

ACT Alliance

Integrated Emergency Assistance, Psychosocial Support, and Critical Infrastructure Rehabilitation for Earthquake-Affected Communities in Colombia.

Appeal

COL261

Table of contents

Project Summary Sheet

BACKGROUND

Context and needs

Capacity to Respond

RESPONSE STRATEGY

Response Strategy

Impact

Outcomes

Outputs

Exit Strategy

PROJECT MANAGEMENT

Implementation Approach

Implementation Arrangements

Project Consolidated Budget

Project Monitoring, Evaluation, and Learning

Safety and Security Plans

PROJECT ACCOUNTABILITY

Code of Conduct

Safeguarding

Conflict Sensitivity / Do No Harm

Complaint Mechanism and Feedback

Communication and Visibility

ANNEXES

Annex 1	Summary Table
Annex 2	Security Risk Assessment

Project Summary Sheet															
Project Title	Integrated Emergency Assistance, Psychosocial Support, and Critical Infrastructure Rehabilitation for Earthquake-Affected Communities in Colombia.														
Project ID	COL 261														
Location	Colombia, Chocó Department, Municipalities: Quibdó, Istmina, Nóvita, Unión Panamericana, San José del Palmar, Medio Baudó, Bajo Baudó, and Atrato.														
Project Period	Start Date End Date No. of months 1 September 2026 30 August 2027 12 months														
Requesting Forum	☒ , The ACT Forum officially endorses the submission of this Sub-Appeal (tick box to confirm)														
Requesting members	<table border="0"> <thead> <tr> <th><i>Requesting Member</i></th> <th><i>Budget USD</i></th> </tr> </thead> <tbody> <tr> <td><i>HEKS/EPER</i></td> <td><i>1.500.000 USD</i></td> </tr> <tr> <td><i>The Lutheran World Federation (LWF)</i></td> <td><i>1.000.000 USD</i></td> </tr> </tbody> </table>	<i>Requesting Member</i>	<i>Budget USD</i>	<i>HEKS/EPER</i>	<i>1.500.000 USD</i>	<i>The Lutheran World Federation (LWF)</i>	<i>1.000.000 USD</i>								
<i>Requesting Member</i>	<i>Budget USD</i>														
<i>HEKS/EPER</i>	<i>1.500.000 USD</i>														
<i>The Lutheran World Federation (LWF)</i>	<i>1.000.000 USD</i>														
Contact	Name Email Other means of contact (whatsapp, Skype ID) Florian Stodolny florian.stodolny@heks-eper.org +49 162 8534022- + 57 320 7543500														
Local partners	List all local partners that will be carrying out the actions in collaboration with ACT members HEKS/EPER: Diocese of Istmina- Tadó. Chocó, Colombia. LWF: IELCO (Evangelical Lutheran Church of Colombia) — implementing partner for Shelter; COCOMACIA (Consejo Comunitario Mayor de la Asociación Campesina Integral del Atrato).														
Thematic Area(s)	<i>Tick the relevant sectors/themes of intervention</i> <table border="0"> <tbody> <tr> <td>☒ Cash and Vouchers</td> <td>☒ Shelter and household items</td> </tr> <tr> <td>☐ Camp Management</td> <td>☐ Food and Nutrition</td> </tr> <tr> <td>☒ Disaster Risk Management</td> <td>☒ MHPSS and CBPS</td> </tr> <tr> <td>☒ WASH</td> <td>☐ Gender</td> </tr> <tr> <td>☒ Livelihood</td> <td>☐ Education</td> </tr> <tr> <td>☐ Health</td> <td>☐ Advocacy</td> </tr> <tr> <td>☐ Other: _____</td> <td></td> </tr> </tbody> </table>	☒ Cash and Vouchers	☒ Shelter and household items	☐ Camp Management	☐ Food and Nutrition	☒ Disaster Risk Management	☒ MHPSS and CBPS	☒ WASH	☐ Gender	☒ Livelihood	☐ Education	☐ Health	☐ Advocacy	☐ Other: _____	
☒ Cash and Vouchers	☒ Shelter and household items														
☐ Camp Management	☐ Food and Nutrition														
☒ Disaster Risk Management	☒ MHPSS and CBPS														
☒ WASH	☐ Gender														
☒ Livelihood	☐ Education														
☐ Health	☐ Advocacy														
☐ Other: _____															
Project Outcome(s)	Earthquake-affected communities in Quibdó, Istmina, Nóvita, Unión Panamericana, Tadó, San José del Palmar, Medio Baudó, Bajo Baudó, and Atrato experience reduced														

	humanitarian suffering, restored dignity, and strengthened resilience through safe shelter access, community repair, and community-based protection and psychosocial support. Outcome 1: Target vulnerable households (approx. 8000 families) across 8 affected municipalities have immediate access to basic food items, meet their non-food basic needs, and demonstrate improved coping mechanisms within 4 months of the intervention. Outcome 2: Safe operational capacity and functionality are restored in 5 targeted health facilities (Levels 1–4), 5 schools, and 3 community centers in Quibdó, Istmina, Baudo, Atrato and affected communities, ensuring secure and dignified access for the affected communities. Outcome 3: Incident rates of waterborne, vector-borne, and healthcare-associated infections are contained in targeted areas through functional institutional waste management, clean water supply systems, and strict IPC standards. Outcome 4: Targeted vulnerable households and local micro-enterprises re-establish sustainable income-generating activities, recover lost productive assets, and demonstrate improved household economic resilience following the earthquake. Outcome 5: Earthquake-affected microentrepreneurs and community-based organizations restore their livelihoods and strengthen economic self-reliance through market-informed productive asset replacement and access to financial recapitalization.																																																				
Project Objectives	1. To provide immediate life-saving assistance through multipurpose cash, food kits, and specialized mental health support to earthquake-affected families in 8 municipalities of Chocó within the first 4 months of the intervention. 2. To restore safe access to essential services by rehabilitating and reconstructing critical infrastructure, including health centers, hospitals (levels 1-4), schools, and community centers, in Quibdó, Istmina, and other targeted municipalities over 12 months. 3. To mitigate secondary public health risks through the restoration of water management systems, institutional waste disposal, and the implementation of Infection Prevention and Control (IPC) and vector control strategies in prioritized facilities over 12 months. 4. To restore early economic stability and recover affected livelihoods by replacing lost productive assets, providing emergency income support, and revitalizing local micro-enterprises for earthquake-impacted households in targeted municipalities of Chocó over 12 months.																																																				
Target Recipients	<table><tr><th colspan="4">Profile</th></tr><tr><td>☐</td><td>Refugees</td><td>☒</td><td>IDPs</td></tr><tr><td>☐</td><td>host population</td><td>☐</td><td>Returnees</td></tr><tr><td>☒</td><td colspan="3">Non-displaced affected population</td></tr></table> No. of households (based on average HH size): 4 per HH, 4,238 HH Sex and Age Disaggregated Data: <table><tr><th></th><th colspan="8">Sex and Age HEKS/EPER</th></tr><tr><th></th><th>0-5</th><th>6-12</th><th>13-17</th><th>18-49</th><th>50-59</th><th>60-69</th><th>70-79</th><th>80+</th></tr><tr><td>Male</td><td>350</td><td>1,050</td><td>1.700</td><td>3,800</td><td>1,000</td><td>650</td><td>350</td><td>100</td></tr><tr><td>Female</td><td>400</td><td>1,100</td><td>1.800</td><td>4,500</td><td>1,100</td><td>750</td><td>450</td><td>200</td></tr></table>	Profile				☐	Refugees	☒	IDPs	☐	host population	☐	Returnees	☒	Non-displaced affected population				Sex and Age HEKS/EPER									0-5	6-12	13-17	18-49	50-59	60-69	70-79	80+	Male	350	1,050	1.700	3,800	1,000	650	350	100	Female	400	1,100	1.800	4,500	1,100	750	450	200
Profile																																																					
☐	Refugees	☒	IDPs																																																		
☐	host population	☐	Returnees																																																		
☒	Non-displaced affected population																																																				
	Sex and Age HEKS/EPER																																																				
	0-5	6-12	13-17	18-49	50-59	60-69	70-79	80+																																													
Male	350	1,050	1.700	3,800	1,000	650	350	100																																													
Female	400	1,100	1.800	4,500	1,100	750	450	200																																													

