

ANNEX V: OCHA Flash Appeal Template

This is a tool referenced in the [Resource Mobilization](#) section of Chapter 8: Manager Guidance Notes & Tools. This tool provides guidance on what information and content to include in the different sections of a UN Office for the Coordination of Humanitarian Affairs (OCHA) Flash Appeal proposal template. While each donor has their own proposal guidelines, the guidance from this template may be helpful for completing other donor templates.

Appealing Agency(ies)	<Name of agency or names of agencies in consortium>
Project Title	Adolescent Sexual and Reproductive Health (ASRH) in the <Name of humanitarian emergency>
Project Code	XXX-XXXX <A code generated by OCHA or by your organization> [Look at proposal guidelines for filling out this section]
Sector or cluster	Health [You may be using a different sector than health, particularly if you are adding ASRH to a larger OCHA flash appeal]
Objective(s)	<ul style="list-style-type: none"> • To increase availability of and access to adolescent sexual and reproductive health (ASRH) services in the affected area(s) • To increase demand/awareness of ASRH services through community mobilization • To meaningfully engage adolescents and community members in ASRH services
Beneficiaries	<p>TOTAL: <Total number of beneficiaries></p> <p>Children: <Total number of child beneficiaries></p> <p>Women: <Total number of women beneficiaries></p> <p>Other group (specify): <Provide the number of adolescents/youth and specify the age range></p> <p>[Indicate the total number of beneficiaries your program aims to reach. OCHA may ask you to specify the number of child beneficiaries, women beneficiaries, or other groups, such as adolescents]</p>
Implementing Partner(s)	<p><List all implementing partners your project aims to work with during the program period></p> <p>[Depending on the donor guidance, this can be partners the agency will coordinate with or partners the agency will subcontract with. As this is an OCHA template, the guidance is to list partners to whom the agency will subcontract to as it is assumed that the agency will coordinate with partners in the humanitarian coordination system, such as partners working within the cluster system, Ministry of Health, other non-governmental organizations, etc.]</p>

Project Duration	<Length of project>
Location	<Location(s) project will take place>
Priority	<Priority target group, intervention, or sector> [Based on the proposal guidance, this can refer to priority target group (girls between ages 15-19 years old); priority type of intervention (menstrual hygiene management); or priority sector (health, child protection, education)]
Project Contact Name:	<Provide contact information of Country Director or Team Lead> [In humanitarian settings, staff assignments can change quickly. You should provide contact information for someone with a more permanent role.]
Project Contact E-Mail:	<Provide an email address of Country Director or Team Lead> [In humanitarian settings, staff assignments can change quickly. You should provide email address for someone with a more permanent role.]
Project Contact Phone:	<Provide phone number of Country Director or Team Lead> [In humanitarian settings, staff assignments can change quickly. You should provide phone number for someone with a more permanent role.]

Needs:

<This must be tailored to the specific emergency. The OCHA proposal template should stipulate a word or page limit. Please see below for generic language that can be used for most ASRH proposals.>

Half of the 1.4 billion people living in countries affected by crises and fragile conditions are below 20 years of age. Today, with many of the current protracted crises lasting several years, adolescents can remain displaced or in need of humanitarian assistance for up to 20 years, extending well into adulthood and affecting their educational, economic, and health outcomes. Adolescents (and children who age into adolescence during a crisis) are tremendously impacted by humanitarian emergencies and require critical SRH services to prevent unwanted pregnancies and unsafe abortions; sexual violence, sexual exploitation, and physical abuse; mental health disorders; sexually transmitted infections (STIs); and overall morbidities and mortalities.

As they transition from childhood to adulthood, adolescents typically benefit from the influence of adult role models, social norms, and structures and community groups (peer, religious, or cultural). However, during natural and human-made humanitarian emergencies, these support systems are disrupted significantly—affecting adolescents’ ability to protect themselves and engage in safe and healthy practices, including SRH behaviors.

