



PLAN
INTERNATIONAL



**A TIME OF
TRANSITION:
ADOLESCENTS IN
HUMANITARIAN
SETTINGS**

A time of transition: Plan International's work with and for adolescents in humanitarian settings

Photo Credit: Gurufoto / Plan International

Maya (15) and her husband, Buddha, live in a remote part of Dolakha district in Nepal. Inaccessible by road, their village has received very minimal support following the April earthquake. Maya married at a young age and due to the pressures from Buddha's family, she was forced to drop out of school and become a housewife. For the past year, Maya has tended to household chores while her friends and neighbours continued to attend a local school.

In August of 2015, the mobile team - a group of young community volunteers from earthquake-affected areas trained by Plan International to provide child protection, education and health outreach services, counselling and support - met Maya in her local village. After several weeks of counselling and interventions, and understanding the implications of keeping Maya from school, Buddha's parents agreed to let her resume her studies.

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Glossary of key terms

Term	Explanation
Adolescents with disabilities¹	This includes those adolescents who have long-term physical, mental, intellectual or sensory impairments that in interaction with various barriers – such as economic, political, social, and environmental barriers – may hinder their equal, full and effective participation in society
Alternative care²	Care provided for children by caregivers who are not their biological parents. This care may take the form of informal or formal care. Alternative care may be kinship care, foster care, other forms of family-based or family-like care, residential care or supervised independent living arrangements for children.
Case management³	Social work-based case management is a systematic process by which a trained and supervised caseworker assesses the needs of the client and, when appropriate, assesses the client's family; he or she will then arrange, sometimes provide, coordinate, monitor, evaluate, and advocate for a package of multiple services to meet the specific client's complex needs.
Child associated with armed forces or groups⁴	Any person under the age of 18 years old who is, or who has been, recruited or used by an armed force or armed group in any capacity, including but not limited to boys and girls used as fighters, cooks, porters, messengers, spies or for sexual purposes.
Child labour⁵	In most contexts, the legal minimum working age is 15. Child labour is work that is unacceptable because the children involved are too young and should be in education. Alternatively, it is inappropriate because the work is harmful to their emotional, developmental, or physical wellbeing, whether they have reached the minimum age or not. Many of those involved in child labour are victims of the worst forms of child labour. These include forced or bonded labour, children associated with armed forces or armed groups, trafficking, sexual exploitation or hazardous work that causes harm to their health, safety or morals.
Early and/or forced marriage⁶	A formal marriage or informal union before age 18

¹ Save the Children and UNFPA (September 2009) Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings: A Companion to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings

² Interagency Working Group on Unaccompanied and Separated Children (2013) Alternative Care in Emergencies Toolkit

³ Child Protection Working Group (January 2014) Inter Agency Guidelines For Case Management and Child Protection: The Role of Case Management in the Protection of Children: A Guide for Policy & Programme Managers and Caseworkers

⁴ The Paris Principles: Principles and Guidelines on Children Associated with Armed Forces or Armed Groups (2007)

⁵ Thompson, Hannah (2015) A matter of life and death

⁶ See UNICEF (October 2014) Child protection from violence, exploitation and abuse: Child marriage, available at: http://www.unicef.org/protection/57929_58008.html [accessed 13 February 2015] that provides this definition based on principles outlined in UN Convention on the Elimination of All Forms of Discrimination Against Women, Article 16 and UN Convention on the Rights of the Child

Female genital mutilation/cutting ⁷	Female genital mutilation/cutting refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons
Gender identity ⁸	Each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modifications of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerism.
Heteronormative ⁹	Individuals who are LGBTIQ often do not align or fit comfortably within the norms of many societies. Such norms are based on the presumption that all community members, including those that are young, are heterosexual. This is referred to as the 'heteronormative' approach. This is an understanding of the world based on a rigid binary system for categorising humans providing just two opposing gender or sexuality options – male/female, and masculine/feminine – rather than considering individual identities as potentially ranging across a broad spectrum of different forms of gender identity, gender expression, biological sex, sexuality, and more.
LGBTIQ ¹⁰	<p>This is a broad category of those individuals who self-identify as being lesbian, gay, bisexual, transgender, intersex, or who may be considered to be questioning their sexual orientation and/or gender identity. Some young people may be less able, or certain as to how to categorise their gender and sexuality. Sexual orientation and gender identity is a wide and fluid spectrum. A person's position on the spectrum may be unclear in the present and/or may change in the future.</p> <ul style="list-style-type: none"> • Lesbian: A woman who is sexually and emotionally attracted to women • Gay male: A male who feels sexual and/or emotional desire exclusively or predominantly for persons of his own sex • Bisexual: A person who is emotionally and/or sexually attracted to persons of more than one sex • Transgender: A person who lives permanently in their preferred gender, without necessarily needing to undergo any medical intervention(s) • Intersex: A person who is born with physical, hormonal or

⁷ UNICEF (October 2014) Child protection from violence, exploitation and abuse: Female genital mutilation/cutting, available at: http://www.unicef.org/protection/57929_58002.html [accessed 13 February 2015]

⁸ Plan UK and Plan Sweden (May 2015) Plan Strengthening Support to LGBTIQ Adolescents: Policy Report on the Rationale and Scope for Strengthening Support to Adolescents Who Are Lesbian, Gay, Bisexual, Transgender, Intersex or Questioning

⁹ Plan UK and Plan Sweden (May 2015) Plan Strengthening Support to LGBTIQ Adolescents: Policy Report on the Rationale and Scope for Strengthening Support to Adolescents Who Are Lesbian, Gay, Bisexual, Transgender, Intersex or Questioning

¹⁰ Plan UK and Plan Sweden (May 2015) Plan Strengthening Support to LGBTIQ Adolescents: Policy Report on the Rationale and Scope for Strengthening Support to Adolescents Who Are Lesbian, Gay, Bisexual, Transgender, Intersex or Questioning

	genetic features that are neither wholly female nor wholly male, or a combination of female and male, or neither female nor male. Intersex is a spectrum or umbrella term, rather than a single category
Psychological first aid¹¹	Describes a suitable, supportive response to someone who is suffering and may need support. It is a way of communicating with and supporting an individual to help them to get better as well as a process of identifying basic practical needs and ensuring they are met.
Psychosocial distress¹²	It is difficult to distinguish psychosocial distress from mental disorders, especially for untrained professionals in humanitarian settings. Common signs of psychological and social distress may include behavioural and emotional problems such as loss of appetite, change in sleep patterns, nightmares and withdrawal. A child tends however to be able to continue to function in all or almost all day-to-day, normal activities.
Psychosocial support¹³	This term refers to processes and actions that promote the holistic wellbeing of people in their social world. It includes support provided by family, friends and the wider community, indicating the direct relationship between psychological wellbeing and social context.
Separated children¹⁴	Children separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. <ul style="list-style-type: none"> • Primary separation is when a child is separated from his or her caregiver as a direct result of the crisis or emergency. • Secondary separation occurs after the crisis when children who are not separated during the emergency become separated during the aftermath. Secondary separation is usually a consequence of the impact of the emergency on the protective structures that were in place prior to the crisis and of the deteriorated economic circumstances of a family or community.
Sexual and Reproductive Health¹⁵	Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It comprises the ability for people to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to reproduce. In order to achieve and maintain good sexual reproductive health people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections. And when they decide to have children, women and girls must have

¹¹ IASC (2007) Guidelines on Mental Health and Psychosocial Support in Emergency Settings

¹² Thompson, Hannah (2015) A matter of life and death

¹³ Child Protection Working Group (CPWG) (2012) Minimum Standards for Child Protection in Humanitarian Action

¹⁴ Louise Melville Fulford (2013) Alternative Care in Emergencies Toolkit, Interagency Working Group on Unaccompanied and Separated Children

¹⁵ UNFPA (date unknown) Sexual & reproductive health, Available at: <http://www.unfpa.org/sexual-reproductive-health#sthash.u22cGAgI.dpuf>

	access to services that can help them have a fit pregnancy, safe delivery and healthy baby.
Sexual and reproductive health rights ¹⁶	<p>Include the right to have access to sexual and reproductive health care and information, as well as autonomy in sexual and reproductive decision-making. They are human rights; they are universal, indivisible, and undeniable. Some core elements of comprehensive Sexual Reproductive Health Rights are:</p> <ul style="list-style-type: none"> • “Voluntary, informed, and affordable family planning services; • Pre-natal care, safe motherhood services, assisted childbirth from a trained attendant (e.g., a physician or midwife), and comprehensive infant health care; • Prevention and treatment of sexually transmitted infections (STIs), including HIV and AIDS and cervical cancer; • Prevention and treatment of violence against women and girls, including torture; • Safe and accessible post-abortion care and, where legal, access to safe abortion services; and • Sexual health information, education, and counseling, to enhance personal relationships and quality of life.”
Sexual orientation ¹⁷	<p>A pattern of emotional, romantic, and/or sexual attraction and affection for someone of the opposite sex or gender, the same sex or gender, or to both sexes or more than one gender, or someone with a specific sexual identity on the spectrum of sexuality. Sexual orientation also refers to a person’s sense of identity, potentially associated behaviors and mannerisms, and membership in a community on the basis of this attraction</p> <p>Each person’s capacity for emotional and sexual attraction, and affection to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender.</p>
Sexual violence ¹⁸	Sexual violence is “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work.” Sexual violence may take many different forms, including rape, attempted rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation, sexual abuse, and forced abortion.
Unaccompanied children/unaccompanied minors ¹⁹	Children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