	Sex and Age Disaggregated Data:								
	Sex and Age LWF								
		0-5	6-12	13-17	18-49	50-59	60-69	70-79	80+
	Male	760	880	68	2,450	630	452	284	104
	Female	752	884	688	2,650	690	556	344	148
	TOTAL PER PROJECT								
		0-5	6-12	13-17	18-49	50-59	60-69	70-79	80+
	Male	1,110	1,930	2,348	6,220	1,600	1.102	634	204
	Female	1,152	1,984	2,488	7,120	1,760	1.306	794	348
	TOTAL	2,262	3,914	4,256	13,400	3,420	2,408	1,428	552
Total number of participants: 31,640									
Project Budget (USD)	Total Budget: \$2,500,000 USD SMC 3%: \$72,816 USD								

Reporting Schedule

Type of Report	Due date
Situation report	15 December 2026 15 June 2027
Interim Report (narrative and financial)	15 March 2027
Final narrative and financial report (60 days after the ending date)	30 October 2027
Audit report (90 days after the ending date)	30 November 2027

Please kindly send your contributions to either of the following ACT bank accounts:

US dollar

Account Number - 240-432629.60A
IBAN No: CH46 0024 0240 4326 2960A

Account Name: ACT Alliance

UBS AG
8, rue du Rhône
P.O. Box 2600
1211 Geneva 4, SWITZERLAND
Swift address: UBSWCHZH80A

Please note that as part of the revised ACT Humanitarian Mechanism, pledges/contributions are **encouraged** to be made through the consolidated budget of the country forum, and allocations will be made based on agreed criteria of the forum. For any possible earmarking, budget targets per member can be found in the "Summary Table" Annex, and detailed budgets per member are available upon request from the ACT Secretariat.

Please send an email to Humanitarian Team (humanitarianfinance@actalliance.org) of pledges and contributions, including funds sent directly to the requesting members. Please also inform us of any pledges or contributions if there are any contract agreements and requirements especially from back donors. In line with Grand Bargain commitments to reduce the earmarking of humanitarian funding, if you have an earmarking request in relation to your pledge, a member of the Secretariat's Humanitarian team will contact you to discuss this request. We thank you in advance for your kind cooperation.

For further information, please contact:

Latin America and the Caribbean

ACT Regional Representative, Claudia Espinosa (Claudia.espinosa@actalliance.org)

Humanitarian Programme Coordinator, Ioakeim Vravas (ioakeim.vravas@actalliance.org)

Visit the ACT website: <https://actalliance.org/>

Niall O'Rourke

Head of Humanitarian Affairs

ACT Alliance Secretariat, Geneva

BACKGROUND

Context and Needs

On 10 August 2026, a magnitude 7.4 earthquake struck western Colombia, with its epicenter in San José del Palmar, Chocó. As of 19 August, the national balance stands at 319 deaths, 260 missing, and 4,506 injured, with 153,336 families and an estimated 974,765 people affected across 476 municipalities in 15 departments. Damage includes 163,492 damaged and 31,461 destroyed homes, 302 collapsed buildings, and significant impact on health facilities, schools, community infrastructure, and roads nationwide. The Government of Colombia has declared a National Disaster Emergency in response to the scale of the impact.

Chocó is among the country's most vulnerable departments, with high levels of poverty, prolonged exposure to armed conflict and displacement, recurrent natural disasters, and limited state presence and response capacity, particularly in rural areas. The earthquake is therefore compounding significant pre-existing humanitarian needs. Across the department, the earthquake affected 30 municipalities, leaving 12 people dead, 3 missing, 310 injured, and 39,385 families affected — an estimated 71,364 people directly affected, with projections suggesting the number could rise to 111,905 as assessments continue. Reported damage includes 19,251 damaged and 3,130 destroyed homes, alongside impact on 92 health facilities, 268 schools, 173 community structures, and 16 roads. Due to the difficult terrain and limited access to many rural and indigenous communities, information on the scale of the impact in Chocó is still being updated and current figures are expected to be significantly underreported.

Partners' rapid field assessments in Quibdó (Sarabanda, Obrero, Porvenir, and Alfonso López) highlight a profound humanitarian crisis. In Sarabanda and Obrero, small indigenous communities are currently staying overnight in improvised tents without sleeping mats or basic protection. Transversal patterns of need across all sectors include a total lack of technical structural evaluation of households by State entities, leaving families in high-risk zones. The failure of water storage systems—specifically elevated tanks—has severed access to potable water, forcing families in Porvenir to resort to the contaminated El Caraño stream. A critical "property attachment" barrier has emerged: many residents, specifically older persons whose homes lack roofs or have compromised internal walls, refuse to evacuate due to intense psychological ties to their property and fear of looting. This trauma is exacerbated by the absence of a health center in Porvenir (due to legal land disputes) and the collapse of the Casa Comunal in Alfonso López, where the local population was accustomed to seeking support and refuge.

These logistical and access constraints are particularly critical in Chocó, where communities in remote and rural areas already face limited access to essential services. Currently a needs assessment is underway in Istmina, Nóvita, and the San Juan River area, complementing the assessments already conducted in Quibdó. These are hard-to-reach areas with a significant fluvial and indigenous population living in precarious conditions even prior to the earthquake, and many communities remain unreached and uncharacterized due to access constraints. Preliminary findings point to multisectoral needs, with a particular focus on shelter, NFIs, water, and reconstruction. Hospitals have been affected, waste management services disrupted, and livelihoods severely impacted across diverse sectors. The full extent of the impact remains unclear, and current figures are expected to be significantly underreported. HEKS/EPER, LWF, COCOMACIA, IELCO and the

Diocese of Istmina-Tadó continuously monitor the situation of the local population to identify, assess and prioritize the most urgent needs.

Capacity to respond

The current emergency in Chocó requires a coordinated, localized and multi-sectoral response that can reach communities affected by the earthquake, conflict, displacement, access constraints and pre-existing humanitarian vulnerabilities. Afro-descendant and Indigenous communities in the San Juan, Pacific, Atrato and Baudó subregions face heightened risks related to inadequate shelter, disrupted water and sanitation services, protection concerns, limited access to health and psychosocial support, and loss of livelihoods.

HEKS/EPER and the Lutheran World Federation (LWF), together with local partners the Diocese of Istmina-Tadó, COCOMACIA, and IELCO, propose a joint intervention working through trusted local structures — including community councils, Indigenous cabildos, local churches, and community-based organizations — that combines:

Rapid, principled and life-saving humanitarian assistance;

- Community-led protection and accountability mechanisms;
- WASH and emergency shelter support;
- Mental health and psychosocial support;
- Multipurpose cash assistance where markets and access conditions permit;
- Early recovery and livelihood support;
- Strengthened local humanitarian leadership and coordination.

The partnership brings together complementary geographical coverage, technical capacities, logistics, emergency systems and community relationships. It will enable a coherent response while reducing duplication and ensuring that assistance reaches the most vulnerable and hard-to-reach populations.