During emergencies, adolescents are also exposed to a range of risks and hazards with which they are ill-prepared to cope. Adolescents can also have overlapping vulnerabilities, risks, and barriers based on a number of factors, including their living conditions. Humanitarian crises represent an additional layer of vulnerability for adolescents, who may already face risks or barriers due to their age, sex, gender identity, sexual orientation, health status, developmental stage, marital status, socio-economic conditions, and contextual and environmental factors.

In crisis situations, adolescents—especially girls—are at higher risk of sexual violence and sexual exploitation at the hands of fighting forces, community members, humanitarian workers, and uniformed personnel because of their lack of power, their lack of resources, and the use of rape as a strategy of warfare. Many adolescents, including younger adolescents, resort to selling sex to meet their own needs or their families’ needs. They may also be at risk of forced recruitment into armed forces or groups, which can increase their risk of sexual exploitation and abuse, STIs, and unwanted pregnancies due to high mobility and an increase in risk-taking behaviors—such as alcohol/drug abuse. 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.

Needs (Continued):

The needs, risks, and barriers of adolescent subgroups are exacerbated during emergencies and they require special attention. This is true of very young adolescents; pregnant adolescent girls, adolescents with disabilities; adolescents separated from their families (parents or spouses) and adolescent heads of households; survivors of sexual violence and other forms of gender-based violence; and adolescents selling or exchanging sex. Regardless of the source of their vulnerability, all at-risk subgroups of adolescents require particular attention and targeted interventions to ensure that their reproductive health needs are met.

Activities

SRH interventions save lives and are critically important during all phases of the humanitarian continuum. This project aims to ensure that the implementation of the Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations (MISP) addresses the urgent SRH needs of adolescents. Adolescents are creative, passionate, resilient, and capable of exploring creative solutions in difficult situations; they have tremendous capacities that, when utilized appropriately and effectively, can play an instrumental role in their health outcomes. Thus, this project will meaningfully engage adolescents during each phase of the project. This project will also be carried out in close coordination with community members and the SRH Sub-Cluster under the Health Cluster.

- Consult with adolescents, youth, and community members on SRH needs and barriers affecting adolescents and youth in program location(s)
- Sensitize community health workers and health providers on ASRH needs and effective ways of working with adolescents—including recommendations from adolescents and youth from consultations—to ensure that SRH services offered to affected populations are responsive to adolescents' needs and preferences;
- Support the availability of health personnel specializing in ASRH in outreach clinics and other facilities;
- Support community health workers in linking adolescents to health facilities, particularly for pregnant adolescents, adolescent mothers, and adolescents survivors of sexual violence;
- Mobilize youth volunteers and youth leaders to raise awareness of ASRH issues among their peers and refer them to specialized services;
- Utilize other entry points and distribution points for disseminating ASRH information and commodities—based on consultations with adolescents, youth, and community members;
- Alongside adolescents/youth, develop and disseminate adolescent/youth-friendly SRH information materials that target various adolescent subgroups.

Outcomes

- <NUMBER OF> health providers and community health workers trained on ASRH.
- <NUMBER OF> community health workers trained on referring adolescents to specialized services.
- <NUMBER OF> adolescent referrals from community health workers for ASRH services
- <NUMBER OF> adolescents who received SRH services prior to program activities compared to
- <NUMBER OF> adolescents who received SRH services at end of project
- <NUMBER OF> youth volunteers and youth leaders involved in outreach among their peers.
- <NUMBER OF> SRH information materials and commodities distributed to <NUMBER OF> adolescents.

To ensure adolescents are utilizing reproductive health services, the following key ASRH indicators will be monitored in the framework of this project:

- Number and percentage of STI patients treated <=19 years old (disaggregated by gender)
- Number and percentage of facility deliveries <=19 years old
- Number and percentage of new contraception users <=19 years old
- Method mix of contraception users <=19 years old
- Number and percentage of post-abortion care patients treated <=19 years old
- Number and percentage of safe abortion care patients treated <= 19 years old
- Number and percentage of sexual assault survivors receiving clinical care within 72 hours <=19 years old

Source: Adapted from [IAWG ASRH Sub-Working Group](#) members' project proposals.