

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
COLOMBIA  
UNDERFUNDED EMERGENCIES  
CONFLICT-RELATED DISPLACEMENT**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Mr. Fabrizio Hochschild**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

Bilateral meetings were held with each of the United Nations (UN) Agencies prior to the preparation of the report. OCHA staff followed the reporting process to ensure high quality inputs. The Central Emergency Response Fund (CERF) final report compilation for Colombia in 2013 was prepared by OCHA, in support of the Resident and Humanitarian Coordinator's (RC/HC) role. Additionally the main achievements of the CERF 2013 have been shared during a regular meeting of the Inter-Cluster Committee (ICC).

- 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 socialized with the Humanitarian Country Team (HCT) and the Inter-Cluster Committee. Some of the cluster leads discussed the report with clusters members. Additionally CERF recipient agencies shared the report with their implementing partners for comments.

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: \$118.9 million <sup>1</sup>		
Breakdown of total response funding received by source	Source	Amount
	CERF	3,493,954
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (ERF) (if applicable) (corresponds to the ERF projects approved from 01.01.2014 - 30.06.2014)	1,727,621
	OTHER (bilateral/multilateral)	53,378,425
	<b>TOTAL</b>	<b>58,600,000</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 30-Aug-2013			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-UF-CEF-113	Multi-sector	1,272,265
FAO	13-UF-FAO-034	Agriculture	535,699
UNFPA	13-UF-FPA-040	Protection/Human Rights/Rule of Law	99,981
UNHCR	13-UF-HCR-053	Protection/Human Rights/Rule of Law	435,000
WFP	13-UF-WFP-055	Food	451,009
WHO	13-UF-WHO-060	Health	700,000
<b>TOTAL</b>			<b>3,493,954</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	1,660,619
Funds forwarded to NGOs for implementation	1,833,335
Funds forwarded to government partners	0
<b>TOTAL</b>	<b>3,493,954</b>

<sup>1</sup> In the CHAPEU submitted for 2013 UFE Round II, there is an inconsistency in reflecting the total requirement (see page 1 and 6). Please note, that according to the humanitarian Dashboard published by OCHA in July 2013, the total amount required for humanitarian response was \$118.9 million.

## **HUMANITARIAN NEEDS**

Despite an on-going peace process between the Government and the Revolutionary Armed Forces of Colombia—People's Army (FARC-EP, in Spanish), in 2013 Colombia continued to face the severe consequences of armed confrontation and violence caused by several armed actors: FARC-EP and National Liberation Army (ELN in Spanish) guerrillas, post-demobilization armed groups (PDAGs).

According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) estimates, nearly 29,697 people were displaced in massive events in 2013. Afro-colombian and indigenous communities continued to be disproportionately affected, 37 per cent of Internally displaced persons (IDPs) were Afro-colombian and 29 per cent were indigenous. During 2013 there were at least 359 landmine victims, an average of 30 per month. In several departments, landmine contamination in rural areas was directly related to confinement and displacement events. OCHA recorded 270,059 people affected by situations of confinement in 2013. Mass protests and roadblocks, confrontations, curfews and armed lockdowns were also major causes of confinement in 2013. These restrictions affected humanitarian actors who could not carry out needs assessments or provide timely and effective aid.

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. These areas coincide with areas highly affected by armed violence. The number of people affected by natural disasters in 2013 showed a 36 per cent decrease as compared with 2012. However, humanitarian actors are concerned that the most affected areas continue to be highly vulnerable, with extremely high poverty levels, persistent armed conflict and difficult humanitarian access due to physical and security constraints.

Despite the persistent under-registry of grave violations against children and adolescents, in 2013 the United Nations verified 81 cases of violations against children by armed groups in 25 of 32 departments, in the framework of the United Nations Security Council Resolution 1612 main categories. This highlights the widespread dynamic of this violation.

Since early 2014, Local Humanitarian Teams (LHT) carried out 24 Multi-cluster Initial Rapid Assessment (MIRA) missions throughout Colombia (58 per cent in departments prioritized for CERF projects) to communities affected by natural disaster and armed violence situation. The sectors of Water, Sanitation and Hygiene (WASH), health, food security and nutrition were all frequently prioritized by the affected population while protection has been a recurring priority for chronic situations connected to the armed conflict.

Notwithstanding important institutional response efforts, in some of the most affected regions (such as those prioritized for CERF projects: Cauca, Chocó, Córdoba, Nariño and Putumayo departments) the magnitude and recurrence of emergencies overwhelms the local response capacity. Access constraints faced by State institutions also led to response gaps. The HCT continues to play a key role in these areas (especially remote and rural areas) through multisector needs assessments and the provision of assistance complementary to that provided by the State.

## **II. FOCUS AREAS AND PRIORITIZATION**

The HCT has prioritized those populations facing access constraints and/or confinement, IDPs in areas of weak institutional capacities, people affected by natural disasters not or poorly assisted by the Government and Afro-colombian and indigenous communities in conditions of particular vulnerability.

Local Humanitarian Teams present in departments prioritized for CERF-UF allocation (Nariño, Cauca, Córdoba, Chocó and Putumayo) are currently implementing activities in protection, food security and nutrition, health and WASH amongst others, providing protection by presence, improving emergency health and wash assistance at local level, delivering food assistance and supporting rapid livelihood recovery for vulnerable communities.

UN Agencies and Non-Governmental Organizations (NGOs) integrating Local Humanitarian Teams coordinate their intervention with local authorities and local partners, including community-based organizations. The escalation of hostilities exacerbated humanitarian needs, increasing displacement and limiting mobility of the communities, affecting food security, health and basic services provision. The capacity of current humanitarian programs in these regions to cover additional needs is already overstretched due to an overall decrease in humanitarian financing; geographical and environmental conditions also increase logistics and operational costs. Despite Local Humanitarian Teams integrate both UN Agencies and NGOs, current capacities are not yet sufficient to cover such humanitarian needs.

In the prioritized areas, State institutions have reported access constraints due to the conflict dynamic. Moreover, in these areas local authorities capacities are often weaker and their resources poorer, affecting the ability to deliver humanitarian assistance. The impact of principled humanitarian action provided by Local Humanitarian Teams in these areas is particularly important: the added value of the

international humanitarian community is generally acknowledged by State institutions both at local and national level when reaching isolated communities and covered unattended needs.

A total of 27 municipalities in 5 departments received CERF UF funding. Just in 2013, these municipalities witnessed more than 22,000 displaced people, according to official figures. The municipalities all have a large proportion of ethnic minorities, including indigenous people and Afro-Colombians.

Seven out of the 27 municipalities had a MIRA rapid needs assessment carried out prior to funding implementation. OCHA Colombia is promoting greater and more systematic use of the MIRA rapid needs assessment tool, and is requesting that funding requests are accompanied with a needs evaluation for both CERF and ERF funding. In previous rounds of CERF funding, no evaluations of this kind were carried out to identify areas for intervention. As can be seen in the annex 3, the prioritized sectors varied widely from municipality to municipality. Sectors are prioritized through a combination of key stakeholder interviews and observations made by the MIRA evaluation teams.

- Along with the ERF, the CERF allowed important humanitarian needs to be met. They jointly played an important role in humanitarian action by enhancing complementarity of action with state institutions and providing budget allocations for a coordinated humanitarian response. The fact that the CERF and ERF have been allocated according to the prioritization identified by the Local Humanitarian Teams (at local level) and clusters (at national level) ensures in some regions complementarity of the Funds. The complementarity was characterized by two main variables: Multi-sector approach: in the north Cauca department, the ERF approved a project that complemented the intervention carried out in the frame of the CERF. The complementarity was given through the humanitarian response in sectors (WASH) that were not attended by CERF in the same communities.
- Geographic coverage: in Guapi Municipality, ERF allocated funds in communities that have not been prioritized by CERF projects, but by humanitarian actors. This allowed the total coverage of the humanitarian situation in a specific region.

### **III. CERF PROCESS**

After the Emergency Relieve Coordinator communicated the Humanitarian Coordinator on the selection of Colombia for the second CERF Underfunded Round in 2013, the HC activated the humanitarian architecture to ensure an adequate and transparent prioritization process. The ICC played the central role in the process by defining priority departments, taking into account considerations, such as applicability of CERF lifesaving criteria, response capacity of UN Agencies and implementing partners, access restriction for humanitarian stakeholders, complementarity with ERF projects, field presence of UN Agencies and implementing partners, among others. In Colombia, the ICC is in charge to review the ERF proposals (ERF Review Committee) and has an important background and experience in project revision in order to promote articulation among implementing partners.

The Local Humanitarian Teams analysed the humanitarian context based on humanitarian multisector needs evaluations and with the participations of relevant local humanitarian stakeholders. Through this analysis, each Local Humanitarian Team prioritized municipalities and identified the most relevant humanitarian needs and gaps in their areas of responsibility. This local prioritization process helped clusters and the ICC to develop a better and more concrete targeting of CERF proposals at municipal level. In some cases, exploratory visits were made to the prioritized municipalities to fine-tune specific target communities and needs. Each interested Agency elaborated project proposals promoting discussions and information exchange within the clusters. OCHA facilitated the consolidation process and its socialization process with the main humanitarian partners as well as the national and local government institutions.

As a result, the ICC presented the HCT the prioritized areas for CERF funding, which has been discussed and approved during a HCT meeting.

It is also important to mention, that the participation of different concerning actors in the design and planning of the project ensured a realistic plan of action that was cultural and gender sensitive. At the national level, staff members of the United Nations Population Fund (UNFPA) and the United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN) revised each UN Agency project proposal and shared important recommendations to the Agencies in order to contribute in a significant way to the gender approach. At the local level, after the municipalities have been prioritized, UN Agencies and implementing partners carried several field missions to share and fine-tune the general lines of project proposals and receive feedback from community leaders and to adapt them to local sub-municipal realities. This process proved to be very successful with indigenous communities and Afro-colombian, who could

share their perspectives and experience. In some projects, UN Agencies hired translators (indigenous) to guarantee a fluid communication with local communities.

