the money that was not invested in the community center in Cumbitara, served to reach the full realization of the other projects that respond to similar needs of protection.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
---	---

If ‘YES’, what is the code (0, 1, 2a or 2b): 2a

If ‘NO’ (or if GM score is 1 or 0):

ACNUR has identified needs to the affected population and then elaborate a project to address displacement through human rights and community-based approach ensuring an age-gender-diversity. Moreover, some actions were clearly focused on supporting initiatives addressing child protection and prevention of forced recruitment, as well as the reduction of risks related to Sexual and Gender-Based Violence (SGBV). In the specific case of Nariño department, UNHCR focused its interventions in indigenous Awá communities, and coordinated activities with the Awá indigenous organizations of UNIPA and Camawari, as well as with the Eperara Siapidara tribe and its ACIESNA organization. Moreover, the construction of a community center responded to an urgent need for Awá women to have a safe space where they would be protected in cases of risk and violence.

Improving educational structure was a necessity for children who are particularly vulnerable to threats such as land mines, violent attacks, forced displacement, sexual and gender-based violence, and human trafficking. The lack of adequate facilities at schools has caused children to attend school irregularly, attempt to go back home alone during school hours, or quit school altogether, situations where the aforementioned risks tend to increase considerably.

UNHCR seeks to provide technical assistance, advice and support to displaced communities or communities at risk of displacement. Technical assistance includes support for the development of contingency plans and enhancement of self-protection mechanisms that allow communities to prevent and minimize the effects of the armed conflict including displacement, confinement, and SGBV.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Although UNHCR doesn’t foresee an evaluation for this specific project, it counts on a monitoring mechanism that allows following-up on the impact of each intervention.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	PAHO/WHO	5. CERF grant period:	08.05.14 – 31.12 .14
2. CERF project code:	14-UFE-WHO-027	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	<i>Health Cluster</i>		<input checked="" type="checkbox"/> Concluded
4. Project title:	Multifunctional protection strategy for indigenous and afro Colombian populations in situation or at risk of displacement with emphasis on youth and women affected by GBV and SGBV		
7. Funding	a. Total project budget:	US\$1.088.640	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 512.266	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$127,029
	c. Amount received from CERF:	US\$ 387,087	▪ <i>Government Partners:</i> US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF (Health) funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
<i>a. Female</i>	2,713	5,512	Thanks to saving due to exchange rate variation, PAHO was able to increase some of the proposed activities and expand access to basic health services in the four targeted departments to reach new beneficiaries. Additional supplies and health equipment were distributed to indigenous communities and local health posts to improve primary healthcare delivery to confined and displaced individuals. In addition, the mobile health teams deployed by CRC and MDM-F managed to attend more beneficiaries than initially planned thanks to successful promotion of the dates of these health missions.
<i>b. Male</i>	2,824	5,319	
<i>c. Total individuals (female + male):</i>	5,537	10,831	
<i>Menores de 5 años</i>	1,300	2,262	
9. Original project objective from approved CERF proposal			
Increase access of conflict- affected communities to lifesaving emergency response to ensure basic health care services in Arauca, Cauca, Caquetá, Chocó and Nariño.			
10. Original expected outcomes from approved CERF proposal			

Outcomes/Activities	SMART indicators
Outcome 1:	
Improved access to emergency lifesaving health care:	
1.1 Support to Mobile health teams in providing rapid and lifesaving health care assistance (action aimed at general population)	3,620= 1,620 by the Colombian Red Cross (CRC)/ 2,000 by Médicos del Mundo- Francia (MDM-F)
1.2 Support to the Provision of Psychosocial Interventions: Delivery of supplies to Education Centers in critical territories in order to support psychosocial care. Action specifically aimed at children (boys and girls) Mobile health teams supported in providing psychosocial care (action aimed at general population).	4 Kits delivered directly by the PAHO/WHO 950= 500 performed by MDM-F 450 performed by CRC
1.3 Promotion of Primary Life-saving health care among children (boys and girls)	monitoring of growth and development consultations: 430=220 performed by MDM-F/ 210 performed by CRC
1.4 Promotion of Primary Life-saving health care among childbearing age and pregnant women.	Ante natal and post-natal controls: 64= 40 performed by MDM-F/ 24 performed by CRC smear tests: 160= 100 performed by MDM-F/ 60 performed by CRC prevention of sexually transmitted diseases consultations: 650= 500 performed by MDM-F/ / 150 performed by CRC family planning consultations: 400= 300 performed by MDM-F/100 performed by CRC birthing kits: 10 delivered by the PAHO/WHO 100 people trained
1.5 Implementation of prevention and control measures for vector-borne diseases (action aimed at general population)	200 delivered by MDM-F
1.6 Delivery of Basic supplies to support the provision of lifesaving health care either to health posts or to communities (action aimed at general population)	13 UBASs: 8 directly by the PAHO/WHO to restored health posts; 5 by MDM-F 19 UROCs: 13 directly by the PAHO/WHO to health posts or communities; 5 by MDM-F, 1 by CRC 19 UAIRACs: 13 directly by the PAHO/WHO to health posts or communities; 5 by MDM-F, 1 by CRC 24= 20 first aid kits delivered by MDM-F/4 delivered directly by the PAHO/WHO 100 people trained
Outcome 2:	
Functionality of existing health posts restored:	
2.1 Health posts restored and functioning	4 health posts restored: Directly by the PAHO/WHO