¹⁶ Amnesty International USA (date unknown) Sexual and Reproductive Health Rights, available at: <http://www.amnestyusa.org/pdfs/SexualReproductiveRightsFactSheet.pdf>

¹⁷ American Psychological Association. (2008) Answers to your questions: For a better understanding of sexual orientation and homosexuality, available at: <https://web.archive.org/web/20130808032050/http://www.apa.org/helpcenter/sexual-orientation.aspx>

¹⁸ Inter-Agency Standing Committee. 2015. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery. GBV

List of acronyms and abbreviations

Acronym or abbreviation	Explanation
AIDS	Acquired Immunodeficiency Syndrome
ARC	Action on the Rights of the Child
ART	Antiretroviral therapy
BPRM	The Bureau of Population, Refugees, and Migration - a bureau within the United States Department of State
CAAFAG	Children Associated with Armed Forces and Armed Groups
CAR	Central African Republic
CHASE	DFID's Conflict Humanitarian and Security department
CPWG	Child Protection Working Group
DALYs	Disability adjusted life years
DFID	Department for International Development, UK
DRC	Democratic Republic of Congo
ECHO	European Commission's Humanitarian Aid and Civil Protection department
EFA	Education for All
eGAIM	Emergency Girl Analysis Integration Matrix
FAQ	Frequently Asked Questions
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
IASC	Interagency Standing Committee
IDP	Internally Displaced People
IGA	Income-generating activities
ILO	International Labour Organization
IRC	International Rescue Committee
LGBTI(Q)	Lesbian, gay, bisexual, transgender, intersex, questioning
LRA	Lord's Resistance Army
MISP	Minimum Initial Service Package for Reproductive Health in Crisis Situations
MONUSCO	<i>Mission de l'Organisation des Nations Unies en République démocratique du Congo</i> (United Nations Organization Stabilization Mission in the Democratic Republic of the Congo)
NGO	Non-Governmental Organization
OFDA	Office of US Foreign Disaster Assistance
OSRSG/VAC	Office of the Special Representative of the Secretary-General on Violence against Children
PEP kits	Post-Exposure Prophylaxis (HIV) kits
PSS	Psychosocial Support
PTSD	Post-Traumatic Stress Disorder
RUF	Sierra Leone the Revolutionary United Front
SRHR	Sexual and Reproductive Health Rights
STIs	Sexually Transmitted Infections

¹⁹ Interagency Working Group on Unaccompanied and Separated Children (2013) Alternative Care in Emergencies Toolkit

Acronym or abbreviation	Explanation
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNCRC	UN Convention on the Rights of the Child
UNDESA	UN Department of Economic and Social Affairs
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	UN Population Fund
UNGEI	United Nations Girls' Education Initiative
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USA	United States of America
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WRC	Women's Refugee Commission

I. Background and introduction to the report

Adolescents – defined as **those between the ages of 10 and 19** by the United Nations – **in 2014 numbered 1.2 billion**²⁰ – making up a little over **16% of the world’s population**.²¹ By far the majority of these adolescents, that is **88%, live in low-income and middle-income countries**.²² 19% of the population in low- and middle-income countries falls within this age group.²³ **Almost one in every six adolescents globally lives in a low-income country**.²⁴ The youth population, 10 – 24 year olds, is growing fastest in the poorest nations.²⁵ There are **1.8 billion young people between the ages of 10 and 24**.²⁶ A significant trend is **the urbanisation of adolescent populations**.²⁷

Whilst the UN Convention on the Rights of the Child explain the equal rights of all children, there is growing awareness among donors, UN agencies, and NGO actors **that activities that look to support all children from 0 to 18 years old may not deliver the impact intended**, as they do not account for the variable vulnerabilities within this population. This is in part due to the fact that in much humanitarian action practitioners take a generic approach to addressing the needs of children, believing that broad interventions will be able to reach the needs of all boys and girls 0 to 18 years old – including young children, adolescents, and youth. In some cases child protection actors include individuals up to the age of 25 in their interventions. Parents and caregivers of the children they work with may also at times be beneficiaries of activities. **Decisions about who to target appear haphazard and unstudied**.

This has been coupled with a **limited analysis of the diverging needs of girls and boys**,²⁸ and the subsequent impact this may have on the design of suitable interventions for the different sub-groups of children. Certain vulnerable groups are also often rendered invisible when actors take a generic approach to addressing children’s needs. For example it is felt that little regard is given to the forms of

²⁰ van der Gaag, Nikki (2013) Because I am a Girl: The State of the World’s Girls 2013: In Double Jeopardy: Adolescent Girls AND Disasters, Plan International

²¹ WHO (date unknown) Demographic situation/ trends/ projections: Adolescent population (10-19 years old) by WHO regions, 2012, available at: http://apps.who.int/adolescent/second-decade/section/section_1/level1_2_page2.php

²² WHO (date unknown) Demographic situation/ trends/ projections: Trends in adolescent population by income level of countries, 1950-2050, available at: http://apps.who.int/adolescent/second-decade/section/section_1/level1_2_page3.php

²³ Robert E Black, Cesar G Victora, Susan P Walker, Zulfiqar A Bhutta, Parul Christian, Mercedes de Onis, Majid Ezzati, Sally Grantham-McGregor, Joanne Katz, Reynaldo Martorell, Ricardo Uauy (June 2013) Maternal and child undernutrition and overweight in low-income and middle-income countries, available at: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60937-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60937-X/fulltext)

²⁴ Robert E Black, Cesar G Victora, Susan P Walker, Zulfiqar A Bhutta, Parul Christian, Mercedes de Onis, Majid Ezzati, Sally Grantham-McGregor, Joanne Katz, Reynaldo Martorell, Ricardo Uauy (June 2013) Maternal and child undernutrition and overweight in low-income and middle-income countries, available at: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60937-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60937-X/fulltext)

²⁵ UNFPA (2014) The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future: The State of World Population 2014

²⁶ UNFPA (2014) The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future: The State of World Population 2014

²⁷ In 2009, around 50 per cent of the world’s adolescents lived in urban areas. By 2050, this share will rise to almost 70 per cent, with the strongest increases occurring in developing countries - UNICEF (2011) Demographic trends for adolescents: Ten key facts, available at: <http://www.unicef.org/sowc2011/pdfs/Demographic-Trends.pdf>

²⁸ Women’s Refugee Commission (2014) I’m here: Adolescent Girls in Emergencies: Approach and tools for improved response

protection concerns faced by those with disabilities, children from minority linguistic, religious or ethnic groups, those with different socio-political or economic status, or how threats may vary depending on sexual orientation or gender identity.²⁹

Overall, actors share the perspective that humanitarian prevention and response programming is not sufficiently or systematically tailored to the requirements of all the diverse subgroups included within the category of children, and approaches are not consistent in terms of quality. Specifically, **recent humanitarian action has highlighted the need to more rigorously include the perspectives and consider needs of adolescents in crisis situations.** This has led to recent commitments specifically to address the needs of adolescents and youth.³⁰

Plan International UK commissioned the development of this report in order to better clarify and develop:

- A conceptualisation of adolescence, based on Plan's policy and programme work
- Summarise the data available on the needs of adolescents in times of crises
- Map out the work Plan are doing with and for adolescents in humanitarian action
- Identify trends in the work other agencies and donors are doing with and for adolescents
- Propose recommendations for Plan's future work for adolescents in humanitarian actions

The findings and outputs of this consultancy are presented in the following narrative report, and an accompanying stocktaking tool.

Methodology

The report was based on a literature review and key informant interviews. The four main sources of reference material were:

- Published reports, data, analysis and research from multi-lateral and UN agencies, donors, and NGOs presenting information on the situation of children broadly and adolescents specifically
- Academic journals and publications
- Grey literature³¹ giving details of programme design, outcomes and impact
- Programming guidance and tools from international NGOs, inter-agency groups, and donors

²⁹ Based on discussions held with Key informants and literature reviewed during the course of this research. See for example reports by WRC: Women's Refugee Commission (2014) I'm here: Adolescent Girls in Emergencies: Approach and tools for improved response, United Nations Children's Fund (UNICEF), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the United Nations Population Fund (UNFPA), the International Labour Organisation (ILO) and the Office of the Special Representative of the Secretary-General on Violence against Children (OSRSG/VAC) (May 2013) Breaking the Silence on Violence against Indigenous Girls, Adolescents and Young Women, and Plan UK and Plan Sweden (May 2015) Plan Strengthening Support to LGBTIQ Adolescents: Policy Report on the Rationale and Scope for Strengthening Support to Adolescents Who Are Lesbian, Gay, Bisexual, Transgender, Intersex or Questioning

³⁰ For example the World Humanitarian Summit (2016) Compact For Young People In Humanitarian Action and the UN (2014) Resolution adopted by the General Assembly on 18 December 2014: 69/187. Migrant children and adolescents, A/RES/69/187

³¹ Grey literature is material and research that is produced less formally, and disseminated or published in non-traditional ways – for example it is not distributed in academic journals or circulated in libraries. Common grey literature publication types include reports (annual, research, technical, project, etc.), working papers, government documents, white papers and evaluations. The forms of organisations that have produced grey literature reviewed here include government departments and agencies, civil society or non-governmental organisations, think tanks, advocacy groups, and private individual consultants or consultancy firms.