#### IV. CERF RESULTS AND ADDED VALUE

<b>TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR</b>				
<b>Total number of individuals affected by the crisis: 250,000</b>				
<b>The estimated total number of individuals directly supported through CERF funding by cluster/sector</b>	<b>Cluster/Sector</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
	Multi-sector	12,137	11,004	23,141
	Agriculture	3,024	2,915	5,939
	Protection/Human Rights/Rule of Law	6,071	4,871	10,942
	Food	5,312	5,560	10,872
	Health	9,450	7,800	17,250

#### **BENEFICIARY ESTIMATION**

The methodology used to estimate the number of beneficiaries consisted on extrapolating the target population out of the total population of each community. When more than one UN Agency (or its implementing partner) provided humanitarian response in the same community, the highest extrapolation has been taken into account. The presence of UN Agencies and implementing partners in the field facilitated the beneficiary estimation. This allowed good communication flow with the targeted communities and their leaders as well with the local authorities; it was very useful in the cases, where community leaders and local government institutions had detailed description of the community members.

In coordination meetings in the different departments, implementing organizations could share relevant information regarding beneficiaries' identification in order to avoid duplication and mutually complement their efforts.

Furthermore UN Agencies and the implementing partners used data-gathering formats that distinguish between beneficiaries by age, ethnicity and gender. In some cases, such as for assistance to victims of Anti-Personnel Landmines, Unexploded Ordnance and Improvised Explosive Device (APL/UXO/IED), the case management process includes personalized follow-up and accompaniment that is recorded on individual files.

<b>TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING</b>		
	<b>Planned</b>	<b>Estimated Reached</b>
<b>Female</b>	32,170	35,994
<b>Male</b>	26,805	32,150
<b>Total individuals (Female and male)</b>	58,975	68,144
<b>Of total, children <u>under</u> age 5</b>	10,327	10,904

## **CERF RESULTS**

The total number of expected beneficiaries was 68,144. It has been increased due to the tighter articulation with communities and local organizations that gave their own contributions to some projects to maximize resources.

By the end of interventions, following are the main advances and achieved results that can be reported: Protection /Human Rights/Rule of Law:

- Children and adolescents received training and practical tools to increase their knowledge and skills to protect themselves from APM/UXO/IED by learning about safe behaviours and protective learning spaces were arranged in case of crises caused by the armed conflict and were provided 600 educational supplies kits.
- Awa women, who have been victims of gender violence, especially sexual violence, received legal and social care. In addition, mechanisms to prevent and protect women and girls from violence, abuse and exploitation have been developed.
- IDPs and communities at risk of displacement have been protected through the implementation of Practical Protection Projects (PPP) and an increased presence. Furthermore, the effects of the armed conflict have been mitigated through the strengthening of self-protection mechanisms of Afro-colombian and indigenous communities.

Agriculture:

- The Awa indigenous communities in Nariño and the Embera indigenous communities in Córdoba enhanced their food supply conditions, by establishing technical models for the rapid production of food, consistent with the cultural and agro-ecological dynamics of the area.
- Targeted communities strengthened their capacity to achieve food production sufficiently, sustainably and respectful of the local culture.

Food:

- Vulnerable groups affected by displacement and violence, as well as with limited access to other programs improved their access to food and dietary diversity. The activities prioritized indigenous communities, women and children.
- Internally displaced children have been supported to return to primary education through emergency school feeding.

Health:

- Among people affected by the internal conflict, mainly women and children, results such as a reduced morbidity, prevented avoidable mortality and long-term disability were achieved, through the provision of life-saving health and psychological care services as well as water apt for human consumption to displaced, confined and vulnerable communities.
- Children and pregnant and lactating women critically affected by complex emergencies, living in indigenous communities have access to community based care in health and nutrition in emergencies.

WASH:

- 1,650 families of remote rural communities affected by complex emergencies have access to safe water and sanitation services and improved their hygiene practices.

## **CERF's ADDED VALUE**

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

YES  PARTIALLY

Based on the live-saving criteria of CERF funds, a fast delivery of assistance to beneficiaries was achieved in light of three important factors:

- A close network between implementing partners (IPs), local government agencies, community leaders and authorities and the Local Humanitarian Teams was established to safeguard an integrated and rapid response to the targeted communities.
- The participation of different concerning actors in the design and planning of the project ensured a realistic plan of action that was cultural and gender sensitive.
- Working together with indigenous authorities, leaders and community members facilitated the entrance into the communities and a timely delivery of assistance.

**b) Did CERF funds help respond to time critical needs<sup>2</sup>?**

YES  PARTIALLY

Due to CERF funds, UN Agencies and the implementing partners provided following humanitarian response to time critical needs:

- CERF funds supported interventions that in 90 days resulted in the food production of recovered crops.
- The World Food Program (WFP) was able to support the Food and Agricultural Organization of the United Nations (FAO) actions directed to the rapid rehabilitation of livelihoods and to provide timely food emergency to indigenous communities.
- CERF allocations allowed access to the Nulpedmedio indigenous territory in Nariño, where 2,240 people were affected by a two months confinement (especially children under 5 years, which suffered a health emergency). The assistance provided contributed to rehabilitation of their assets.
- In Putumayo where prevention of forced recruitment of children by illegal armed groups is one of the most critical needs, the CERF financing ensured the delivery of three meals during the school day, on weekends and holiday periods and the enhancement of nutritional requirements for boarding schools students. Although measurement of recruitment rates of children by illegal armed groups is complex, the CERF projects contributed to 100 per cent of children retention in targeted boarding schools.
- Although very few cases of sexual violence (SV) are recorded, it is well known that this type of gender-based violence (GBV) occurs systematically in humanitarian settings, especially in situations where an ongoing-armed conflict exacerbates pre-existing gender discrimination. Through capacity trainings with local entities, indigenous authorities and community members a greater visibility of the issues was reached, a clear response route for victims of GBV was established and the indigenous institutions and community members increased their capabilities to recognize incidents of GBV and respond to them in an adequate and timely manner in order to save lives.

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

YES  PARTIALLY

- In FAO's case, CERF resources supported the mobilization of resources from ECHO (European Commission Humanitarian Organization) to provide complementarity actions for indigenous communities in Cordoba.
- WFP used CERF funds as a resource mobilization tool, promoting complementary contributions from other counterparts. Through these in-kind contributions WFP was able to reach more beneficiaries as expected, who suffer urgent food assistance needs.
- The United Nations Children's Fund (UNICEF) also allocated its own funds for emergency response in the areas where the project took place. This action allowed increasing the beneficiary coverage to additional people who were affected by the emergency, too.
- The intervention carried out by the Norwegian Refugee Council (NRC) with the support of UNICEF (CERF funds) focused the resources of the community councils to support the improvement of school infrastructures. In addition, other institutions contributed to the project, for example the Presidential Program for Integrated Action against Antipersonnel Mines (PAICMA), which helped to de-mine the area around one school (Buenos Aires).
- The implementation of CERF funds through trainings that focused on creating awareness about GVB/SV, human rights, women's rights and sexual reproductive health and rights improved the resource mobilization from other sources. By bringing to light the reoccurring cases of GBV/SV in Awa communities, resources were mobilized by members of local governmental entities, nongovernmental organizations, community led programs, indigenous leaders and the health sector who participated in the workshops with the means of protecting, preventing and responding to victims in a differential and inclusive manner. Additionally, UNFPA's IPs will continue to monitor and work with the focalized communities outside of the CERF framework.
- Regarding the funding received by bilateral/multi-lateral donors for a total amount of \$53 million, following are the main donors (in millions of dollar): ECHO \$19; Sweden \$9,2; Norway \$7,3; Germany \$4,2; Canada \$3,1; Spain \$3,1; Switzerland \$2,7 and Luxembourg \$1,3.

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

YES  PARTIALLY  NO

Coordination has been improved amongst the humanitarian community. Following are the main contributions to the humanitarian coordination:

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

- In several regions where CERF projects were implemented, common field missions have been carried out with the participation of UN Agencies and implementing partners. Through these missions, humanitarian stakeholders shared context analysis and promoted a common understanding of the humanitarian needs and response.
- Being the prioritization of LHTs taken into account, the communication flow between the local level and the clusters at the national level was enhanced. This situation transcended the CERF projects and had a positive impact in regular coordination processes.
- CERF funds have been pivotal in improving coordination within the Food Security and Nutrition cluster, where FAO, WFP, and UNICEF provide an integrated package of assistance in three key areas: food assistance, food production and nutrition in emergencies. Additionally, coordination with Panamerican Health Organization (PAHO) on WASH and health issues in Nariño was carried out, as well as protection issues with the United Nations High Commissioner for Refugees (UNHCR) in some communities.
- CERF funding contributed not only to strengthen coordination of Food Security and Nutrition cluster agencies in Cordoba but to encourage and enhance cooperating partners' activities and technical skills. The CERF project fosters articulation, coordination and complementarity of actions achieving the expected results and generating sustainable impact on beneficiaries.
- CERF assistance provided to 37 targeted boarding schools improved resource mobilization and complementary activities implementation from UNICEF (psychosocial care), FAO (home gardens establishment), local administration and cooperating partners. To make visible the boarding schools situation, also induced additional resources from the Colombian Institute for Family Welfare (ICBF in Spanish) to rehabilitation and reparation of some boarding schools infrastructure.
- Through a series of meetings with local NGOs, UN agencies, health sector entities and government agencies, it was possible that 1) projects being implemented in the area were presented and shared to ensure collaboration and avoid repeated actions 2) an institutional response route for victims of GBV/SV was established under the consensus of the relevant entities 3) a common level of understanding of the different form of GBV was achieved and trainings were geared towards ensuring a proper and timely response to victims of GBV/SV 4) lessons learned from the CERF 2013 projects were shared in preparation for CERF 2014 3) the achieved results recommendations for future actions were presented to the EHL.

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

- CERF funding has supported the continuity of some key interventions in geographical area where assistance requires extended technical and financial resources. This is the case for Cordoba where CERF funds were fundamental in maintaining an intervention that resulted in the recovery of crops in communities with high levels of food insecurity and conflict.
- The work with local implementing partners, improved local capacity so that partners like the Pastoral Social are well prepared to provide support in food production in emergencies and manage to mobilize resources to continue replicating the models that were implemented.
- CERF projects raised awareness regarding the problems faced by children in the intervention zones with government institutions and the LHT. The CERF funds also supported the activation of the Extraordinary Transitional Justice Committees to provide assistance during emergencies and improve child protection in zones that are difficult to access.
- Through the presence of UN Agencies and implementing partners in remote areas with difficult access, information gathering has been improved. As a result humanitarian stakeholders strengthened their analysis regarding the humanitarian context at the field level.

