

ACT Alliance

**UKR251 - Emergency and Resilience
Response to war-affected
communities in Ukraine**

Appeal

actalliance

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Appeal Summary Sheet														
Appeal Code and Title	UKR251- Emergency and Resilience Response to war-affected communities in Ukraine													
Budget (USD)	Total Requesting Members' Budget: 13,877,739 USD SMC 2%: 279,555 USD External evaluation: 50,000 USD Total Budget: 14,307,294 USD													
Revision Schedule	October 1 st , 2025 March 1 st , 2026													
Location	Ukraine (with the exception of sanctioned areas)													
Response Period	Start Date 1 March 2025 End Date 28 February 2027 No. of months 24													
Requesting Forum	Ukraine Forum ☒ The ACT Forum officially endorses the submission of this Appeal (tick box to confirm) List all organisations' names													
Requesting members (add rows if needed)	<table border="0"> <thead> <tr> <th>Requesting Member</th> <th>Budget US\$</th> </tr> </thead> <tbody> <tr> <td>LWF</td> <td>2,500,000</td> </tr> <tr> <td>HEKS/EPER</td> <td>4,998,543</td> </tr> <tr> <td>CWS</td> <td>1,083,209</td> </tr> <tr> <td>Hungarian Interchurch Aid (HIA)</td> <td>5,171,194</td> </tr> <tr> <td>Diaconia CRD</td> <td>503,627</td> </tr> </tbody> </table>		Requesting Member	Budget US\$	LWF	2,500,000	HEKS/EPER	4,998,543	CWS	1,083,209	Hungarian Interchurch Aid (HIA)	5,171,194	Diaconia CRD	503,627
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	Diaconia CRD	Governmental Organisation "Social Center "Etalon" (Ivano-Frankivsk). HIA is also working with multiple faith-based organisations, CSOs, NGOs at the local level through community-based approaches like FSG/MSG. Peaceful Heaven of Kharkiv (Myrne Nebo), Diaconia ECCB Ukraine
Response Strategy Summary (add rows if needed)	Requesting Member LWF HEKS/EPER CWS Hungarian Interchurch Aid (HIA) Diaconia CRD	Number of Target Participants per sector Advocacy: 3 coordination and engagement initiatives organized Education: 7 schools renovated / rehabilitated, 1,500 students Protection and MHPSS: 4,500 people Shelters and settlement: 3 collective shelters, 1 hospital and 800 apartments benefiting from rehabilitation work Winterization and NFI support: 259 household MPCA /cash vouchers: 100 people WASH: 1,000 people MPCA: 1000 households Sclr: 200 community grants to benefit more than 20000 people Shelter: 450 households Protection: 4435 people MPCA: 350 households Food and NFI: 5000 households Protection and MHPSS: 600 people Health: 500 people Livelihoods: 400 people Winter support: 300 households Food security and livelihoods: 3550 people Shelter NFI: 4800 people WASH: 4000 people Protection: 3000 people MPCA: 3000 people FSL: 1000 MHPSS: 4478
Strategic Objective	To provide crisis-affected communities in Ukraine with life-saving multi-sectoral emergency support, while enabling the sustainable restoration and strengthening of basic services and resilience-building	
Outcomes	1. Crisis-affected communities in Ukraine have access to principled, multi-sectoral life-saving assistance to the most vulnerable internally	

	displaced and non-displaced people affected by the war, ensuring their safety and dignity, especially in areas experiencing high severity levels of need 2. Crisis-affected communities in Ukraine have access to essential services for the most vulnerable internally displaced and non-displaced people affected by the war, in areas experiencing high severity levels of need, ensuring protection, safety and dignity 3. Crisis-affected communities in Ukraine actively lead and participate in their own recovery, ensuring humanitarian assistance is relevant, inclusive, and accountable to their needs, priorities, and capacities																				
Target Participants	<table><tr><th colspan="4">Profile</th></tr><tr><td>☐</td><td>Refugees</td><td>☒</td><td>IDPs</td><td>☒</td><td>host population</td><td>☒</td><td>Returnees</td></tr><tr><td>☒</td><td colspan="7">Non-displaced affected population</td></tr></table>	Profile				☐	Refugees	☒	IDPs	☒	host population	☒	Returnees	☒	Non-displaced affected population						
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Reporting Schedule

This section is filled out by ACT Alliance Regional Secretariat

Type of Report	Due date
Situation report	20 June 2025 22 September 2025 19 December 2025 22 June 2026 21 September 2026 21 December 2026
Interim Report (narrative and financial)	31 March 2026
Final narrative and financial report (60 days after the ending date)	30 April 2027
Audit report (90 days after the ending date)	30 May 2027

Please kindly send your contributions to this ACT bank account:

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 requesting members, and allocations will be made based on agreed criteria of the forum or task group. For any possible earmarking, budget targets per member can be found in the [Appeal Summary Sheet](#), and detailed budgets per member are available upon request from the ACT Secretariat. Updates on funding levels are available through this link [00 Appeals reports](#), which provides a monthly update for an overview of existing pledges/contributions and associated earmarking for the appeal.

Please send an email to Humanitarian Finance (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:

Humanitarian Programme and Global MEAL 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

Context Analysis

Ukraine entered its fourth year of full-scale war and the eleventh year of conflict, the humanitarian crisis remains severe and prolonged. 12.7 million people, 36% of the population, require humanitarian assistance. The first half of 2025 saw intensified hostilities, mass displacement, and worsening access constraints. Nearly one-third of households in front-line oblasts, including Kharkivska, reported food insecurity as a major concern. Access to healthcare was severely limited due to repeated attacks and rising costs. Between March and August 2025, Kharkiv experienced a significant deterioration in its security and humanitarian situation due to intensified Russian military operations and repeated attacks on civilian infrastructure. UNICEF reported 240 attacks on educational facilities by June 2025, with many children unable to attend school due to safety concerns.

Aid organizations reached 3.6 million people across Ukraine by June 2025, focusing on front-line oblasts like Kharkivska. However, humanitarian access was increasingly restricted due to hostilities and staff conscription. The UN launched a Winter Response Plan for 2025–2026, seeking \$277.7 million to assist 1.7 million vulnerable people (with a 49% funding gap in September 2025), including those in Kharkiv (Source: OCHA).

Veterans now constitute a rapidly growing vulnerable group, with approximately 850,000 ex-combatants struggling with severe physical and psychological injuries, affecting their families and communities. Between 4 and 8 million people may be indirectly impacted by the challenges veterans face, creating significant social and economic pressures, including heightened risks of domestic violence and protection concerns for women and children.

The demographic breakdown of affected populations highlights distinct vulnerabilities, with women, children, older persons, and persons with disabilities disproportionately impacted. Women-headed households face heightened economic insecurity, while 1.5 million children are at risk of PTSD and other mental health conditions. Older persons, particularly those in high-risk areas, struggle with isolation and limited medical care, while persons with disabilities face severe access barriers to basic services. Gender-based violence remains a serious concern, as women and girls are at heightened risk of exploitation and abuse, exacerbated by their increased caregiving responsibilities.

The ongoing displacement crisis is further aggravated by declining international aid, forcing many Ukrainians returning from neighboring countries into unsafe conditions. Short-term consequences include rising humanitarian needs, inadequate shelter, and worsening mental health crises, particularly in the face of harsh winter conditions. Long-term impacts are expected to be severe, with nearly 10 million people projected to develop mental health conditions, chronic poverty affecting 9 million individuals, and war-related destruction costs estimated at \$152 billion. The conflict has also disrupted education and employment, delaying Ukraine's economic recovery and deepening long-term socio-economic challenges. In this evolving and uncertain context, a sustained and adaptive humanitarian response is critical, balancing immediate relief with localized resilience-building and community-led recovery efforts.

The humanitarian crisis in Kharkiv and Sumy Oblasts continues to deteriorate due to escalating hostilities, mass displacement, and worsening socio-economic conditions. Heavy attacks on civilian areas triggered widespread evacuations, leaving vulnerable groups—children, single female caregivers, older people, and persons with disabilities—struggling to access essential services amid active conflict. The ongoing Government-led evacuation mandates and continued

hostilities in 2025 are expected to exacerbate displacement, infrastructure damage, and humanitarian needs.