Data and research information were drawn from approximately 120 sources, references, publications and websites.

A total of 34 interviewees were involved in 20 interviews. Key informant interviews were carried out with:

- Plan country staff implementing programmes that either specifically target adolescents, or include adolescents within their target group – staff involved represented the offices in Central African Republic, Dominican Republic, Egypt, Ethiopia, Nepal, Philippines, Rwanda, Sierra Leone, and Tanzania (17 interviewees)
- Child, or adolescent specialists from within donor agencies offices for DfID, ECHO, USAID/OFDA (3 interviewees)
- UN agencies implementing significant adolescent programmes – UNHCR, and UNICEF (3 interviewees)
- Key NGO agencies implementing, researching, and developing guidance on working with adolescents: IRC, Save the Children, WarChild, Women's Refugee Commission (5 interviewees)
- Plan UK head office staff (6 interviewees)

The findings of the research are presented below in three main sections: What is adolescence: What is Plan doing for adolescents: and What are other agencies doing for adolescents. Finally recommendations for future work are suggested in conclusion to the report. Throughout the paper considerations and recommendations for programming are given in red italics and suggested resources and references are identified in green, and summary learning points are highlighted in boxed text.

II. What is adolescence?

The term “adolescence” refers to a **specific phase of life within the process of a child’s development**. The term is understood differently depending on the specific cultural and social context. Here it is considered to describe children, both girls and boys, who are in a stage of development that occurs between the beginning of puberty – the period or age when a person starts to be capable of sexual reproduction – and the beginning of adulthood. At the level of the child it is a period of rapid and profound physical and mental change. These changes inherent to the child affect external factors in their lives, such as their relationships with peers, and family, their roles within their community, the daily activities in which adolescents engage, and their levels of financial, political, and social responsibility. Given that adolescence relates to how intrinsic changes lead to external shifts, there is significant variation in how the term adolescence is interpreted or applied³² as outer environments and contexts vary and change over time.

A note on terminology

Though pronounced much the same way – there is a difference in meaning between *adolescents* and *adolescence*.

Adolescent (adjective):

- An adolescent person
- Having the characteristics of adolescence or of an adolescent

Adolescence (noun):

- The transitional period between puberty and adulthood in human development, extending mainly over the teen years and terminating legally when the age of majority is reached; youth
- The process or state of growing to maturity
- A period or stage of development, as

Definitions for adolescence may be in relation to specific age classifications, or may be established through more complex means based on and relating to certain physical, mental and functional transitions.³³

1. Age graded definitions of adolescence

Adolescence may be thought of as a stage of life as defined by a set period of time or age bracket. The identified ages of adolescents differs for different actors:

External actors

- **ARC** (Action on the Rights of the Child): 11 – 18 years old
- **DFID** (Department for International Development, UK) 10 – 18 years old. Adolescents are under 18, as they are considered a subset of children. They define youth as 15 – 24 years old, recognising that it is necessary to go beyond the age dimension, and additionally focus on the transitional experiences of being young. This means acknowledging localised cultural understandings of

³² UNICEF (2005) Adolescent Development: Perspectives and Frameworks - A Discussion Paper

³³ Women’s Commission for Refugee Women and Children (2005) “Don’t Forget Us”: The Education and Gender-Based Violence Protection Needs of Adolescent Girls from Darfur in Chad

childhood and adulthood.³⁴

- **ECHO** (European Commission's Humanitarian Aid and Civil Protection department) – No specific ECHO definition. Would include roughly those 13 – 25 years old, but for education programmes the cut off is 18 years old
- **IRC** (International Rescue Committee): 10 – 19 years old with possibility for flexibility at country level
- **OFDA** (Office of US Foreign Disaster Assistance) – comply with UASID policy on these definitions, have not elaborated their own. USAID health programming for adolescents targets 10 – 19 year old
- **Save the Children** for the Middle East, North Africa and Eurasia Region have adopted definitions proposed in international instruments and by UN agencies, namely: adolescents 10 – 19 years old, young people 10 – 25 years old, youth 15 – 24 years old. These ages have been selected for statistical purposes. With the caveat that these ages may be adapted and contextualised for programme purposes. The African charter for example speaks of young people being up to the age of 35 years old
- **UNHCR** (United Nations High Commissioner for Refugees) has not formally adopted a definition of adolescence so as to allow for country level flexibility in defining who is considered to be in this stage of transition. For statistical purposes gather data in same age brackets as sister agencies (UNICEF and UNFPA), but programmatically are flexible
- **UNICEF** (United Nations Children's Fund) 10 – 19 years old
- For **UNFPA**³⁵ (UN Population Fund) and **WHO** (World Health Organization): 10 – 19 years old
- **War Child Holland**: Currently have not adopted a standard definition of adolescence or youth. There is internal discussion about the nature of their work and if it will target only those who are under 18, possibly those 15 – 18, or if it will address the needs of a wider age group, say up to 25 years old.
- **Women's Refugee Commission (WRC)**: Adolescents are 10 – 19 years old, and Youth are 14 – 25 years old

Some of these extend slightly beyond the United Nations Convention on the Rights of the Child (UNCRC) definition of the child. There is both overlap and variation in the way that different international agencies define and perceive adolescence. The divergence reflects the global diversity in understanding and conceptualisation of the concept – different agencies seek to represent the views of the actors they represent and work with in country programmes. The more significant similarities between agencies' definitions – specifically in relation to the ages attributed to this phase of transition – demonstrate efforts to harmonise data collection methods across the humanitarian sector for greater ease of comparison and analysis.

Who are children?

The UNCRC states that a child is every human being, all girls and boys, below the age of eighteen years.³⁶

³⁴ DFID–CSO Youth Working Group (2010) Youth Participation in Development A Guide for Development Agencies and Policy Makers

³⁵ UNFPA (2014) The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future: The State of World Population 2014

³⁶ UN (1989) Convention on the Rights of the Child, available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

Older children may not want to be identified as children, but rather as young people, youth, or adolescents. Caution needs to be used when using the word child with older children as this may cause them to disassociate from activities targeted at them.

Who are youth?

Both the World Bank³⁷ and the United Nations³⁸ define youth as persons of 15 to 24 years. Youth overlaps with, but is somewhat distinct from adolescence, as it extends further into adulthood. This period beyond 18 years of age is the time when girls and boys transition out of childhood into adulthood – a phase of life that may pose new and significant challenges. This broader range of ages is intended to capture many of those who have finished schooling, are sexually active, and are facing livelihoods and employment or unemployment issues.³⁹

As with the definition of adolescence, **youth is a life stage, one that is not fixed or universally agreed**. A number of UN agencies and multilaterals have adopted the definition of youth as 15-24 years for statistical purposes, yet for policy and programming many countries organisations expand this age range to reflect the range of changes and developmental needs occurring in the transition to adult hood, as well as the diversity among cultural and country contexts.⁴⁰

Looking at some example definitions we can see the variation that exists:

- **USAID** Youth 10 – 29 years old - USAID uses the term youth and young people interchangeably and while youth development programs often focus on youth in the 15 to 24 year age range, USAID programs also are likely to engage individuals aged 10-29 as a broader youth cohort.⁴¹
- **UN and WHO** Youth 15 – 24 years old
- The **African Youth Charter** specifies that youth or young people are those aged between 15 and 35 years old⁴²
- In **Ethiopia** youth spans from 15 to 29, in the **DRC** it covers from 15 to 35 years old⁴³
- In the **United Kingdom** for youth are defined as those from 13 to 19 years old⁴⁴

³⁷ See for example: Youthpolicy.org (date unknown) Main Actors: World Bank, available at: <http://www.youthpolicy.org/mappings/internationalyouthsector/directory/actors/worldbank/> and World Bank (2016) Unemployment, youth total (% of total labor force ages 15-24) (modeled ILO estimate), available at: <http://data.worldbank.org/indicator/SL.UEM.1524.ZS>. "Young people", according to the Bank, covers an even broader spectrum of ages, all the way from 15-34 years old. The World Bank (February 2014) Youth Employment, available at: <http://www.worldbank.org/en/topic/socialprotectionlabor/brief/youth-employment>