## V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
GBV/SV against women in the context of the armed conflict within Awa communities requires greater visibility and constant improvement of response mechanisms to assist the victims.	The systemitization of GBV/SV against Awa women, adolescents and girls is fueled by Colombia's internal armed conflict and continues to be underestimated, consequently agravating the situation and preventing the establishment of clear public policies that address the issues at hand. There is a strong need to continue reinforcing the prevention, protection and response mechanisms that tackle cases of GBV/SV, particularly adequate psychosocial and legal accompaniment. Given the above, it is recommended that emergency funds continue to be made available for Colombia despite its status as a pink country and current Peace Talks.	CERF Secretariat
The established legalization time frames are short given the nature of the CERF funds, but it is recomended that they are extended given that most of the humanitarian work carried out in Colombia is executed in areas of limited access that lack electricity and where communication is poor.	Suggestion to be considered based on this experience	CERF Secretariat
Establish a standardized training mechanism to train UN Agencies and implementing partners on CERF administrative and financial procedures that would facilitating the management and execution of CERF funds.	Suggestion to be considered based on this experience	CERF Secretariat
Funded activities are subject to evaluations in line with the established evaluation procedures of each recipient agency. This hinders the participation of other stakeholders (NGOs, other UN Agencies present in the region, local entities, communities) in the monitoring and evaluation procedures.	In order to promote transparency and objectivity, a common monitoring and evaluation strategy should be established.	CERF Secretariat
Up to date, UN Agencies can receive 7% of the total amount as Program Support Costs. Although implementing partners cannot include in their proposals the 7% for their Program Support Cost. This situation hinders the participation of some implementing partners that need this support to ensure its operation.	Promote the inclusion of 7% for Program Support Costs for the implementing partners	CERF Secretariat

**TABLE 7:OBSERVATIONS FOR COUNTRY TEAMS**

<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
The complementary work between agencies, generated better and greater empowerment by communities	Continue to promote the complementary work between agencies in all interventions	FAO, OCHA
Previous coordination and implementation agreements contributed to implement timely actions.	It is highly recommended to adjust implementation time taking into account specific difficulties that may occur.	UN Agencies, IPs and LHTs
The implementation of activities, funding allocation and other specific conditions may differ from agency to agency, which makes the coordination difficult in the perspective of a common beginning of activities for all agencies involved.	It is highly recommended to strengthen the messages of a better internal preparedness to respond to emergencies and to adjust implementation time taking into account specific difficulties that may occur.	OCHA
Elaboration of draft emergency proposals requires collection of primary and secondary information. For this reason it is important to continue to generate local capacities in local humanitarian teams to gather information through tools like MIRA	Keep training local humanitarian teams with rapid needs assessment tools and analysis of sector data.	Interagency Standing Committee (IASC) members OCHA National Clusters
Close coordination and community participation allow the creation of schedule adjusted to context and territory dynamic.	Regular meetings with community leaders allow greater clarity on the activities and more agile project activities implementation.	UN Agencies, IPs and LHTs
Coordination and communication with indigenous communities and local administration reduce security risks that may occur in the intervention.	Coordination with authorities and councils with differential approach.	UN Agencies, IPs and LHTs
The interagency targeting of areas and beneficiary families generates stronger and more sustainable actions.	Manage beneficiary targeting criteria and identification of areas according to joint approaches developed in local humanitarian teams.	Local Humanitarian Teams
The creation of oversight committees allows communities to take greater ownership of the project results and experience in social control.	Create opportunities for capacity building of women and men leaders who are interested in the topic of citizen oversight.	UN Agencies, IPs and LHTs
Integrated protection response to boarding schools students should include long-term actions to make them more sustainable.	Include vocational guidance and other protection activities for students.	Cluster Agencies, Government and cooperating partners.
As part of institutional capacity building, it is crucial that emergency projects are aligned with the planning instruments developed in Colombia as a result of the Law of Victims and of Land Restitution. Local authorities tend to be very open to improving their own capacities for assisting emergencies involving APL/UXO/IED. Thus, one key strategy is	Include mine-related activities in local Contingency Plans and ensure implementation of the actions with sufficient resources.	All CERF fund recipient agencies

the inclusion of the entire assistance process in Mine Risk Education, and the inclusion of Victim Assistance in local contingency plans.		
The inclusion of early recovery actions (community worker training and the setting up of water and sanitation committees) in the first stages of the project could help to the sustainability of the emergencies actions.	Include early recovery strategies to respond immediately.	Inter-cluster Committee and Local Humanitarian Teams
Dedicate more time for the project socialization with local partners in order to achieve agreements and commitments with the community.	The differences of opinion between members of Community Councils, Presidents of Local Councils and community leaders impeded the development of joint agreements and activities. This requires differentiated planning to understand cultural interests and define actions.	Local Humanitarian Teams
The participation of translators participation in projects that have been implemented with indigenous communities improved the communications between the beneficiaries and the IPs.	Given that the Awá's traditional language is <i>awapi</i> and Spanish is not widely spoken and/or understood, a translator must accompany the mission as a sign of respect to the community and to ensure that the key messages beign transmited have a wider reach and impact.	Humanitarian partners, Government and Community based-organizations
Incorporate the value of family unity when approaching SV discussions with the communities.	Given that SV is not a matter of public discussion, it is recommended that the topic is approched through mechanisms that inccoporate the value of family unity. In these discussions, introduce ways in which the community shares spaces and how GBV/SV can be prevented in these spaces.	Humanitarian partners, Government and Community based-organizations

## VI. PROJECT RESULTS

**TABLE 8: PROJECT RESULTS**

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<b>CERF project information</b>			
1. Agency:	UNICEF	5. CERF grant period:	30.09.2013 – 30.06.2014
2. CERF project code:	13-UF-CEF-113	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<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:	1,863,265	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	1,863,265	▪ NGO partners and Red Cross/Crescent: \$1,032,967
	c. Amount received from CERF:	1,272,265	▪ Government Partners: \$0
<b>Results</b>			
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	6,890	12,137	The strategy of training local trainers permitted us to reach a broader population in far-flung, rural areas.
b. Male	6,110	11,004	
c. Total individuals (female + male):	13,000	23,141	
d. Of total, children <u>under</u> age 5	2,220	2,125	
9. Original project objective from approved CERF proposal			
13,000 beneficiaries, including 5,200 children and adolescents of the prioritized municipalities of the departments of Nariño, Choco, Cauca, Putumayo and Córdoba, affected by complex emergencies, have access to comprehensive care which includes basic services in Nutrition in emergencies, WASH, Child Protection and Education in Emergencies			
10. Original expected outcomes from approved CERF proposal			
<b>Health and nutrition</b>			
2,400 children (1,270 girls and 1,130 boys), and 850 pregnant and lactating women critically affected by complex emergencies, living in indigenous communities in the departments of Nariño (municipalities of Ricaurte, Barbacoas, Samaniego and Tumaco), Córdoba (municipality of Tierralta) and Choco (Bagado) have access to community based care in health and nutrition in emergencies.			
<b>Indicators</b>			
<ul style="list-style-type: none"> <li>• Number of children (girls and boys) under five, pregnant and lactating women in the prioritized municipalities that have received nutritional and health care assistance (with data disaggregated by ethnic group, sex and age over total planned).</li> <li>• Percentage of malnourished and anaemic boys and girls that receive treatment and improve their nutritional status.</li> <li>• Percentage of pregnant and lactating women that receive micronutrients.</li> <li>• Number of families and community leaders (women and men) that improve their capacities for nutritional and health care of their children.</li> <li>• An equal number of women and men are trained to improve the nutritional status and health of their children.</li> </ul>			
<b>WASH</b>			
1,650 families of remote rural communities affected by complex emergencies in the municipalities of Guapi (Cauca) and Tierralta			

(Córdoba) 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 prioritized rural communities affected by complex emergencies with access to drinking water.
- Percentage of rural communities affected by complex emergencies that have improved sanitation.
- Number schools that improved sanitation facilities differentiated by sex, which have internal lighting and bolts of doors (6 schools).
- Percentage of families with needed supplies and improve hygiene practices, involving girl, boys, men and women

#### Protection Environments

1.600 children and adolescents and 1,150 adults of the prioritized municipalities of the departments of Cauca, Putumayo and Cordoba, affected by armed conflict and natural disasters, have access to comprehensive care which includes basic services in child protection and education in emergencies.

#### Indicators

- Number of girls and boys benefiting from child friendly learning spaces (50% girls).
- Number of girls and boys benefitting from school kits.
- Number of classrooms rehabilitated and equipped or constructed.
- Number of teachers trained (50% women).
- Number of local authorities and government actors trained/sensitized on protection issues (GBV, Child Protection, Human Rights, RoL, durable solutions).

#### Mine Action

##### Indicators

- Number of persons (including children and adults) with capacities to adopt safe behaviours and reduce risk in territories affected by antipersonnel landmines, UXOs and Improvised Explosive Devise (IEDs).
- Number of victims of antipersonnel landmines, UXOs and IEDs that have received humanitarian assistance and are included in the route of assistance.

#### 11. Actual outcomes achieved with CERF funds

#### Health and Nutrition

- 3,551 children (1801 girls and 1,750 boys), and 730 pregnant or lactating women critically affected by complex emergencies, living in indigenous communities in the departments of Nariño (municipalities of Ricaurte, Barbacoas, Samaniego and Tumaco), Córdoba (municipality of Tierralta) and Choco (Bagado, Medio Baudó) have access to community based care in health and nutrition in emergencies.
- 98 community agents – 43 (44per cent) women and 55 (56per cent) men have been trained on gender-sensitive service delivery and Nutrition in Emergencies to improve health and nutrition care practices **WASH**
- 135 per cent (2,227) of the prioritized households of rural communities affected by complex emergencies have access to drinking water.
- 163per cent (13) of rural communities affected by complex emergencies has improved sanitation.
- 163 per cent (13) of schools have improved sanitation facilities differentiated by sex, which have internal lighting and bolts of doors
- 2,677 families of remote rural communities affected by complex emergencies in the municipalities of Guapi (Cauca) and Tierralta (Córdoba) and Alto Baudó (Chocó) have access to safe water and sanitation services and have improved their hygiene practices, with the active participation of girls, boys, women and men.
- 135per cent (2,227) of families provided with needed supplies and improved hygiene practices, involving girls, boys, men and women.

#### Mine Action

- 7250 people, including 4802 children and adolescents, increased their knowledge and skills to protect themselves from APM/UXO/IED by learning about safe behaviours.
- 29 victims and survivors of APM/UXO/IED from the departments of Cauca and Putumayo received legal advice and assistance in the process of demanding the fulfilment of their rights. These victims also received humanitarian assistance in order to guarantee medical attention and physical rehabilitation.