Prolonged displacement has severely limited access to basic services such as healthcare, shelter, and food, particularly in rural areas that receive less assistance. Families face rising living costs, income loss, and depleted savings, while smallholder farmers struggle with disrupted agricultural production and soaring input costs. Lessons from the UKR221 Appeal highlight the need for targeted support for rural and marginalized communities, as they often lack adequate aid.

Shelter conditions remain dire, with war-damaged apartments and overcrowded collective centers in urgent need of repairs and WASH rehabilitation to ensure access to safe water, sanitation, and hygiene services. The psychological toll of war is significant, with widespread trauma affecting IDPs, children, and veterans. Families grieving losses and struggling to secure their children's education face long-term instability.

As 2025 unfolds, the crisis is deepening, necessitating an adaptive, long-term response that prioritizes protection, essential services, and resilience-building, ensuring that both displaced and war-affected populations receive sustained support.

Response Strategy

Forum response strategy over the Appeal period

The overall response strategy is built upon the strategic objective of providing crisis-affected communities in Ukraine with life-saving multi-sectoral emergency support, while enabling the sustainable restoration and strengthening of basic services and resilience-building. The intervention is designed to ensure a coordinated, inclusive, and localized response that prioritizes the most vulnerable internally displaced and non-displaced populations, particularly in areas of high-severity needs. It balances immediate humanitarian relief with recovery efforts, ensuring that affected communities have access to essential services while also fostering their ability to lead and participate in their own recovery.

The response will deliver on three core outcomes.

First, it will ensure that crisis-affected communities receive principled, multi-sectoral, life-saving assistance, prioritizing the safety and dignity of those in acute need. This will be achieved through targeted interventions in food security, cash assistance, shelter rehabilitation, protection, and essential non-food items.

Second, the response will restore and strengthen access to essential services, including protection mechanisms, mental health and psychosocial support (MHPSS), legal assistance, and education, ensuring that vulnerable populations—especially women, children, older persons, and persons with disabilities—are safeguarded and supported in rebuilding their lives.

Third, the response will actively engage and empower crisis-affected communities in leading their own recovery, embedding localization, accountability, and community-led approaches in the design and implementation of interventions. This commitment ensures that humanitarian assistance is relevant, inclusive, and responsive to the evolving needs of affected populations.

The strategy is informed by lessons learned from ACT Alliance UKR221 Appeal, which highlighted the importance of locally driven responses, stronger community participation, and the need to integrate humanitarian aid with recovery efforts. The findings emphasized that cash assistance should be complemented by livelihood restoration, that MHPSS must be prioritized alongside material assistance, and that humanitarian programming must proactively mitigate protection risks,

particularly for marginalized and vulnerable groups. This appeal builds on these insights by strengthening local partnerships, enhancing coordination with local authorities and civil society organizations (CSOs), and ensuring a stronger nexus between humanitarian, development, and peacebuilding interventions.

With multi-sectoral interventions implemented by multiple ACT Alliance members, the response plan reflects a coordinated effort that maximizes complementarity among partners. It ensures adherence to Core Humanitarian Standards (CHS) and Sphere guidelines, integrating a gender-sensitive, protection-oriented, and conflict-sensitive approach. Localization remains at the heart of the intervention, with a commitment to amplifying local leadership, supporting community-driven initiatives, and ensuring that humanitarian assistance reinforces long-term resilience. Through this strategic approach, the appeal seeks not only to address immediate needs but also to lay the groundwork for sustainable recovery, self-reliance, and social cohesion within affected communities.

Member's approach and deliverables

LWF

LWF Ukraine's response strategy prioritizes immediate relief, recovery, and rehabilitation for internally displaced persons (IDPs), returnees, and other war-affected populations in Kharkiv, with a focus on shelter, education, and mental health and psychosocial support (MHPSS). Targeting 8,348 individuals the intervention will emphasize the most vulnerable groups, including women-headed households, persons with disabilities, children, and veterans, ensuring safety, dignity, and resilience.

Drawing on lessons from the UKR221 Appeal, the response strengthens localized outreach, community participation, and partnerships with LWF's member church and grassroots CSOs.

LWF will work closely with local authorities, relevant ministries, local organization, faith actors, and LWF's community mobilizers to promote inclusive, culturally sensitive, and community-driven responses.

Building on experience from previous school rehabilitation projects, LWF will continue to restore and upgrade school infrastructure, including air raid shelters, in accordance with Ukrainian construction standards. This will enable the safe resumption of face-to-face education by ensuring students and staff have access to protective spaces during potential shelling. All rehabilitation works will prioritize accessibility for children with disabilities, and classrooms will be adapted to support inclusive, in-person learning environments.

Where needed, LWF will also provide school furniture and teaching equipment, and distribute learning kits to students from vulnerable families. These activities will be implemented in close coordination with the Ministry of Education and Science (MoES), the Kharkiv Department of Education, and individual school administrators and staff. The ultimate goal is to restore safe, interactive learning environments where children and teachers can reconnect and benefit from social interaction and structured education.

This education response will be reinforced by LWF's Mental Health and Psychosocial Support (MHPSS) strategy. Acknowledging the significant psychosocial impact of the conflict on children—as well as on teachers, many of whom are women juggling caregiving and financial responsibilities—LWF will deploy specialized MHPSS staff and community mobilizers (one per school). These staff will

deliver Social Emotional Learning (SEL) sessions, Psychological First Aid (PFA), and recreational PSS activities for children, teachers, and parents.

Through this approach, LWF aims to cultivate a culture of mental health awareness and care within the education system, while also building the capacity of school staff to respond to psychological needs. Strengthening MHPSS services in educational settings is central to addressing the emotional and developmental needs of school-aged girls and boys affected by the war.

LWF's shelter interventions will include light repairs to war-damaged apartments and the rehabilitation of collective shelters, prioritized in coordination with local authorities and the Shelter Cluster. Vulnerable families will be the main beneficiaries. MHPSS will be integrated with Shelter based on the findings of need assessment that we will carry-out while assessing damaged apartments/shelters. Community mobilizers will guide families through each step of the repair process—from document review and repair planning to implementation oversight and quality assurance. Feedback from beneficiaries will be actively collected, addressed, and communicated to construction companies and relevant stakeholders to improve accountability and responsiveness.

In addition, LWF rehabilitated the ventilation system of the cardiological hospital. This structural upgrade, requested by local authorities, will enable the hospital to operate at full capacity, enhancing access to specialized healthcare in the region.

LWF will collaborate with local civil society organizations and the German Evangelical Lutheran Church of Ukraine (GELCU) and Caritas Sumy to reach vulnerable populations in hard-to-reach areas. Through these partnerships, LWF will provide hygiene items, winterization supplies, and voucher assistance. Beyond immediate distributions, LWF also aims to strengthen the institutional capacity of local CSOs, including through operational grants where needed.

Additionally, LWF will offer small grants to support impactful, community-led initiatives proposed by local committees or civil society groups. These actions will promote localized, sustainable responses to the evolving needs of conflict-affected communities.

HEKS/EPER

HEKS/EPER's response strategy is centered on community-led recovery, multi-purpose cash assistance, shelter rehabilitation, and protection, ensuring that crisis-affected populations regain stability, resilience, and dignity. The approach prioritizes local leadership, inclusivity, and tailored assistance, enabling communities to shape their own recovery while addressing urgent humanitarian needs.

Building on previous successful implementation of the survivor and community-led response (sclr) in Western Ukraine, HEKS/EPER will scale up this approach by empowering local communities with decision-making authority. Through 200 sclr grants, communities will independently identify and address their most pressing needs, fostering self-reliance and social cohesion. Community facilitators will provide technical support, ensuring inclusive participation, particularly for women, persons with disabilities, and marginalized groups.

MPCA will target 1,000 households with six months of financial assistance, aligned with CWG guidelines and the Ministry of Social Policy criteria. Previous learning underscores the importance of diverse financial service providers, ensuring accessibility for beneficiaries. Post-distribution monitoring (PDM) will be conducted to assess impact, efficiency, and participant satisfaction.

