

US Award Reserve Allocation Strategy

Allocation Details	
Allocation Title	Supporting immediate lifesaving needs of the 2026 HNRP
Allocation Type and Round	First Reserve Allocation 2026
Allocation Amount	US\$ 150,700,000
Emergency Type	Conflict-related Crisis
Emergency Sub-types	Displacement
Emergency Triggered Date (optional)	
Allocation Launch Date	6 March 2026
Proposal Submission Deadline	16 March 2026 – 14:00 Kyiv time

Section 1: Strategic Statement

In response to the ERC's call for greater resources to be channeled through pooled funds, the US Government announced in December 2025 a landmark contribution of \$2 billion to OCHA Pooled Funds, focused on efficiency and accountability, and with conditions for reform. Of the significant share of this funding earmarked for the Country-Based Pooled Funds, the Ukraine Humanitarian Fund (UHF) has received a substantial amount.

The aim of this special allocation is to fund lifesaving projects of no longer than 6 months duration to support the most urgent and critical humanitarian needs (joint severity 4 and 5 only) identified in the Ukraine HNRP for 2026.

No project extensions are allowed under this Allocation, and partners must agree to a number of prerequisites – see below.

To ensure speed and efficiency for the provision of funding, the Reserve Allocation modality has been chosen, allowing the UHF to invite nine pre-identified partners, including national and international NGOs and UN Agencies (see selection criteria below), to submit proposals. Proposals will be evaluated by a technical review committee and decided by the Humanitarian Coordinator.

This allocation will continue to prioritize local actors, and international NGOs and UN Agencies will have to demonstrate their comparative advantage and that they are the “best placed actor” in line with UHF’s commitment to funding “as local as possible, as international as necessary.” Cash modalities will be prioritized where market functionality and access allow.

Section 2: Humanitarian Context

According to the HNRP, in 2026, 10.8 million people need humanitarian assistance, including 1 million in the territories occupied by the Russian Federation. In frontline areas, the number of people in need has remained constant throughout the year, whilst repeated airstrikes continue to erode safety, disrupt services, and increase vulnerability.

Humanitarian conditions are expected to remain volatile, shaped by ongoing hostilities, recurrent damage to critical infrastructure, constrained access, and overstretched capacities of state service providers. Key risks include further deterioration due to expanding fighting, continued strikes on civilian facilities and energy infrastructure, large-scale displacement, limited reception capacities in hosting areas, declining access, and insufficient life-saving state support to the most vulnerable. Some 500,000 people are projected to be displaced if the frontline moves towards populated urban areas, while the most vulnerable will require assistance along their evacuation routes and in hosting areas.



Ongoing ceasefire discussions offer a political opening for potential agreements; however, prospects remain uncertain, while the impact of the conflict on civilians generates more humanitarian needs. The war's enduring impact on mental health, housing, social cohesion, and essential services will increasingly shape people's lives.

As part of the efforts to advance the Humanitarian Reset in Ukraine, the Humanitarian Country Team (HCT) has adopted an issue-based approach to sharpen the focus of the response on the key humanitarian needs in Ukraine, which are framed around four Strategic Priorities:

- Strategic Priority 1:** Supporting the most vulnerable who remain close to the front line.
- Strategic Priority 2:** Responding to vulnerable newly displaced and people evacuated from their places of origin to safer hosting areas, including through transit centers and collective sites.
- Strategic Priority 3:** Providing emergency response after strikes.
- Strategic Priority 4:** Supporting the centrality of protection for vulnerable IDPs and severely vulnerable groups at risk of not being covered by social protection networks.

Section 3. Allocation Priorities

This allocation will prioritize selected activities in locations with joint severity 4 and 5 only for HNRP Strategic Priorities 1, 2 and 3 only as follows:

Strategic Priority 1: Supporting the most vulnerable who remain close to the front line

Life-saving assistance to civilians who remain in the 0 to 50 km zone along the frontline and areas bordering the Russian Federation, where the intensity of conflict, displacement, and the collapse of essential services are most severe. Targeted populations will receive humanitarian assistance through two complementary, multisectoral response packages tailored to the 0- to 50-km frontline zone:

Critical frontline assistance supporting people directly exposed to active hostilities and systemic collapse in critical services. This includes deploying mobile health and protection teams, providing emergency trauma care, management of life-threatening communicable and non-communicable diseases, mental health and psychosocial support, life-saving information, legal aid, case management and distributing life-saving supplies in food emergency shelter, and non-food items, as well as water, such as through water trucking.