HEKS/EPER has maintained a continuous operational presence in Chocó for nearly 20 years, bringing deep contextual knowledge, well-established community relationships, and assured access across the department, backed by long-standing field and coordination staff experienced in operating in this complex environment. Building on this presence, HEKS/EPER is also leading a needs assessment currently underway in Quibdó and neighbouring rural areas.

In parallel, its local partner, the Diocese of Istmina-Tadó, has initiated a Rapid Needs Assessment in the most affected areas and is coordinating with local authorities, community leaders and humanitarian actors to prepare a timely response. The Diocese is a key local humanitarian actor with an operational presence across 11 municipalities in the San Juan and Pacific subregions. Its deep community trust and established relationships with local authorities, community councils and Indigenous cabildos provide critical access to hard-to-reach and conflict-affected areas, including the Baudó region. The Diocese has proven experience in emergency assistance, protection and MHPSS, enabling rapid, culturally appropriate and accountable assistance to Afro-descendant and Indigenous communities.

The Lutheran World Federation (LWF) has maintained a continuous operational presence in Chocó for over 10 years, implementing integrated programs in protection, WASH, shelter, livelihoods, migration support, and emergency response in close partnership with Afro-Colombian consejos comunitarios, local churches, and community-based organizations. This deep-rooted presence, combined with trusted community relationships and established coordination with authorities and humanitarian actors, enables LWF to mobilize rapidly and deliver accountable humanitarian

assistance in Quibdó, Novita, and Itsmina. The LWF Colombia-Venezuela Country Program entered this emergency with significantly enhanced capacity resulting from the Venezuela earthquake response launched just six weeks prior. During the Venezuela response, the Country Program expanded its workforce, strengthened emergency management systems, increased technical expertise across protection, MHPSS, WASH, Cash and Voucher Assistance (CVA), logistics, MEAL, and finance functions, and tested emergency procedures under similar conditions. Prior to the Venezuela response, the core team comprised approximately 31 staff; the expanded emergency structure provides a ready platform for the Colombia response. Additional surge personnel will be deployed as required across all sectors. LWF's primary local implementation partner in this response is COCOMACIA (Consejo Comunitario Mayor de la Asociación Campesina Integral del Atrato), a major community council governing collective territories in Quibdó and surrounding areas. COCOMACIA is a well-established Afro-Colombian community organization with strong trust, territorial reach, and local accountability structures. LWF has a longstanding partnership with COCOMACIA, enabling community-led identification, targeting, and monitoring of humanitarian assistance.

Since the onset of the earthquake, HEKS-EPER, LWF and their partners have actively coordinated with other stakeholders at national and field levels. This includes UNGRD (Unidad Nacional Para la Gestion de Riesgo de Desastres), departmental and municipal authorities in Chocó, OCHA, UNICEF, WFP, World Vision, Christian Aid, Church World Service (CWS), and other ACT Alliance members. Participation in humanitarian coordination clusters (Shelter, Protection, WASH, emergency assistance, early recovery and education) supports complementarity, avoids duplication, and ensures targeted assistance reaches the most vulnerable populations. This joint appeal further strengthens the collective response capacity of the ACT Forum in Colombia.

RESPONSE STRATEGY

The **Results Framework** is annexed to this appeal proposal

Joint Operational Strategy: Humanitarian, Early Recovery and livelihoods restoration.

This joint appeal mobilizes a phased, multi-sector model leveraging the complementary strengths of the Lutheran World Federation (LWF/FLM) and HEKS/EPER, alongside trusted local implementing partners (IELCO, Diocese of Istmina-Tadó, and COCOMACIA). The strategy bridges immediate emergency relief with sustainable, shock-resilient reconstruction across 10 earthquake-impacted municipalities in Chocó (Quibdó, Istmina, Nóvita, Unión Panamericana, San José del Palmar, Medio Baudó, Bajo Baudó, Tadó, Medio San Juan, and Atrato).

- **Phase 1: Emergency Relief & Human Security (Months 1–4):** Prioritizes life-saving shelter, essential Non-Food Items (NFIs), Multi-Purpose Cash Assistance (MPCA) for acute protection cases, emergency WASH, and culturally anchored MHPSS) to stabilize displaced families.
- **Phase 2: Resilient Reconstruction & Economic Recovery (Months 4–12):** Focuses on restoring critical health and education infrastructure through a "Build Back Better" approach, restoring environmental health/WASH systems, and revitalizing local economies through Survivor and Community-Led Response (sclr) grants and business recapitalization.
- **Phase 3: Shelter recovery (Months 4–12):** During the recovery phase, HEKS/LWF will support earthquake-affected households in progressively restoring safe, dignified, and resilient living conditions. The intervention will include technical assessments of damaged houses and the provision of shelter repair kits, construction materials, and technical assistance to support minor and medium-scale repairs, as well as cash assistance for shelter rehabilitation

where market conditions allow. Transitional shelter support and rental subsidies will also be provided to displaced families whose homes are not immediately habitable.

As part of the recovery process, essential NFI and household recovery kits will be distributed, including cooking sets, bedding, basic household items, and hygiene supplies, prioritizing households with higher levels of vulnerability. The intervention will also support the rehabilitation and upgrading of collective centres and temporary shelters, including improvements to water, sanitation, lighting, accessibility, privacy, and other essential facilities. Finally, disaster risk reduction and resilient housing measures will be promoted through training for households and communities on safe repairs, housing maintenance, preparedness, and community-based disaster risk management.

Governance, Localization & Cross-Cutting Commitments Ethnic governance structures (*Consejos Comunitarios* and *Cabildos*) actively drive beneficiary selection, program execution, and community monitoring. Faith actors—including local church networks and the Diocese of Istmina-Tadó—provide physical facilities, deep community trust, and safe access corridors. Gender Equality and Social Inclusion (GESI), Protection Mainstreaming, and Accountability to Affected Populations (AAP) are operationalized across all outputs to ensure equal access for women, youth, elderly, and persons with disabilities.

Gender, disability inclusion, and protection mainstreaming are integrated throughout all outputs. Consejo comunitario leadership structures have been actively engaged in program design and will participate in beneficiary identification and monitoring throughout implementation. Faith actors, including local church networks, play a role in community outreach and safe space facilitation. Diocese of Istmina plays a key role in the integration of diversity and inclusive participation of stakeholder in the project.

Exit strategy

The project adopts a Linking Relief, Rehabilitation and Development (LRRD) approach, ensuring that emergency assistance to earthquake-affected populations in Chocó provides a foundation for recovery, resilience and locally led development. The response will progressively move from immediate humanitarian assistance towards rehabilitation, livelihoods and community recovery as needs evolve.

During the initial response phase, the appeal will address urgent household needs through multipurpose cash assistance, emergency shelter support, protection, MHPSS, WASH, food security and restoration of access to essential services. Given the geographical isolation and structural vulnerabilities of many affected communities, particular attention will be given to Indigenous and Afro-Colombian communities, women-headed households, older people and other groups facing heightened vulnerabilities.

In line with the sclr approach, implementation will build on existing local organizations, community structures, grassroots networks, faith-based actors and community leaders. These actors will participate throughout the project cycle in needs assessments, prioritization, implementation, monitoring, accountability and learning. This approach will strengthen local capacities, ownership and decision-making while ensuring that response and recovery actions are adapted to local realities. Existing partnerships across Chocó, together with coordination with municipal and

departmental authorities, ethnic authorities, disaster risk management structures and humanitarian coordination mechanisms, will further strengthen sustainability and local preparedness.