Shelter rehabilitation will support 450 households with light or medium repairs, prioritizing elderly individuals, persons with disabilities, and hard-to-reach areas. The response will coordinate with local authorities to complement government and private sector initiatives. A technical assessment by civil engineers will ensure high-quality, safe, and dignified repairs, adapting structures as needed for vulnerable groups.

Protection and case management services will be expanded, focusing on GBV survivors and individuals at risk of violence, following Inter-agency GBV Guidelines. Recognizing safety risks in high-risk areas, HEKS/EPER will ensure that case management is provided in safer locations, while essential protection services such as MHPSS support, dignity kits, and awareness-raising will be available in frontline areas. Strengthened MOUs with key stakeholders (police, health centers, and social services) will enhance coordination pathways for GBV response.

Cash for GBV will support 100 women and girls facing severe mental health challenges and emergency protection risks, ensuring dignity, autonomy, and access to specialized services. 1,000 dignity kits, aligned with GBV Cluster and UNFPA guidelines, will be distributed, incorporating feedback from women and girls by including power banks for safety and communication.

Given severe MHPSS needs, psychosocial support services will reach 4,000 individuals, covering women, men, boys, and girls. These will include structured and non-structured activities, case management, emotional well-being programs, and referrals to specialized services. Digital and innovative approaches will complement traditional MHPSS interventions, ensuring accessible and effective mental health support.

By leveraging community leadership, cash assistance, infrastructure rehabilitation, and tailored protection services, HEKS/EPER's strategy fosters self-reliance, inclusivity, and long-term resilience in Ukraine's crisis-affected regions.

CWS

CWS works with local partners to provide critical support to IDPs, returnees, and local communities in the City of Odesa and surrounding Odeska Oblast. This support spans basic needs, MPCA, winter preparedness, livelihoods, protection, and MHPSS for vulnerable and marginalized families and individuals, namely women, children, and older persons. CWS employs a partnership-based approach, including collaborating with two women-led protection-focused organizations, through which both local women leaders and the women program participants they serve are at the center of program design and implementation. CWS and local partners prioritize involvement in the local and regional coordination mechanisms and the local referral pathways. CWS works with partners to strengthen capacity in protection mainstreaming, GBV response, collection of sex, age, and disability disaggregated data (SADDD), and inclusive and participatory monitoring and evaluation through technical assistance, trainings, and communities of practice.

Basic needs, MPCA and Winter support

With millions of people displaced, jobs lost, and severe damage to the Ukrainian economy, compounded by pre-existing poverty, many people are unable to meet basic needs. CWS will work with local implementing partners and government authorities to identify those most in need and provide them with a combination of cash and in-kind support, with the modality determined by the context and specific need. Firewood, for example, is provided in-kind because both cost and procurement difficulties are obstacles for families. CWS focus on MPCA aligns with programmatic

recommendations from the 2024 ACT Evaluation, which highlighted a need to increase the quantity and frequency of cash and voucher assistance in Ukraine.

Livelihoods

As we move towards longer-term solutions, CWS' local partner will provide Cash for Work, entrepreneurship training, small business grants, and business incubation and acceleration services. As suggested by the 2024 ACT evaluation findings, livelihoods activities incorporate gender, age, and diversity (GAD) by including men, women, persons with disabilities, IDPs, locals, and returnees. Options for retraining, business incubation, and social and business trainings will consider employment interests and possibilities for women and mothers who face additional obstacles in the workforce and who require comprehensive support.

Protection and MHPSS

MHPSS, medical, and legal support will be provided to older persons living in rural areas of the Odeska Oblast. This support is customized to meet the needs of older persons with chronic and complex health conditions and those struggling with loneliness and isolation. These services are also provided by two local women-led partners in the City of Odesa who mitigate negative coping mechanisms and protection risks through health education and services, children's groups, and self-help groups for LGBTQ+ individuals, women engaged in sex work, and women living with HIV.

HIA

In order to provide coordinated multi-sectoral life-saving assistance (Outcome 1) and essential services (Outcome 2) to the most vulnerable internally displaced and non-displaced people affected by the war, ensuring their protection, safety and dignity, HIA relies on local communities and primarily women-led NGOs, CSOs to have insight into the basic needs on the field and to be able to form an effective humanitarian response. Intervention areas were selected based on local needs and the conclusions of already running activities addressing them in the framework of the previous ACT Appeal. The response aims to support 18,350 IDPs, returnees and non-displaced people focusing on the most vulnerable groups, namely PwDs, women-led households, single women HHs, elderly people, children and veterans in the following sectors: Protection, WASH, Shelter and NFI, Livelihood, Food Security and MCPA.

Advocacy: HIA continues to focus on local communities and their needs, ensuring that aid efforts are guided by the voices, priorities, and concerns of the affected populations. This involves actively engaging with local communities, CSOs, local authorities with which HIA already has MoUs in effort. Running cooperations enable HIA understanding specific and new local challenges, ensuring interventions are tailored to real needs.

FSG/MSG: Flexible small/medium sized grants play a crucial role in supporting a community-led response by empowering local actors to address urgent needs quickly and effectively. By providing direct financial support to community-based organizations, local NGOs and grassroots groups, HIA empowers them to swiftly implement locally driven solutions. This approach has facilitated the delivery of vital assistance to 48,895 individuals through 100 grants, addressing critical needs in child protection/protection, winterization, shelter and NFI, food and multisectoral assistance under the previous Appeal UKR 221. HIA plans to continue to use this effective tool to provide basic WASH services and supplies to maintain hygienic practices, access to adequate housing and NFI items, winter heating and food. Via this tool, the protection initiatives (MHPSS, child protection, GVB, CFSs) from local communities receive special attention to help rebuild the mental health among the war-affected population. FSG and MSG tools can be easily and quickly adapted to changing environment due to their flexibility, thus they can be effective in meeting new needs of local communities related to recovery and rebuilding in the case of a potential ceasefire.

MPCA: Through MPCA, HIA provides unrestricted cash transfers to affected individuals and families, allowing them to meet their most urgent needs with dignity and flexibility. Building on the knowledge and experience gained in the past 3 years and with reached beneficiary number 44 266, HIA continues to assist people in need with provision UAH 3,600 monthly MPCA allocated to selected beneficiaries for 3 months. Similarly to FSG/MSG modality, as a highly flexible aid instrument MPCA is also capable to meet the recovery and development needs of effected populations if potential ceasefire comes about.

Livelihood: HIA is implementing a pilot project under Appeal UKR 221 for veterans with the aim of assessing their needs, learning their challenges and assisting them in rebuilding mental health and societal connections. Based on the evaluation of the pilot project and the results of the survey, HIA plans to launch a 2nd phase to help them reintegrate into the job market (according to their initial answers) and restore or even develop their economic capacities. HIA has already been collaborating with three large veteran hubs in Transcarpathia to learn their methods, programmes and establish joint initiative for social and economic rehabilitation and reintegration of former combatants. The program may play a crucial role in reducing the aid-dependency of the target group and in the preparation for the rebuilding of societal networks and economic systems when ceasefire comes.

Protection: Through various actions, case management in HIA-operated social institutions (Mother Homes, Sure Start Centers), FSG/MSG supported MHPSS and protection grants, community-based activities, evacuation assistance, HIA will remain engaged to build resilience among affected people and help their mental health and well-being with special focus on women and children, elderly people and victims of GBV and domestic violence.

Diaconia

Since 2022, Diaconia has been committed to addressing urgent humanitarian needs in frontline areas of Eastern Ukraine, operating through a strong localization approach in partnership with local NGOs. This project continues that commitment by working closely with Myrne Nebo, a long-standing partner since the beginning of the full-scale invasion, ensuring continuous adaptation of interventions based on real-time needs assessments and community feedback. This localized approach enhances relevance, responsiveness, and sustainability, allowing for precise targeting of vulnerable groups and adjustments to activities as conditions evolve.