<b>Protection</b>	
<ul style="list-style-type: none"> <li>• 1460 children (701 girls) accessed protective learning spaces during the crises caused by the armed conflict. Children also benefited from the training that teachers and educational agents received in Education in Emergencies. In addition, the pedagogical material distributed for the implementation of educational activities during emergencies ensured that the educational spaces met the protection criteria and created appropriate learning conditions. Planned number: 1,600 children and adolescents and 1,150 adults.</li> <li>• Children targeted by this action received 600 educational supplies kits to support their activities in school and during their free time. The beneficiary schools received pedagogical kits (20 in total distributed) and sporting kits (20 in total distributed) as tools to ensure that they can provide protective learning spaces. Recently displaced children received personal hygiene kits (248) that are very useful for improving their health conditions.</li> <li>• Four classrooms installed were completely equipped with separate sanitary cabins for girls and boys, as well as school furniture including desks, chairs and whiteboards in Morales (2), Bella Vista - Suarez (1), Plateado - Argelia,(1). In total eight sanitary cabins were installed.</li> <li>• In accordance with the training needs identified in the area of Education in Emergencies for this action, 562 people including 160 teachers (86 females) received conceptual tools to develop curriculum and provide psychosocial support during emergencies. 402 educational agents (123 females) received training on how to support educational activities when teachers were not able to access schools due to armed clashes, mined roads or mines near the school. This action ensures that children can access education during the most critical moments of the emergency.</li> </ul>	
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 allowed increasing the 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. So, UNICEF allocated additional own funds to increase the reach towards the population in nutrition, health, water, sanitation and hygiene actions.</p> <p>In the case of protection, the goals for assistance were surpassed due to the optimization of resources, coordination and articulation with institutions and other cooperation agencies as well as the work of developing agreements with the community, which facilitated access to these zones and direct work with children.</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b):</b>  <b>If 'NO' (or if GM score is 1 or 0):</b> Please note that beneficiaries were carefully disaggregated by gender, that interventions were designed with a clear consideration of the different needs of the sexes (e.g., separate sanitary cabins for girls and boys) and that teachers and educational agents chosen for training were split between women and men.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	FAO	5. CERF grant period:	16.10.2013 – 30.06.2014
2. CERF project code:	13-UF-FAO-034	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Food Security		
4. Project title:	Fast production of food crops and capacity building for indigenous Awa and Embera peoples in the departments of Nariño and Córdoba.		
7. Funding	a. Total project budget:	US\$ 1,400,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 750,000	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 65,602
	c. Amount received from CERF:	US\$ 535,699	▪ <i>Government Partners:</i> US\$ 0,00
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	3 300	3 024	The planned number of families was reached by the end of the Project; however the number of persons per family is slightly below the planned number. This difference is higher for children as they tend to be moved by their parents or migrate to villages and towns to avoid recruitment by illegal armed groups.
b. Male	2 700	2 915	
c. Total individuals (female + male):	6 000	5 939	
d. Of total, children <u>under</u> age 5	2 100	1 823	
9. Original project objective from approved CERF proposal			
To rehabilitate and strengthen the food supply conditions of the Awa indigenous communities in the municipalities of Ricaurte and Tumaco in the department of Nariño and the Embera communities of the municipality of Tierralta in Córdoba, by establishing technical models for the rapid production of food, consistent with the cultural and agro-ecological dynamics of the area.			
10. Original expected outcomes from approved CERF proposal			
<b>RESULT 1: rapid food production, diversified according to environmental conditions and the cultural agroecologic priorities of communities</b>			
<b>Output indicators:</b>			
<ul style="list-style-type: none"> <li>• 100 per cent of families (50 per cent men and 50 per cent women) receive seeds, tools, materials and supplies, for the development of technical models concerted;</li> <li>• 100 per cent of families (50 per cent men and 50 per cent women) receive agricultural tools to facilitate the activities of planting and harvesting, traditionally led by women;</li> <li>• Percentage of men and women that produce food through the inputs provided by the Project.</li> <li>• 100 per cent of the communities have community models for food production;</li> <li>• 85 per cent of participating families replicated technical models individually or collectively;</li> <li>• 80 per cent of schools replicate technical models for the production of food for school meals;</li> <li>• 70 per cent of the communities establish or rehabilitate livestock production systems;</li> <li>• 90 per cent of the collective shelter site have community food production systems; and</li> <li>• 100 per cent of the communities develop specific activities (man oprestada) to expedite the installation of individual or</li> </ul>			

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 per cent of the communities trained on rapid production of food based on the worldview of the indigenous communities;
- 90 per cent of the communities embrace the training models;
- 100 per cent of communities trained in the proper use of spaces for agricultural production;
- 50 per cent of the communities improve the distribution and use of spaces for the keeping of animals;
- 100 per cent of the communities have capabilities to transform and preserve food;
- 85 per cent of the communities improve dietary diversity by implementing concerted technical models;
- 80 per cent of boys/girls in the communities understand the technical models for food production integrating ancestral survival strategies related to agricultural livelihoods; and
- 80 per cent 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.

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:**

- 102 per cent of families (50 per cent men and 50 per cent women) receive seeds, tools, materials and supplies, for the development of technical models concerted;
- 102 per cent of families (50 per cent men and 50 per cent women) receive agricultural tools to facilitate the activities of planting and harvesting, traditionally led by women;
- 102 Per cent of men and women that produce food through the inputs provided by the Project.
- 100 per cent of the communities have community models for food production;
- 92 per cent of participating families replicated technical models individually or collectively;
- 100 per cent of schools replica technical models for the production of food for school meals;
- 81 per cent of the communities establish or rehabilitate livestock production systems;
- 0 per cent of the collective shelter site have community food production systems; and
- 100 per cent of the communities developed specific activities (manoprestada) 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 per cent of the communities trained on rapid production of food based on the worldview of the indigenous communities; average attendance at training 90 per cent of families
- 95 per cent of the communities embrace the training models; average attendance at training 90% of families
- 100 per cent of communities trained in the proper use of spaces for agricultural production;
- 62 per cent of the communities improve the distribution and use of spaces for the keeping of animals;
- 100 per cent of the communities have capabilities to transform and preserve food; average attendance at training 90% of families
- 100 per cent of the communities improve dietary diversity by implementing concerted technical models;
- 92 per cent of boys/girls in the communities understand the technical models for food production integrating ancestral survival strategies related to agricultural livelihoods; and
- 100 per cent 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

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

<p>All indicators were achieved and results were above the planned target. However the indicator for productive models in shelters was not reached, due to the inexistence of shelters in communities. Some schools were used as temporary shelters in case of emergencies and FAO established productive community models in these cases.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b):</b>  <b>If 'NO' (or if GM score is 1 or 0):</b>          To design the project focus groups were working to determine the needs for gender and response is designed taking into account this information. FAO is working to improve its gender approach and the first results are reported indicators.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input checked="" type="checkbox"/></p>
<p>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. A summary of aspects monitored and evaluated will be handed over to OCHA.</p> <p>Monitoring generally determined:</p> <ul style="list-style-type: none"> <li>- Compliance with the formulated indicators</li> <li>- Appropriate community food production and family</li> <li>- High percentage of participation in training events</li> <li>- High percentage of participation of women in horticultural work</li> <li>- Appropriation of technical models by community</li> <li>- Relevance of the action to recover food autonomy</li> </ul>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input type="checkbox"/></p>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	09.10. 2013 – 30.06.2014
2. CERF project code:	13-UF-FPA-040	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection/Human Rights/Rules of Law		<input checked="" type="checkbox"/> Concluded
4. Project title:	Immediate integral attention to survivors of gender violence, mainly sexual violence in AWA communities in Nariño		
7. Funding	a. Total project budget:	US\$ 129,981	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 129,981	▪ NGO partners and Red Cross/Crescent: US\$ 60,000 <sup>3</sup>
	c. Amount received from CERF:	US\$99,981	▪ Government Partners: US\$ 0,00
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	1,000	371	Although the project initially focused only on women, given the local social dynamics and the importance on including men in GBV/SV discussions, men from the Awa communities and local institutions were included and participated in all planned activities.
b. Male	0	271	
c. Total individuals (female + male):	1,000	642	
d. Of total, children <u>under</u> age 5	0	0	The estimated number of direct beneficiaries supported through CERF funds is lower than the planned number of direct beneficiaries given the assumption that the knowledge and capacities installed in the direct beneficiaries will trickle down to the indirect beneficiaries, which include family and community members, and in this way the planned number of beneficiaries is reached.
9. Original project objective from approved CERF proposal			
<p>1. Provide legal and social care to Awa women victims / survivors of gender violence, especially sexual violence in, targeted communities, and manage mechanisms to prevent and protect women and girls from violence, abuse and exploitation.</p> <p>2. Ensure coordination of humanitarian actors to respond to the specific needs of women and girls, including adolescents, affected by the emergency.</p>			
10. Original expected outcomes from approved CERF proposal			
Expected Outcomes and Indicators:			
1. Number of trained service providers, leaders, and community advocates belonging to the Awa community who are able to			

<sup>3</sup>US\$ 16,499 was implemented in the region by UNFPA directly, with the supervision of the implementing partners (IPs). Due to the delayed start of the project, a communication strategy that was budgeted for US\$ 23,482 was not implemented due to time restraints; hence these funds were not executed.

identify gender violence and respond immediately in each of the targeted communities (Unidad Indígena del Pueblo Awa-UNIPA, Camawari).

2. Number of women receiving socio-legal care during project implementation.
3. Number of identified cases of sexual violence and other types of GBV reported to the authorities responsible for safety and security during the term of the project.
4. Number of focused communities capable of identifying security risks and protection ways for victims / survivors of gender violence and sexual violence in emergencies.
5. Number of humanitarian actors, who coordinating actions around the prevention and immediate care to survivors of sexual and GBV

#### 11. Actual outcomes achieved with CERF funds

A rapid situation diagnosis was conducted of the Awa women (UNIPA and CAMAWARI) in Nariño with a focus on sexual reproductive rights and sexual violence against women, adolescents and girls in their communities. Corporación Chacana conducted the research and analysis for the diagnosis from November through December of 2013.

#### **1. Number of trained service providers, leaders, and community advocates belonging to the Awa community who are able to identify gender violence and respond immediately in each of the targeted communities (UNIPA, Camawari).**

##### Municipality of Barbacoa/Tumaco

66 health, legal and protection providers received training and formalize agreements of cooperation amongst themselves in order to identify cases of GBV/SV with greater efficiency, attend to them in a timely manner and protect the victims from experiencing additional trauma.