³⁸ DFID–CSO Youth Working Group (2010) Youth Participation in Development A Guide for Development Agencies and Policy Makers

³⁹ DFID–CSO Youth Working Group (2010) Youth Participation in Development A Guide for Development Agencies and Policy Makers

⁴⁰ USAID (October 2012) USAID Youth in Development Policy: Realizing the Demographic Opportunity

⁴¹ USAID (October 2012) USAID Youth in Development Policy: Realizing the Demographic Opportunity

⁴² African Union (July 2006) African Youth Charter, available at: <http://www.unesco.org/new/fileadmin/MULTIMEDIA/FIELD/Dakar/pdf/AfricanYouthCharter.PDF>

⁴³ YouthPolicy.org (October 2014) Ethiopia Country Factsheet: Definition of Youth, available at <http://www.youthpolicy.org/factsheets/country/ethiopia/>; YouthPolicy.org (October 2014) DRC Country Factsheet: Definition of Youth, available at: <http://www.youthpolicy.org/factsheets/country/congo-kinshasa/>,

⁴⁴ YouthPolicy.org (July 2014) United Kingdom Country Factsheet: Definition of Youth, <http://www.youthpolicy.org/factsheets/country/united-kingdom/>

It is clear that in some countries and cultures youth and even adolescence stretches far beyond the UN upper age boundary. Whilst in other settings the terms youth and adolescence may almost seem interchangeable, as is seen in the case of the UK.

United Nations age-graded definition of adolescents, as related to childhood and youth⁴⁵

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Early childhood				Middle childhood																			
Child: 0 - 18 years old - UNCRC																							
										Adolescent: 10 - 19 years old													
										Young adolescent: 10-14					Older adolescent: 15-19								
															Youth: 15 - 24 years old								

How does Plan policy and advocacy work define adolescence?

Plan International is recognised for its work for adolescents given its leadership role in the global movement “Because I am a Girl” and the annual production of “The State of the World’s Girls” report. Both of these focus significantly on the issues faced by girls during their adolescent years. The definition of adolescents used in the policy and advocacy work by Plan is as follows:

Plan International, Because I am a Girl: The State of the World’s Girls 2013

The United Nations Convention on the rights of the Child defines a child as anyone under the age of 18. While adolescence is difficult to define, not least because individual experiences of puberty vary considerably, the general understanding is that an ‘adolescent’ is between the ages of 10 and 19, divided into ‘very young adolescent’ (10 to 14 years), ‘middle adolescent’ (15 to 16 years) and ‘older adolescent’ (17 to 19 years). For the purposes of this report [The State of the World’s Girls 2013], a ‘girl’ is a young female up to the age 18 and a ‘young woman’ up to 24.⁴⁶

Plan country office definitions of adolescence

Whilst at a policy and global level, Plan has adopted the UN definition of adolescence, country programmes implement activities for adolescents with varying interpretation of who that category of children is. The following table outlines the definitions of adolescents described during key informant interviews carried out with staff in nine of Plan’s offices implementing programmes for adolescents in emergencies. These definitions may be based on global definitions from the UN, or may be adapted to community and cultural understandings of this phase of life, or on donor requirements in context.

Country	Age range	Notes
Central	• 13-17 years old	The upper limit is 17 years old, as 18 year

⁴⁵ The definitions for early childhood, middle childhood, and adolescent come from UNICEF (2011) State of the World’s Children: Adolescence An Age of Opportunity, Definition of child is that presented in UNCRC, Young or early and older or late adolescence are defined as these age groups in UNICEF (2014) A statistical snapshot of violence against adolescent girls. Youth are presented as being persons of 15 to 24 years by the United Nations, see United Nations Department of Economic and Social Affairs (UNDESA) (date unknown) Definition of Youth

⁴⁶ van der Gaag, Nikki (2013) Because I am a Girl: The State of the World’s Girls 2013: In Double Jeopardy: Adolescent Girls and Disasters, Plan International

African Republic		olds are considered adults
Dominican Republic	<ul style="list-style-type: none"> • 12 – 18 years old 	Adolescents are considered to be within a broader category – childhood. They differ in terms of their protection needs and levels of resilience.
Egypt	<ul style="list-style-type: none"> • 12 – 18 years old 	Whilst adolescence is considered to be those 12 – 18 years old, generally they do not differentiate or identify sub-groups within the category of children 0-18 years old. They define youth as those 18-25 years old.
Ethiopia	<ul style="list-style-type: none"> • 13 – 18 years old 	Because of the UNCRC they do not go beyond the age of 18 in their child protection programmes. However, they also have Youth programmes that are for those who are 15 – 24 year olds. This is based on the UN definition of youth
Nepal	<ul style="list-style-type: none"> • 11 – 19 or 12 – 25 years old • Emergency response Better Life Options Programme 12 – 25 years old, • Other work targets, 11 – 19 years old 	Staff from the Nepal country programme were aware that the WHO defines adolescence as 10 – 19 years old, however the term adolescence was applied variable depending on the programme, adolescents needs and the donors approach. A new donor is seeking to carry out activities for those who are 15 – 25 years old
Philippines	<ul style="list-style-type: none"> • 12/13 to 18/19 years old • For the Haiyan 10 – 19 years old 	In the Haiyan response the donor – UNICEF – determined the age range of the target group. Adolescents are <i>those who should be in school</i> , even if they are not, even if they are instead working
Rwanda	<ul style="list-style-type: none"> • Girls take the lead programme: 12 – 17 year olds 	They do also include 18 year olds that are identified as having on-going needs
Sierra Leone	<ul style="list-style-type: none"> • 12/13 – 19 years old 	The age of entry into adolescence may vary
Tanzania	<ul style="list-style-type: none"> • 12 – 18 years old 	This is based on the Burundian perspective of girl child. Youth are 16 – 25 years old

Advantages and disadvantages of age-graded definitions of adolescence

Advantages: Pre-established and globally agreed agency-wide age graded definitions enable an organisation to gather comparable data across settings. Patterns of needs, and evaluations of response given are made more feasible at a macro-scale through harmonised data collection processes.

Disadvantages: Having a standardised approach would not allow for site-specific definitions of the category of adolescence. This may mean that certain vulnerable individuals who have needs relating to the transition from childhood into adulthood are overlooked.

2. Process definitions of adolescence

Alternatively, adolescence may be characterised as **a series of interconnected biological or physical, intellectual (including cognitive), emotional (including psychological), behavioural, or social changes that take place in a child's life.**⁴⁷ Some of the key components of these change processes are outlined in the table below.

Biological / physical, intellectual / cognitive, emotional / psychological, behavioural, and social changes demarcating entry into adolescence⁴⁸

Biological / physical – including brain development

- Physiological processes of maturation – sexual, and reproductive development
- Chemical /hormonal adjustments
- Increases in height, and acquisition of muscle mass
- Changes in the distribution of body fat
- The development of secondary sexual characteristics
- Significant changes in the brain and brain development – during the adolescent years, the organisation and functioning of the brain go through complex changes. These changes are unique to the adolescent years. The most significant changes occur in the frontal lobes – the part of the brain that plays a critical role in memory, intentional movement, controlling emotional urges, making decisions, problem solving, planning generally and planning for the future specifically, and other higher-order cognitive functions on which adults rely for survival. Based on a teenager's experiences, the frontal lobes are shaped and moulded into a configuration that will be set and unchangeable, for better or worse, through the adult years⁴⁹

⁴⁷ UNICEF (2005) Adolescent Development: Perspectives and Frameworks - A Discussion Paper

⁴⁸ This list is an elaborated version of information given in WHO publications and websites. It is based on a series of interconnected processes described by the WHO as key characteristics of adolescence, see WHO (2011) The sexual and reproductive health of younger adolescents: Research issues in developing countries. The WHO website also gave detailed accounts of the changes taking place during adolescence, see WHO (date unknown) Adolescence: physical changes <http://apps.who.int/adolescent/second-decade/section2/page3/adolescence-physical-changes.html>, Adolescence: psychological and social changes, <http://apps.who.int/adolescent/second-decade/section2/page5/adolescence-psychological-and-social-changes.html>, Adolescence: neurodevelopmental changes, <http://apps.who.int/adolescent/second-decade/section2/page4/adolescence-neurodevelopmental-changes.html>. Here we have adapted and elaborated this list, primarily based on discussions during key informant interviews but also bringing in findings of the literature review – references are listed where relevant.