Recognizing the long-term psychological impact of the war, particularly on those near the frontlines, Diaconia has made MHPSS a central pillar of its response in the Kharkiv region. Partnering with Myrne Nebo, Diaconia has been supporting existing psychosocial support (PSS) centers while working to establish a new PSS center in Poltava with Diaconia ECCB Ukraine, a local charity founded by Diaconia CRD. This project will strengthen and expand these services by supporting Myrne Nebo's center for children in Pischyn, Kharkiv region, a frontline area experiencing sustained pressure. Additionally, a new PSS center will be established in Poltava region, where over 50,000 IDPs, 35% of whom are children, have sought refuge. This center will focus on family-oriented psychosocial support, providing specialized sessions and training for parents to help them support their children's mental health. Meanwhile, in Poltava city, the project will enhance the capacity of an existing PSS center, being established with Czech government support, ensuring broader access to mental health services for displaced populations.

These centers will provide both individual and group PSS sessions, ensuring that children, adolescents, and adults receive the emotional and psychological support they need. Given the ongoing disruptions to education caused by displacement, instability, and trauma, the centers will also offer informal education programs, including subjects such as math, Ukrainian language, and computer science, alongside recreational activities, creative workshops, and art therapy. Through this holistic approach, the project will support approximately 4,500 children and adults over the course of 12 months, fostering resilience, stability, and a sense of normalcy amid crisis.

Food insecurity remains one of the most pressing challenges among displaced populations in Poltava and its surrounding areas, as evidenced by both secondary data reviews and direct feedback from local partners. Many IDPs struggle with economic hardship, emotional distress, and material deprivation, with food frequently cited as a critical unmet need. To address this, Diaconia's Poltava team will conduct further needs assessments through its PSS centers, identifying the most vulnerable households and priority locations for assistance. Based on these assessments, 2,400 food packages will be distributed to 400 families, reaching approximately 1,000 beneficiaries. The packages will provide basic food supplies sufficient for one month, with distributions carried out on a weekly basis to ensure that assistance is consistently available.

By integrating psychosocial support with food security interventions, Diaconia aims to provide a comprehensive and sustainable response to both the psychological and material challenges faced by displaced families. This dual approach ensures that humanitarian aid does not only address immediate survival needs but also contributes to long-term recovery and stability. Through strong partnerships, community engagement, and continuous adaptation, Diaconia remains committed to supporting Ukraine's most vulnerable populations while strengthening local capacities for resilience and recovery.

Capacity to respond

LWF has been actively supporting affected Ukrainian populations since the onset of the war, initially through cross-border assistance from Poland before becoming fully operational in Ukraine in September 2022. With offices in Kyiv and Kharkiv, LWF collaborates closely with local authorities, municipalities, local NGOs/CSOs, and the Lutheran Church to implement programs in shelter, NFIs, protection, education, livelihoods, WASH, and MHPSS. It maintains a strong focus on gender and disability inclusion, engaging local partners and community mobilizers to ensure culturally and socially informed interventions. As a member of the Humanitarian Country Team (HCT) and the INGO Forum, LWF actively contributes to national coordination efforts, enhancing its capacity to deliver principled humanitarian assistance. Through formal agreements with municipal and regional authorities, LWF has built trusted partnerships that reinforce its standing and effectiveness at the local level. Additionally, LWF is coordinating meeting among the ACT Appeal requesting members those who are operational in the Kharkiv oblasts.

HEKS/EPER has been present in eastern Ukraine since February 2022, focusing on hard-to-reach conflict-affected areas such as Kharkiv, Mykolaiv, and Odesa oblasts. Now operating in five oblasts with a coordination office in Kyiv, its team of over 100 staff delivers expertise in WASH, shelter, NFIs, MPCA, and protection, including GBV and MHPSS. HEKS/EPER has built strong coordination mechanisms with the Ministry of Social Policy and local government actors, ensuring streamlined referrals, operational access, and alignment with national policies. These relationships have enabled the organization to provide targeted, needs-based assistance while avoiding duplication with other actors in the humanitarian and governmental sectors.

CWS, a faith-based humanitarian organization, has supported Ukrainian refugees in Moldova since the war began and expanded into Ukraine in 2024, focusing on the Odeska Oblast. With a team fluent in Romanian, Russian, Ukrainian, and English, CWS collaborates with national NGOs to support IDPs, returnees, and vulnerable local populations through needs assessments, MPCA, protection, legal aid, MHPSS, and host community integration initiatives. Its localized response prioritizes particularly vulnerable groups, including IDPs, sex workers, individuals with HIV, GBV survivors, and LGBTQ+ individuals, providing cash assistance, legal and medical consultations, and psychosocial support. CWS also delivers critical aid to older persons in rural areas, including food, NFIs, and winter heating fuel. The organization remains committed to working alongside host communities and local actors to ensure an inclusive and effective humanitarian response.

HIA is a faith-based charity organization and has been present in Ukraine for over 20 years with a nationwide partner network in the Western, Central, Eastern and Southern regions of the country. Since the full-scale invasion, HIA, via ACT Appeal UKR221, has assisted 204 959 people and many more through other programs across 20 oblasts. The organization provides multisectoral support, including WASH, protection, GBV prevention, food security, MPCA, and FSGs, using needs assessments, focus group interviews, and mapping exercises to guide its response. HIA prioritizes women-led local partners and maintains close collaboration with local authorities and community leaders to identify and support the most vulnerable households. Active participation in UN coordination meetings, NGO platforms, and technical working groups ensures that HIA's interventions remain responsive and aligned with evolving humanitarian needs.

Diaconia CRD, a Czech faith-based nonprofit, has long prioritized localization in its international engagement, working closely with small, community-rooted organizations. Since 2014, Diaconia has

supported vulnerable groups in Ukraine, initially focusing on children and later expanding its reach to IDPs, single parents, veterans, and individuals affected by frontline fighting. Operating in Kyiv, Uzhhorod, Poltava, Kharkiv, and Kherson, it provides assistance in food security, NFIs, shelter, MHPSS, protection, health, and informal education. Since 2022, Diaconia has partnered with Myrne Nebo, a leading Ukrainian NGO, to deliver critical humanitarian aid in frontline regions. Together, they have supported thousands through evacuations, emergency kitchens, home rehabilitation, and psychosocial centers. In 2024, Diaconia further cemented its presence in Ukraine by establishing a locally registered NGO to sustain long-term humanitarian efforts.

Response plan after first three months

Due to funding limitations during the first three months of the appeal, the full response strategy was not able to unfold. Activities focused on continuation of protection activities (case managements in social institutions) addressing the needs of women, children and persons with disabilities, the preparation of MPCA program leg with starting beneficiary registration, and needs assessments especially for light and medium repairs projects. After the initial period, the response gradually shifts from immediate relief to long-term recovery, focusing on economic stability, durable shelter solutions, and strengthened local services. MPCA recipients will transition to livelihoods support, including vocational training and microenterprise grants. Community-led recovery through sclr will be reinforced, ensuring sustainability and local leadership. Shelter efforts will expand from emergency repairs to durable housing, while WASH interventions will focus on infrastructure rehabilitation. Protection services will prioritize strengthening local case management, legal aid, and specialized support for GBV survivors. MHPSS will continue with structured programs, particularly for veterans and vulnerable groups, ensuring long-term psychological recovery and reintegration. Winterization support will be maintained, and advocacy efforts will align with national recovery strategies. This phase ensures affected communities not only receive critical assistance but are empowered to rebuild with resilience and self-sufficiency.

LWF

In light of the limited funding secured, LWF strategically prioritized its core areas of expertise—education, MHPSS, and shelter rehabilitation—while also maximizing synergies with ongoing projects in these sectors and ongoing activities implemented by other act members. As a result, the initially planned livelihoods activities and distributions didn't occur during the first three months of implementation.

Instead, LWF conducted a comprehensive Mental Health and Psychosocial Support (MHPSS) needs assessment across schools, collective shelters, and at the household level. This was carried out in parallel with technical assessments to evaluate the damages by drone and missile attacks, with the aim of integrating psychosocial support into shelter rehabilitation efforts. The findings confirmed a strong need for psychosocial support in both educational and residential settings to enhance the overall well-being of affected populations.

In response, LWF mobilized its trained network of community mobilizers to deliver Social Emotional Learning (SEL) and immediate psychosocial support. These mobilizers, already embedded in the communities, are instrumental in fostering emotional resilience, supporting mental health, and providing timely assistance to those in distress.