The response will progressively focus on livelihood recovery, household income and rehabilitation of critical community infrastructure and services. Through sclr mechanisms, five local organizations will receive community recovery grants to implement locally identified recovery initiatives. In addition, approximately USD 3,000 livelihood recovery grants will support affected microentrepreneurs and small producers to replace productive assets, restock inventories, rehabilitate equipment and restart economic activities. Where feasible, support will also contribute to the rehabilitation of community infrastructure, water and sanitation systems and locally managed services. Community-based protection mechanisms, psychosocial support and referral pathways will continue to be strengthened to support social cohesion and the long-term wellbeing of affected populations.

The appeal members will maintain close coordination with UNGRD, departmental and municipal authorities, ethnic authorities, humanitarian and development actors, and local civil society organizations to facilitate the transition from emergency assistance to recovery. This will help connect affected households with public services, social protection and longer-term reconstruction and development programmes beyond the project period.

The exit strategy will be community-led and evidence-based. From the outset, community governance structures, including *consejos comunitarios*, will be strengthened to oversee key aspects of the response and recovery. Communities will retain roles in shelter coordination, repair monitoring, protection and psychosocial support, while trained community members and local referral mechanisms will provide capacities that can continue beyond project closure. Unresolved protection cases will be referred to appropriate service providers, and affected households will be linked to available institutional and development programmes.

Prior to closure, the members and local partners will jointly review remaining needs, community capacities, available services and referral mechanisms, consult communities on the transition, document lessons learned and assess the sustainability of supported recovery initiatives. Exit decisions will be informed by monitoring evidence and community feedback, with the objective of ensuring that communities retain functioning support systems and pathways to longer-term recovery after humanitarian funding ends. Subject to funding and evolving needs, the appeal and ACT Forum members may build on this foundation through longer-term shelter reconstruction, livelihood recovery and resilience initiatives.

PROJECT MANAGEMENT

Implementation Approach

The response is guided by the humanitarian principles of humanity, impartiality, neutrality, and independence, while adhering to the Sphere Humanitarian Standards, ACT Alliance commitments on Gender Justice, Safeguarding, Protection from Sexual Exploitation, Abuse and Harassment (PSEAH), and Accountability to Affected Populations (AAP). The intervention is also grounded in localization and community-led response principles, recognizing the critical role of local actors, faith-based organizations, community structures, and ethnic authorities in the emergency response and recovery process.

General Response Approach

A multi-sectoral assessment team composed of appeal members, the Diocese of Istmina-Tadó, local community leaders, and technical staff are conducting rapid and detailed needs assessments in earthquake-affected municipalities and communities across Chocó. Particular attention will be given to hard-to-reach Afro-Colombian and Indigenous communities, women-headed households, persons with disabilities, older persons, children, and families whose livelihoods and housing have been affected.

The requesting members and their local partners will focus on the following priority interventions:

1. Distribution of essential non-food item (NFI) kits, including household items, dignity and menstrual hygiene kits, baby kits, and kits for older persons.
2. Provision of emergency shelter materials and household items for families whose homes have been damaged or destroyed by the earthquake.
3. MPCA to vulnerable households to address urgent needs and enhance dignity and choice.
4. Food security support through cash assistance and in-kind support, where required.
5. Support to health facilities through the provision of essential medical supplies, medicines, and equipment necessary to respond to earthquake-related needs.
6. Provision of personal protective equipment and operational supplies for local volunteers, first responders, and community response teams.
7. MHPSS services for affected populations, with a particular focus on children, adolescents, women, caregivers, and vulnerable groups.
8. Delivery of Psychological First Aid (PFA) and community-based psychosocial support through trained personnel and local volunteers.
9. Strengthening of community protection mechanisms and referral pathways for individuals with protection concerns.
10. Support for restoring family links and facilitating referrals for separated or vulnerable individuals when required.
11. Rehabilitation and restoration of access to safe water supplies in affected communities.
12. Emergency WASH interventions, including water treatment, hygiene promotion, rehabilitation of damaged sanitation facilities, and provision of hygiene supplies.
13. Rehabilitation of community-based water systems and essential sanitation infrastructure.
14. Temporary shelter support and improvements to collective centres or community facilities being used to accommodate displaced households.
15. Community-led recovery initiatives implemented through the Diocese of Istmina-Tadó and local organizations under the SCLR approach.

Implementation Strategy

As outlined in the response strategy, the appeal will implement coordinated actions through two complementary phases: an emergency response phase and an early recovery phase.

Phase 1: Emergency Response

The first phase will focus on immediate lifesaving and life-sustaining assistance to households affected by the earthquake. Interventions will include: MPCA; Emergency shelter assistance and essential household items; Food security support; Emergency WASH services and hygiene promotion; Health support through medical supplies and referrals; MHPSS; Protection and safeguarding services; Community engagement and accountability activities; Support to local volunteer networks and community response mechanisms.

During this phase, detailed assessments will be undertaken in affected communities, schools, health facilities, community centres, water systems, and other critical infrastructure to identify urgent needs and inform recovery priorities.

The intervention seeks to support approximately 10,000 earthquake-affected people through a coordinated, integrated, and community-centred response.

Phase 2: Early Recovery and Rehabilitation

As immediate humanitarian needs evolve, the intervention will progressively transition towards recovery activities that strengthen resilience and promote self-reliance.

Priority interventions will include:

1. Rehabilitation of water and sanitation infrastructure in affected communities.
2. Rehabilitation of community facilities serving as key hubs for education, health, protection, and community organization.
3. Restoration of WASH services in schools, community centers, and health facilities.
4. Installation of renewable energy solutions, including solar systems, in critical community infrastructure where feasible.
5. Continued provision of community-based psychosocial support services.
6. Strengthening community preparedness, disaster risk reduction, and local response capacities.
7. Rehabilitation of small-scale community infrastructure identified through participatory community processes.
8. Promotion of local economic recovery through livelihoods support.
9. Strengthening community protection and referral systems to address ongoing vulnerabilities.
10. Support locally led recovery initiatives through SCLR grants managed by local organizations and community groups.

Livelihoods and Economic Recovery (HEKS/EPER)

Recognizing that many households have lost sources of income, productive assets, tools, inventory, or access to markets because of the earthquake, the project will implement a targeted livelihoods recovery component.

Under the sclr approach, the project will:

- Provide grants to five local organizations, including faith-based and community-based structures, to design and implement community-prioritized livelihood recovery initiatives. Expected amount is up to 10,000usd.
- Provide livelihood recovery grants to earthquake-affected microentrepreneurs and small producers whose economic activities have been disrupted.
- Support the replacement of productive assets, equipment, inventory, tools, fishing gear, agricultural inputs, or other essential business resources.
- Facilitate training, mentoring, and business recovery planning based on local market assessments.
- Prioritize women-led businesses, youth entrepreneurs, Indigenous and Afro-Colombian producers, and other vulnerable groups.

These interventions will contribute to restoring household incomes, reducing dependency on humanitarian assistance, and supporting sustainable local economic recovery.

2.1 Cash and Voucher Assistance (CVA) - LWF

Where market assessments confirm adequate functionality of local markets, sufficient availability of goods and services, and appropriate security conditions, Cash and Voucher Assistance (CVA) will be implemented as the preferred modality to complement in-kind support.

Transfer mechanisms may include: Bank transfers, Mobile money platforms, Digital payment systems or Regulated financial service providers operating in Chocó and the intervention areas.

Participants registration, targeting, verification, distribution, monitoring, and post-distribution monitoring processes will follow established organizational procedures and international standards, ensuring: Transparency, Accountability, Data protection, Inclusion, Protection, Safeguarding and PSEAH compliance.

Should market conditions deteriorate or access constraints arise, assistance will be provided through in-kind distributions or alternative delivery mechanisms.

The combination of cash assistance, community-led sclr grants, vocational training, and livelihood recovery support will enable affected households to rebuild productive capacities, restart businesses, restore income sources, and strengthen resilience against future shocks. The Diocese of Istmina-Tadó and local community structures will play a central role in ensuring that recovery efforts are locally owned, inclusive, and sustainable beyond the duration of the project.