⁴⁹ White, Aaron M. (2009) Understanding Adolescent Brain Development and Its Implications for the Clinician

<ul style="list-style-type: none"> • Biological maturity precedes psychosocial maturity⁵⁰
Intellectual / cognitive
<ul style="list-style-type: none"> • Increasingly think about moral, ideological, and political questions • May go through ideological changes – shift or change in belief systems • Abstract thought • Understanding issues of injustice • Acquisition of certain personal skills including for example sexual and reproductive information, deeper understanding of their own and others' emotions • Better able to negotiate and express views and opinions • Seeking greater agency, autonomy, influence, independence, and responsibility • Increased capacity to influence decisions that affect them and will seek to use this skill more and more over time • Increased understanding of alternative possibilities than those they experience in their own immediate environment • Increased awareness and thinking about the future • Still developing ability to understand other people's perspectives⁵¹ • Less able to think of the consequences of their actions than an adult, with reduced impulse control⁵²
Emotional / psychological
<ul style="list-style-type: none"> • Significant and rapid changes in emotional state based on fluctuating hormones • May be accompanied by insecurity, self-doubt, and confusion. Coupled with the physical changes they are living this may lead to a level of turmoil in their lives. Experiencing strong emotions deeply, for example anger, jealousy, being wronged, love, frustration, not being understood, etc. • They may have moments of depressions and sadness, even suicidal tendencies • Increased ability to control and address their emotions as they learn to adapt their emotional displays to social norms and expectations. • The emotions that are expected or accepted from girls and boys will differ increasingly over time
Behavioural
<ul style="list-style-type: none"> • Seeking independence • Changing relationships with those of different gender. Including the possible initiation of early sexual activities and their consequences • Change in sleep patterns linked with hormonal changes • Behaviour increasingly influenced by peers than immediate family • Seeking confirmation and acceptance by immediate peers and peer group as a whole • Identify with or establish certain idols and heroes • Increased ability to understand and inhibit socially inappropriate behaviour • Increased risk taking behaviour – especially when with friends⁵³
Social, cultural, economic, and political changes
<ul style="list-style-type: none"> • Increased emotional and intellectual distance from parents, caregivers, and families

⁵⁰ WHO (2014) Health for the World's Adolescents: A second chance in the second decade

⁵¹ Suparna Choudhury, Sarah-Jayne Blakemore, and Tony Charman (2006) Social cognitive development during adolescence, available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2555426/>

⁵² B.J. Casey, Sarah Getz, and Adriana Galvan (2008) The Adolescent Brain, available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2500212/>

⁵³ Lisa J. Knoll, Lucía Magis-Weinberg, Maarten Speekenbrink and Sarah-Jayne Blakemore (May 2015) Social Influence on Risk Perception During Adolescence

- Greater importance placed on relations with peers
- Opportunities, risks, and protective factors in communities, schools and family environments will all change as adolescents age
- Status transitions in early adolescence – for example continuing or dropping out of school, child marriage, or entering into the workforce
- Become increasingly politically aware and active
- Engage in income generating activities to support themselves and their families
- Activities in which they engage (sports, music, recreation, dance, etc.) start to be used to express their sense of self identity

All of these adjustments may be affected by external and internal factors. For example, chronic illness, under nutrition, family stress, and changes in family composition may all impact on physical and emotional development of the individual, in turn influencing socio-cultural norms and expectations that lead to a range of different forms of behaviour and social/economic and political changes in the child's life.

Advantages and disadvantages of process definitions of adolescence

Advantages: Establishing a definition of adolescence, which is based on a site-specific understanding of the transitions that children face when growing older, enables programmes to be tailored to the unique requirements of the adolescents in their location.

Disadvantages: Using site-specific definitions may mean that information gathered on the work in one location is not easily comparable with activities in other settings. It may also mean that data disaggregation methods are not in line with other actors in the same setting – for example donors.

Gender and the transitions experienced during adolescence

The biological / physical, intellectual / cognitive, emotional / psychological, behavioural, and social/political/economic development markers will all manifest themselves somewhat differently depending on the gender identity of the individual. The socio-cultural expectations and norms which vary for girls and boys will determine how the biological and physical differences are interpreted, and impact on the roles individuals are expected to fill and behaviours they are expected to demonstrate.

Examples of gender variation in biological / physical, intellectual / cognitive, emotional / psychological, behavioural, and social changes demarcating entry into adolescence

Biological / physical – including brain development

- *For girls* indicators of biological transition from childhood into adulthood or “sexual maturation” are based on breast shape and distribution of public hair.⁵⁴ With an additional clear marker of puberty: *menarche* – the first time she menstruates.⁵⁵ The first sign of puberty for girls is breast budding at roughly 8 or 9 years old. The first period would normally occur in the middle of the sequence

⁵⁴ WHO (2011) The sexual and reproductive health of younger adolescents: Research issues in developing countries

⁵⁵ UN Department of Economic and Social Affairs (2012) World Population Monitoring: Adolescents and Youth: A Concise Report

of changes caused by puberty. The end of puberty is generally around 15 to 16 years old.⁵⁶

- For boys, no indicator or moment as clear as a girl's first menstruation may be easily identified.⁵⁷ However there are physical signs of change, the first of which are the beginnings of a growth spurt when the child will gain height and weight, and testes and scrotum start to visibly change. Subsequently, for 1-2 years, the penis broadens and lengthens.⁵⁸

Intellectual / cognitive

- *Boys* generally seek out different sources of information than girls. They often rely on friends, magazines, film, and websites in order to deepen their knowledge and understanding of sexual health issues.⁵⁹
- Whilst *girls* will go to their parents, teachers, and other possibly more legitimate – though not always more responsive, accurate or well-informed – sources of information.⁶⁰
- Girls are generally more advanced than boys in intellectual and cognitive functioning during early adolescence.⁶¹

Emotional / psychological

- Research has indicated that *boys* may perpetrate more physical aggression than girls, though the pattern of change in level of engagement in aggressive behaviour over time was the same for both genders. Girls and boys perpetrated the same amount of social aggression at all ages.⁶²
- One cross-cultural study suggests that, with increasing age, the sex difference in certain feelings and psychological developments – namely anxiety, vulnerability, and positive emotions, generation of ideas – becomes larger and that adolescent boys and girls demonstrate convergence in relation to other psychological attributes – such as assertiveness, and striving to achieve.⁶³

⁵⁶ WHO (2011) The sexual and reproductive health of younger adolescents: Research issues in developing countries

⁵⁷ UN Department of Economic and Social Affairs (2012) World Population Monitoring: Adolescents and Youth: A Concise Report

⁵⁸ WHO (2011) The sexual and reproductive health of younger adolescents: Research issues in developing countries

⁵⁹ WHO (2011) The sexual and reproductive health of younger adolescents: Research issues in developing countries

⁶⁰ WHO (2011) The sexual and reproductive health of younger adolescents: Research issues in developing countries

⁶¹ Marleen De Bolle, Filip De Fruyt, Robert R. McCrae, Corinna E. Löckenhoff, Paul T. Costa, Jr., Maria E. Aguilar-Vafaie, Chang-kyu Ahn, Hyun-nie Ahn, Lidia Alcalay, Jüri Allik, Tatyana V. Avdeyeva, Denis Bratko, Marina Brunner-Sciarra, Thomas R. Cain, Wayne Chan, Niyada Chittcharat, Jarret T. Crawford, Ryan Fehr, Emília Ficková, Michele J. Gelfand, Sylvie Graf, Sami Gülgöz, Martina Hřebíčková, Lee Jussim, Waldemar Klinkosz, Goran Knežević, Nora Leibovich de Figueroa, Margarida P. Lima, Thomas A. Martin, Iris Marušić, Khairul Anwar Mastor, Katsuharu Nakazato, Florence Nansubuga, Jose Porrata, Danka Purić, Anu Realo, Norma Reátegui, Jean-Pierre Rolland, Vanina Schmidt, Andrzej Sekowski, Jane Shakespeare-Finch, Yoshiko Shimonaka, Franco Simonetti, Jerzy Siuta, Barbara Szmigielska, Vitanya Vanno, Lei Wang, Michelle Yik, and Antonio Terracciano (January 2015) The Emergence of Sex Differences in Personality Traits in Early Adolescence: A Cross-Sectional, Cross-Cultural Study

⁶² Katherine J. Karriker-Jaffe, Vangie A. Foshee, Susan T. Ennett, and Chirayath Suchindran (November 2008) The development of aggression during adolescence: Sex differences in trajectories of physical and social aggression among youth in rural areas, available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2773662/>

⁶³ Marleen De Bolle, Filip De Fruyt, Robert R. McCrae, Corinna E. Löckenhoff, Paul T. Costa, Jr., Maria E. Aguilar-Vafaie, Chang-kyu Ahn, Hyun-nie Ahn, Lidia Alcalay, Jüri Allik, Tatyana V. Avdeyeva, Denis Bratko, Marina Brunner-Sciarra, Thomas R. Cain, Wayne Chan, Niyada Chittcharat, Jarret T. Crawford, Ryan Fehr, Emília Ficková, Michele J. Gelfand, Sylvie Graf, Sami Gülgöz, Martina Hřebíčková, Lee Jussim, Waldemar Klinkosz, Goran Knežević, Nora Leibovich de Figueroa, Margarida P. Lima, Thomas A. Martin, Iris Marušić, Khairul Anwar Mastor, Katsuharu Nakazato, Florence Nansubuga, Jose Porrata, Danka Purić, Anu Realo, Norma Reátegui, Jean-Pierre Rolland, Vanina Schmidt, Andrzej Sekowski, Jane Shakespeare-Finch, Yoshiko Shimonaka, Franco Simonetti, Jerzy