- 1 health post in Arauca: in Tame, Puerto Jordán: includes repairs by the Lutheran World Federation and delivery of 1 UBA, 1 UROC, and 1 UAIRA; directly by the PAHO/WHO.

With funds of the Early Recovery Strategy:

- 1 health post in Chocó: Bojayá, Chanú community: includes repairs and provision of 1 UBA, 1 UROC, and 1 UAIRA.

- 1 health post in Nariño: Ricaurte: Maguí Awá Indigenous Reservation: includes repairs and provision of 1 UBA, 1 UROC, and 1 UAIRA

Indicators:

1. 100% of planned consultations carried out by sex and age
2. 100% of beneficiary communities have received basic supplies to support the provision of lifesaving health care
3. 30% reduction in **perceived** morbidity by Acute Respiratory Infection and diarrheal diseases in Children (boy and girls) Under five years of age
4. 100% of health posts restored
5. 100% people trained by sex and age

11. Actual outcomes achieved with CERF funds

Outcome 1: Improved access to emergency lifesaving health care:

1.1 Support to Mobile health teams in providing rapid and lifesaving health care assistance (action aimed at general population)

3,698 people living in confined communities received medical consultations and other lifesaving health services for mobile health teams mobilized to the field:

- 1,269 individuals attended by the Colombian Red Cross (CRC) in the settlement of Sináí in the municipality of Argelia and the villages of Chirriadero and Honduras in the municipality of Morales, department of Cauca
- 2,429 attended by Médicos del Mundo- Francia (MDM-F) in the municipalities of San Vicente del Caguán and La Macarena in the department of Caquetá ((1.564) and El Hojal-La Turbia and Chiguirito-Mira in the department of Nariño (865).

In addition to general medical consultations, MHT provided psychosocial care focusing on the identification of psychosocial risk factors and self-esteem improvement, mental health awareness activities, promotion of health habits and family support; child growth monitoring and delivery of multivitamins for children as well as prenatal care, cervical and vaginal smears, STD prevention and family planning consultations.

1.2 Support to the Provision of Psychosocial Interventions

11 psychosocial support kits were delivered to schools and health posts to support delivery of psychosocial care to community members, with particular attention to children

- 3 kits were procured to the health posts of Betoyes and Filipinas and the health center of Puerto Jordán in the department of Arauca. The delivery was accompanied by training for teachers and children caregivers in the villages to provide psychosocial support through play and game activities.
- 6 kits were procured to communities of Puesto Indio, Chachajo and Cugucho in Alto Baudó, department of Chocó. 11 people were trained in basic mental health support
- 2 kits were distributed to communities of Chirriadero in Cauca.

1,080 IDPs and confined community members received mental health care and psychosocial support, including 580 members of the communities of Honduras and Chirriadero of the department of Cauca attended by CRC, as well as 225 members of the communities of El Hojal-La Turbia and Chiguirito-Mira in the department of Nariño and 275 members of the communities of La Catalina, Campo Hermoso, El Recreo and El Vergel on the border of the departments of Meta-Caquetá attended by MDM-F.

1.3 Promotion of Primary Life-saving health care among children (boys and girls)

1,022 consultations of children growth and development monitoring were performed:

- 307 children in the confined communities of the department of Cauca were examined and provided with appropriate multivitamins to support proper growth by the CRC;
- 715 children were attended by MDM-F including 263 from the communities of El Hojal-La Turbia and Chiguirito-Mira in the department of Nariño and 452 in Caqueta-Meta

1.4 Promotion of Primary Life-saving health care among childbearing age and pregnant women

93 consultations for pre-natal care and post-natal controls were provided to pregnant and lactating women, including **68** women attended by the MHT of MDM-F (51 in Caqueta and 17 in Narino) and **25** attended by CRC in Cauca

173 smear tests were performed at this occasion (100 performed by MDM-F and 73 performed by CRC)

673 consultations for prevention of sexually transmitted diseases were provided (**500** members of the communities were attended by MDM-F, including 144 in Nariño & 356 in Caquetá - Meta, and **173** were attended by CRC in Cauca)

540 family planning consultations conducted in targeted communities: **300** performed by MDM-F in Caquetá and 240 performed by CRC.