- A *Diagnosis Document* was elaborated on the sexual violence situation endured by Awa women in Nariño.

##### Municipality of Ricaurte/Tumaco

27 (14Males and 13Females) members of local institutions (Department of Social Services, Secretary of Women and Gender, local police, Asociación Semillas de Amor, Mental Health Hospital, Secretary of Education and governors and community leaders of the CAMAWRI) participated in three workshops focused on GBV and mechanisms to ensure the provision of an immediate and adequate response.

- Before and after the workshops, the 27 participants completed CAP surveys that evaluated the impact of the trainings.
- The director of the *Oficina de Familia, Mujer y Genero de CAMAWARI* was hired to support women led handicraft workshops where GBV/SV were addressed. This helped fortify the institutional capacity, recuperate traditional practices and create safe spaces for the women to speak about issues that are not publicly confronted.
- 7 meetings were held, 3 for the socialization of the project and 4 for the closing of the projects, where 204 (66M and 138f) indigenous authorities and community members participated.
- A communications strategy was developed and implemented through radial messages that spread a “No violence against women” campaign on the Awa community radio broadcast.

#### **2. Number of women receiving socio-legal care during project implementation**

##### Municipality of Ricaurte

87 Awa women and legal service providers participated in 16 workshops that reinforced and sensitized the participants on GBV issues. A total of 96 Awa community members (9M and 87F) and legal service providers were present.

- 5 workshops in Cuaiquer Viejo; 21 participants (21F)
- 5 workshops in ChaguiChimbuza; 26 participants (4M and 22 F)
- 6 workshops in CuesabiMontaña; 49 participants (5M and 44 F)

#### **3. Number of identified cases of sexual violence and other types of GBV reported to the authorities responsible for safety and security during the term of the project.**

##### Municipality of Barbacoa/Tumaco

N/A. No cases of GBV/SV were identified as being reported to the indigenous authorities given that UNIPA restricted the access to this information.

#### Municipality of Ricaurte

4 cases of previously reported GBV incidents that had been put on hold were assisted and processed by the Department of Social Services throughout the execution of the project. The female victims received adequate legal, medical and psychosocial support as well as accompaniment by community leaders in the processes.

#### **4. Number of focused communities capable of identifying security risks and protection ways for victims / survivors of gender violence and sexual violence in emergencies.**

##### Municipality of Barbacoa/Tumaco

2 prioritized communities, Alto Albí and Gran Sábalo, received capacity training to identify the different forms of GBV and provide adequate and timely assistance and protection to victims.

- In the Educational Institution IETABA, eighth grade students and teachers from the two prioritized indigenous reservations, received conceptual instruction on GBV and identified community response routes for victims.
- Community leaders and promoters attended capacity building workshops on identifying different forms of GBV, providing immediate response to the victims, creating awareness about the humanitarian response route and developing prevention programs in the focalized communities. The workshops hosted local Institutional Health Providers (IPS), IETABA, the delegate of the *Programa Mujer y Familia* of the UNIPA, Institutions of Tumaco, Gran Sábalo and Alto Albí and agreements were reached on prevention and protection mechanisms and the diffusion of the response route for victims *Ruta Propia para Atención de Casos de Violencia Sexual contra las Mujeres Awa*.
- 101 community members participated in the trainings.

##### Municipality of Ricaurte

3 focused indigenous reserves, Cuaiquer Viejo, Chagui Chimbuza, Cuesabi Montaña, received capacity training to identify the different forms of GBV and provide adequate and timely assistance and protection to victims.

- 138 participants (80M and 58F), received 16 capacity building workshops focused on human rights, sexual reproductive health and prevention and protection mechanisms for victims of GBV/SV
  - 5 workshops in Cuaiquer Viejo; 29 participants (15M and 14F)
  - 5 workshops in ChaguiChimbuza; 31 participants (22M and 9F)
  - 6 workshops in CuesabiMontaña; 78 participants (43M and 35F)
- An additional 26 (11M and 15F) western and indigenous health services providers, including community promoters, traditional doctors and midwives participate in four workshops centered around human rights, GBV/SV and sexual reproductive rights.
- Before and after the workshops, the 26 participants completed CAP surveys that evaluated the impact of the trainings.
- Five other capacity building spaces were organized for 45 (26M and 19F) members of the indigenous guard and community leaders that focused on women's rights, types of GBV, protection mechanisms against SV, sexual reproductive health and family planning. In these workshops, community members from outside of the project's focalized communities participated.
- Before and after the workshops, the 28 participants (22M and 6F) completed CAP surveys that evaluated the impact of the trainings.
- Eights meetings were carried out between members of the Department of Social Services, Secretary of Women and Gender, local police, mental health institutions, UNFPA, CAMAWARI consultants and indigenous authorities, for a total of 36 participants (23M and 13F), to accord on the development of activities that target the protection of the rights of female victims of GBV.

#### **5. Number of humanitarian actors, who coordinating actions around the prevention and immediate care to survivors of sexual and GBV.**

##### Municipality of Barbacoa/Tumaco

- A humanitarian actors mapping by geographical location was compiled in collaboration with OCHA and the EHL in Nariño.
- An important alliance was formalized with the Office of the Ombudsman of Tumaco that allowed for the coordination of

humanitarian actors in the Municipality.

- Two coordinated activities were rolled out with humanitarian actors centered on the prevention and immediate assistance to victims of GBV/SV. A total of 97 community promoters and indigenous authorities benefited from the training sessions in the framework of humanitarian coordinated action.
  - Rapid training of the Minimum Initial Service Package for Reproductive Health (MISP) through an intercultural and gender lens in order to 1) ensure a clearer understanding of the different forms of GBV and the need to prioritize their identification and immediate response and to 2) strengthen humanitarian coordination when faced with cases of GBV/SV.

Municipality of Ricaurte

54 humanitarian actors coordinated actions to around the prevention, protection and response to victims of GBV/SV

- 36 humanitarian actors (12M and 24F) participated in 5 meetings to coordinate the development of the response route for victims of GBV. The participants included the Secretary of Women and Gender, Directorate General of Health, Hospital of Ricaurte, Education Coordination Office, Center for Childhood Development, ICBF, Department of Social Services, CAMAWARI and Global Humanitaria.
  - Two meetings with local entities
  - Two meetings with indigenous authorities
  - One meeting with the simultaneous participation of local entities and indigenous authorities to define and establishment a final version of the route.
- 3 meetings were summoned by the Office of Gender and Equity to define the response route for victims of GBV based on local entities and the Gender Affairs Observatory of the Municipality of Ricaurte.
- The result of these 8 coordination spaces is a response route for victims of GBV.
- Two meetings were held between Primary Health Services (APS) and Corporación AVRE, one of UNFPA's IP, for the exchange of lessons learned in working with victims of GBV/SV. The result of these meetings was an agreement that AVRE would support the psychosocial component and APS would attend the legal aspect of the project.
- 18 humanitarian actors, members of the EHL, in Ricaurte gathered for three coordination meetings: 1) CERF 2013 projects in the area were presented 2) lessons learned from the CERF 2013 projects were shared in preparation for CERF 2014 3) the achieved results recommendations for future actions were presented to the EHL.
- A meeting with the Department of Social Services helped coordinate how APS would assist its office in responding to the reported cases of GBV.

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

None.

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):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

A final evaluation was mistakenly excluded in the budget and work plan. Despite UNFPA's interest in carrying out a final evaluation and expressing its interest in doing so in June of 2014, the agency was notified that budget changes could not be made and that a final evaluation was not a strong enough reason to redeploy the funds. It was suggested that UNFPA carry out a final evaluation outside of the CERF framework, however separate funds were not available for this purpose.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	02.10.2013 – 30.06.2014
2. CERF project code:	13-UF-HCR-053	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection/Human Rights/Rules of Law		<input checked="" type="checkbox"/> Concluded
4. Project title:	Humanitarian response trough Protection by Presence and Enhanced Self-protection of IDP communities, afro-descendants and indigenous population at risk of displacement		
7. Funding	a. Total project budget:	\$1,100,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	\$1,100,000	▪ NGO partners and Red Cross/Crescent: \$317,943
	c. Amount received from CERF:	\$ 435,000	▪ 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	5,550	5,700	UNHCR considers that the initial target population planned was not only reached through the different projects supported by the CERF initiative; but even over passed. In this respect the actual number of participants and taking into consideration participation of the community in general (in meetings, planning activities, accompaniment of communities etc.), the total number of beneficiaries is 10,300.
b. Male	4,450	4,600	
c. Total individuals (female + male):	10,000	10,300	
d. Of total, children <u>under</u> age 5	500	500	
9. Original project objective from approved CERF proposal			
<p><b>1. Protection of IDP communities and those at risk of displacement through Protection by Presence and implementation of PPPs (small community based infrastructure projects)</b></p> <p>To guarantee the protection of IDPs and communities at risk of forced displacement through the implementation of Practical Protection Projects (PPPs), as part of UNHCR's overall strategy of Protection by Presence. Special attention is paid to afro-descendants and indigenous communities, according to UNHCR's differential approach. Also regular field presence, in order to maintain dialogue with community leaders and members will be ensured, in order to continuously assess the humanitarian situation and the risks/impact of the displacement situation, and being able to promote implementation of specific protection measures (e.g. related to SGBV, forced recruitment, etc.).</p> <p><b>2. Effects of the armed conflict mitigated and self-protection mechanisms strengthened in IDP, Afro-descendants and indigenous communities at risk or in situation of forced displacement</b></p> <p>UNHCR offers technical assistance to and improves the self-management of IDP communities (afro-descendants and indigenous population) which are, according to the Constitutional Court, in 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 provide 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.). In addition, UNHCR assists associations of IDPs and indigenous population in order to achieve an impact and effective protection from State institutions.</p>			