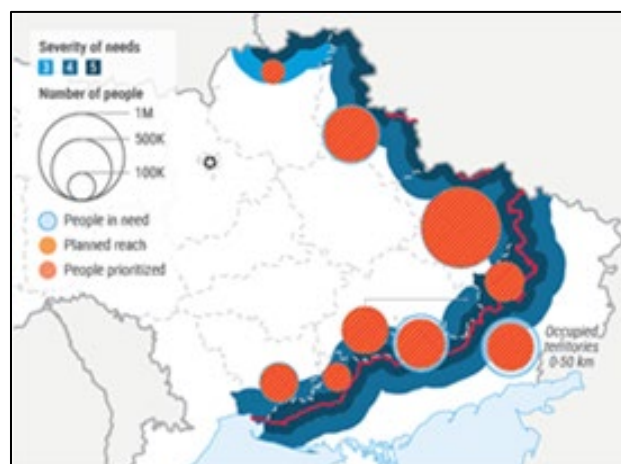
Sustaining access to essential services, preserving the dignity of the affected people, and preventing a further deterioration of humanitarian conditions. This includes minor shelter repairs and reinforcement of critical infrastructure to maintain access to essential services, such as health, water and protection, as well as transportation for the most vulnerable to access social services.

Strategic Priority 2: Responding to vulnerable newly displaced and people evacuated from their places of origin

Critical needs are stemming from new displacement, including evacuations due to escalating hostilities or deteriorating living conditions from the war. Its scope encompasses areas under evacuation orders and other high-risk locations along the displacement routes used by people moving toward safety, and the receiving areas where displaced people arrive.

UHF partners will ensure a voluntary, inclusive, non-discriminatory approach and consider specific needs of each individual, including specialized evacuations for older people and people with disabilities, psychological first aid, and the transport of personal belongings to help safeguard livelihoods and lifesaving emergency healthcare services in hosting areas.

At transit centers, partners will provide multisectoral services, in-kind assistance, and cash support to address urgent needs and facilitate onward movement to hosting areas, including collective sites and private accommodation nationwide. Adequate reception capacities will be strengthened and maintained ensuring suitability for persons with mobility issues.



In the receiving areas, partners will focus on safe and dignified initial settlement in communities and collective and accompanying services for the most vulnerable newly displaced. Services will include restoration of personal documentation, and psychological support, social support services, and community-based interventions, including referrals to specialized health facilities and social protection systems where services that cannot be effectively delivered in transit center settings.

Strategic Priority 3: Providing emergency response after strikes

The multisectoral response to strikes addresses urgent humanitarian needs aligned with the 2026 HNRP's Strategic Objectives.

Immediate post-strike response package prioritizes life-saving assistance within the first 72 hours after a strike, with an extended response period to 4-6 weeks to allow adequate time to deliver broader, higher-quality intervention, especially amid the growing needs stemming from the recent rise in attacks.

This package will ensure rapid access to cash, food, water, shelter, essential health services, and protection measures focused on stabilizing affected populations. Interventions will aim to alleviate distress caused by injuries and loss of personal household assets, while safeguarding human dignity and rights. Special attention will be given to vulnerable groups, including affected children and their caregivers, people with disabilities, and older people.



Section 4. Project Selection Criteria

Mandatory Requirements/Pre-requisites: Partners who cannot meet these requirements will not be considered for funding.

Monitoring: Partners must agree to the additional accountability and reporting requirements, including monthly reporting. Please refer to **Annex 10: US Award Special Conditions**

Programme Support Costs (PSC): In line with the HCT decision, January 2026, partners must include a mandatory 7% share of PSC for sub-partners, based on the size of their sub-grants.

General Requirements: Projects will be evaluated based on the following criteria:

Scale and Reach: This includes the number of locations, sectors covered, and beneficiaries reached.

Grant Size: Large-scale projects of at least \$12.5 million and up to \$20 million.