Looking ahead, while prioritizing its areas of expertise, LWF is committed to strengthening equitable partnerships with local NGOs/civil society organizations (CSOs) and its member church. These actors are deeply rooted in the communities they serve, possess contextual knowledge, and demonstrate long-term commitment. By investing in their institutional capacity, LWF aims to support a sustainable, high-quality response that will continue to bear fruit beyond the project lifespan, even amid evolving needs and funding scenarios. Multi-purpose cash assistance will be provided to the most vulnerable people through local NGOs/CSOs and diaconal activities of Lutheran Church.

HEKS/EPER

The activities will unfold upon reception of funding with the distribution of SCLR grants and shifting the focus of sclr team toward strengthening community capacities as well as learning together with communities. This includes mentoring community facilitators, supporting locally driven solutions through grants, and encouraging peer learning among hromadas. HEKS/EPER's previous experience with sclr shows that one of the outcomes of sclr is strengthened ties between community members. Building on this knowledge, the programme will prioritize activities that encourage community-led decision-making and peer support. For example, community facilitators will emphasize strategies to sustain engagement beyond initial grant implementation, reinforcing long-term networks of support and collaboration.

While initial **MPCA** (Multi-Purpose Cash Assistance) covers six months of basic needs, a transition plan will be developed to integrate beneficiaries into longer-term economic recovery activities. This could include linking them with livelihood programs, vocational training, or financial inclusion initiatives.

Shelter activities will begin with targeted interventions in identified locations, ensuring alignment with local government plans. Depending on the security situation, shelter activities may expand to new areas, prioritizing the most vulnerable households. The programme will gradually shift from emergency repairs to durable solutions.

Following the Rapid Gender & Protection Assessment, protection activities will transition toward long-term support and strengthening local service providers. This includes training social workers, improving referral pathways, and establishing case management systems to ensure sustained support for at-risk populations.

CWS

After this initial period and contingent upon receipt of funds, CWS, with a local partner, will begin implementing livelihoods programming with an eye towards longer-term, more sustainable results for program participants. In the short and medium term, individuals will participate in a Cash for Work program, allowing them to earn a living while performing useful tasks for their communities.

In the medium term, program participants will have access to services that will help them provide for themselves more sustainably though:

- Reskilling/retraining
- Business microgrants
- Business and entrepreneurship trainings

CWS will also continue basic needs, MPCA, legal, medical, and MHPSS activities.

During one winter during the Appeal, CWS will also deliver solid heating fuel to rural IDP households. The Odeska Oblast is home to more than 200,000 IDPs. Many lack the financial resources to rent or buy lodging in the city. Some move in with relatives in rural areas. Others work with local authorities to move into abandoned homes in the villages. These abandoned homes are often in poor repair and either do not have intact gas or electric heating, or the gas or electric heating is too expensive. In these cases, provision of solid fuel can be essential to the wellbeing of the household.

HIA

In medium term, HIA can focus on conducting further assessment in different sectors in order to effectively align its programme to the local needs. In parallel with that the organization is going focus particularly on the following activities in the next period of the Appeal implementation:

- Finalization of the ongoing WASH repair project in the local school of Kozolets, Kyiv oblast.
- Continuation of the ongoing protection activities including the provision of MHPSS support to the victims of the war and gender-based or domestic violence living in Mother Homes, child protection support to IDP and non-IDP children in Sure Start Centres in Zakarpattia oblast; as well as provision of community-based, locally led protection services through FSG initiatives countrywide.
- Continuation of the preparation and implementation of the 2nd phase of the veteran project targeting the labour market reintegration of ex-combatants under the livelihood component of the appeal.
- Preparation for winterization interventions under the S/NFI component of the appeal and implementation of winterization projects through own implementation and FSG initiatives.

Besides the above activities, further interventions including shelter and WASH infrastructure rehabilitation projects, direct and FSG-based distribution of in-kind food, WASH and S/NFI supplies and the distribution of further MPCA are also on the agenda in the light of the incoming funding.

The provision of training and capacity building for local partners will also be an integrated and part of the next phase, to strengthen their resilience, self-governance capacities and compliance with humanitarian standards and donor requirements.

Diaconia

After the initial three months, the program will gradually transition to a phase focused on long-term community resilience and self-sufficiency. The transition strategy aligns with the Ukrainian national emergency response plan by reinforcing local capacities and community resilience. Psychosocial and educational programs support the government's efforts to integrate IDPs into host communities. Regular coordination with local government bodies, humanitarian actors, and community organizations will ensure that the response remains aligned with evolving national priorities and effectively addresses the most urgent needs.

Primary participants

The selection of primary participants is informed by needs assessments, service mapping, and consultations with local authorities and communities to ensure assistance reaches the most vulnerable. This appeal prioritizes IDPs, returnees, and war-affected individuals, particularly women, children, persons with disabilities (PWDs), elderly individuals, veterans/ex-combatants and survivors of gender-based violence (GBV). Lessons from previous appeals emphasized the importance of refining vulnerability scoring systems, enhancing community participation in targeting, and

strengthening accountability measures. The response applies context-specific selection criteria tailored to each sector, ensuring aid is delivered transparently and effectively.

LWF focuses on front-line areas of Kharkiv and Sumy Oblasts, where humanitarian needs remain acute. A rapid needs assessment identified IDPs, returnees, and war-affected families as priority groups, with targeted assistance for women, children, and PwDs through MPCA, MHPSS, and rehabilitation of inclusive infrastructure. Lessons from past interventions underscored the need for community-based targeting to prevent exclusion and improve service access.

HEKS/EPER applies a service mapping and vulnerability scoring system to prioritize those most at risk while coordinating referrals for additional support. MPCA eligibility aligns with CWG and Ministry of Social Policy criteria, ensuring assistance reaches households earning below subsistence levels, female-headed families, PwDs, and the elderly. SCLR selection criteria are defined through co-design workshops, ensuring interventions are community-led and contextually relevant. Shelter support follows SNFI Cluster Guidelines, and Cash for GBV prioritizes those facing immediate safety risks and urgent health needs. Evaluations from prior programs highlighted the importance of clear selection criteria to minimize social tensions and ensure fair distribution.

CWS coordinates with local implementing partners and social services to identify program participants. Winter support targets rural IDP families in Odeska Oblast, where infrastructure damage limits access to aid. In Odesa city, highly vulnerable women, including GBV survivors, LGBTQ+ individuals, sex workers, and individuals with HIV, receive supermarket and pharmacy vouchers, medical and legal support, and psychosocial services. Older individuals in rural areas receive food and NFI assistance, with social workers linking them to additional services. Past evaluations demonstrated the effectiveness of localized targeting and community outreach in reaching marginalized populations.

Christian Aid applies the flexible SCLR approach, allowing communities to self-identify and support those in greatest need. Target groups vary by region: front-line communities receive broad support, while Western Ukraine sees a focus on IDPs and children facing psychosocial distress. In Kyiv and Irpin, programs assist households recovering from occupation and ongoing infrastructure disruptions. Across all locations, persons with disabilities, youth, widows, and elderly individuals remain a priority. The increasing number of veteran-led initiatives has reinforced their critical role in community recovery, leading to the integration of veteran support within the HAB center's MHPSS programming, which will assist 280 veterans and their families alongside 18 partner staff members.

HIA ensures localization and community-led response principles by working closely with NGOs, CSOs, and authorities. The response prioritizes women, children, PwDs, and vulnerable IDPs, using MPCA to meet basic needs and SNFI assistance for host communities and displaced populations. Veterans are supported through a pilot livelihood initiative focused on reintegration into the labor market, while community-based protection activities address the needs of GBV survivors and domestic violence victims. Previous programs highlighted the need for direct engagement with affected populations to tailor assistance effectively.

Diaconia CRD applies localized needs assessments and direct engagement with affected communities to determine participant selection, particularly in Kharkiv and Poltava regions, where IDP needs are substantial. Focus groups, community feedback mechanisms, and direct consultations with local partners guide targeting to ensure aid reaches the most vulnerable while minimizing duplication. MHPSS activities are prioritized for IDPs in Poltava, where 56,650 displaced individuals reside, 35% of whom are children. A new psychosocial support center will provide family-oriented services, educational support, and recreational activities to help children and adolescents cope with trauma.

