

Appendix D:

Sample Proposal for the Consolidated Appeals Process (CAP) on Adolescent Sexual and Reproductive Health

Note: annotations in **red** are from OCHA/On-Line Project System

Appealing Agency(ies)	XX
PROJECT TITLE	Ensuring Adolescent Sexual and Reproductive Health in the Aftermath of the Crisis/Disaster
PROJECT CODE	[Assigned automatically by OCHA's OPS after the draft project is saved.]
SECTOR OR CLUSTER	Health
OBJECTIVE	<ul style="list-style-type: none"> ❖ To increase availability of and access to adolescent-friendly sexual and reproductive health services in the affected area(s). ❖ To provide psychosocial support and reproductive health education to affected adolescent girls and boys.
BENEFICIARIES	TOTAL : XXX [number of individuals, not households] Children : XXX Women : XXX Other group (specify): [number of adolescents/young people and age bracket]
IMPLEMENTING PARTNER(S)	List partners ONLY in the sense of those to whom you will subcontract, NOT those with whom you will coordinate, such as the MoH, Oxfam. (It is assumed your agency will coordinate laterally with the rest of the sector/cluster.)
PROJECT DURATION	
LOCATION	
PRIORITY	(Will be assigned by sector/cluster)
PROJECT CONTACT NAME	Warning: This information will eventually be published to allow interested donors to contact the appropriate person in your organization. Do not provide confidential contact information, but use a generic contact if preferable (e.g.; ReproductiveHealth@xyz.org).
PROJECT CONTACT E-MAIL	Warning: This information will eventually be published to allow interested donors to contact the appropriate person in your organization. Do not give confidential contact information, but use a generic contact if preferable (e.g.; ReproductiveHealth@xyz.org).
PROJECT CONTACT PHONE	Warning: This information will eventually be published to allow interested donors to contact the appropriate person in your organization. Do not give confidential contact information, but use a generic contact if preferable (e.g.; ReproductiveHealth@xyz.org).

Needs – TO BE TAILORED TO SPECIFIC EMERGENCY!

(maximum 4,000 characters, which is about 1.5 pages)

As they transition from childhood to adulthood, adolescents normally benefit from the influence of adult role models, social norms, structures and community groups (peer, religious or cultural).

During natural and man-made humanitarian emergencies, however, family and social structures are disrupted—adolescents may be separated from their families or communities as formal and informal educational programs are discontinued and community and social networks break down. Adolescents may feel fearful, stressed, bored or idle. They may find themselves in risky situations they are not prepared to confront and they may suddenly have to take on adult roles without preparation, positive role models or support networks.

The loss of livelihoods, security and the protection provided by families and communities places adolescents at risk of poverty, violence, and sexual exploitation and abuse. In crisis situations, adolescents, especially girls, are vulnerable to rape and sexual exploitation at the hands of fighting forces, community members, humanitarian workers and uniformed personnel due to girls' lack of power and resources, and because rape is often used as a strategy of warfare. In addition, many adolescents, including younger adolescents, resort to selling sex to meet their own or their families' needs. They may also be at risk of recruitment into armed forces or groups. Because of the high level of mobility, increased risk-taking behaviors and alcohol and drug abuse, these adolescents are even more vulnerable to sexual exploitation and abuse, sexually transmitted infections (STIs), including HIV, and unwanted pregnancies. Finally, adolescents who live through crises may not be able to visualize positive futures for themselves and may develop fatalistic views about the future. This may also contribute to high-risk sexual behaviors and poor health-seeking behaviors.

The disruption of families, education and health services, either due to infrastructure damage or due to increased demands placed on health and social service providers adds to the problem at a time when adolescents are most at risk.

Certain sub-groups of adolescents are at particularly high risk and require special attention. This is true of sub-groups of adolescents that are at risk by definition (very young adolescents, pregnant adolescent girls, adolescents with disabilities and marginalized adolescents, among others) and sub-groups that become at-risk during a crisis (adolescents separated from their families—parents or spouses; adolescent heads of households; survivors of sexual violence and other forms of gender-based violence; adolescent girls selling sex; and children associated with armed forces and groups). Regardless of the source of their vulnerability, all at-risk sub-groups of adolescents require particular attention and targeted interventions to ensure that their reproductive health needs are met.

Activities *(maximum 4,000 characters)*

Reproductive health interventions save lives and are critically important in the aftermath of a crisis. In addition, special efforts are required to ensure that the priority, life-saving reproductive health interventions are responsive to the needs of adolescents who will otherwise face increased risks of mortality and morbidity. This project aims to ensure that the implementation of the Minimum Initial Service Package (MISP) for Reproductive Health addresses adolescent sexual and reproductive health needs. The project will be carried out in close coordination with the Reproductive Health Working Group under the Health Cluster. This project will:

- ❖ Sensitize health providers on adolescent sexual and reproductive health needs and effective ways of working with adolescents, in order to ensure that the reproductive health services offered to affected populations are adolescent friendly and age responsive;
- ❖ Support the availability of health personnel specializing in adolescent sexual and reproductive health in outreach clinics and other facilities;
- ❖ Identify traditional birth attendants and community health workers to ensure they link pregnant adolescents and young adolescent mothers to health services and refer young survivors of sexual violence to such services;
- ❖ Mobilize peer educators and youth leaders to raise awareness of sexual and reproductive health issues among their peers and refer them to specialized services;
- ❖ Identify adolescent-oriented distribution points for condoms and ensure distribution; and
- ❖ Develop and disseminate youth-friendly sexual and reproductive health information materials.

Outcomes *(maximum 4,000 characters)*

- ❖ XX health providers trained on adolescent sexual and reproductive health.
- ❖ XX health providers placed in facilities to serve adolescents as a priority.
- ❖ XX traditional birth attendants and community health workers trained on referring adolescents to specialized services.
- ❖ XX peer educators and youth leaders mobilized and actively involved in outreach among their peers.
- ❖ XX male and female condoms distributed to XX adolescents.
- ❖ XX adolescents sensitized to reproductive health needs and threats in the aftermath of the emergency.

To be sure that adolescents are making use of available reproductive health services and receiving information, the following key indicators will be monitored in the framework of this project:

- ❖ Proportion of STIs among under-18 year olds.
- ❖ Proportion of births under 18 years of age.
- ❖ Condom use disaggregated by sex and age.

REQUESTED BUDGET	
<i>Note: If the project is longer than the CAP's common planning horizon—usually one year—this budget should only reflect the current year portion.</i>	
Budget Items	\$
Cost A (e.g. staff)	
Cost B (e.g. inputs)	
Cost C (e.g. administration)	
TOTAL (OPS will calculate the total automatically from the lines above.)	

NOTE: OPS offers only five (5) budget lines, to keep the information manageable. If your organization's standard format has more than five, combine some of the smaller ones.