30 birthing kits were distributed by PAHO to local communities to support safe child birth in these communities away from proper health centers, including 2 kits to the indigenous communities of Parreros and La Siberia in the department of Arauca, 6 kits to the municipalities of Argelia and Morales in the department of Cauca, 1 kit to the community of Hojal-La Turbia and Chiguirito-Mira in Nariño as well as 3 kits to indigenous communities of Río Purricha in Bajo Baudó and 18 kits to the communities of Río Cugucho in Alto Baudó, in the department of Choco.

111 community agents and local health personnel were trained in sexual and reproductive health, promotion of protective factors and identification of risk factors during pregnancy, safe child delivery practices and neonatal early care.

1.5 Implementation of prevention and control measures for vector-borne diseases (action aimed at general population)

200 mosquito repellent bednets were delivered by MDM-F to the community of El Recreo in Caquetá (80) and to the communities of Hojal-La Turbia in Nariño (120).

1.6 Delivery of Basic supplies to support the provision of lifesaving health care either to health posts or to communities (action aimed at general population)

CERF funds contributed to the availability of essential medical and health supplies for the treatment of common ailments affecting displaced and confined communities, with a particular focus on acute diarrheal and respiratory diseases disproportionately affecting children. The following items were procured to local health posts and communities to ensure basic healthcare delivery:

- **17 basic health units (UBAs)**: 4 in Nariño to the health posts of Magui (1) and Gualcala (1) and the communities of El Hojal – La Turbia (1) and Chiguirito Mira (1); 3 in Caquetá to the communities of Yari (1), San Juan Losada (1) and in El Recreo (1); 2 in Arauca to the health post of Betoyes (1) and the health center of Puerto Jordan (1); 3 in Cauca to the settlement of Sinaí in the municipality of Argelia (1) and the villages of Chirriadero (1) and Honduras (1) in the municipality of Morales; 5 in Choco to the health posts of Villanueva, las Vacas, Chachajo, Cugucho and Puesto Indio (5).
- **26 UROCs**: 4 in Narino to the health posts of the indigenous Awa reservation of Magui (1) and Gualcala (1) and the communities of El Hojal – La Turbia (1) and Chiguirito Mira (1); 3 in Caqueta to the communities of Yari (1), San Juan Losada (1) and in El Recreo (1); 5 in Arauca to the health post of Betoyes (1), the health center of Puerto Jordan (1), and

the indigenous communities of La Independencia, La Siberia y Parreros (3); 9 in Choco to the communities of Bajo Baudó (6 - Aguacate, Villanueva, Belén de Taparal, Las Vacas, Birrinchao and La Oficina) and Alto Baudó (3 - Chachajo, Cugucho y Puesto Indio); 5 in Cauca to the health post and children day care of Sináí in the municipality of Argelia (2) and the villages of Chirriadero (1), Medellín (1) and Galilea (1) in the municipality of Morales.

- **26 UAIRACs**: : 4 in Nariño to the health posts of the indigenous Awa reservation of Magui (1) and Gualcala (1) and the communities of El Hojal – La Turbia (1) and Chiguirito Mira (1); 3 in Caquetá to the communities of Yari (1), San Juan Losada (1) and in El Recreo (1); 5 in Arauca to the health post of Betoeyes (1), the health center of Puerto Jordan (1), and the indigenous communities of La Independencia, La Siberia y Parreros (3); 14 in Choco to the communities of Bajo Baudó (6 - Aguacate, Villanueva, Belén de Taparal, Las Vacas, Birrinchao and La Oficina) and Alto Baudó (3 - Chachajo, Cugucho and Puesto Indio) and the 5 health posts of Villanueva, las Vacas, Chachajo, Cugucho and Puesto Indio; 5 in Cauca to the health post and children day care of Sináí in the municipality of Argelia (2) and the villages of Chirriadero (1), Medellín (1) and Galilea (1) in the municipality of Morales
- **28 first aid kits** were distributed: 5 in Nariño, to the communities of El Hojal-la Turbia (2), Chiguirito Mira (2) and to the health post of Gualcalá (1). 16 in Caquetá in the villages of Inspeccion Yari, San Juan Losada and El Recreo; 2 in Cauca to the educative institution of Argelia (1) and the village of Distrito 8 in Morales (1); 4 in Chocó, to the communities of Aguacate in Bajo Baudó (1) and Chachajo, Biacurida and Puesto Indio in Alto Baudó (3); 1 in Arauca, to the indigenous community of Caño Claro 2.
- **214 community agents and local health personnel** were trained in primary health care delivery, emergency first aid, and treatment of ADD and ARD.