The members will implement the response through a coordinated and complementary approach, building on the respective geographic presence, local partnerships and technical capacities of its members. Activities will be closely coordinated with community structures, *consejos comunitarios*, faith-based actors and relevant authorities to ensure coherent targeting, avoid duplication and maximize coverage across affected areas. The response will maintain active coordination with UNGRD, OCHA, UNICEF, World Vision, and other humanitarian actors operating in Chocó, as well as departmental and municipal authorities and relevant ethnic authorities. Coordination will support information sharing, referral pathways, geographic complementarity and links with longer-term recovery and development programmes.

Across all components, the response will apply protection, gender, disability inclusion, safeguarding and accountability to affected populations as cross-cutting commitments. Community representatives will participate in planning, implementation, monitoring and feedback, ensuring that interventions remain locally owned, culturally appropriate and responsive to evolving needs.

As the response transitions towards recovery, the appeal will strengthen links with government services, humanitarian actors and longer-term recovery and development programmes. Before project closure, remaining needs, capacities and referral pathways will be reviewed jointly with communities and local partners to support a responsible transition and ensure that key local capacities and support mechanisms remain in place beyond the project period.

Implementation Arrangements

This joint intervention is governed under the ACT Forum Colombia emergency framework, leveraging a joint leadership structure between Lutheran World Federation (LWF/FLM) and HEKS/EPER. The members operate through an integrated operational model, aligning geographic coverage, technical expertise, and local faith and ethnic partnerships across 9 targeted municipalities in Chocó.

Appeal Member Roles & Operational Footprint

- **HEKS/EPER:** Appeal Lead, taking direct technical and operational responsibility for Infrastructure Rehabilitation (Health facilities and Schools), WASH/IPC, and Livelihoods Recovery/SCLR grants. HEKS/EPER mobilizes its dedicated technical teams in Colombia to manage engineering, market assessments, and economic recovery components across the target municipalities.
- **Lutheran World Federation (LWF):** Leads field operations for Emergency Shelter/NFIs and core Protection/MHPSS in Quibdó, Istmina, Nóvita, Unión Panamericana. LWF oversees program management, technical quality assurance, and donor compliance from its expanded Quibdó field office and Country Office in Bogotá, supported by regional and Geneva advisors.

Local Partnering & Faith Actor Integration Implementation relies on formalized sub-grant agreements and MoUs with three deeply rooted local partners, ensuring localized governance and access:

- **Diocese of Istmina-Tadó:** Key faith partner co-implementing MHPSS and community protection activities in partnership with HEKS/EPER and LWF. The Diocese provides physical infrastructure for community/safe spaces, leverages its trusted network of local parishes for inclusive stakeholder engagement, and facilitates safe humanitarian access in high-risk zones across Istmina, Nóvita, and surrounding areas.
- **IELCO (Evangelical Lutheran Church of Colombia):** Primary local partner for the shelter and NFI component under LWF. IELCO leads field-level mobilization, community outreach, beneficiary identification, and distribution of shelter repair kits and non-food items.
- **COCOMACIA (Consejo Comunitario Mayor de la Asociación Campesina Integral del Atrato):** Ethnic territorial authority partnering with LWF on protection, community MHPSS, and AAP mechanisms. COCOMACIA ensures community buy-in, leads local protection monitoring, and integrates traditional governance structures into project oversight.

Partnership Agreements & Capacity Building Sub-grant agreements govern financial management, procurement compliance, safeguarding, and reporting for IELCO, COCOMACIA, and the Diocese of Istmina-Tadó. LWF and HEKS/EPER provide continuous technical assistance, financial monitoring, and capacity-building on PSEA, donor compliance, and emergency project management.

External Coordination & Cluster System Alignment

- **Government Alignment:** Coordination is maintained at the national level with the UNGRD (National Unit for Disaster Risk Management) and locally with the Departmental (CDGRD) and Municipal (CMGRD) Disaster Risk Management Committees in Chocó.
- **UN & Inter-Agency Coordination:** The members actively participate in OCHA-led Local Humanitarian Teams (LHT/GTH) and technical cluster structures, including Shelter, Protection, WASH, Health, and Early Recovery/Livelihoods, ensuring non-duplication and strategic alignment with the HRP.
- **ACT Forum Governance:** Joint implementation is monitored via the Requesting Members and local partners. The committee oversees shared information management, harmonized AAP standards, joint monitoring visits, and consolidated narrative/financial reporting to the ACT Secretariat.

Project Consolidated Budget

Project Monitoring, Evaluation and Learning

An appeal -level monitoring and evaluation plan will be developed within the first month of the response, according to ACT Alliance's [Humanitarian Monitoring & Evaluation mandatory guidelines](#), clarifying the data consolidation across all requesting members, including common indicators, deduplication of participants and reporting.

HEKS/EPER will implement a comprehensive Monitoring, Evaluation, Accountability and Learning approach throughout the project to ensure the quality, effectiveness, and accountability of the response. Regular field monitoring, joint supervision with local partners, and routine progress reviews will assess implementation against planned results and enable timely adaptation to evolving humanitarian needs. Monitoring will be conducted in accordance with humanitarian standards, including Sphere and the Core Humanitarian Standard (CHS), and will integrate age, sex, and disability-disaggregated data (SADD) to support inclusive programming. Affected communities will be actively involved throughout the project cycle through participatory monitoring, regular consultations, and accessible complaints and feedback mechanisms, ensuring that community perspectives inform project adjustments and decision-making. Continuous learning and coordination with partners and humanitarian actors will support evidence-based implementation and strengthen the overall quality and impact of the response. Diocese of Istmina-Tado will receive a capacity building specific program from HEKS, in order to enhanced its administrative, managerial and technical capacities to effectively monitor the project activities.

From **LWF** side, monitoring, evaluation, and learning (MEL) will be implemented within **LWF World Service's** Planning, Monitoring, Evaluation, Reporting, and Learning (PMERL) system, ensuring evidence-based, adaptive, and accountable programming throughout the response. A dedicated PMERL Officer within the LWF Colombia-Venezuela Country Program will manage day-to-day monitoring, data collection, and reporting, with technical support from the PMERL Advisor based in Bogotá. LWF Geneva will oversee report consolidation and donor communication. Output and beneficiary data will be tracked in real time through ActivityInfo, LWF's integrated digital monitoring platform. All data will be sex- and age-disaggregated in line with the IASC age and gender marker. Project implementation will be monitored through regular field visits by LWF staff, post-distribution monitoring (PDM) after each distribution cycle, quarterly beneficiary feedback sessions, and participation in joint monitoring conducted with the ACT Forum. PDM will verify that assistance reached intended beneficiaries and was delivered safely and with dignity. COCOMACIA and consejo comunitario representatives will participate in community-level monitoring as part of participatory accountability approaches. Adjustments to programming will be made through a structured adaptive management process based on PDM findings, community feedback, market monitoring, and coordination inputs. Significant deviations from the workplan or indicator targets will be documented and communicated to donors in a timely manner. In situations requiring remote management — for example in communities where access is temporarily restricted due to road damage or aftershock activity — COCOMACIA and consejo comunitario monitors will collect field data, with LWF providing remote technical support, regular check-in calls, and verification visits when access is restored. Reporting will include regular Situation Reports during the acute phase, an Interim Report, a Final Narrative and Financial Report, and PDM findings shared with donors and coordination forums. Lessons learned will be documented and shared through LWF's internal learning mechanisms and with the ACT Forum for collective learning.