Behavioural

- Gender socialisation and the influence of social norms on boys' and girls' attitudes and behaviours differ.
- Young adolescents are expected to learn a complex set of gendered social rules about how they should look, think and behave.⁶⁴
- Some research has indicated the possibility of gender intensification – a process whereby during adolescence girls and boys develop more entrenched, distinguished, and defined roles and responsibilities that are socially assigned. More recent studies have shown mixed results with the conclusion that whilst changes are taking place in behavioural patterns and activities during adolescence, these are in line with the gender assigned at birth, and the gradual process of ascribing fixed expectations that begins in early childhood.⁶⁵

Social, cultural, economic, and political changes

- Social constructs of male and female roles continue to be learnt. Globally, to varying degrees, the prevailing ideology of power and privilege that should be attributed to adult men is for the most part accepted and adopted by both boys and girls.⁶⁶

The research carried out in the preparation of this report indicates that this on-going process of differentiating between girls and boys does create variation in the risks, and vulnerabilities that they face. Girls are especially at risk of certain forms of violence, abuse, exploitation, and violations of their rights including: early marriage, sexual violence, complications during child birth, HIV, domestic labour, exclusion from education, limited access to adequate water and hygiene facilities, and anaemia. There are over 500 million adolescent girls (aged 10-19) in the developing world⁶⁷ who are more exposed to these forms of concern. On the other hand, boys are at more risk of drowning, injury or death due to landmines and explosive remnants of war, being killed or wounded during fighting, direct engagement in hostilities, certain forms of child labour that require greater physical strength – such as agriculture and work in the mining industry.

In addition research carried out by Plan International in 2015 hypothesised that there are a large number of adolescents who self-identify as LGBTI, with a further significant number of children who have questions about their sexual orientation and/or gender identity.⁶⁸ Those who do not feel comfortable with the gender identity they have been attributed at birth may face specific stigma and dangers relating to this lack of conformity and uncertainty.

Indicators of changes demarcating entry into adolescence

These processes and changes that demarcate entry into adolescence may be accompanied by certain social, cultural, or religious actions or events that may be used as social and cultural context-specific indicators of the transitions taking place.

Siuta, Barbara Szmigielska, Vitanya Vanno, Lei Wang, Michelle Yik, and Antonio Terracciano (January 2015) The Emergence of Sex Differences in Personality Traits in Early Adolescence: A Cross-Sectional, Cross-Cultural Study

⁶⁴ WHO (2011) The sexual and reproductive health of younger adolescents: Research issues in developing countries

⁶⁵ Thomas D. Steensma, Baudewijntje P.C. Kreukels, Annelou L.C. de Vries, Peggy T. Cohen-Kettenis (2013) Gender identity development in adolescence

⁶⁶ WHO (2011) The sexual and reproductive health of younger adolescents: Research issues in developing countries

⁶⁷ Swarup, Anita; Irene Dankelman; Kanwal Ahluwalia; and Kelly Hawrylyshyn (2011) Weathering the storm: Adolescent girls and climate change, Plan International

⁶⁸ Plan (2015) Plan Strengthening Support to LGBTIQ Adolescents

Examples of indicators of demarcating entry into and exit out of adolescence by gender ⁶⁹	
Entering into adolescence	Entering into adulthood
For girls and boys	
Transition from primary into secondary school	Marriage
Puberty – signs of physical change	Parenthood
Religious ceremonies, cultural ceremonies, or initiation rites	Religious ceremonies, cultural ceremonies, or initiation rites
Withdrawal from education	Withdrawal from education
	Ability to vote
	Moving into a home without parents
For a girl	
Starting to menstruate	Starting to menstruate
Initiation rites – including Female Genital Mutilation / Cutting	Initiation rites – including Female Genital Mutilation / Cutting
	Having a child / becoming a mother
	Marriage
For a boy	
Transition from primary into secondary school	Becoming the male head of household or main breadwinner
Withdrawal from education	Withdrawal from education
Puberty, physical changes, gaining height	Entering the formal workforce
	Becoming a parent
	Puberty, physical changes, gaining height

In some instances the same occurrence maybe indicate a transition from childhood into adolescence, or straight from childhood into adulthood

Age variation in the indicators and processes of transition

From the discussion above we see that the form and onset of the transitions experienced during adolescence are affected by the gender of the individual. For example puberty – the process of physical, emotional, and intellectual change brought about by hormonal shifts – leads to sexual maturity and the ability to reproduce.⁷⁰ In many societies puberty is a key marker for entry into adolescence, or where there is no perceived period of transition, it may be thought to indicate direct entry into adulthood.

Even such physical changes are not static and fixed across all settings, with the age at which girls experience menarche varying across populations, mainly based on extrinsic factors such as living conditions, literacy rates, and vegetable consumption.⁷¹ Whilst the age at which biological and physical changes start to take

⁶⁹ Based on feedback received through key informant interviews

⁷⁰ UN Department of Economic and Social Affairs (2012) World Population Monitoring: Adolescents and Youth: A Concise Report

⁷¹ Thomas F, Renaud F, Benefice E, de Meeüs T, Guegan JF. (April 2001) International variability of ages at menarche and menopause: patterns and main determinants, abstract available at:

place differ from one child to the next, there are also trends and broad differences in the timeline for change between boys and girls. Among girls, the first signs of puberty may begin as early as 8 or 9 years and end at 15 or 16 years.⁷² The average age of first menstruation varies by country.⁷³ Male adolescents typically reach full adult sexual development later than girls, at around 16–17 years old, although some may not complete the process fully until the age of 20.⁷⁴ Thus we see that girls are generally likely to begin experiencing puberty earlier than boys – on average female adolescents will start these sexual and physical changes 12 – 18 months before their male counterparts.⁷⁵

The age at which other markers come into force, such as age of compulsory education and legal age for engagement in certain forms of work, also vary significantly from one country to the next. Though the following information indicates legal frameworks, as opposed to actual practice, they give a sense of the cross-country variation in age of schooling and employment. With the years of compulsory education ranging from only 5 years in Bangladesh, Lao and Myanmar (thus presumably not stretching far into the age of adolescence given a compulsory starting age in Bangladesh and Lao of 6 years old, and in Myanmar of 5 years old) to a 15 years in the Dominican Republic, Venezuela and Ecuador, and a maximum of 16 years in Puerto Rico, and no compulsory period of education in many

Note

The WHO suggests that understanding the form and extent of individual and group variations in certain transitional processes experienced in adolescence may support the development of programming strategies for sexual and reproductive health rights.¹ Here it is proposed that the same is true for programming for adolescents more broadly. Any prevention or response activities for 10 – 19 years olds need to be based on a strong understanding of the determinants of and inter-connections between biological / physical, intellectual / cognitive, emotional / psychological, behavioural, and social / cultural/ economic/ political changes taking place. Implementation plans must also take into account how these transitions are altered by unfolding events – specifically emergencies.

At the country level there should also be a process of identifying how these transitions are different for different adolescents – is the point of transition different for girls or boys, different for those from certain religious or linguistic minority groups, different for those with disabilities, etc.

<http://www.ncbi.nlm.nih.gov/pubmed/11446429>

⁷² WHO (2011) The sexual and reproductive health of younger adolescents: Research issues in developing countries

⁷³ For example in one study in Turkey it was found that the average ages of girls first menstruation was 12.74 years (Zeynep Atay, Serap Turan, Tulay Guran, Andrzej Furman, Abdullah Bereket (March 2011) Puberty and Influencing Factors in Schoolgirls Living in Istanbul: End of the Secular Trend?; available at: <http://pediatrics.aappublications.org/content/pediatrics/128/1/e40.full.pdf>) in another study in Bangladesh it was found to be 12.8 years old (Jee H. Rah, Abu Ahmed Shamim, Ummeh T. Arju, Alain B. Labrique, Mahbubur Rashid, and Parul Christian (December 2009) Age of Onset, Nutritional Determinants, and Seasonal Variations in Menarche in Rural Bangladesh, available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2928109/>) and in South Ethiopia the average age was 13.9 years old (Esrael Ayele and Yifru Berhan (November 2013) Age at Menarche Among In-School Adolescents in Sawla Town, South Ethiopia, available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3847528/>)

⁷⁴ WHO (2011) The sexual and reproductive health of younger adolescents: Research issues in developing countries

⁷⁵ UNICEF (2011) State of the World's Children: Adolescence An Age of Opportunity

states such as the Central African Republic, Ethiopia, and Nepal.⁷⁶ With legislation indicating minimum ages of employment ranging from 12 years old in Burundi, Iran, and Syria up to 16 years of age in Brazil, DRC, Jordan, Georgia and 18 years old in the Marshall Islands, with some nations having no set legislation and age limits at all, such as Chad, Côte d'Ivoire, Ethiopia, Pakistan, Rwanda and Sierra Leone.⁷⁷