Outcome 2: Functionality of existing health posts restored

2.1 Health posts restored and functioning

4 health posts were restored in their ability to deliver essential primary health services adequately, with enough supplies and trained personnel and in safe conditions:

- The health post of Puerto Jordán in the municipality of Tame, department of Arauca.
- The health posts of the indigenous communities of Villanueva and Las Vacas in Bajo Baudó in the department of Chocó (by Halü Bienestar Humano Fundation).
- The health post of the Awa Indigenous reservation in the municipality of Ricaurte in Nariño:

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

The mobile health teams deployed by CRC and MdM-France managed to reach out and attend more individuals than initially planned thanks to intense socialization of the dates of the health missions in the respective departments. This was achieved despite the inclement weather in the villages of Honduras and Chirriadero, which prevented some members of the communities to access the location where the MHT of CRC was established

Additional supplies were procured to the prioritized communities in the departments of Arauca, Cauca, Chocó and Nariño given thanks to gains in the variation of the US dollar-Colombian peso exchange rate. This helped further support the delivery of basic health services and increase access to safe water to communities facing important barriers to access these services.

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

YES NO

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

If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation:

The project was developed and implemented seeking equity and equality in terms of access to basic health services, with a particular attention on the needs of the most vulnerable, targeting primarily children under 5 and women of childbearing age. The project integrated gender-specific measures by both targeting the specific needs of women, through the distribution of birthing kits for safe child delivery as well as increased access to and quality of pre- and post-natal care for pregnant and lactating women; and empowering women through training to become community caregiver and ensuring their effective and active participation of women in community activities. Women were invited to participate in and lead processes aimed at improving access to health services in communities, which helped strengthen their role within the communities, improve their skills and self-esteem and decrease their risk of preventable illness or death. PAHO and partners also worked closely with pregnant women to establish a path for happy birth in communities, training 100 individuals, including pregnant women and their partners and 30 midwives, in protective measures and detection of risk factors during pregnancy, childbirth and postpartum.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Although the project was not evaluated, constant monitoring and regular supervision visits were performed throughout the implementation of the activities. Additionally, at the end of the project, meetings and focus groups were organized with beneficiary communities and municipal authorities to report on the interventions carried out and socialize results.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	28.04.14 – 31.12.14
2. CERF project code:	14-UFE-WHO-028	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water, Sanitation and Hygiene		<input checked="" type="checkbox"/> Concluded
4. Project title:	Increase access of conflict-affected communities to safe water in Arauca, Cauca Caquetá, Chocó and Nariño		
7. Funding	a. Total project budget:	US\$1,009,260	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 474.913	▪ NGO partners and Red Cross/Crescent: US\$147,602
	c. Amount received from CERF:	US\$ 299,835	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF (Water) funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	2,100	2,338	Six (6) community water filters were procured to the schools of the villages of La Emboscada, El Naranjal and Las Perlas in the department of Cauca and 157 additional home water filters were distributed to families in the department of Chocó; which helped reach an increased number of beneficiaries.
b. Male	2,186	2,557	
c. Total individuals (female + male):	4,286	4,895	
d. Of total, children <u>under</u> age 5	1,007	1,383	
9. Original project objective from approved CERF proposal			
Ensure access to safe water in conflict-affected areas			
10. Original expected outcomes from approved CERF proposal			
Outcome 1: Increased access to safe water and improvement of sanitation and hygiene practices:			
No.	Activities	Target	
1	Home water filters delivered	2,174 home water filters: 1,552 by the PAHO/WHO/ 500 by MDM-F/ 122 by OXFAM-GB	
2	Temporary Sanitary Units installed and functioning (include temporary water provision system)	3 Temporary Sanitary Units: 1 in Arauca: Tame in Puerto Jordán by the PAHO/WHO/ 1 in Cauca, in Chirriadero by Tierra de Paz/ 1 in Nariño in Chimbuza by OXFAM	
3	Basic refreshment training provided to local communities in hygiene best practices, and temporary sanitary units maintenance. This includes promotion of the Healthy Homes Strategy	2,174 people trained: 2,174 upon delivery of the home water filters	

Outcome 2: Functionality of existing health posts restored:

No.	Expected Outcomes	Target
1	Health posts restored and functioning	<p>4 health posts restored:</p> <ul style="list-style-type: none"> - <u>1 health post in Arauca</u>: in Tame, Puerto Jordán: includes installation of temporary water provision system; by Halü Bienestar Humano Foundation. - <u>1 health post in Cauca</u>: Morales, only includes repairs; by Tierra de Paz <p>With funds of the Early Recovery Strategy:</p> <ul style="list-style-type: none"> - <u>1 health post in Chocó</u>: Bojayá, Chanú community: includes installation of temporary water provision system. In this same territory, as a complementary action, the installation of a temporary water community provision system; this will be implemented by Halü Bienestar Humano Foundation. - <u>1 health post in Nariño</u>: Ricaurte: Maguí Awá Indigenous Reservation: includes installation of temporary water provision system, by OXFAM-GB ⁵

Indicators:

6. 30% reduction in **perceived** morbidity by diarrheal diseases in Children (boy and girls) Under five years of age
7. 100% water filters delivered to the beneficiary communities
8. 100% of sanitary units installed and functioning
9. 100% people trained by sex and age

11. Actual outcomes achieved with CERF funds

Outcome 1: Increased access to safe water and improvement of sanitation and hygiene practices

- 1.1 **2,420 home water filters** were delivered to the prioritized communities faced with limited access to safe water, including:
- 162 filters to the indigenous communities of Cano Claro 1, Parreras, Iguarites and La Esperanza in Arauca
 - 241 filters to the families in the rural areas of the health center of Puerto Jordan, in the villages of Filipinas, Nuevo Horizonte, Palestina y Santo Domingo, municipality of Tame, department of Arauca
 - 578 filters to the population of the villages of Chirriadero, in the municipality of Morales and Sinai in the municipality of Argelia, department of Cauca
 - 657 filters to the communities of Alto and Bajo Baudó, department of Choco
 - 382 filters to the Awa Indigenous reservations of El Hojal-La Turbia, Chiguirito-Mira, Chimbuza and Magüi, departments of Nariño
 - 400 filters to the targeted communities of the department of Caquetá
- 1.2 **Four temporary sanitary units and water supply systems** were installed and are functioning (include temporary water provision system):
- 1 temporary sanitary unit was installed in the community of Caño Claro 2 in the department of Arauca by Fundación Halü Bienestar Humano

⁵ It is a non-definitive system that permits communities to access safer water in the aftermath of emergencies. This solution is temporary as it is the territorial water authority the one responsible for permanent solutions.

- 1 temporary sanitary was installed in the school of Chirriadero, in the municipality of Morales, department of Cauca, by the Fondation Tierra de Paz
- 1 temporary water supply system was installed in the health post of the Awa indigenous reservation of Magui in the department of Nariño by OXFAM
- 1 temporal microsystem for water collection and distribution was installed in the indigenous community Embera Dovidá of Villanueva, in the municipality of Bajo Baudó, department of Chocó by Halu Human Welfare Foundation

1.3 **2,420 community members** received basic training in the use and maintenance of the procured filters and installed temporary sanitary units as well as safe hygiene practices. This was done through door-to-door visits to verify the filters were installed correctly and functioning properly and to ensure adequate use of the filters and promote the Healthy Homes Strategy.

Outcome 2: Functionality of existing health posts restored:

2.1 **Four health posts** were restored and strengthened in their WASH components to ensure safe treatment conditions, including:

- The water supply system of the health post of Puerto Jordán in the municipality of Tame, department of Arauca, was restored to support emergency care delivery to the local communities
- The Basic Care Unit in the indigenous community Embera Dovidá of Villanueva and the health post of Las Vacas, in the municipality of Bajo Baudó, department of Chocó
- The health post of the Awa indigenous reservation of Magui in the department of Nariño with improved water supplies system

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
---	---

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

If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation

The interventions carried out under this project aimed to improve access to safe water to reduce incidence of acute diarrheal diseases which disproportionately affect newborn and children under five and results in high mortality rates. In that regard, the delivery of home filters and more particularly the training of family and community members in the use of water treatment solutions and best hygiene practices primarily targeted women due to their role of family and community caregivers. These interventions also help empower women by improving their self-esteem and strengthening their role within the community.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
--	---

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.	EVALUATION PENDING <input type="checkbox"/>
---	---

No formal evaluation was planned nor conducted for this particular project. Nevertheless, at the end of the project, PAHO/WHO team organized meetings and focus groups with beneficiary communities and health authorities of the different departments of intervention to share results and discuss the activities carried out. Feedbacks from local communities and institutions were very positive and recommendations were shared with	NO EVALUATION PLANNED <input checked="" type="checkbox"/>
--	---