Safety and Security plans

Key risks to be assessed include: the presence of armed actors in certain areas of the department, politicization of humanitarian assistance, aftershocks and structural instability, looting of aid, access constraints due to road and bridge damage, psychological impact on staff — particularly local staff coping with affected families and friends — restricted information flow, civil unrest and social tension, risk of fraud and misappropriation in cash and NFI distributions, and PSEA incidents. Given this complex security environment, the appeal classifies overall security risk as Moderate-High for field operations, with specific areas requiring enhanced protocols.

The members will mitigate these risks through established security management systems, Standard Operating Procedures (SOPs), and experienced national and international staff with a strong operational track record and low security incidents across Colombia and the broader LAC region. All field operations will be conducted in accordance with duty-of-care commitments, with staff receiving regular security briefings, movement procedures, communications protocols, and updated contextual risk information; field movement plans will be shared with security focal points and local authorities prior to deployment, and incident reporting procedures are active. Close coordination and communication with the Diocese of Istmina-Tadó is crucial to guarantee safe access for teams operating in territories with the presence of armed actors.

Access to Nóvita and Istmina will be closely monitored given infrastructure damage, with alternative logistics routes identified and contingency plans maintained. Community relationships through COCOMACIA, the consejos comunitarios, and the Diocese will facilitate community acceptance and reduce operational risks, while coordination with OCHA, humanitarian partners, and local authorities will support humanitarian access and conflict-sensitive programming.

Programmatic risks — including fraud, exclusion, and PSEA incidents — will be addressed through participants targeting transparency, community validation of participants lists, strong financial controls, safeguarding systems, post-distribution monitoring (PDM), and accessible complaints mechanisms. All staff and partners will receive mandatory safeguarding orientation prior to field deployment, upholding the principles of Duty of Care and Do No Harm throughout implementation. The Security Risk Assessment (Annex 2) provides a detailed threat-probability-impact matrix for this response context.

PROJECT ACCOUNTABILITY

Does the proposed response honour ACT's commitment to safeguarding including PSEA? All staff and volunteers of requesting members, particularly those involved with the response, will be required to sign the requesting members' Code of Conduct. If you don't have one, members can use [ACT's Code of Conduct](#).

☒ Yes ☐ No

As ACT Alliance secretariat is CHS certified, ACT appeals will be implemented with adherence to CHS commitments.

Code of Conduct

ACT Alliance members and implementing partners are committed to ensuring that all humanitarian assistance is delivered in accordance with the humanitarian principles of humanity, neutrality, impartiality, and independence, as well as the ACT Alliance Code of Conduct, the Core Humanitarian Standard (CHS), and organizational policies on Safeguarding, Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH), child protection, accountability, anti-fraud, and conflict-sensitive

programming. All staff, consultants, volunteers, and partner personnel involved in the response are required to sign and adhere to their respective Codes of Conduct prior to engagement in project activities and participate in mandatory induction and training on safeguarding, ethical behaviour, accountability, and protection standards. Compliance with these commitments forms part of staff onboarding, partnership agreements, supervision processes, and ongoing monitoring throughout the project.

Specific measures will be implemented alongside HEKS/EPER and LWF, to ensure that these standards are integrated into all aspects of the response. These include mandatory safeguarding and Code of Conduct briefings, and signature of all staff members, safe recruitment practices, regular supervision and field monitoring, partner oversight mechanisms, and the integration of safeguarding responsibilities into job descriptions and partnership agreements. Particular attention will be paid to preventing sexual exploitation and abuse, discrimination, abuse of power, corruption, fraud, and all forms of misconduct, while promoting gender-responsive, disability-inclusive, and protection-sensitive programming. Assistance will be delivered based on identified needs and in a manner that upholds the dignity, rights, and safety of affected populations, ensuring equitable access for women, men, girls, boys, older persons, persons with disabilities, and other groups with specific vulnerabilities.

All members and implementing partners maintain established procedures for receiving, reporting, investigating, documenting, and managing allegations of misconduct, safeguarding violations, fraud, and abuse. Accessible, confidential, and survivor-centred complaints and feedback mechanisms will be available to affected communities, staff, volunteers, and partners through multiple reporting channels adapted to the local context. All reports will be handled in accordance with established organizational policies, ensuring confidentiality, protection from retaliation, timely investigation, appropriate follow-up, and referral to relevant services where required. Serious cases will be immediately referred through organizational safeguarding procedures and managed in accordance with ACT Alliance commitments and applicable national frameworks. Confirmed violations may result in disciplinary measures, termination of employment or partnership agreements, referral to competent authorities where appropriate, and the implementation of corrective actions to prevent recurrence.

Affected communities in the whole territories of Chocó, where the project will be implemented will be informed about their rights, available assistance, expected behaviour of humanitarian personnel, and the different channels available for providing feedback or reporting concerns. Information on the Code of Conduct, safeguarding commitments, and complaints mechanisms will be communicated through community meetings, outreach activities, faith-based and community networks, distribution sites, help desks, printed information materials, posters, information sessions, and other accessible communication channels. Information will be provided in culturally appropriate and accessible formats to ensure that women, men, girls, boys, older persons, and persons with disabilities can safely raise concerns without fear of retaliation. By promoting transparency, accountability, and meaningful participation throughout the project cycle, the members seek to strengthen trust with affected communities, improve programme quality, and ensure that humanitarian action remains people-centred and responsive to evolving needs.

Safeguarding

ACT Alliance members and implementing partners are committed to maintaining a safe, inclusive, and protective environment for all affected populations by implementing a robust safeguarding framework throughout the response. Safeguarding considerations will be integrated across the entire project cycle, including assessments, targeting, service delivery, monitoring, staffing, partnerships, and community engagement activities. Particular emphasis will be placed on Child Safeguarding, Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH), protection principles, gender sensitivity, disability inclusion, and Accountability to Affected Populations (AAP). All staff, volunteers, consultants, contractors, and partner personnel engaged in the response will be required to sign and comply with applicable safeguarding policies and Codes of Conduct and participate in mandatory safeguarding, child protection, and PSEAH training before deployment and throughout implementation as part of refresher and capacity-strengthening processes. Safeguarding responsibilities will be embedded within job descriptions, operational procedures, and partnership agreements to ensure accountability at all levels.

The response will operationalize these commitments through safe recruitment and screening procedures, safeguarding risk assessments, regular field supervision, partner oversight, and continuous monitoring of project activities. Staff and volunteers will be trained to recognize safeguarding risks, identify protection concerns, and make appropriate referrals through established pathways. All interventions will apply age-, gender-, and disability-inclusive approaches to ensure that women, children, older persons, persons with disabilities, and other groups facing heightened vulnerability can access assistance safely, equitably, and with dignity. Community engagement activities and service delivery mechanisms will be designed to be child-friendly, culturally appropriate, and responsive to the specific risks and barriers faced by different population groups.

Accessible, confidential, and survivor-centred complaints and feedback mechanisms will be available for affected communities, staff, volunteers, and partners. Multiple reporting channels will be established and regularly communicated through community meetings, outreach activities, information materials, help desks, faith-based and community networks, and other appropriate communication channels. Communities will be informed about safeguarding standards, expected staff behaviour, their rights when receiving assistance, and the available procedures for reporting concerns, misconduct, abuse, exploitation, fraud, corruption, or safeguarding incidents. These mechanisms will be designed to ensure confidentiality, accessibility, non-retaliation, and the meaningful participation of affected populations in promoting accountability and protection throughout the response.

