



Health

This section addresses health issues faced by young people, inclusive of general health needs, mental health and psychosocial support (MHPSS), well-being and sexual and reproductive health (SRH). Depending on the context, the most likely causes of death for young people during humanitarian emergencies include diarrhoeal diseases, acute respiratory infections, measles, malaria, severe malnutrition,¹⁵² and complications in pregnancy and childbirth.¹⁵³

In addition to possible illness or injury, the impacts of a crisis can include trauma, anger, fear, depression, sadness and loss of hope for the future. Some young people will have witnessed atrocities, lost family members, or been in detention. Young people involved in a humanitarian response may themselves be at risk of re-traumatization or secondary trauma. Due to various threats, young people and especially girls and young women may be stuck at home and isolated from peers, which may lead to depression and anxiety.¹⁵⁴ Young people's mental health problems can create degenerative effects that turn into social problems later in life.¹⁵⁵ Effects can be intergenerational when mental health issues impact the way a young parent cares for their children.

During emergencies young people also face greater risks to their SRH, including early pregnancy, gender-based violence (GBV), sexual assault and rape, among others.

Some groups of adolescents are particularly at risk, including: very young adolescents (10–14 years); pregnant girls; those separated from their families; heads of households; GBV survivors; those engaging in transactional sex; those associated with armed forces and armed groups; orphans; those living with HIV; those with disabilities; LGBTQIA+ adolescents; and those belonging to indigenous or migrant groups. Humanitarian situations also exacerbate HIV-related risks, and more than half of those newly infected with HIV today are between 15–24 years old.¹⁵⁶

Health services are often under increased pressure in a crisis setting, and are not usually perceived by young people as welcoming, which reduces demand from young people. Bias and negative attitudes among health-care providers often keep young people from accessing services. Duty-bearers are increasingly partnering with young people to map the health system, inform the design of programmes, and improve the adolescent- and youth-friendliness of services.¹⁵⁷ The Compact for Young People in Humanitarian Action's operational guidance summary page, '*COVID-19: Working with and for young people*', is included as [ANNEX 7](#). It includes analysis of direct and indirect health impacts on young people, as well as concrete recommendations and resources relating to the COVID-19 response.



Tip sheet

Key actions for Health programming at each stage of the humanitarian programme cycle (HPC)

HPC phases	What to do	Tips for young people's participation
<p>Needs assessment and analysis</p>	<p>→ Collect data on the differing experiences of young people with regard to health and analyse these data disaggregated by sex, age and disability.</p> <p>→ Analyse data to understand:</p> <ul style="list-style-type: none"> → if young people can access sexual and reproductive health (SRH) services, and mental health and psychosocial support (MHPSS); → if young people can access services for clinical management of rape and information relating to sexual violence in a safe and confidential manner; → if young people feel that existing health services, including SRH and MHPSS, are friendly to them; → if there was comprehensive sexuality education (CSE) being delivered before the crisis; → if testing services are available for pregnancy and HIV, and if counsellors are available to advise on HIV status and link individuals who test positive to ongoing care and services. 	<p>→ Hold consultations – grouped by age and sex of participants – with a diverse cross-section of young people to identify needs and barriers to health, including MHPSS and SRH.</p>
<p>Strategic planning</p>	<p>→ Ensure that the Health response plan addresses the needs of young people identified during the needs assessment, and from any other relevant data on young people.</p> <p>→ Identify partners and linkages with other sectors such as Nutrition (e.g., nutrition needs of adolescent mothers, therapeutic feeding), Protection (e.g., referring GBV survivors to appropriate services), etc.</p> <p>→ Advocate for a working group on SRH and MHPSS, with representatives from youth organizations and networks to enable coordination of interventions among partners.</p>	<p>→ Engage young people in developing key advocacy messages pertaining to their health needs, including SRH and MHPSS.</p>