Consortium Projects: The UHF promotes working in consortium to reduce fragmentation, achieve integrated programming, reach a greater number of people in need, enhance coordination, and increase cost-effectiveness in line with the Humanitarian Reset (**See guidance note in Annex 7**).

Protection principles: Partners should incorporate protection principles and promote meaningful access, safety, and dignity in humanitarian aid, including the prevention, mitigation, and response to **violence against women, girls and other vulnerable groups**.

Accountability to affected populations (AAP): The project design should explicitly describe the involvement of affected people in all phases of the project cycle and accessibility of collective feedback and complaints mechanisms for affected men, women, boy and girls, persons with disability, and other vulnerable groups.

Evidence-based approach: Needs of people we intend to serve are clearly identified, articulated, and supported by disaggregated population data, and other factors contributing to the need for specialized assistance. Partners aiming to cover hard-to-reach areas with limited needs data should include planned assessments and relevant justification, in consultation with technical cluster experts.

Duty of Care (DoC): Main partners leading the project submission are encouraged to include in the project log frame appropriate capacity support, a Duty of Care (DoC) package, and monitoring activities for quality control and risk assurance, and to budget these activities accordingly. It is strongly recommended to include a mandatory Duty of Care package for NGO/CSO/VO personnel **operating near the frontlines or in other high-risk environments**, covering at minimum: 1) life and medical insurance for CSO/VO staff, 2) psycho-social support (PSS) / stress management guidance, 3) first aid training, and 4) personal protective equipment (PPE), unless a Duty of Care package has already been provided. In the latter case, this should be indicated in the log-frame and budget tab comments sections in OneGMS.

Cost-effectiveness: The budget is fair and proportionate in relation to the context. Proposals demonstrating better cost effectiveness will be prioritized, where: a) for comparable activities and outputs, the total cost is less; b) cost per assisted person is competitive and within an acceptable range for the Cluster (based on activity-based costing and cluster-specific standard costs); c) **operational and personnel costs are reasonable and aligned with the proposed implementation modality, with adherence to the UHF 70/30 cost structure – whereby a minimum of 70% of the total budget is allocated to direct programme costs (the costs of goods, services and equipment that directly benefit affected people) and up to 30% to operational costs (defined as budget categories A, C, E, and G), subject to justified sector-specific exceptions (e.g. travel costs for mobile units, costs related to doctors or social/case workers under protection projects, etc.).** Any additional operational or personnel costs may be covered through Programme Support Costs (PSC); this requirement applies not only to the consolidated project budget, but also to the budgets of the main Implementing Partners (IP), any Sub-IPs, and consortium arrangements (including each consortium member's budget share), and d) the proposed period of implementation is adequate and represents best use of resources at that time.

Monitoring: A realistic monitoring and reporting plan is incorporated in the project to measure the achievements against planned outputs and timeline, and the quality of assistance provided, including through sub-implementing partners.

Risk management: Assumptions and risks are comprehensively and clearly spelled out, along with risk mitigation and management strategies.

Coordination and complementarity: Demonstrating the partner's coordination with relevant experts/clusters and key stakeholders (including local authorities and other humanitarian partners in the project location), as well as complementarity between the proposed project and activities implemented with other funding sources.

Considerations to address differentiated needs of war-affected people: Specific needs of men, women, boys and girls, and responses to address them should be articulated in the project design and implementation plan (including in needs assessments, log-frame, monitoring, and accountability mechanisms with appropriate resources budgeted).

Disability inclusion: Programming should reduce discrimination and barriers for persons with disability to fully engage with and benefit from the response.

Prevention of sexual exploitation and abuse (PSEA): The project should demonstrate that the partner (and any sub-implementing partners) has mechanisms in place to prevent, detect, report, and manage incidents of SEA, including assistance to survivors, in line with the 2026 Ukraine PSEA Action Plan.