In the event of a safeguarding incident, established organizational procedures will be activated in accordance with ACT Alliance commitments and international safeguarding standards. All allegations will be managed by safeguarding focal points of each member, through confidential reporting mechanisms and survivor-centred approaches that prioritize the safety, dignity, well-being, and informed consent of affected individuals. Immediate measures will be taken to mitigate risks and ensure access to appropriate protection, psychosocial, health, legal, or other specialized services through existing referral pathways where available. Safeguarding focal points and designated organizational structures will oversee case management processes and ensure that incidents are handled impartially,

confidentially, and without retaliation against complainants or witnesses. Serious allegations involving sexual exploitation, abuse, harassment, child protection violations, fraud, corruption, or other forms of misconduct will be investigated in accordance with organizational policies and,

where appropriate, referred to relevant authorities and ACT Alliance reporting mechanisms. Confirmed violations may result in disciplinary measures, contract termination, partnership suspension, referral to competent authorities, and corrective actions aimed at preventing recurrence and strengthening safeguarding systems.

Continuous learning, monitoring, and capacity strengthening will be undertaken throughout the project to reinforce a culture of accountability, safeguarding, and protection. Through regular supervision, refresher trainings, partner accompaniment, community engagement, and adaptive risk management, the project seeks to ensure that humanitarian assistance is delivered safely, ethically, and with respect for the dignity and rights of all affected populations, while strengthening community trust and accountability across the response

Conflict sensitivity / do no harm

El Chocó has a complex conflict history involving non-state armed actors, territorial disputes, and community displacement.

ACT Alliance Requesting Members (**HEKS/EPER, LWF**) and partners recognize that humanitarian interventions, even when saving lives, can generate unintended negative consequences if operational risks are not systematically managed. In Chocó, where the devastation of the 7.4 magnitude earthquake intersects with chronic structural poverty, historical neglect, ongoing armed conflict, confinement, and internal displacement, the response strictly adheres to the principles of *Do No Harm*, conflict sensitivity, neutrality, impartiality, and independence. Particular attention is given to ensuring that emergency assistance does not exacerbate pre-existing inter-ethnic or territorial tensions, alter local power dynamics between displaced and host communities, expose vulnerable populations to protection risks from non-state armed actors, or create perceptions of political or geographical favoritism across targeted municipalities.

A context-informed, conflict-sensitive approach is embedded throughout the project cycle. Needs assessments, participants targeting (e.g., MPCA, shelter kits, and SCLR grants), and delivery modalities are based on objective, transparent vulnerability criteria developed in consultation with traditional ethnic governance bodies (*Consejos Comunitarios* and *Cabildos Indígenas*), local faith networks (Diocese of Istmina-Tadó, IELCO), and municipal authorities (CMGRD). Clear communication regarding eligibility criteria prevents misunderstandings and community friction. Given the dynamic security environment and riverine access challenges in Chocó, programming maintains operational flexibility, drawing on real-time context analysis, community feedback, and active participation in OCHA-led Local Humanitarian Teams, to adapt intervention modalities as security or physical access conditions evolve.

Strong protection mainstreaming, safeguarding, and AAP commitments guarantee equitable, dignified access to assistance for Afro-descendant and Indigenous women, girls, boys, men, older persons, and persons with disabilities. Assistance is delivered in a manner that respects cultural norms and indigenous governance principles. Accessible, context-appropriate Complaints and Feedback Mechanisms (CFM)—including confidential physical boxes at parish centers, dedicated mobile lines, and neutral community focal points—enable communities to report exclusion errors, safety risks, or aid diversion concerns safely and without fear of retaliation.

To prevent aid dependency and foster sustainable recovery, the appeal applies a Linking Relief, Rehabilitation, and Development (LRRD) strategy. Whenever logistically feasible, the project

prioritizes local market procurement in Quibdó, Istmina, and sub-regional hubs to stimulate the local economy rather than disrupting fragile supply chains. By pairing emergency shelter and multi-purpose cash with the structural rehabilitation of healthcare/educational infrastructure and small micro-grants, the intervention strengthens community-driven economic revitalization and builds long-term resilience against future natural and socio-environmental shocks.

Continuous risk monitoring and access mapping are conducted across all 9 targeted municipalities to track humanitarian access, social cohesion, security threats (including armed group presence or mobility restrictions), and potential aid diversion risks. Monitoring systems evaluate both program outputs and broader community impacts to ensure the intervention remains safe and impartial. When operational or security risks are flagged, project strategies will be promptly adapted in direct consultation with ethnic authorities, local partners, and humanitarian coordination bodies to safeguard program integrity, protect affected populations, and support long-term community well-being.

Complaints mechanism and feedback

ACT Alliance appeal members (LWF and HEKS/EPER) and local implementing partners (IELCO, COCOMACIA, and the Diocese of Istmina-Tadó) prioritize meaningful Accountability to Affected Populations (AAP) across all stages of the earthquake response. Guided by the Core Humanitarian Standard (CHS) and Sphere Standards, project design, execution, and monitoring are directly informed by Afro-descendant and Indigenous communities across the 9 targeted municipalities. Selection criteria, staff behavior codes, and feedback rights are communicated transparently, ensuring that women, youth, older persons, persons with disabilities, and historically marginalized ethnic groups safely participate in decision-making without fear of exclusion or reprisal.

To overcome Chocó's geographical and connectivity constraints—ranging from urban hubs like Quibdó and Istmina to remote riverine settlements along the Baudó and Atrato rivers—the intervention establishes multi-channel, culturally adapted Complaints and Feedback Mechanisms (CFMs):

- **Physical Channels:** Confidential feedback boxes and information boards placed at parish halls, community centers (*casetas comunitarias*), health facilities, and local *Consejo Comunitario* headquarters.
- **On-Site Support:** Mobile Help Desks operating during NFI kit distributions, MPCA cash transfers, and shelter/infrastructure works.
- **Digital & Telephonic Channels:** Dedicated WhatsApp messaging lines, toll-free phone numbers, and direct contacts for urban and peri-urban locations with network coverage.
- **Community Focal Points:** Neutral, trained local focal points identified in collaboration with traditional authorities and parish networks.

Community participation is institutionalized through Post-Distribution Monitoring (PDM), joint field visits, focus group discussions (FGDs), and satisfaction surveys. Feedback data is systematically logged into a centralized CRM database, analyzed monthly by the Requesting Members steering committee, and used to trigger operational course corrections. Closing the feedback loop is mandatory: progress and adjustments are communicated back to communities through local assemblies (*asambleas comunitarias*), church announcements, and community radio bulletins (*emisoras comunitarias*).

Sensitive complaints involving Sexual Exploitation, Abuse, and Harassment (PSEAH), Child Protection violations, or fraud follow strict survivor-centered, confidential protocols. Serious allegations trigger immediate escalation to executive management, independent investigations, and direct connection to inter-agency protection pathways (*Rutas de Atención*). By integrating localized faith networks, ethnic governance structures, and robust feedback systems, the project ensures a transparent, dignified, and community-driven recovery process.

Communication and visibility

ACT Alliance members (**HEKS/EPER and LWF**) and their partners are committed to ensuring the appropriate visibility and recognition of ACT Alliance, local partners, and donor contributions throughout the implementation of the project, in accordance with ACT Alliance communication and branding policies, donor visibility requirements, humanitarian principles, and operational security considerations. Visibility measures will be implemented in a manner that promotes transparency, accountability, and public awareness while ensuring that humanitarian access, staff safety, community acceptance, and the dignity of affected populations are not compromised. All communication and visibility activities will be adapted to the operational context and guided by the principles of Do No Harm, protection, safeguarding, and conflict sensitivity.

ACT Alliance branding, donor acknowledgements, and approved visibility materials will be displayed, where appropriate and safe, across project activities and outreach efforts. This may include staff and volunteer visibility items such as vests and identification materials, banners, information boards, distribution sites, mobile service units, rehabilitation works, community facilities, project signage, information products, and other communication materials produced during the response. Visibility requirements will be communicated to all implementing partners and integrated into project implementation processes to ensure consistency with agreed branding standards and donor requirements.