Food security assessments in Poltava revealed limited NGO presence addressing food shortage among IDPs. As a result, food assistance will be delivered to pre-identified vulnerable households in collaboration with local authorities to ensure effective distribution. Prior evaluations emphasized the need for stronger coordination between psychosocial and food assistance programs to support holistic recovery.

Across all organizations, participant selection is evidence-based and community-driven, ensuring the response remains inclusive, transparent, and adaptive to evolving needs. Lessons from previous appeals have strengthened targeting methodologies, accountability measures, and community engagement practices, reinforcing local ownership and aid effectiveness.

Monitoring and evaluation

The comprehensive M&E plan ensures a unified approach across all requesting members, integrating remote and field monitoring practices that build on members' existing M&E systems and the ACT Secretariat's overall quality framework. For the first time, accountability indicators have been introduced as a specific output in the Results Framework, strengthening community participation, transparency, and feedback mechanisms. M&E activities will include regular monitoring visits, participatory data collection, post-distribution monitoring (PDM), and after-action reviews (AARs). Members will ensure that Sex, Age, and Disability Disaggregated (SADD) data is collected and analyzed to enhance inclusivity and impact assessment. Digitalization will be prioritized to improve data accuracy and reduce manual errors, following lessons from previous humanitarian responses.

LWF will track SMART and SADD indicators monthly and quarterly, integrating AAP, CRFM, and PDM mechanisms. Following donor recommendations, new accountability indicators will monitor complaints received and resolution rates. Evaluations have highlighted the need for stronger gender-sensitive monitoring, ensuring that women, PwDs, and marginalized groups actively shape program decisions.

HEKS/EPER will apply its MEAL framework, using CommCare digital tools for data collection and analysis. Project monitoring will be conducted monthly with an Indicator Performance Tracker. PDM surveys, calculated at a 95% confidence level, will assess MPCA and shelter interventions. Annual internal evaluations in the form of After-Action Reviews (AARs) will generate and capitalize on learning across all sectors and cross-cutting issues.

CWS ensures CHS and Sphere compliance through monitoring visits, program participant surveys, and complaint mechanisms. Partner capacity-building strengthens SADD data collection and analysis, with findings used to adapt selection criteria, distribution frequency, and response priorities. Following previous evaluations, feedback analysis by gender, age, and ethnicity will improve program responsiveness, with changes communicated via meetings, social media, and on-site materials.

HIA's MEAL framework ensures project goals are met through monitoring, evaluation, and continuous improvement. It defines roles, reporting procedures, and data collection methods aligned with CHS and SPHERE standards. Digitalization enhances data accuracy and efficiency. MEAL uses qualitative and quantitative data for evaluation, with reports integrated into Power BI for cross-sectoral analysis. Regular monitoring visits verify implementation, while partners follow standardized reporting for sustained quality and compliance.

Diaconia CRD develops an M&E plan aligned with the Results Framework, ensuring regular monitoring visits, PDM surveys, and qualitative assessments. Drawing from past program evaluations, the focus will be on streamlined data collection, SADD disaggregation, and accountability tracking. Capacity-building will strengthen partners' ability to collect and analyze data effectively, ensuring high-quality and transparent humanitarian response.

An external evaluation will be conducted at the end of the appeal assessing compliance with OECD/DAC criteria, CHS standards and the appeal's objective and outcome indicators.

Risk Management

All implementing partners conduct comprehensive risk assessments and apply mitigation strategies to ensure the continuity, safety, and effectiveness of humanitarian responses in Ukraine. Security risks, operational challenges, financial instability, and beneficiary protection risks are continuously monitored, with lessons from past operations shaping adaptive approaches.

LWF operates in front-line areas of Kharkiv and Sumy, where continuous shelling and military activity pose significant access risks. Security monitoring procedures allow staff and community members to receive real-time safety updates. Risk mitigation includes an adaptive approach using local staff and community networks, along with strengthened security coordination mechanisms between LWF and HiA.

HEKS/EPER faces severe access constraints in high-risk zones, where aerial attacks and unexploded ordnance (UXOs) threaten humanitarian operations. The organization participates in the INGO Security Forum and coordinates with UN OCHA and CIMIC for security updates. A Go-No-Go system restricts movement within 15 km of frontlines, requiring prior risk assessment and humanitarian notification clearance. To address market and supply chain disruptions, HEKS/EPER maintains multiple suppliers, contingency stock reserves, and close coordination with the Logistics Cluster. Community engagement remains central to prevent misinformation and ensure that distribution processes do not increase protection risks for beneficiaries.

CWS mitigates risks through local partnerships, information-sharing, and careful security planning. The organization actively monitors news reports, regional Telegram channels, and humanitarian security networks to assess evolving risks. Feedback mechanisms ensure that community concerns and programmatic risks are promptly identified and addressed. Lessons from previous responses emphasize the importance of coordinated risk-sharing strategies across partners, improving resilience and response adaptability.

Diaconia CRD operates in areas facing significant security and operational risks, including staff safety concerns, disrupted supply chains, and fluctuating costs. A flexible response strategy ensures that activities can be relocated or adjusted based on security conditions. Financial risks, such as fraud or price volatility, are mitigated through careful procurement planning, supplier diversification, and strong financial oversight. Coordination with local partners and security networks enhances real-time decision-making. The organization also sees opportunities in leveraging local knowledge, expanding partnerships, and adapting innovative approaches to meet emerging needs more effectively.

All partners prioritize proactive risk assessment, contingency planning, and adaptive security measures to navigate the complexities of conflict. By integrating lessons learned from past responses, strengthening local partnerships, and maintaining flexibility in operations, humanitarian assistance remains safe, effective, and accountable despite ongoing challenges.

Safety and Security plans

All members follow the ACT Alliance Safety and Security Guidelines, conducting continuous risk assessments and adapting protocols based on lessons from past operations. Coordination with OCHA, INSO, and local authorities ensures informed decision-making and preparedness.

LWF maintains a comprehensive security risk assessment, reviewed monthly, with a dedicated safety officer providing real-time updates. Following the UKR221 Appeal Evaluation, security measures have been strengthened to address gender-specific risks and ensure inclusive interventions. LWF and HiA are now sharing security resources, enhancing coordination and generating cost savings.

HEKS/EPER operates with strict access protocols due to aerial attacks, UXOs, and poor road conditions. A Go-No-Go system restricts movement within 15 km of frontlines, with marked vehicles, PPE, and first aid kits enhancing staff safety. Security coordination with INGO forums and local authorities supports operational decisions.

CWS applies an acceptance-based security approach, ensuring community engagement to mitigate risks. Operating in Odeska Oblast, teams monitor air raid alerts, access shelters, and use satellite communications for emergency response. Staff are trained in trauma first aid.

Christian Aid regularly updates its security plans, with external consultants providing 24/7 guidance. Field staff carry trauma kits, follow air raid protocols, and undergo HEAT training. Emergency evacuation and communication procedures are in place, with partners receiving security support as needed.

HIA continuously assesses risks through local security officers and coordination with INSO and OCHA. Staff in high-risk areas receive PPE, nuclear emergency kits, and defensive driving training. Vehicle tracking and satellite communication enhance security. Local partners are supported with training and protective equipment.

Diaconia CRD ensures security plans remain adaptable, using a Go-No-Go approach for restricted areas. Staff and partners receive briefings, trauma first aid training, and access to emergency communication systems. Coordination with INSO and security bodies strengthens operational safety, while partners receive support in risk preparedness.

All partners prioritize staff safety through training, protective measures, and clear risk mitigation strategies, continuously refining protocols based on operational lessons learned.

Exit strategy

In close cooperation with ACT Ukraine Forum, appeal members work toward capacity sharing and empowering of local organisations and community members.

LWF will continue to collaborate with NGOs and CSOs to build their capacity in responding local needs and advocating with the authorities on the issues faced by the IDPs and other most vulnerable people. The provision of small grants for community led-action builds their confidence in responding small scale of emergency without external assistance.