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	17.04.14 – 31.12.14
2. CERF project code:	14-UFE-CEF-064	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded
4. Project title:	Integrated Response to Ensure the Protection of the Children affected by armed Conflict		
7. Funding	a. Total project budget:	US\$ 12,280,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 3,125,000	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 501,366
	c. Amount received from CERF:	US\$ 598,697	▪ <i>Government Partners:</i>
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	4,958	7,680	
b. Male	4,442	7,184	
c. Total individuals (female + male):	9,400	14,864	
d. Of total, children <u>under</u> age 5	850	421	
9. Original project objective from approved CERF proposal			
9400 beneficiaries, including 6800 children and adolescents and 2600 adults of the prioritized municipalities of the departments of Arauca, Caquetá, Guaviare, Meta, Nariño and Putumayo, affected by complex emergencies, have access to comprehensive child protection care in emergencies.			
10. Original expected outcomes from approved CERF proposal			

6,800 children and adolescents and 2,600 adults in the departments of Meta (Mapiripán and Vistahermosa), Guaviare (San José del Guaviare), Putumayo (Puerto Guzmán, San Miguel, Puerto Asís, Valle del Guamuez y Puerto Leguizamo), Caquetá (Montañita y Paujil), Nariño (Tumaco) and Arauca at risk of forced recruitment and affected by APM/UXO/IED have access to comprehensive protection assistance through strategies to strengthen capacities and urgent protection activities. 50 survivors of APM/UXO/IED and their families are receiving psychosocial assistance with a focus on comprehensive recovery, taking into account that the family unit has an average of 4 people (200 beneficiaries).

Indicators

- Number of local actors, parents and community members that strengthened their capacity and understanding of the urgent prevention routes of recruitment and how to activate them.
- Number of children and adolescents living in the prioritized communities that have access to child protection strategies.
- Number of protective spaces for children, and number of established psychosocial assistance services.
- Number of distributed recreation and psychosocial assistance kits.
- Number of people that have been trained in each prioritized department and municipality as trainers of MRE.
- Number of (adults and children) with skills to adopt safe behaviors and reduce the risk of accidents in places affected by APM/UXO/IED.
- Number of victims of APM/UXO/IED that receive humanitarian assistance and that are included in the comprehensive institutional assistance plan.
- Number of survivors of APM/UXO/IED that receive psychosocial assistance with emphasis on comprehensive recovery.
- Number of comprehensive recovery initiatives in family contexts.
- Percentage of children directly reached by the project who have been able to access/remain in school (Tumaco)
- Percentage of trained teachers responsible for providing education to children recently affected by conflict who can correctly replicate Education in Emergency skills covered in training (Tumaco)
- Percentage of trained children recently affected by conflict who can correctly replicate critical survival skills covered in training (Tumaco)

11. Actual outcomes achieved with CERF funds

Mine Action:

- 19 promoters who live in 8 prioritized municipalities in the Departments of Arauca, Caquetá, Guaviare and Meta were trained in Mine Risk Education.
- 8088 people, including 4760 children and adolescents, increased their knowledge and skills to protect themselves from APM/UXO/IED by learning about safe behaviors.
- 29 victims and survivors of APM/UXO/IED from the departments of Arauca, Caquetá, Guaviare and Meta received legal advice and assistance in the process of demanding the fulfillment of their rights. These victims also received humanitarian assistance in order to guarantee medical attention and physical rehabilitation.

Prevention of Recruitment:

- 6,018 girls and boys in prioritized areas of the departments of Putumayo, Meta and Guaviare, gained the tools that permit them to construct life-projects independent of the violence, through knowledge of risk factors associated with recruitment by armed non-state groups.
- Construction and strengthening of the official roadmaps at municipal level to prevent recruitment of children.
- Transfer to local authorities of the guidelines and protocols developed with ICBF for assistance to children demobilized from armed non-state groups.
- Creation and equipment of child-friendly spaces and protective environments for children in prioritized areas, with transfer of the methodologies to families, communities and local authorities.
- 758 girls, boys and adolescents in Tumaco, Nariño received training in education in emergencies as a means to reduce their personal risk and encourage them to avoid recruitment.
- 193 teachers and other educational personnel received training in education in emergencies.
- Three educational institutions in Tumaco, Nariño were equipped with recreational and education kits to enhance their work on protective environments for children.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Actual outcomes achieved were within the general order of magnitude of the planned objectives, The project managed to include a higher than expected number of persons in the mine risk education component, due to the maximization of resources and by focusing activities on educational institutions directly affected by APM/UXO/IED.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES NO
<p>If 'YES', what is the code (0, 1, 2a or 2b): Fill in</p> <p>If 'NO' (or if GM score is 1 or 0): The methodology in the activities utilized for prevention of recruitment is specifically designed to emphasize gender equality. Thus, Golombiao (the game of peace, loosely based on soccer) emphasizes non-sexism and equality as part of its ground rules. For example, the rules require an equal number of girls and boys on each team; that the first goal is scored by a girl; that successive goals alternate by gender; etc. There are, in addition, a set of consensually determined priorities that participants agree upon, which always includes equality and participation, among others. For the mine action activities, participants in the MRE trainings include girls and boys, men and women, and the types of risks described are differentiated by gender, age and exposure. In terms of assistance to victims, it is obviously impossible to predict how many boys vs. girls will suffer an accident, but assistance is provided in accordance to the specific needs of each victim, including differentiation by gender.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
UNICEF did not carry out an evaluation, since the internal accompaniment, monitoring and evaluation undertaken during the life of the project was deemed sufficient.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster / Sector	Agency	Implementing Partner Name	Partner Type	Total CERF funds transferred	Date first installment transferred	Start date of CERF funded activities by partner*	Comments/ remarks
14-UFE-FAO-017	Agriculture	FAO	Pastoral Social de Ipiales	NNGO	\$99,044	1-Aug-14	1-Aug-14	FAO makes a (direct + Partner) mixed deployment of resources. Pastoral support implementation only in Nariño and start their activities before the date reported with an induction process and transfer of the FAO methodology.
14-UFE-IOM-024	Shelter & NFI	IOM	CISP	INGO	\$293,866		26-May-14	IOM began the activities since 28 April
14-UFE-UDP-004	Protection	UNDP	RED DEDARTAMENTAL MUJERES CHOCOANAS	NNGO	\$100,643	12-Sep-14	10-Jul-14	It is important to mention that although the disbursement was delayed due to administrative circumstances, the NGOs started activities before receiving the funds in order to speed-up their entry to the territories and the planned activities. Through this, the NNGOs were able conduct a needs assessment and other activities that facilitated a prompt execution of the funds once they were received.
14-UFE-UDP-004	Protection	UNDP	Diócesis de Quibdó- Pastoral Social	NNGO	\$60,323	12-Sep-14	1-Aug-14	
14-UFE-UDP-004	Protection	UNDP	SEPASVES- Pastoral Tuquerres	NNGO	\$68,587	24-Sep-14	1-Sep-14	
14-UFE-CEF-064	Protection	UNICEF	Corporación Infancia y Desarrollo	NNGO	\$70,874	23-Jul-14	23-Jul-14	
14-UFE-CEF-064	Protection	UNICEF	Fundación Proinco	NNGO	\$86,833	11-Aug-14	13-Aug-14	
14-UFE-CEF-064	Protection	UNICEF	Consejo Noruego para Refugiados	INGO	\$84,997	27-Aug-14	27-Aug-14	
14-UFE-CEF-064	Protection	UNICEF	Campaña Colombiana Contra Minas	NNGO	\$163,460	8-Aug-14	10-Aug-14	
14-UFE-CEF-064	Protection	UNICEF	Fundación Tierra de Paz	NNGO	\$95,202	27-Aug-14	27-Aug-14	
14-UFE-CEF-062	Nutrition	UNICEF	MEDICOS DEL MUNDO	INGO	\$31,630	15-Aug-14	1-Aug-14	
14-UFE-CEF-062	Nutrition	UNICEF	FEDERACION LUTERANA MUNDIAL	INGO	\$35,683	24-Jul-14	7-Jul-14	
14-UFE-CEF-062	Nutrition	UNICEF	SAHED	NNGO	\$57,263	11-Aug-14	21-Jul-14	
14-UFE-CEF-061	Water, Sanitation and Hygiene	UNICEF	Cruz Roja Colombiana	RedC	\$202,163	27-Aug-14	27-Aug-14	
14-UFE-CEF-061	Water, Sanitation and Hygiene	UNICEF	Fundación Plan	INGO	\$120,759	13-Aug-14	14-Aug-14	
14-UFE-CEF-061	Water, Sanitation and Hygiene	UNICEF	Fundación SAHED	NNGO	\$114,658	19-Aug-14	19-Aug-14	
14-UFE-WFP-029	Food Assistance	WFP	PARROQUIA DEL SAGRADO CORAZÓN DE JESÚS	NNGO	\$511	23-Sep-15	23-Sep-15	The amount transferred through CERF funds was complemented with additional WFP funds from other sources. Total funds transferred to this partner amounted to US\$14,809