<p>10. Original expected outcomes from approved CERF proposal</p>
<p><b>1. Protection of IDP communities and those at risk of displacement through Protection by Presence and implementation of PPPs (small community based infrastructure projects)</b></p> <p><b>Outcome</b> Protection risks of prioritized communities reduced and community structures strengthened through regular field presence and accompaniment of communities at risk and implementation of PPPs.</p> <p><b>Indicators</b> Three community infrastructure works built, improved and / or equipped and herewith improving the daily living conditions of communities as well as increasing civil state presence (e.g. in education and shelters) in favor of the protection situation of communities affected by conflict and forced displacement. 26 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. Three protection networks strengthened and actively functioning, 4 protection needs assessments conducted paying particular attention to differential needs of men, women and children and reports prepared on the humanitarian situation, in order to increase visibility and improve the institutional and interagency responses in accordance with the protection needs/risks identified.</p> <p><b>2. Effects of the armed conflict mitigated and self-protection mechanisms strengthened in IDP, Afrodescendants and indigenous communities at risk or in situation of forced displacement</b></p> <p><b>Outcome</b> Community self – management structures strengthened</p> <p><b>Indicators</b> Three protection plans developed and validated with de communities, in order to improve communities' capacity to respond to protection risks related with armed conflict . Three structures of territorial-ethnic organizations (OETs in Spanish), women and youth leaders trained and strengthened to overcome conflicts in areas of high risk of displacement. Five Local Community Councils (CCL, in Spanish) trained in SGBV and territorial-ethnic rights4 interventions to promote women's rights and gender equality implemented 3 networks for the prevention and protection of SGBV established and functioning in order to address prevention issues and improve the institutional response).</p>
<p>11. Actual outcomes achieved with CERF funds</p>
<p><b>1. Protection of IDP communities and those at risk of displacement through protection by presence and implementation of PPPs (small community based infrastructure projects).</b></p> <ul style="list-style-type: none"> <li>• Three Community shelters have been built, improved and / or equipped in El Diviso – Nariño Department (Awá Community) Department, Timbiquí – Cauca Department (afrocolombian community) and in La Pedregosa – Putumayo Department. A temporary school infrastructure and sanitary units were constructed in the Peneya community – Putumayo Department, thus benefitting children and youth at risk in this remote location.</li> <li>• 26 field missions conducted in areas at high risk of displacement. 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).</li> <li>• UNHCR provided Protection by presence in the communities prioritized by the project. The strategy 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.</li> <li>• 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</li> </ul>

<p>State institutions in areas with weak state presence.</p> <ul style="list-style-type: none"> <li>Particular attention has been placed on the differential needs of women, men and children. Reports on the humanitarian situation have been prepared with the purpose of increasing the visibility and improving institutional and interagency responses in accordance with the protection needs/risks identified.</li> </ul> <p><b>2. Effects of the armed conflict mitigated and self-protection mechanisms strengthened in IDP, afrodescendant and indigenous communities at risk or in situation of forced displacement.</b></p> <ul style="list-style-type: none"> <li>4 Protection plans have been developed in communities in the Nariño and Chocó Departments. Indigenous and afrodescendant communities have received support the development and implementation of contingency plans and life/protection plans.</li> <li>3 Community organizations have been strengthened through training on land and ethnicity rights, and have acquired knowledge and skills related to the management of social organizations. Technical assistance has been provided for the implementation of specific protection measures for indigenous and afrodescendant groups. Lobbying for the inclusion of specific protection measures in local public policies.</li> <li>9 Community networks for the prevention and support of cases of Sexual and Gender Based Violence (SGBV) have been strengthened in Nariño border communities of Cumbal, Ipiales, Samaniego, Los Andes as well as indigenous communities in Tumaco, El Charco, Santa Barbara Isquandé and Olaya Herrera, as well as in Tierra Alta in the Cordoba Department.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b):</b>1 UNHCR staff took into account age, gender and diversity considerations in their daily work: i) participatory assessments are used consistently in all communities' interventions and annual office planning cycle; ii) AGD protection gap analysis and inequities are permanently used and updated for planning, implementing and monitoring activities; and iii) sex and age disaggregation of data is being collected of specific interventions (SGBV, overall beneficiaries of UNHCR supported projects etc.).</p> <p>Special emphasis is being placed on child 'protection issues in order to mainstream the needs of children (boys and girls) and adolescents. Under the UNHCR Child Protection Framework published in 2012, Colombian operation has developed a National Protection Strategy for children, adolescents and youth. The strategy pursues to assist the implementation of coherent mechanisms for the protection of IDP children or children at risk of displacement in communities where UNHCR is present and to improve the capacity of communities and public institutions to prevent, reduce and mitigate child protection risks generated by the armed conflict.</p> <p><b>If 'NO' (or if GM score is 1 or 0):</b></p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>UNHCR permanently monitors the implementation of all its projects. Monitoring is based on the reports and observations by the partners and local authorities and on regular direct observation and ongoing assessment by UNHCR (e.g. on the spot visits to project sites) and the comparison of achievements and related financial expenditures with objectives. Monitoring activities are carried out at various levels (camp, household) by partners and agencies implementing subprojects, UNHCR Branch Office, Sub Office and Field Offices. Situation reports are submitted by all UNHCR Field Offices to their respective Supervising Office on a monthly basis, as well as to the Branch Office.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	WFP	5. CERF grant period:	16.10.2013 – 30.06.2014
2. CERF project code:	13-UF-WFP-055	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food Security		<input checked="" type="checkbox"/> Concluded
4. Project title:	Inter-agency humanitarian response in food and nutrition security, to internal displaced people and confined communities, in the regions of Córdoba, Nariño and Putumayo.		
7. Funding	a. Total project budget:	\$ 4,500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	\$ 4,500,000	▪ NGO partners and Red Cross/Crescent: \$ 23,597
	c. Amount received from CERF:	\$ 451,009	▪ Government Partners: \$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	5,980	5,312	The discrepancy between planned and actual beneficiaries (853 people), mainly applies to underachievement of figures targeted for school children in Córdoba. The confluence of two factors: limited access and lack of complementary funds hindered the achievement of estimates, which moderately also affected the Pregnant and Lactating Women (PLW) planned. The 10,872 people assisted constitutes 93 per cent of total estimates.
b. Male	5,745	5,560	
c. Total individuals (female + male):	11,725	10,872	
d. Of total, children <u>under age 5</u>	1,407	2,356	
9. Original project objective from approved CERF proposal			
<p>This project adopts the same 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.</p> <ul style="list-style-type: none"> <li>• Improve access to food and dietary diversity among vulnerable groups affected by displacement and violence and with limited access to other programmes such as indigenous communities, women and children, by providing emergency assistance and linking them to government programmes;</li> <li>• Address micronutrient deficiencies in children (boys and girls) , especially iron deficiency, and maintain their nutritional status;</li> <li>• Help internally displaced children (boys and girls) and those affected by violence to return to primary education through emergency school feeding;</li> <li>• Support the recovery and rehabilitation of vulnerable displaced people by improving their livelihoods and asset base with a view to self – sufficiency and fostering inclusion in national social protection programmes, and promoting equitable access of women.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• 4,100 people receive one 40 day ration under the continued assistance activity of this intervention in Nariño. A limited number</li> </ul>			

<p>of vouchers are included.</p> <ul style="list-style-type: none"> <li>• 3,000 targeted (boarding) school children in Córdoba, Nariño and Putumayo receive school meals, including bienestarina.</li> <li>• 1,900 PLW (pregnant and lactating women) and children under 5 years of age, receive supplementary take home rations, including bienestarina, in Córdoba and Nariño.</li> <li>• 5,500 people attended by WFP participate in UN and NGO partner supported life-saving activities in Córdoba and Nariño, and receive food for work or food for training.</li> <li>• 85 per cent of attended families have an adequate household food consumption score</li> <li>• 70 per cent of communities attended under the continued assistance activity improve their community asset score</li> <li>• Prevalence of anemia in children under 5 and PLW does not increase (baseline in process)</li> <li>• At least 70 per cent of beneficiaries attended under supplementary feeding are directly linked to local/governmental Mother and Child Health (MCH) services</li> <li>• Retention rate of school age children in targeted boarding schools and families above 90%</li> </ul> <p><b>Gender indicators</b></p> <ul style="list-style-type: none"> <li>• Number and percentage of household that receive food during a period of time (x), including the number of households headed by women.</li> <li>• Number of boys and number of girls that are participating in the emergency school feeding programme.</li> <li>• Number of women and number of men that participate in the food for work and food for training activities.</li> </ul>	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> <li>• 4,100 people received one 40 day ration under the continued assistance activity of this intervention in Nariño.</li> <li>• 2,634 targeted (boarding) school children in Córdoba and Putumayo received school meals, including bienestarina.</li> <li>• 1,900 PLW (pregnant and lactating women) and children under 5 years of age, received supplementary take home rations, including bienestarina, in Córdoba and Nariño.</li> <li>• 8,194 people attended by WFP participated in UN and NGO partner supported life-saving activities in Córdoba and Nariño, and receive food for work or food for training.</li> <li>• 95.2per cent of attended families registered adequate household food consumption.</li> <li>• 80per cent of communities attended under the continued assistance activity improved their community asset score.</li> <li>• Following protocols of supplementary feeding, micronutrient powder were distributed to children among 6-59 months for 30 days, reducing the prevalence of anemia in this population.</li> <li>• 60per cent of beneficiaries attended under supplementary feeding were directly linked to local/governmental Mother and Child Health (MCH) services. The underachievement corresponds to lack of institutional offer.</li> <li>• Retention rate of school age children in targeted boarding schools and families registered 100per cent.</li> </ul> <p>Gender indicators</p> <ul style="list-style-type: none"> <li>• 10,872 people (2,174 households) received food during CERF implementation, of total women constituted 49 per cent.</li> <li>• 1,334 boys and 1,290 girls for a total of 2,634 participated in the emergency school feeding programme.</li> <li>• 4,251 men and 3,943 women for a total of 8,194 participated in food for assets and food for training activities.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
None	
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):	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
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.	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:	16.10.2013 – 30.06.2014
2. CERF project code:	13-UF-WHO-060	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Health		
4. Project title:	Provide life-saving emergency response to ensure basic health care services and access to water apt for human consumption for IDP, confined and vulnerable populations in Cauca, Nariño and Choco.		
7. Funding	a. Total project budget:	\$ 1,200,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	\$ 700,000	▪ NGO partners and Red Cross/Crescent: \$333,226
	c. Amount received from CERF:	\$ 700,000	▪ Government Partners: US\$ 0,00
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	9 450	9 450	None
b. Male	7 800	7 800	
c. Total individuals (female + male):	17 250	17 250	
d. Of total, children <u>under</u> age 5	4 100	4 100	
9. Original project objective from approved CERF proposal			
Reduces morbidity, prevent avoidable mortality and long-term disability among people affected by the internal conflict, mainly women and children through the provision of life-saving health and psychological care services as well as water apt for human consumption to displaced, confined and vulnerable communities			
10. Original expected outcomes from approved CERF proposal			
<b>Expected outcomes:</b> <ul style="list-style-type: none"> <li>Improved health care delivery capacity of local communities to treat common diseases</li> <li>Reduced morbidity among IDPs and confined populations</li> <li>Increased knowledge of the health status of IDPs and indigenous population</li> <li>Improved access to safe water among displaced and confined populations</li> <li>Improved sanitation and hygiene among displaced and confined populations</li> </ul>			
<b>Indicators</b> <ul style="list-style-type: none"> <li>100 per cent of beneficiary communities have received supplies to treat common diseases:</li> <li>30 reduction in morbidity rates by Acute Respiratory Infection and diarrheal diseases in Children Under five years of age</li> <li>1 Nutritional Diagnosis available</li> <li>100 per cent home water solutions delivered to the beneficiary communities</li> <li>Per cent of residual chlorine in sampled water</li> <li>100 per cent of latrines installed and functioning</li> </ul>			