HIA – If necessary, HIA is implementing a complex exit strategy which facilitates the gradual transition of its response to local actors while in parallel ensures the feasibility and sustainability of the interventions and results planned under the ACT UKR251 Appeal. The strategy includes the following measures:

- Downscaling of operational capacities in Western, Eastern and Central Ukraine including a mayor decrease of personnel and significant reduction or complete elimination of office capacities in Lviv, Kyiv and Dnipro.
- Stabilizing operability in Zakarpattia region, focusing on the strengthening of existing operations and program capacities and developing new capacities in the Berehove office.
- Sharing capacities with other ACT partners. For example, mutual sharing of security equipment, safety expertise and office equipment with LWF, or sharing of program data and data management capacities with CA.
- Localization of programs through the capacity-building of FSG beneficiaries focusing on the introduction of humanitarian, procurement, accountability and safeguarding, reporting and do-no-harm standards and principles; as well as through the capacity building of local partners including strategy development, elaboration of organizational policies, provision

of fundraising and donor engagement support as well as continuous consulting and technical support

Budget

Screenshot of the appeal budget summary:

actalliance	Appeal Total	Lutheran World Federation, Ukraine	Hungarian Interchurch Aid	HEKSEPER	CWS	Diaconia ECCB CRD
		USD	USD	USD	USD	USD
Direct Costs	12,084,653	2,186,644	4,314,360	4,250,676	901,018	431,955
1 Project Staff	1,997,136	335,999	568,128	903,036	157,845	32,128
2 Project Activities	9,553,050	1,677,894	3,564,960	3,231,552	713,538	365,105
Advocacy	107,780	102,000	5,780	-	-	-
Education	274,842	274,842	-	-	-	-
Food and Nutrition	549,562	-	302,400	-	186,975	60,187
Health	47,562	-	-	-	47,562	-
Livelihood	244,346	-	100,800	-	143,546	-
Multipurpose Cash	2,907,251	68,800	628,000	1,950,816	39,635	-
Protection and Psychosocial	1,952,107	132,612	1,286,080	165,760	40,736	304,918
Shelter and Settlement	2,877,249	1,011,240	576,000	1,094,978	195,033	-
WASH	551,333	68,400	422,880	-	60,053	-
Capacity Development for Local Partners	41,040	-	41,040	-	-	-
3 Quality and Accountability	207,817	54,480	61,104	65,040	16,000	11,193
4 Logistics	274,232	106,400	108,288	40,608	13,634	5,301
5 Assets and Equipment	52,418	11,871	11,880	10,440	-	18,227
Indirect Costs	1,893,087	264,336	756,144	649,857	160,952	61,797
Staff Salaries	1,382,543	120,960	589,680	510,734	110,092	51,078
Office Operations	510,543	143,376	166,464	139,123	50,860	10,719
Total Budget	13,977,739	2,450,981	5,070,504	4,900,533	1,061,970	493,752
ACT Secretariat management cost SMC @	279,555	49,020	101,410	98,011	21,239	9,875
External Evaluation	50,000	-	-	-	-	-
Total Budget + SMC	14,307,294	2,500,000	5,171,914	4,998,543	1,083,209	503,627

Quality and Accountability

Please be mindful of [ACT Alliance mandatory policies](#) including the [ACT Alliance Code of Good Practice](#) which outlines the commitment of all ACT Alliance members of continuous improvement while striving to achieve best practice principles.

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

Code of Conduct

All members integrate the Code of Conduct (CoC) into project activities to ensure ethical behavior, transparency, and accountability. Staff, volunteers, and partners are required to sign and adhere to the CoC, with clear protocols for training, enforcement, and addressing violations. Lessons from past evaluations have led to strengthened reporting mechanisms, improved community awareness, and targeted capacity-building efforts.

LWF ensures all staff sign the CoC in their preferred language, including Ukrainian, and complete mandatory induction training. Findings from the UKR221 Appeal Evaluation highlighted the need for a stronger gender-sensitive approach, leading to increased engagement of women-led organizations, better gender-disaggregated data collection, and vocational training for female-headed households. Adapted reporting and feedback systems enable communities and staff to report misconduct, with serious violations promptly investigated.

HEKS/EPER adheres to the Core Humanitarian Standard (CHS) and requires all staff to comply with its CoC. Regular training reinforces ethical responsibilities, and structured complaint mechanisms ensure accountability. Evaluations have underscored the importance of clear reporting lines, prompting the organization to refine its investigation protocols and compliance procedures.

CWS requires all staff and partners to adhere to the ACT Alliance and CWS CoC, with mandatory training and regular reviews. Following the 2024 ACT Evaluation, which highlighted gaps in awareness, CWS strengthened partner training and expanded community engagement through complaint mechanisms and public information campaigns. The CoC is reinforced throughout project cycles and monitored through bi-monthly visits.

HIA adheres to both ACT Alliance and its own CoC, ensuring compliance through training and oversight. Past program reviews emphasized the need for stronger partner accountability, leading to capacity-building initiatives for local organizations. Community engagement efforts now prioritize clear communication of CoC principles and complaint procedures to affected populations. HIA uses feedback mechanism, leaflets and other means of online platforms to improve accessibility during the response.

Diaconia CRD has recently adopted its first formal CoC, reinforcing ethical principles and behavioral expectations. Drawing from past program experiences, the organization has implemented stricter oversight and mandatory reporting requirements. Partners must adhere to CoC provisions, with strengthened mechanisms for investigation and response to misconduct.

All members ensure ongoing CoC enforcement through training, monitoring, and transparent reporting. Lessons from evaluations continue to shape improvements, reinforcing ethical standards and accountability in all project activities.

Safeguarding

All members are committed to ensuring the safety and well-being of all individuals engaged in project activities. This includes preventing sexual exploitation, abuse, and harassment (PSEAH), prioritizing child safeguarding, and integrating safeguarding principles into all aspects of programming. Each partner follows the ACT Safeguarding Policy Framework, implementing preventative measures, clear reporting protocols, and survivor-centered response mechanisms.

LWF applies a zero-tolerance approach to safeguarding violations, particularly regarding sexual exploitation and abuse (SEA), gender-based violence (GBV), and child protection. Safeguarding and PSEA training is provided to all staff, and anonymous reporting channels allow beneficiaries and staff to submit complaints. A dedicated PSEA focal point monitors and responds to all safeguarding issues. Cases are handled using a survivor-centered approach, ensuring coordination with relevant service providers.

HEKS/EPER integrates protection mainstreaming across all operations to ensure a safe and inclusive environment for beneficiaries and staff. Biannual safeguarding training is provided for staff and partners on topics including PSEAH, Psychological First Aid, and gender sensitivity. Sensitive complaints related to fraud, corruption, SEA, and child protection are immediately escalated to

HEKS/EPER's Global Compliance Team for investigation. The organization also prioritizes safe identification and referrals to ensure survivors receive appropriate support.

CWS embeds safeguarding within its Code of Conduct, Child Safeguarding Policy, and PSEAH Policy, ensuring compliance across all partner organizations. Safeguarding considerations are integrated into program design, with a focus on accessibility and risk reduction for marginalized populations. Local partners receive training and support to strengthen their safeguarding policies and ensure ethical program delivery. Safeguarding-related incidents can be reported through direct communication with staff, an email to the compliance team, an anonymous online reporting platform, or the OCHA Hotline. The administration of complaints follows a strict timeline, requiring any staff aware of misconduct to report it within 48 hours, after which an investigator is assigned within another 48 hours.

Christian Aid ensures that safeguarding principles are mainstreamed across all projects, particularly in Survivor and Community-Led Response (SCLR) workshops, where power dynamics are addressed to prevent abuse. Complaints and feedback mechanisms are available to both community members and staff, and safeguarding risk assessments are conducted at the start of each project. Partners and community groups receive regular safeguarding training, reinforcing ethical standards. Multiple reporting channels, including QR codes, a dedicated Telegram channel, and email, allow for direct and anonymous reporting to the Christian Aid safeguarding team. If a safeguarding incident occurs, a survivor-centered approach is followed, ensuring that investigations are conducted in accordance with Christian Aid procedures, with referrals made as necessary to survivor support services.

HIA has a comprehensive Safeguarding Policy that ensures all individuals engaged in its programs are protected from harm. The organization enforces a zero-tolerance policy for abuse, exploitation, and harassment. A dedicated Child Safeguarding Policy and Child Protection Code of Conduct provide specific guidance on preventing child abuse. Local implementing partners are trained to uphold safeguarding commitments, and all complaints related to safeguarding concerns are investigated promptly with full confidentiality.

