

ADOLESCENT HEALTH IN EMERGENCIES AND HUMANITARIAN SETTINGS

BACKGROUND

Globally, there are **1.2 billion adolescents**,¹ making up to 16 per cent of the world's population. Importantly, many adolescents are exposed to biological, environmental and social factors that can lead to illness and premature death, including injuries, self-harm, infectious disease, sexual and reproductive ill health and lifestyle-related diseases.

ADOLESCENT HEALTH IN HUMANITARIAN SETTINGS

It is estimated that globally, **25 per cent of children and adolescents live in a country affected by conflict or disaster**,² with **31 million forcibly displaced and 13 million regarded as refugees**.³ In humanitarian and fragile settings, adolescents face additional risk factors that obstruct healthy development and well-being. They are less likely to have access to health facilities; education; quality water, sanitation or hygiene (WASH); or social protection systems. Adolescents are also more subjected to inter-personal or gender-based violence, military recruitment or displacement from their homes.

As a result of disrupted society or poverty, they are more likely to take on adult roles, for example, be responsible for younger siblings, or for covering their own basic needs. In extreme cases, they resort to transactional

sex to survive. Younger adolescents (10 to 14 years old), as well as adolescents who are disabled, from ethnic or sexual minorities, HIV-positive, a head of household, or orphaned are particularly vulnerable.



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A study conducted in Hebron, State of Palestine, found that 74 per cent of adolescents showed symptoms of moderate to severe post-traumatic stress disorder (PTSD) due to war.⁴

Additional health-related needs of adolescents in humanitarian and fragile settings [include](#).⁵

- Water and sanitation, also covering menstrual hygiene;
- Mental health and psychosocial support;
- Treatment and care of injuries and disabilities;
- Preventative services such as immunizations;
- HIV and pregnancy prevention;
- Maternal and childcare for adolescent mothers;
- Nutrition, including iron and micronutrient deficiencies (particularly for girls);
- Care and prevention of sexual and gender-based violence;
- Education and social protection.

THE COVID-19 CONTEXT

In 2020, governments around the world imposed lockdowns to restrict the spread of COVID-19. The effects have contributed to a decreased use of health facilities and limited school attendance, and a rise of violence in the home and sexual exploitation of girls, including increasing rates of child marriage. Projections suggest that the COVID-19 crisis will affect child and maternal mortality, directly or indirectly, with the potential to reverse the success of recent decades. The full impact on adolescents is not yet known; however, given the vulnerabilities and needs previously listed, it would [likely be worse](#) for those living in emergency settings.⁶

UNICEF'S RESPONSE

UNICEF's strategic response to address issues of adolescent health and well-being in both development and humanitarian contexts is multisectoral. Additionally, the response is centred in the meaningful participation of, and engagement with, adolescents themselves.

Priority programme interventions include:

- Child and adolescent mental health services, including prevention, care and support;
- Facility and community-based care and support services for pregnant and parenting adolescents;
- Youth-led campaigns and policy action for health and well-being of adolescents;
- Provision of essential health information and services for adolescents and their caregivers through community-based services, health care facilities, schools, media and online platforms and apps such as [U-report](#)⁷ – which has been instrumental in addressing misinformation related to COVID-19;
- Changes at a policy level, fostering health, education, child protection and other services that are adolescent and gender friendly.

Generation Unlimited is a global partnership that aims at improving the livelihood of youth. Recently, Rwanda joined this initiative with the objective of increasing access to education and employment in young people, as well as to address their mental health needs.⁸

Based on [identified needs](#),⁹ UNICEF proposed strengthening the following areas in partnership with governments:

- Capacity and technical guidance on integrated adolescent health and well-being programming in emergencies;
- Improved partnership, inter-agency and multisectoral coordination for adolescent health activities as part of the humanitarian response;
- Adequate measurement and disaggregation of data on adolescents in humanitarian reporting;
- Partnership and advocacy to integrate adolescent responsive interventions and policies across sectors;
- Increased systematic youth engagement at all points in programming, including tools and protocols for operationalization, and improved understanding of multi-faceted and intersectional risks that young people face;
- Strengthening national capacity for adolescent health and development.

GEOGRAPHIC AREAS OF INTEREST

UNICEF is active in over 190 countries and regions around the world, working in over [40 countries/geographical areas](#)¹⁰ considered as emergency or fragile contexts, including:

- Western and Central Africa: Cameroon, Central African Republic, Chad, Congo, the Democratic Republic of the Congo, Mali, Mauritania, Niger and Nigeria;
- Eastern and Southern Africa: Ethiopia, Somalia, and South Sudan;
- Latin America and the Caribbean: Haiti, Venezuela, and countries receiving the influx of displaced population from the latter;
- South Asia: Afghanistan, Bangladesh (Cox's Bazar), and Nepal;
- Middle East and North Africa: Iraq, Libya, Sudan, Syria, and Yemen;
- Myanmar (Rohingya crisis) and neighbouring countries in South East Asia.

THE GAP

In 2019, UNICEF projected that US\$4.13 billion were required to provide essential services to those living in countries facing conflict or natural disasters. Despite the support of different partners and stakeholders, the

shortfall in funding remained high, at 43 per cent.¹¹

These figures, however, do not reflect the surge in required resources for UNICEF to address COVID-19, which only in 2020 was estimated to be **US\$1.93 billion**.¹²



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¹ UNICEF, 'Adolescents overview', <https://data.unicef.org/topic/adolescents/overview/#:~:text=Adolescents%20%E2%80%93%20defined%20by%20the%20United,the%20Rights%20of%20the%20Child>, accessed 15 January 2021.

² United Nations Children's Fund, 'Health in emergencies', <www.unicef.org/health/emergencies>, accessed 15 January 2021.

³ Fasfous, Ahmed, 'Symptoms of PTSD among Children Living in War Zones in Same Cultural Context and Different Situations', *Journal of Muslim Mental Health* Vol 7 Issue 2, 2013.

⁴ UNICEF, 'UNICEF data: Child displacement', <<https://data.unicef.org/topic/child-migration-and-displacement/displacement/>>, accessed 15 January 2021.

⁵ World Health Organization, 'Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation', Geneva: WHO; 2017.

⁶ International Crisis Group, 'Covid-19 and Conflict: Seven Trends to Watch', Special Briefing No 4, New York/Brussels, 24 March 2020.

⁷ Generation Unlimited, 'Government of Rwanda launches Generation Unlimited youth initiative', <www.generationunlimited.org/news-and-stories/Government-of-Rwanda-launches-Generation-Unlimited>., accessed 7 Feb

⁸ World Health Organization, 'Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation', Geneva: WHO; 2017.

⁹ UNICEF, 'UNICEF Humanitarian Action for Children 2020', Overview, New York, December 2019.

¹⁰ UNICEF, 'UNICEF Humanitarian Action for Children 2020', Overview, New York, December 2019.

¹¹ UNICEF, 'Global Covid-19 chapeau', <www.unicef.org/media/88536/file/2021-HAC-COVID19-Chapeau.pdf>, accessed 15 January 2021.

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