11. Actual outcomes achieved with CERF funds

**Life-saving health care delivery:**

- All targeted communities (100%) in Nariño, Cauca and Choco were provided with essential supplies for medical attention and health prevention. The provided items included:
  - 14 UBAs,
  - 18 Community Oral Rehydration Units (UROCs),
  - 18 Attention units for Acute Respiratory Infection (UAIRAs),
  - 20 kits for psychosocial care,
  - 8 first aid kits,
  - 50 clean birthing kits

Department	Community	Items procured by PAHO	Items procured by MDM-F
<b>Nariño</b>	Municipalities of Ricuarte in the indigenous communities of- Cuchilla del Palmar	1 UBA, 1 UROC, 1 UAIRAC, 2 psychosocial kits	
	Municipalities of Ricuarte in the indigenous communities of Chagüi	1 UBA, 1 UROC, 1 UAIRAC, 2 psychosocial kits,	
	Ricaurte	15 clean birthing kits	
	Municipalities of Tumaco in the indigenous communities of Pipalta, El Verde, Cuasambí, PlanadasTelembí, Sábalo, PiedraSellada, IndaGuacaray, Trinchera and El Hojal		9 UBAs, 9 UROCs, 9 UAIRAs
	The UNIPA Indigenous IPS in Tumaco		4 psychosocial kit
<b>Cauca</b>	Municipalities of Argelia in the communities of El Mango an Plateado		
	El Mango Health Post	1 UBA, 1 UROC, 1 UAIRA, 1 clean birthing kits	
	School and Shelter in El Mango	2 first aid kits, 2 psychosocial kits	
	Argelia Hospital	1 birthing institutional kits	
	El Plateado Health Post	1 clean birthing kits	
	Municipalities of Balboa in the communities of San Alfonso and Andes Bajos		
	San Alfonso Health Post	1 UBA, 1 clean birthing kits	
	Andes Bajos	1 first aid kit, 1 psychosocial kit, 1 UROC, 1 UAIRA, 1 clean birthing kits	
	Municipalities of Morales in the communities of Honduras		
	Honduras Health Post	1 UBA, 1 UROC, 1 UAIRA, 5 clean birthing kits	
	Municipalities of Buenos Aires in the communities of Ceral, Alsacia and Marylopez		
	Ceral (indigenous)	1 UROC and 1 UAIRA , 1 psychosocial kits, 6 clean birthing kits	
	Alsacia	1 first aid kits, 1 psychosocial kits, 2 clean birthing kits	
	Marylopez	1 first aid kits, 1 psychosocial kits, 1 clean birthing kits	
	Municipalities of Suarez in the communities of Naranjal, comedulce and Bellavista		
	Naranjal	1 first aid kits, 2 psychosocial kits, 1 UROC, 1 UAIRAs, 3 clean birthing kits	
	Comedulce	1 first aid kits, 1 psychosocial kits, 1 UROC, 1 UAIRAs, 2 clean birthing kits	

	Bellavista	1 first aid kits, 1 psychosocial kits, 1 clean birthing kits	
<b>Choco</b>	Alto Andagueda	10 clean birthing kits	
	Aguasal in Bagadó Health Posts	1 psychosocial kit	
	Conondo in Bagadó	1 UROC, 1 UAIRA, 1 psychosocial kit	

- 4,198 Medical consultations were performed by Médicos del Mundo- Francia (MDM-F) in the communities of Pipalta, Sindawa, Planadas, El Verde, Sábalo, Imbapí, Bocas de Imbapí, Tigrillo, Cuasambi, Piedra Sellada, San Gulbí, La Brava, Inda Sabaleta, Inda Guacaray, Chinguirito Mira, Peña alegría and Agua Blanca. In addition, MDM conducted
  - 300 psychosocial consultations;
  - 679 growth and development monitoring sessions;
  - 80 pre and post natal consultations;
  - 120 family planning sessions; and
  - 350 Consultations for prevention of sexually transmitted diseases.
  - MDM-F also performed 120 Smear tests and procured 500 Insecticide- treated bed nets.

Fifty eight per cent of the total population served where women, while 42per cent were men. They all attended at least one consult at the Servicios Móviles de Salud (SMS) performed jointly by MDM and UNIPA. 76.4per cent of the population served were indigenous Awa; 16per cent mixed and 7.6per cent afro-colombian. They came from 17 communities in 13 Reservations, which where prioritized from the 25 existing reservations in the UNIPA Zone.

#### **Water and Sanitation in Emergencies**

- 1,086 water treatment and storage solutions were purchased and delivered to vulnerable communities to improve access to safe water:
  - 886 delivered by PAHO: 60 in Chocó in the communities of Conondo; 195 in Cauca in El Mango in Argelia, En Balboa, in Buenos Aires, in Morales, in Suarez; and 631 in Nariño in Ricaurte in the communities of Andalucía, La Esperanza, Paldubí, Chaguí and Cuchilla del Palmar
  - 200 provided by MDM-F in Nariño the communities of Trinchera in the Municipality of Tumaco
- 10 local systems for the provision of safe water in emergency situation were installed:
  - By OXFAM In Nariño in Ricaurte, Communities of Chaguí, Cuchilla del Palmar, Andalucía
  - By Tierra de Paz in Cauca, Health Post Honduras in Morales; School of Andes Bajo, Balboa, School El Naranjal and Micro Aqueduct El Naranjal in Suarez. The latter was installed in replacement of the system planned for the School of Comedulce due to the presence of UXO in the area and security issues that prevented the proper implementation of the system.
  - By PAHO, two in Chocó in Conondo
- 5 water quality surveillance systems were established in Nariño: 1 in Tumaco, 1 in Cumbal, 1 in Ricaurte, 1 in Imuez and 1 in La Llanada
- 1 Aqueduct was rehabilitated by OXFAM-GB in Paldubí in Nariño
- 30 Latrines were installed by OXFAM in Nariño, Ricaurte, Communities of Chaguí, Cuchilla del Palmar, Andalucía and Paldubí.
- 33 healthy homes strategy agents were trained by MDM-F in the communities of Pipalta, El Verde, Cuasambí, PlanadasTelembí, Sábalo, PiedraSellada, IndaGuacaray and El Hojal

#### **Achieved indicators:**

- 100 per cent of beneficiary communities have received supplies to treat common diseases:
  - 100 per cent of beneficiary communities have received supplies to treat common diseases
- 30 reduction in morbidity rates by Acute Respiratory Infection and diarrheal diseases in Children Under five years of age
  - The result was based on the official reports of the National Epidemiological Surveillance System for each municipality (Local Health Post and Municipal Health Secretariat). They were measured in Cauca and Nariño. In Cauca, the results indicated a reduction of 77,2per cent in the case frequency of Diarrhea and a 42,3per cent reduction in Acute

<p>Respiratory Infection. In Nariño, the reduction was 1per cent in the notified cases of Diarrhea and 3% in Acute Respiratory Infection. There, the Diarrhea mortality rate decreased 1per cent.</p> <ul style="list-style-type: none"> <li>• 1 Nutritional Diagnosis available <ul style="list-style-type: none"> <li>○ The nutritional diagnosis was performed. The report document has been completed, and is undergoing last revision by MdM</li> </ul> </li> <li>• 100 per cent home water solutions delivered to the beneficiary communities <ul style="list-style-type: none"> <li>○ 100 per cent home water solutions were delivered to the beneficiary communities</li> </ul> </li> <li>• 100 per cent of water samples taken in tested water sources showed optimal levels of residual chlorine <ul style="list-style-type: none"> <li>○ The Water Quality Surveillance System was implemented in five municipalities of Nariño. In these municipalities, residual chlorine was measured periodically, and 100 per cent of the samples show levels of residual chlorine within the 0.3 &amp; 0.2 ppm range, with Ph between 6.5 y 9.0. These values are considered normal according to Resolution 2115 of the Health Ministry related to water apt for human consumption (2007).</li> </ul> </li> <li>• 100 per cent of latrines were installed and are functioning.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
No applicable as all the actions were completed according to plan	
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"/>
An evaluation of this project was completed with all the Field Officers in Nariño, Cauca and Chocó. All in all the activities planned were completely executed in the municipalities and communities prioritized in agreement with local communities representatives, local health authorities and the Local Humanitarian Teams, after a thorough follow up of the humanitarian situation in the target territories. The evaluation report is attached.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

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

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
13-UF-HCR-053	Protection	UNHCR	Corporación Opcion Legal	Yes	NNGO	\$207,943	10-Oct-13	3-Oct-13	UNHCR carries out periodic disbursements to implementing partners under general agreements signed since the beginning of the year, so there is no specific disbursement of CERF funds to IPs. The transfer date reported here corresponds to the IP last disbursement made under the general agreement.
13-UF-HCR-053	Protection	UNHCR	Secretariado Nacional de Pasotral Social	Yes	NNGO	\$20,000	1-Nov-13	3-Oct-13	UNHCR carries out periodic disbursements to implementing partners under general agreements signed since the beginning of the year, so there is no specific disbursement of CERF funds to IPs. The transfer date reported here corresponds to the IP last disbursement made under the general agreement.
13-UF-HCR-053	Protection	UNHCR	Action Contre La Faim	Yes	INGO	\$50,000	13-Nov-13	3-Oct-13	UNHCR carries out periodic disbursements to implementing partners under general agreements signed since the beginning of the year, so there is no specific disbursement of CERF funds to IPs. The transfer date reported here corresponds to the IP last disbursement made under the general agreement.