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HPC phases	What to do	Tips for young people's participation
Strategic planning	<ul style="list-style-type: none"> → Advocate and plan for health interventions to be gender-responsive and inclusive. → Identify entry-points for (re)starting culturally appropriate CSE, such as in schools, youth clubs and camp structures. → Consider issues of self-harm and other indications of mental distress – such as bullying, domestic violence, and alcohol, tobacco and drug use – in the design of programmes. 	
Resource mobilization	<ul style="list-style-type: none"> → Include information and key messages on specific needs and priorities of young people, to influence Health funding priorities. → Report on gaps for adolescents and youth in Health programmes in reporting to donors and other humanitarian stakeholders. 	<ul style="list-style-type: none"> → Engage young people in developing key advocacy messages pertaining to their health needs, including SRH and MHPSS.
Implementation and monitoring	<p>Access:</p> <ul style="list-style-type: none"> → Prepare medical response programmes which allow for the rapid assessment and treatment of adolescents and youth. → Build capacity of health-care staff, including reception and security staff, as well as the staff of partner organizations and relevant ministries, on how to provide adolescent- and youth-responsive services, including non-judgemental and respectful counselling. → At the onset of an emergency, respond to SRH needs through adherence to the 'Minimum Initial Service Package' (MISP), part of the <i>Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings</i>.¹⁵⁸ → Ensure that all young people have access to sexual and reproductive health and rights (SRHR) information and services. Consider deploying midwives, establishing mobile and static SRH points with referral services, and establishing health or maternity spaces, which can be situated with child-friendly spaces and youth-friendly spaces. → Make provisions for psychosocial support and ensure it is accessible to young people. 	<ul style="list-style-type: none"> → Engage young people in developing key advocacy messages pertaining to their health needs, including SRH and MHPSS. → Build capacity of young people to participate in coordination mechanisms (cluster/working group meetings). → Train young people on basic health education, SRH, menstrual hygiene management and MHPSS, and work with them to disseminate information, mobilize communities, and help with distribution activities. → Work with Livelihoods and Education actors to find pathways to employment for young people in health, SRH and MHPSS.

HPC phases

What to do

Tips for young people's participation

Implementation and monitoring

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- Ensure that young people who are survivors of sexual violence receive clinical care and referral to other supportive services, as needed.
- Ensure there are trained networks of practitioners, such as midwives, counsellors and community health workers, to deliver health (including SRH and MHPSS) information and services to young people.
- Make provisions for dignity kits including information on menstrual hygiene management (MHM) (see **TIP SHEET FOR WASH PROGRAMMING** ► as well).
- Provide access to condoms and family planning services, HIV testing and counselling services, and GBV services, including post-rape care, and post-exposure HIV prophylaxis.
- Disseminate adolescent- and youth-friendly health information through existing structures, and within wider adolescent and youth programming.
- Ensure access to a safe space for young people to discuss their issues, socialize and have access to mentors.

Quality:

- Integrate MHPSS interventions within Health and Protection programmes, including referral mechanisms, rather than as stand-alone programmes.
- Avoid targeting GBV survivors or young people associated with armed groups and armed forces in ways that further their discrimination and exclusion in communities.
- Identify and build capacity of health and case workers who can safely and ethically identify young people with psychological disorders for referral to care.
- Ensure that practitioners have skills to work with young people in a safe, friendly and ethical manner.
- MHPSS activities should not always be conducted in mixed-gender groups, but the same information should be provided to females and males. For instance, males must be informed on the female reproductive cycle.
- Materials should be accessible and culturally adapted to context so that young people can bring them home without risk of threat or shame.

HPC phases	What to do	Tips for young people's participation
Implementation and monitoring <div style="background-color: #0070C0; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 10px 0;">4</div>	<ul style="list-style-type: none"> → Ensure services are accessible (sites, opening times, costs, availability of commodities/supplies), acceptable (consent is given), appropriate (relevant to their unique needs), comprehensive (providing a full range of services, including a range of contraceptive methods), and equitable (available to all regardless of age, sex, gender, disability or origin) for young people and their families. Mobile service delivery may be warranted. 	
Operational peer review and evaluation <div style="background-color: #0070C0; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 10px 0;">5</div>	<ul style="list-style-type: none"> → Review projects within the Health response plan to assess to what extent the needs of young people were effectively addressed through humanitarian programming. → Document and share good practices on addressing the needs of young people in health. 	<ul style="list-style-type: none"> → Facilitate the participation of young people in project reviews.



Abu Zant helps with the olive harvest in the village of Walageh on the West Bank, Palestine. He is part of a youth initiative supported by ActionAid Palestine. By helping out, he and other members of the initiative help strengthen the resilience of the farmers, who are heavily impacted by attacks and restrictions on mobility.

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