3. How do these definitions change over time and as a result of emergency events?

In many emergency settings there may be a change in the forms of transitions taking place and the age at which they start to take place. Adolescents are already in a period of flux and change that causes instability in their lives; this may be exacerbated or exploited in emergency settings. The signs of transition may change or the timing of these transitions may be adjusted. It is felt that crises, and/or the humanitarian response that ensues, may impact on the phasing of adolescence in three main ways:

i. Crises may alter the processes of transition that existed before, either by cop-opting, accentuating, or removing them entirely

In CAR and in the DRC armed groups were appropriating traditional initiation rites that signalled the transition into adulthood as a means to induct young people into armed groups and forces. Young people were then reluctant to engage in these rites of passage, yet were left feeling a lack of self-esteem in relation to society as a whole and within their one-to-one personal relationships as they did not perceive themselves to be adult without them.⁷⁸

Certain rites of passage may be costly, or their celebration may be considered inappropriate during times of crises, and thus they may change or alter in form. In the case of child marriage research in Uganda, DRC, Syria, and Somalia has found that in times of conflict, in part due to economic difficulties but also due to a fragmenting of communities, families and adolescents may engage in less formalised processes for their union this may be accompanied by an erosion of traditions, with a loss of celebrations, and ceremonies around the new relationship being established. Decisions may be made more hastily and without family involvement. The informality of these unions, accompanied by limited family engagement contributes to the isolation and vulnerability of the adolescents in these relationships.⁷⁹

An experience of shrinking horizons for girls may be especially marked in times of crisis and emergency – the movement of refugee adolescent girls in host communities in Egypt is being restricted for safety reasons. Some parents are pulling their daughters from school so as to not expose them to the risks.⁸⁰ The same is true

⁷⁶ UN Data Compulsory Education, Starting age, available at:

http://data.un.org/Data.aspx?q=education&d=UNESCO&f=series%3aCEAGE_1 and Compulsory Education, Duration, available at: http://data.un.org/Data.aspx?q=education&d=UNESCO&f=series%3aCEDUR_1

⁷⁷ Angela Melchiorre and Ed Atkins (2011) At what age?... ...are school-children employed, married and taken to court?: Trends over time, The Right to Education Project, UNESCO

⁷⁸ Discussed during key informant interview

⁷⁹ WRC (March 2016) A Girl No More: The Changing Norms of Child Marriage in Conflict

⁸⁰ Cited in KIIs and in the references: UNHCR (2014) Woman Alone: The fight for survival by Syria's refugee women, Special Rapporteur on the sale of children, child prostitution and child pornography, UNHCR Division of

of all adolescents in Iraq, where parents in IDP camps do not want their girls exposed to sexual violence, or their boys recruited into fighting.⁸¹ These restrictions in movement change the form and nature of adolescence in these contexts. For example, the area through which a fifth-grade girl travels from home to school and through her community is equal to or larger than the area a boy of her same age travels, whether in a rural or urban setting. But when the girl reaches eighth or ninth grade—the reverse occurs: girls remain closer to home because of concerns about safety, while boys travel farther and farther from their homes. Limited safe movement for girls can translate into fewer opportunities to complete an education, stay healthy and safe from violence and realise their full potential⁸²

ii. Precipitate or accelerate the time of transition

Children may be pulled from education, as they have to start working to support their families, or are pushed into early marriage. Children may lose their primary caregivers – through separation or death – and have to care for themselves. A break down in community and family protection may expose them to sexual violence – pushing them into “adulthood.” Negative economic repercussions of disasters may mean that children migrate to find work, are the main breadwinner, or are pushed into doing riskier forms of work. Research indicates that Children Associated with Armed Forces and Armed Groups (CAAFAG), both boys and girls, are often sexually active at an earlier age than those who are not associated.⁸³

Humanitarian response activities may cause changes in adolescence that are positive. In Rwanda, since events in the 1990s, there has been an increasing awareness of the rights of children and adolescents. Programme activities to give adolescents a voice implemented since the genocide have included radio programmes, establishment of children’s platforms and forums and legislation to support their empowerment. The age at which children are encouraged to take part in decisions affecting their lives is reducing.⁸⁴

iii. Delay or extend the period of transition

Whilst emergencies may often force children into adulthood sooner than they would previously have transitioned, this is not always the case. In some cultures it may be perceived that girls and boys go straight from childhood to adulthood, with no period or phase of gradual transition. Given this, in some instances the humanitarian response may bring about a humanitarian response that presents new opportunities for a more gradual transition. For example, education that may not have been possible for previous generations but may be provided free in refugee camps thus creating a new period of transition.⁸⁵ Among Somali refugees in Ethiopia, for example, school was more easily accessed after displacement and there was support for girls to attend. This also impacted positively upon the patterns of early

International Protection (May 2015) UNHCR Input for the “Study on Care and Recovery,” and UNHCR (2014) Regional Refugee & Resilience Plan 2015-16 in Response to the Syria Crisis: Egypt

⁸¹ Cited in key informant interview

⁸² UNFPA (2014) The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future: The State of World Population 2014

⁸³ Save the Children and UNFPA (September 2009) Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings: A Companion to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings

⁸⁴ Based on discussions in a key informant interview

⁸⁵ Women’s Commission for Refugee Women and Children (2005) “Don’t Forget Us”: The Education and Gender-Based Violence Protection Needs of Adolescent Girls from Darfur in Chad

child marriage.⁸⁶

4. Recommendation for how Plan should define adolescence going forward

Plan International may wish to provide a globally agreed summary of how Plan International and other key actors – including donors – conceptualise adolescents. This should include the age-graded definition provided in *The State of the World's Girls (10 – 19 years old)*. However, they should consider presenting this as **flexible** and reinforce the fact that this will differ **based on context**. This is similar to the approach taken by UNHCR and Save the Children in the Middle East.

Why take this flexible approach to defining adolescence?

In each setting the biological / physical, intellectual / cognitive, emotional / psychological, behavioural, and social/political/economic development markers for exit of early childhood and entry into adulthood will differ. These factors will vary depending on gender identity. At any moment in time within the same setting, indicators will also manifest themselves in distinct ways and may be significantly altered by humanitarian events and shocks.

Given we want to work with adolescents in order to ensure we are addressing the risks faced by a particularly vulnerable and often overlooked group, if we have pre-established criteria for identifying who that group is – that is a global definition of the ages to address – we may miss out a number of vulnerable individuals in any given location, not recognise their wishes, or be unable to meet their needs.

For example, in Germany in response to the refugee crisis, two components of programming included life skills for adolescents and positive parenting practices for caregivers. Age categories were used as criteria for beneficiary selection for the two activities. The same refugees were not able to attend both sets of sessions. This resulted in adolescent girl mothers pulling out of the life skills sessions so they could take part in the parenting classes.

Flexibility in establishing the target age for adolescents as a criteria for programme participation should also be considered given in fragile states, conflicts, disaster, refugee, and displaced settings with limited methods for registering births, issuing birth certificates, displacement leading to lost documentation, etc. children, and those who care for them, may not know their exact age.

⁸⁶ WRC (March 2016) *A Girl No More: The Changing Norms of Child Marriage in Conflict*

Proposed process for contextualised definitions of adolescence

Thus, for any given programme in a given location, a process for defining adolescence may include:

1. **Discussion with a range of stakeholders** (for example young children: in two groups 7-10 and 10-14; older children: 14 – 18; and youth: 18 – 25; parents; and key members of the community: religious leaders teachers, medical personnel etc.) to establish if the concept of a transition phase between childhood and adulthood (i.e. adolescence) exists?
2. If yes, **identify the key characteristics of these transitions from childhood, to adolescence, and then to adulthood.** Ensure this is a discussion that takes into account differences according to gender identity.
3. Then **identify a context specific age range for transition** by discussing locally what are the ages at which children typically go through these transitions. This needs to also identify any variation between girls, boys, and those who are LGBTIQ.

Note

- Donors may impose or expect certain ages to be adhered to – advocacy needs to take place at country, regional and global level to negotiate a more open approach, with an inception phase to allow for a context specific definition of adolescence and identification of relevant children.
- Data can always collected along the lines of pre-agreed age graded definitions, whilst programmes target a wider age group

For more details on why to take such an approach to defining adolescence see for example: WHO Why focus on adolescents (10–19 years)? http://apps.who.int/adolescent/second-decade/section/section_2/level2_3.php

III. What are the specific needs of adolescents generally, and in humanitarian settings specifically?

In 2012, overall there were an estimated **1.3 million adolescent deaths**, most of them from causes that could have been prevented or treated. **Mortality is higher in boys than in girls and in older adolescents (15–19 years) than in younger adolescents (10–14 years)**. While there are many causes of mortality common to boys and girls, violence is a particular problem in boys and maternal causes in girls.⁸⁷

Adolescents, due to their unique stage of development, are particularly susceptible to certain forms of threats and risks that create certain support needs specific to them. In humanitarian settings needs may change, or new areas of concern may arise. In this section of the report we will look at these needs broadly, and how they are altered in times of crisis. Whilst it is recognised that issues and concerns facing adolescents in all locations, and in humanitarian settings in particular, are inter-related and overlapping for ease of analysis the data and evidence here is reviewed according to certain categories: **child protection; adolescents on the move; sexual and reproductive health; education; livelihoods; nutrition; WASH; climate change; other issues** – including bullying; abuse through technology; smoking drugs and alcohol use; gang violence; and, questions around sexuality and gender identity.