14-UFE-WFP-029	Food Assistance	WFP	SECRETARIADO PASTORAL SOCIAL DE IPIALES	NNGO	\$19,288	25-Sep-14	25-Sep-14	CERF funds transferred to this partner covered handling, transportation and warehousing food costs. The amount transferred through CERF funds was complemented with additional WFP funds from other sources. Total funds transferred to this partner amounted to US\$22,579
14-UFE-WHO-028	Water, Sanitation and Hygiene	WHO	OXFAM	INGO	\$48,418	8-Sep-14	8-Sep-14	
14-UFE-WHO-027	Health	WHO	Medicos del Mundo	INGO	\$95,739	30-Sep-13	29-Sep-14	
14-UFE-WHO-028	Water, Sanitation and Hygiene	WHO	Fundación Tierra de Paz	NNGO	\$37,725	15-Aug-14	13-Aug-14	
14-UFE-WHO-028	Water, Sanitation and Hygiene	WHO	Fundación Halü Bienestar Humano	NNGO	\$61,459	22-Aug-14	21-Aug-14	
14-UFE-WHO-027	Health	WHO	Cruz Roja Colombiana	RedC	\$31,290	15-Aug-14	6-Aug-14	
14-UFE-HCR-021	Protection	UNHCR	Corporación Opción Legal	NNGO	\$196,250	18-Apr-14	1-Apr-14	
14-UFE-HCR-021	Protection	UNHCR	Acción Contra el Hambre	INGO	\$33,978	28-Apr-14	1-Apr-14	
14-UFE-HCR-021	Protection	UNHCR	CIDEMOS	NNGO	\$67,956	1-Apr-14	1-Apr-14	
14-UFE-HCR-021	Protection	UNHCR	Pastoral Social	NNGO	\$36,591	17-Apr-14	1-Apr-14	
14-UFE-CEF-063	Education	UNICEF	Fundación Plan	NNGO	\$169,070	13-Aug-14	27-Oct-14	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

APC	Presidential Agency for International Cooperation
APL	Anti-Personnel Landmines
APS	Primary Health Services
ARR	After Action Review
AVRE	Name of a national NGO
CAP	Consolidated Appeal Process
CCL	Local Community Councils
CDC	Community Centers / Centro Demostrativo de Capacitación
CRSV	Conflict Related Sexual Violence
ECHO	European Commission Humanitarian Organization
EHL	Equipo Humanitario Local
ELN	Ejército de liberación Nacional
ERF	Emergency Response Fund
FAO	Food and Agriculture Organization of the United Nations
FARC - EP	Fuerzas Armadas Revolucionarias de Colombia – Ejército del Pueblo
FTT	Food for Training
GEN CAP	Gender Standby Capacity Project
GFD	General Food Distribution
GVB	Gender Based Violence
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
IASC	Interagency Standing Committee
ICBF	Colombian Institute for Family Welfare
ICG	Inter-Cluster Group
IDP	Internally Displaced Person
IED	Improvised Explosive
IETABA	Educational Institution
INGO	International Non-Governmental Organization
IP/IPs	Implementing Partners
IPS	Institutional Health Providers
IPS	Institutional Health Providers
LHT	Local Humanitarian Team
MCH	Mother and Child Health
MDM-F	Médicos del Mundo – Francia (International NGO)
MISP	Minimum Initial Service Package for Reproductive Health
MISP	Minimum Initial Service Package for Reproductive Health
MoU	Memorandum of Understanding
NGO	National Non-Governmental Organization
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
OETs	Territorial-ethnic Organizations
PAHO	Panamerican Health Organization

PAICMA	Presidential Program for Integrated Action against Antipersonnel Mines
PDAGs	Post Demobilization Armed Groups
PLW	Pregnant and Lactating Women
PPPs	Practical Protection Projects
PRRO	Protracted Relief and Recovery Operation
RC/HC	Resident Coordinator and/or Humanitarian Coordinator
RUV	Unified Victim Registry
SGBV	Sexual Gender Based Violence
SRP	Strategic Response Plan
SV	Sexual Violence
TIGAT	Workshops on management of temporary shelter
UAIRA	Attention units for acute respiratory infection
UNFPA	United Nations Population Fund
UNGRD	Unit for Risk and Disaster Management (UNGRD)
UNHCR	<i>United Nations High Commissioner for Refugees</i>
UNICEF	United Nations Children's Fund
UNIPA	Awa Indigenous People's Unit
UNIPA	Unidad Indígena del Pueblo Awa
UROCs	Community oral re-hidratation units / Unidad de Rehidratación Oral Comunitaria
UXO	Unexploded Ordnance
WASH	Water Sanitation and Hygiene Cluster
WFP	World Food Programme
WHO	World Health Organization