Section 5. Eligibility criteria for this Allocation

Partner Eligibility

All national and international NGOs and UN Agencies invited to submit expressions of interest have been selected because **they have met all of the objective and verifiable performance and risk-based criteria** as follows:

- ✓ Partners with Partner Performance Index (PPI) rating of low and medium risk
- ✓ Partners who successfully implemented UHF Reserve Allocation projects
- ✓ Partners who have managed UHF Reserve Grants of greater than \$4.5 million
- ✓ Partners with experience of managing Consortium or Partnership projects
- ✓ Partners with a history of delivering activities under the Strategic Priorities
- ✓ Partners with current operations in prioritized locations

Additionally:

- ✓ Partner must agree to additional US-specific oversight and monitoring requirements, including through Accountability and Impact Teams (AITs)
- ✓ Partners' income and absorption capacity have been considered

Project Duration, Modality, and Budget

- Under this allocation, each eligible partner, listed in Annex 9, may individually submit **one multi-sectoral project proposal (stand-alone, partnership or consortium)**, covering one or more Ukraine 2026 HNRP Strategic Priorities, with a **budget of no less than \$12.5 million¹**. Under this allocation, all projects should complete implementation **within 6 months with no possibility for extension**.
- Under this allocation, CCA partners are not eligible to apply either as lead or sub-implementing partners, whether under a lead partner, consortium lead, or consortium member arrangement.

¹ On an exceptional basis, OCHA may approve the submission of a joint proposal by more than one eligible partner. For the purpose of this allocation, the project ceiling for such submissions may be calculated as the combined value of the individual partner project ceilings.

Operational Modalities covering disbursement arrangements, monitoring, and reporting requirements												
Partner Type	Project Duration	Project Ceiling (\$ million)		Disbursement	Financial Reporting		Progress/Narrative Reporting			Monitoring		Audit
		Min	Max		Year-End Interim Report	Final Financial Report	Monthly Quantitative Report (MQ)	Progress Narrative Report	Final Narrative Report	Project Monitoring	Financial Spot-check	
NGOs	6 months	≥ 12.5	≤ 20	1 tranche 100%	(If applicable, Due by 31 Jan, covering expenditures up to 31 Dec)	1 (Due within 3 months of the project end date)	1 (Due within 7 days after the end of the reporting period)	1 (Due within 14 days after 3 months of project implementation, incl. MQ no.3)	1 (Due within 1 month of the project end date)	1	1	By 3 rd party auditors commissioned by OCHA
UN Agencies											N/A	By UN agencies' oversight bodies

Section 6: Process and Timeline

7.1 Allocation Strategy Development Process

The allocation round uses the Reserve Allocation modality, with the strategic scope and prioritization criteria developed in accordance with the 2026 HNRP. Relevant cluster inputs and consultations within OCHA informed the proposed demographic and geographic targeting, as well as operational and cross-cutting priorities, which the Humanitarian Coordinator ultimately endorsed in consultation with the UHF Advisory Board.

7.2 Allocation Timeline

Standard Allocation Workflow	Start Date	Responsible Body
Allocation Launch	06-March-2026	OCHA
Proposal Submission Deadline	16-March-2026	Partners
Pre-Screening	17-March-2026	OCHA
Pre-Selection	18-March-2026	HC
Technical and Finance Review	19-23-March-2026	UHF, Clusters, Partners
Approval and Grant Agreement Signature	From 23-Mar-2026	OCHA - HC
Funds Disbursed	Within 8 days	OCHA

Section 7: HFU Contacts and Complaints

8.1 Key Contacts

Up-to-date contact details of **Inter-Cluster Coordinators and Humanitarian Operational Coordination Group (HOCCG)** can be found at [this link](#).

All **correspondence regarding the UHF**, including questions on OneGMS, should be sent to ocha-uhf@un.org.

8.2 Complaints and Feedback Mechanism:

Complaints and feedback from stakeholders regarding the UHF allocation process should be sent to feedback-uhf@un.org. The OCHA Ukraine Head of Office will receive, address, and refer any critical issues to the HC for decision-making.

Section 8: List of Annexes ([click here to access](#))

Annex 1: List of Prioritized Activities

Annex 2: IASC Gender and Age Marker Information Sheet (English)

Annex 3: UHF Guidance on Disability Inclusion (English and Ukrainian)

Annex 4: OneGMS Project Proposal Template Sample (English)

Annex 5: UHF Budget Preparation Guidelines (English and Ukrainian)

Annex 6: UHF Sub-IP budget and BoQ templates (English)

Annex 7: UHF Guidance Note on Consortium Partnerships

Annex 8: UHF Guidance for Integrating Cross-Cutting Priorities in Project Proposals

Annex 9: List of Eligible Partners

Annex 10: US Award Technical Guidance