Diaconia CRD recently developed its Code of Conduct, emphasizing the prevention of PSEAH and ensuring strong child safeguarding measures. The organization upholds UN safeguarding principles, including prohibitions on sexual relationships with beneficiaries and abuse of power. Child safeguarding measures prioritize protection from abuse, neglect, and discrimination, following Sphere Minimum Standards for Child Protection. Strict reporting mechanisms ensure that safeguarding concerns are investigated in a timely manner, with protections in place for survivors and whistleblowers.

All partners have mandatory safeguarding training for staff and partners, clear reporting mechanisms for safeguarding violations, and survivor-centered response plans that ensure protection and confidentiality. By integrating preventative safeguards, training, and accountability mechanisms, partners create a safe and protective environment for all beneficiaries, staff, and community stakeholders.

Conflict sensitivity / do no harm

All implementing partners are committed to ensuring that humanitarian assistance does not exacerbate tensions or cause unintended harm. A Do No Harm approach is applied throughout the project cycle, integrating inclusion, transparency, and risk mitigation to minimize any potential

negative impact. Lessons learned from past evaluations inform partners' approaches, ensuring continuous improvement and accountability.

LWF applies an inclusion-sensitive conflict lens to ensure aid does not worsen tensions among IDPs, returnees, and war-affected communities. Its long-term presence and ongoing nexus work in target areas help build resilience and trust within communities. LWF works closely with community-based staff, ensuring humanitarian response is aligned with local dynamics and does not create divisions. Staff receive training on humanitarian principles, emphasizing neutrality, impartiality, and delivering aid based on need alone.

HEKS/EPER continuously analyzes local dividers, tensions, and community capacities, incorporating lessons learned from previous humanitarian responses to refine its approach. Recognizing the impact of aid on communities in hard-to-reach (HTR) areas, HEKS/EPER ensures transparent and timely communication, a neutral beneficiary selection approach, and clear messaging to minimize misunderstandings. Risk mitigation measures are embedded in programming, and accountability mechanisms enable communities to raise concerns and receive appropriate responses.

CWS minimizes harm by working with trusted local civil society organizations that are well-integrated into social protection systems and local government structures. This ensures coordination, prevents duplication, and optimizes resource use. In response to the 2024 ACT Evaluation, which found that only 65% of surveyed program participants were aware of selection criteria, CWS has improved beneficiary communication through social media, program sites, and direct outreach to ensure transparency and minimize conflicts over aid distribution. CWS also maintains a strict confidentiality and ethical storytelling policy, requiring signed consent for data collection and providing partners with training on responsible communication and protection measures.

HIA applies a conflict-sensitive, survivor-centered approach, ensuring aid is inclusive and does not create tensions. Lessons from previous projects have strengthened HIA's beneficiary registration and selection process, ensuring clear communication to prevent misunderstandings within communities. HIA works with local NGOs and service providers to strengthen community-driven solutions, while its MEAL system ensures continuous adaptation based on emerging risks and survivor feedback. The confidential CRM system allows safe reporting of grievances, and environmental risks are also factored into shelter and resource allocation. HIA follows a "shared risk" approach, reinforcing Do No Harm principles in security and operational planning. HIA also supports its local partners in developing their own Do No Harm policies, ensuring that all aspects of beneficiary selection, procurement, and implementation follow conflict-sensitive guidelines.

Diaconia CRD applies a conflict-sensitive, inclusion-based approach, ensuring transparency, neutrality, and equitable resource distribution. By working with community-based staff and local organizations, Diaconia CRD ensures aid does not unintentionally contribute to tensions. Lessons learned from past responses have reinforced the importance of community engagement and transparency in selection criteria. Structured monitoring and feedback mechanisms allow for real-time adjustments, ensuring aid delivery remains responsive to emerging risks and local needs. Diaconia CRD provides capacity-building support to partners to reinforce ethical standards in humanitarian response, preventing unintended harm or inequalities.

All partners remain committed to continuous learning and risk assessment, integrating past evaluations and community feedback to strengthen neutrality, inclusion, and accountability across all humanitarian interventions.

Complaints mechanism and feedback

All implementing partners have established transparent, inclusive, and accountable feedback mechanisms to ensure affected communities and stakeholders can raise concerns, provide input, and report misconduct throughout the project cycle. These mechanisms are designed to be accessible, safe, confidential, and responsive, incorporating lessons learned from past evaluations to improve participation and accountability.

Each organization offers multiple feedback channels, ensuring diverse community preferences are met and concerns are addressed in a timely manner.

Partner-Specific Feedback Mechanisms

LWF operates a Complaints and Feedback Mechanism (CFM) that is actively promoted among staff and communities. Multiple reporting channels—hotline, email, and written complaints—allow beneficiaries to share concerns. Frequent monitoring visits help collect real-time feedback, while continuous orientation sessions ensure communities understand how to engage with the mechanism. Lessons from past implementation emphasize timely response and trust-building as key factors in CFM success.

HEKS/EPER's accountability framework, shaped by Community Accountability Assessments (CAA), emphasizes community-led participation in feedback mechanisms. Established channels include: FCRM email specific to Ukraine, Online feedback form (QR code accessible) and Feedback boxes at distribution points.

Dedicated accountability staff review all feedback within 14 days, with safeguarding and fraud complaints referred to HEKS/EPER's Global Compliance Team for investigation.

CWS provides four reporting options for complaints and feedback: Directly speaking with staff, Emailing the CWS Compliance Team, submitting an anonymous electronic complaint, Calling the OCHA Hotline.

Following the 2024 ACT Evaluation, which found low awareness of selection criteria, CWS enhanced community outreach and feedback accessibility via social media, in-person sessions, and local announcements. Partners are also trained to improve the accessibility and child-friendliness of feedback systems.

Partners ensure that communities understand staff behavior expectations, the right to free aid, and their ability to provide complaints without fear of retaliation.

HIA ensures safe, non-threatening, and easily accessible feedback options, prioritizing vulnerable groups, including persons with disabilities and older individuals. Reporting channels include feedback boxes, hotline, email, and QR-coded electronic forms, safeguarding leaflets and posters with complaint information. Confidential CRM system ensuring privacy in handling grievances. HIA trains local partners in Do No Harm principles and integrates community feedback into program improvements through MEAL systems.

Diaconia CRD maintains formal and informal complaint mechanisms, ensuring direct community engagement during monitoring visits. Formal complaints can be submitted through (i) Direct reports to Diaconia team members (ii) Email, postal, and WhatsApp submissions and (iii) Ministry of Justice reporting link for high-level concerns. All reports are handled confidentially, with follow-up processes outlined in Diaconia's Code of Conduct.

Communication and visibility

All requesting members and implementing partners will ensure full compliance with the ACT Alliance Branding Policy and Guidelines to maintain consistent visibility and donor acknowledgment. Each organization will integrate ACT Alliance’s visual identity, messaging, and communication standards across project materials and outreach efforts.

Partner-Specific	Branding	&	Visibility	Actions:
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LWF will adhere to ACT Alliance’s branding guidelines and standards, ensuring the proper use of logos, visual identity, and messaging in all internal and external communication materials.

HEKS/EPER, CWS, and Diaconia CRD will ensure full compliance with ACT Alliance’s Branding Policy and Guidelines, with Diaconia CRD designating the UA Project Manager to oversee branding adherence.

HIA will implement standard visibility measures, including (i) displaying ACT Alliance’s visual identity on buildings, equipment, shipment materials, distributed goods, operational materials, and project staff clothing, (ii) public outreach through multiple channels, such as press releases, press conferences, videos, photos, human interest stories, social media posts, and printed materials (brochures, factsheets, etc.), (iii) media engagement in Ukraine and Hungary, ensuring visibility in local and national outlets and (iv) coordination with the MEAL team to ensure transparency, accurate information-sharing, and effective donor communication.

All partners will actively communicate donor contributions, ensuring transparency and acknowledgment through: (i) Branded communication materials featuring ACT Alliance and logos and (ii) Regular reporting and updates shared with the Secretariat and funding members. By following these measures, ACT Alliance will be consistently acknowledged, reinforcing credibility and transparency across all communication platforms.