The project will contribute to broader communication and advocacy efforts through coordinated engagement with ACT Alliance members, local partners, and ACT Alliance communication platforms. Project achievements, situation updates, lessons learned, good practices, humanitarian needs, and response outcomes will be documented and shared through donor reports, coordination platforms, institutional websites, newsletters, social media channels, media engagement, and other communication products as appropriate. These efforts will help demonstrate the impact of donor support, raise awareness of humanitarian needs and recovery efforts, and strengthen accountability to affected populations, donors, partners, and the wider public.

Communication materials will be developed in accordance with safeguarding, data protection, and ethical communication standards. Human-interest stories, photographs, videos, testimonies, and case studies will only be collected and used with prior informed consent and in a manner that respects the dignity, privacy, safety, and rights of affected individuals. Particular care will be taken when communicating about children, survivors of violence, and other vulnerable groups. All external communication products will be reviewed to ensure compliance with organizational policies, donor requirements, and safeguarding commitments before publication or dissemination.

Regular documentation of project implementation and achievements will be maintained throughout the response to support learning, visibility, reporting, and accountability processes. Communication activities will highlight the collective contribution of ACT Alliance members, local organizations, faith-based networks, community volunteers, and donors in supporting earthquake-affected populations. Where visibility activities could create protection, access, acceptance, or security risks, communication approaches will be adapted accordingly to preserve humanitarian space and ensure that the response remains safe, impartial, and community centred. Through responsible,

transparent, and dignified communication, the project seeks to strengthen public awareness, demonstrate accountability, and showcase the collective humanitarian effort supporting affected communities throughout the recovery process.

Annexes

Annex 1 – Summary Table

Lutheran World Federation		HEKS/EPER																																																
Start Date	1 September 2026	1 September 2026																																																
End Date	31 August 2027	31 August 2027																																																
Project Period (in months)	12	12																																																
Response Locations	Quibdó, Istmina, Nóvita, Unión Panamericana, San José del Palmar, Medio Baudó, Bajo Baudó, and Atrato. Municipalities – Choco Department.	Quibdó, Istmina, Nóvita, Unión Panamericana, San José del Palmar, Medio Baudó, Bajo Baudó, and Atrato. Municipalities – Choco Department.																																																
Sectors of response	<table><tr><td>☐</td><td>Public Health</td><td>☒</td><td>Shelter and household items</td></tr><tr><td>☐</td><td>Community Engagement</td><td>☐</td><td>Food Security</td></tr><tr><td>☐</td><td>Preparedness and Prevention</td><td>☒</td><td>MHPSS and Community Psycho-social</td></tr><tr><td>☐</td><td>WASH</td><td>☐</td><td>Gender</td></tr><tr><td>☐</td><td>Livelihood</td><td>☐</td><td>Engagement with Faith and Religious leaders and institutions</td></tr><tr><td>☐</td><td>Education</td><td>☐</td><td>Advocacy</td></tr></table>	☐	Public Health	☒	Shelter and household items	☐	Community Engagement	☐	Food Security	☐	Preparedness and Prevention	☒	MHPSS and Community Psycho-social	☐	WASH	☐	Gender	☐	Livelihood	☐	Engagement with Faith and Religious leaders and institutions	☐	Education	☐	Advocacy	<table><tr><td>☐</td><td>Public Health</td><td>☐</td><td>Shelter and household items</td></tr><tr><td>☒</td><td>Community Engagement</td><td>☐</td><td>Food Security</td></tr><tr><td>☐</td><td>Preparedness and Prevention</td><td>☒</td><td>MHPSS and Community Psycho-social</td></tr><tr><td>☒</td><td>WASH</td><td>☐</td><td>Gender</td></tr><tr><td>☒</td><td>Livelihood</td><td>☒</td><td>Engagement with Faith and Religious leaders and institutions</td></tr><tr><td>☐</td><td>Education</td><td>☐</td><td>Advocacy</td></tr></table>	☐	Public Health	☐	Shelter and household items	☒	Community Engagement	☐	Food Security	☐	Preparedness and Prevention	☒	MHPSS and Community Psycho-social	☒	WASH	☐	Gender	☒	Livelihood	☒	Engagement with Faith and Religious leaders and institutions	☐	Education	☐	Advocacy
☐	Public Health	☒	Shelter and household items																																															
☐	Community Engagement	☐	Food Security																																															
☐	Preparedness and Prevention	☒	MHPSS and Community Psycho-social																																															
☐	WASH	☐	Gender																																															
☐	Livelihood	☐	Engagement with Faith and Religious leaders and institutions																																															
☐	Education	☐	Advocacy																																															
☐	Public Health	☐	Shelter and household items																																															
☒	Community Engagement	☐	Food Security																																															
☐	Preparedness and Prevention	☒	MHPSS and Community Psycho-social																																															
☒	WASH	☐	Gender																																															
☒	Livelihood	☒	Engagement with Faith and Religious leaders and institutions																																															
☐	Education	☐	Advocacy																																															
Targeted Recipients (per sector)	3.200 households, with an average of 4 people per household, The total number of	WASH: Rehabilitation of infrastructure: 4.000 families. (Schools, health																																																

	Direct Beneficiaries would be 4,000 household heads.	infrastructures, critical community infrastructures). MHPSS: 1500 individuals in Istmina, Baudó, Atrato. (Diocese of Istmina) Livelihoods: 10 Community- based organisations x 10.000usd. 80 small business x 3000usd
Requested budget (USD)	USD 1.000.000	USD 1.500.000

Annex 2 – Security Risk Assessment

Principal Threats:

Threat 1: Active Presence of Non-State Armed Groups in Rural Corridors

Threat 2: Severe Access Constraints and Transportation Obstacles (Road/Bridge/River).

Threat 3: Fraud, Misappropriation, or Exploitation in Aid and Cash Distributions

Threat 4: Protection, Gender-Based Violence (GBV), and PSEA Risks for Beneficiaries

Threat 5: Frontline Staff Burnout and Secondary Psychological Distress Frontline Staff Burnout and Secondary Psychological Distress

Threat 6: Politicization of Aid, Rumors, and Community/Ethnic Tensions

Place the above listed threats in the appropriate corresponding box in the table below. For more information on how to fill out this table please see the ACT Alliance Security Risk Assessment Tool (<http://actalliance.org/documents/act-alliance-security-risk-assessment-tool/>)

Impact Probability	Negligible	Minor	Moderate	Severe	Critical
Very likely	Low Click here to enter text.	Medium Click here to enter text.	Active Presence of Non-State Armed Groups in Rural Corridors	Very high Click here to enter text.	
Likely	Low Click here to enter text.	Medium Click here to enter text.	High Click here to enter text.	Severe Access Constraints and Transportation Obstacles (Road/Bridge/River)	Very high Click here to enter text.
Moderately likely	Very low Click here to enter text.	Low Click here to enter text.	Fraud, Misappropriation, or Exploitation in Aid and Cash Distributions	High Click here to enter text.	High Click here to enter text.
Unlikely	Very low Click here to enter text.	Low Click here to enter text.	Protection, Gender-Based Violence (GBV), and PSEA Risks for Beneficiaries	Medium Click here to enter text.	Medium Click here to enter text.
Very unlikely	Very low Click here to enter text.	Very low Click here to enter text.	Very low Click here to enter text.	Frontline Staff Burnout and Secondary	Low Click here to enter text.

				Psychological Distress.	
Very unlikely	Very low Click here to enter text.	Very low Click here to enter text.	Politicization of Aid, Rumors, and Community/Ethnic Tensions	High Click here to enter text.	Low Click here to enter text.