13-UF-HCR-053	Protection	UNHCR	OXFAM UK	Yes	INGO	\$40,000	12-Nov-13	3-Oct-13	UNHCR carries out periodic disbursements to implementing partners under general agreements signed since the beginning of the year, so there is no specific disbursement of CERF funds to IPs. The transfer date reported here corresponds to the IP last disbursement made under the general agreement.
13-UF-WHO-060	Water, Sanitation and Hygiene	WHO	OXFAM	No	INGO	\$75,749	17-Feb-14	9-Dec-13	
13-UF-WHO-060	Health	WHO	Medicos del Mundo	No	INGO	\$187,229	18-Nov-13	1-Nov-13	
13-UF-WHO-060	Water, Sanitation and Hygiene	WHO	Fundación Tierra de Paz	No	NNGO	\$70,248	27-Mar-14	21-Mar-14	
13-UF-WFP-055	Food Assistance	WFP	TERRE DES HOMMES - LAUSSANE	Yes	INGO	\$19,390	2-Jun-14	1-Apr-14	Targeting of population, prior agreement definitions with cooperating partners and previous meetings to define project implementation took place before the first installment transferred.
13-UF-WFP-055	Food Assistance	WFP	PASTORAL SOCIAL DE IPIALES	Yes	NNGO	\$4,207	19-May-14	1-Feb-14	Targeting of population, prior agreement definitions with cooperating partners and previous meetings to define project implementation took place before the first installment transferred.
13-UF-FPA-040	Protection	UNFPA	Corporación AVRE	No	NNGO	\$30,000	5-Feb-14	20-Dec-13	The implementing partner UNFPA had originally selected for the project formally announced its departure from the prioritized Department of Nariño and its inability to continue working with us at the beginning of December of 2013. Under these circumstances, UNFPA quickly found new implementing partners for the CERF 2013 whose first installment was not transferred until february of 2014 due to administrative procedures. However, for the sake of saving time, activities
13-UF-FPA-040	Protection	UNFPA	Alianza para la Solidaridad	No	INGO	\$30,000	10-Feb-14	20-Dec-13	

									started in December of 2013 with a rapid situation assessment that was conducted with the Awa women (UNIPA and CAMAWARI) in Nariño.
13-UF-FAO-034	Agriculture	FAO	Pastoral Social de Ipiales	No	NNGO	\$65,602	1-Feb-14	1-Feb-14	FAO makes a (direct + Partner) mixed deployment of resources. Pastoral supports implementation only in Nariño and started activities before the date reported with an induction process and transfer of the FAO methodology.
13-UF-CEF-113	Nutrition	UNICEF	SAHED	No	NNGO	\$55,923	5-Dec-13	25-Nov-13	In November 2013, the implementing partner focused its actions in the following activities: presentation of project to Departmental and Municipal authorities, pre-selection of high-risk communities and final selection of field teams.
13-UF-CEF-113	Nutrition	UNICEF	Médicos del Mundo Francia	No	INGO	\$43,107	10-Dec-13	2-Dec-13	The first week of December 2013, the implementing partner focused its actions in the following activities: presentation of project to Departmental and Municipal authorities, pre-selection of high-risk communities and final selection of field teams.
13-UF-CEF-113	Nutrition	UNICEF	Corporación Caminar	No	NNGO	\$35,280	8-Nov-13	28-Oct-13	The last week in October and the first's weeks of November the implementing partner focused its actions in the following activities: presentation of project to Departmental and Municipal authorities, pre-selection of high-risk communities and final selection of field teams.
13-UF-CEF-113	Water, Sanitation and Hygiene	UNICEF	SAHED	No	NNGO	\$309,457	5-Dec-13	25-Nov-13	The last week in November the implementing partner focused its actions in the following activities: presentation of project to Departmental and Municipal authorities, pre-selection of high-risk communities and final selection of field teams.

13-UF-CEF-113	Water, Sanitation and Hygiene	UNICEF	CRC	No	NNGO	\$303,556	10-Dec-13	28-Nov-13	The last week in November and the first's week of December the implementing partner focused its actions in the following activities: presentation of project to Departmental and Municipal authorities, pre-selection of high-risk communities and final selection of field teams.
13-UF-CEF-113	Protection	UNICEF	Corporación Paz y Democracia	No	NNGO	\$117,710	21-Nov-13	1-Nov-13	During the first three weeks of November 2013, the implementing partner focused its actions in the following activities: presentation of project to Departmental and Municipal authorities, pre-selection of high-risk communities and final selection of field teams.
13-UF-CEF-113	Protection	UNICEF	Fundación Social Valle de Pubenza	No	NNGO	\$37,820	2-Dec-13	1-Nov-13	During the first three weeks of November 2013, the implementing partner focused its actions in the following activities: presentation of project to Departmental and Municipal authorities, pre-selection of high-risk communities and final selection of field teams.
13-UF-CEF-113	Protection	UNICEF	NRC	No	INGO	\$130,114	27-Jan-14	15-Jan-14	

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

APL	Anti-Personnel Landmines
ARR	After Action Review
APS	Primary Health Services
AVRE	Name of a national NGO
CERF	Central Emergency Response Fund
CAP	Consolidated Appeal Process
CCL	Local Community Councils
ERF	Emergency Response Fund
ECHO	European Commission Humanitarian Organization
EHL	Equipo Humanitario Local
ELN	National Liberation Army
FAO	Food and Agriculture Organization of the United Nations
FARC - EP	Revolutionary Armed Forces of Colombia—People's Army
GBV	Gender Based Violence
HCT	Humanitarian Country Team
IASC	Interagency Standing Committee
ICBF	Colombian Institute for Family Welfare
ICC	Intercluster Committee
IDP	Internally Displaced Person
IED	Improvised Explosive Device
IETABA	Educational Institution
IP/IPs	Implementing Partners
IPS	Institutional Health Providers
LHT	Local Humanitarian Team
MCH	Mother and Child Health
MDM-F	Médicos del Mundo – Francia (International NGO)
MIRA	Multi-cluster Initial Rapid Assessment
MISP	Minimum Initial Service Package for Reproductive Health
MISP	Minimum Initial Service Package for Reproductive Health
NGO	Non-Governmental Organizations
NRC	Norwegian Refugee Council
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OETs	Territorial-ethnic Organizations
PAHO	Panamerican Health Organization
PAICMA	Presidential Program for Integrated Action against Antipersonnel Mines
PDAG	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

SGBV	Sexual Gender Based Violence
SV	Sexual Violence
UAIRA	Attention units for acute respiratory infection
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIPA	Awa Indigenous People's Unit
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
UROCs	Community oral re-hidratation units / Unidad de Rehidratación Oral Comunitaria
UXO	Unexploded Ordnance
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

### Anex 3: Affected population

	Source	National Bureau of Statistics	National Bureau of Statistics	National Bureau of Statistics	Victims Unit	National Bureau of Statistics	Family Welfare Institute	National Planning Department	National Planning Department	According to prioritization
Department	Municipalities	Population (2014)	Percentage Afrocolombian people (2005)	Porcentaje Indigenuos people (2005)	IDPs (UARIV) 2013	Child Mortality rate per 1000 (2011)	Chronic Malnutrition (2010)	Water Service Coverage (2013)	Sewage Service Coverage (2013)	MIRA prioritized clusters (2014)
Cauca	Timbiqui	2149	86,10%	10,40%	1067	29	23%	13%	41%	
Cauca	Guapi	29641	97,30%	0,40%	507	31	23%	1%	73%	Shelter Health Food Security and Nutrition Protection
Cauca	Morales	25781	6,30%	43,60%	194	43	23%	89%	80%	Shelter Water, Sanitation and Hygiene Food Security and Nutrition Protection
Cauca	Buenos Aires	31645	68,50%	16,20%	141	30	23%	23%	0	
Cauca	Suarez	4545	58,10%	21,20%	1290	48	23%	48%	9%	
Cauca	Argelia	26473	0	0	1131	69	23%	68%	50%	
Cauca	Balboa	6328	14,40%	0,20%	2	38	23%	57%	22%	
Chocó	Medio Baudo	1337	80,10%	19,30%	241	50	16%	42%	19%	
Chocó	Bajo Baudo	1729	67%	32,50%	692	49	16%	39%	86%	

<b>Chocó</b>	<b>Bagadó</b>	8103	40%	59,40%	273	63	16%	73%	12%	Protection Water, Sanitation and Hygiene Health
<b>Córdoba</b>	<b>Tierralta</b>	97553	26,70%	5,30%	1188	29	16%	92%	43%	
<b>Nariño</b>	<b>Ricaurte</b>	18225	1,00%	72%	101	62	17%	41%	30%	Food Security and Nutrition Protection Shelter Water, Sanitation and Hygiene
<b>Nariño</b>	<b>Tumaco</b>	195.419	88,80%	5,10%	10384	33	17%	51%	39%	Water, Sanitation and Hygiene Health Emergency Education Food Security and Nutrition
<b>Nariño</b>	<b>Barbacoas</b>	37038	78%	15,10%	471	29	17%	48%	82%	
<b>Nariño</b>	<b>El charco</b>	35556	95%	3,10%	378	35	17%	43%	29%	
<b>Nariño</b>	<b>Santa Barbara de Iscuande</b>	14818	94,20%	2%	149	78	17%	32%	9%	
<b>Nariño</b>	<b>Cumbal</b>	36926	0	93%	50	21	17%	40%	42%	
<b>Nariño</b>	<b>Ipiales</b>	135542	0,20%	27,70%	147	15	17%	59%	98%	
<b>Nariño</b>	<b>Samaniego</b>	49635	1,90%	0,30%	375	14	17%	15%	29%	
<b>Nariño</b>	<b>Los Andes</b>	19078	0,30%	0,80%	55	20	17%	39%	31%	

Putumayo	Puerto Asis	59523	8%	12,50%	936	15	10%	67%	48%	Water, Sanitation and Hygiene Health Early Recovery
Putumayo	Puerto Leguizamo	15478	2,60%	35,20%	454	21	10%	77%	36%	
Putumayo	San Miguel	26	4,70%	10,00%	409	44	10%	11%	43%	
Putumayo	Puerto Guzman	23559	7%	23,30%	610	19	10%	72%	30%	
Putumayo	Puerto Caicedo	14528	7%	23,10%	214	20	10%	62%	40%	Water, Sanitation and Hygiene Health Emergency Education Early Recovery Food Security and Nutrition
Putumayo	Valle del Guamuez	51217	2,50%	9%	616	27	10%	40%	5%	
Putumayo	Orito	51461	8%	32,40%	485	24	10%	28%	72%	