For each topic of discussion we have started by defining the issue; then – where data is available – we have summarised global trends in incidence rates; outlined the consequences for adolescents; identified case examples in emergencies; have given indications of which sub-groups of adolescents may be most vulnerable; and outlined some key considerations for programming.

⁸⁷ WHO (2014) Health for the World's Adolescents: A second chance in the second decade

1. Child Protection concerns

The child protection concerns outlined here include: dangers and injuries, physical violence and other harmful practices (including early marriage, and female genital mutilation or cutting), sexual violence, psychosocial distress and mental disorders, children associated with armed forces and groups, child labour, unaccompanied and separated children, and justice for children/children in contact with the law. The categories of needs are presented under the same headings as found in the Child Protection Working Group's Minimum Standards for Child Protection in Humanitarian Action.⁸⁸



Dangers and injuries

Physical dangers and injuries faced by children in conflicts, disasters and other crises are defined as road traffic accidents, drowning, fire-related burns, injury caused by explosive remnants of war or landmines and unintended injury from gunfire.⁸⁹

Given it is only recently that child protection actors have been working on this issue in humanitarian settings limited data is available on the incidence rates of dangers and injuries in relation to those aged between 10 and 19 years old. However, it is known that on a global scale in all settings, the proportion of children who die as a result of injury increases with age, accounting for over 40% of deaths among those aged 15 to 19.⁹⁰ Unintentional injuries are the leading cause of death for children and young people aged 10-19 years old as they account for almost 90% of injury cases.⁹¹ Adolescents are more vulnerable to road collisions than other categories of children, road traffic injuries were the leading cause of death in 2012, with roughly 330 adolescents dying every day, and a total of 120,000 adolescents dying over the course of the year.⁹² Drowning is also a major cause of death among adolescents – 60 000, two-thirds of them boys, drowned in 2012.⁹³

In humanitarian settings

- In Croatia 1991-1992 children (both boys and girls) over the age of 10 years old

⁸⁸ CPWG (2012) Minimum Standards for Child Protection in Humanitarian Action

⁸⁹ Thompson, Hannah (2015) A Matter of Life and Death: Child Protection Programming's Essential Role in Ensuring Child Wellbeing and Survival During and After Emergencies, Child Protection Working Group

⁹⁰ Thompson, Hannah (2015) A Matter of Life and Death

⁹¹ M Peden, K Oyegbite, J Ozanne-Smith, A A Hyder, C Branche, AKM Fazlur Rahman, F Rivara and K Bartolomeos (2008) World report on child injury prevention, Geneva, WHO and UNICEF, cited in Eynon, Alyson (forthcoming) A Review of Dangers and Injuries in children, CPWG

⁹² Eynon, Alyson (forthcoming) A Review of Dangers and Injuries in children, CPWG, WHO (May 2016) Factsheet: Adolescents: health risks and solutions

⁹³ WHO (May 2016) Factsheet: Adolescents: health risks and solutions

were more likely to be killed or wounded during conflict than younger children.⁹⁴ In a study of certain number of these children it was found that almost 40% had a permanent disability.⁹⁵

- An evaluation of 11 conflict-affected countries carried out in 2013 found that the top concern for girls and boys aged 12-17, was the 'immediate effects of armed conflict', including shelling, bombing, landmines/ERW, and armed combat.⁹⁶
- Data for the Syria conflict indicates that of the 10,586 child deaths, older children outnumber younger children among the victims. 2,934 of all the age-recorded cases of children being killed during the fighting in Syria were 13-17 years old, representing 37% of the total number. The 13- to 17-year-old male group suffered nearly half of all child deaths at the hands of snipers; none of these deaths is likely to have been accidental.⁹⁷
- In Afghanistan, 10-14 is the peak age for casualties from explosive remnants of war followed by 15-18. Boys were the predominant victims.⁹⁸

What are the consequences?

Dangers and injuries may have grave consequences for adolescents. Physical injuries may be severe enough to require medical treatment, or may even cause permanent disability.⁹⁹ Emotional distress and fear may be caused by the incident. In the worst case, dangers and injuries may even cause death.

Who is most vulnerable?

Adolescent boys face greater risks to certain injuries due to the fact that they are less closely supervised, they go further away from home on a more frequent basis, and are more engaged in risk taking behaviour. This includes for example drowning,¹⁰⁰ exposure to landmines and gunfire,¹⁰¹ falls and road collisions.¹⁰² Reports indicate that adolescent boys 10-19 years old are significantly more likely to be killed or injured during the course of fighting and a conflict than women and girls.¹⁰³ In Syria it has been found that boys aged 13-17 years old are four times more likely to be injured or killed than girls of the same age.¹⁰⁴ Older boys are physically and visually more likely to be mistaken for adult males, or to be considered potential threats and therefore deliberately targeted, or to be involved in protests or in combat and combat-support roles.¹⁰⁵ That said, over focus on boys as vulnerable may cause

⁹⁴ Eynon, Alyson (forthcoming) A Review of Dangers and Injuries in children, CPWG

⁹⁵ Eynon, Alyson (forthcoming) A Review of Dangers and Injuries in children, CPWG

⁹⁶ UNICEF Evaluation Office (2013) Evaluation of UNICEF Programmes to Protect Children in Emergencies: Synthesis Report December 2013, cited in Eynon, Alyson (forthcoming) A Review of Dangers and Injuries in children, CPWG

⁹⁷ The total number of age-recorded cases was 7,841. Boys 13 -17 years old made up 158 out of 339 cases where age was recorded. Hamit Dardagan and Hana Salama (November 2013) Stolen Futures: The hidden toll of child casualties in Syria, Oxford Research Group

⁹⁸ UNICEF CPIE evaluation 2013 cited in Eynon, Alyson (forthcoming) A Review of Dangers and Injuries in children, CPWG, and Watchlist (2010) Setting the Right Priorities: Protecting Children Affected by Armed Conflict in Afghanistan.

⁹⁹ Eynon, Alyson (forthcoming) A Review of Dangers and Injuries in children, CPWG

¹⁰⁰ Eynon, Alyson (forthcoming) A Review of Dangers and Injuries in children, CPWG

¹⁰¹ Thompson, Hannah (2015) A Matter of Life and Death: Child Protection Programming's Essential Role in Ensuring Child Wellbeing and Survival During and After Emergencies, Child Protection Working Group

¹⁰² Eynon, Alyson (forthcoming) A Review of Dangers and Injuries in children, CPWG

¹⁰³ Thompson, Hannah (2015) A Matter of Life and Death

¹⁰⁴ Hamit Dardagan and Hana Salama (November 2013) Stolen Futures: The hidden toll of child casualties in Syria, Oxford Research Group

¹⁰⁵ Hamit Dardagan and Hana Salama (November 2013) Stolen Futures: The hidden toll of child casualties in Syria, Oxford Research Group

programme responses to ignore the needs of girls. In 2012 there was a 10% decrease in overall Afghan civilian casualties yet female casualties increased by 20%.¹⁰⁶

Once injured, **unaccompanied and separated** children are especially unlikely to know where to go for help and assistance and gain access to any humanitarian services available.

Their injuries are therefore likely to cause greater long-term issues.¹⁰⁷

Older adolescents: Fires and burns pose the greatest risk to infants, children aged 10–14 have the lowest death rate resulting from burns; but death rates climb again for 15–19 year olds – possibly because of greater exposure, employment, experimentation and risk taking.¹⁰⁸ Landmines and explosive remnants of war have also been found to affect older children more than younger children.¹⁰⁹

For certain forms of danger, **girls** may be the most vulnerable. Fire-related death rates of young women aged 15 to 29 years are around 1.5 times and 2 times higher than men.¹¹⁰

Considerations for programming

- During needs assessment, **data should be collected on the specific forms of risk and dangers in context** – both those that were pre-existing and have been exacerbated by the emergency, and those that are newly present
- **Addressing issues of risk taking behaviour** – through discussions about possible outcomes and how the risks change in emergency settings – among adolescent boys may be beneficial.¹¹¹ Awareness raising activities about the risks and threats they face must be tailored to the needs of different subset of adolescents (based on gender and age) based on evidence of likelihood of exposure in the location
- **Teaching children and adolescents – both boys and girls – to swim** is also a useful intervention in flood prone locations¹¹²
- Efforts are needed to **target separated and unaccompanied adolescents, and adolescent headed-households** in the dissemination of information on humanitarian services available to them, and how to register for assistance
- **Mine risk education and security preparedness activities** should be developed for and targeted at adolescents, especially boys. Currently much mine risk education takes place through schools – this would exclude the large numbers out of school. MRE also does not take into account the need to understand how to reduce the possibility of unintended injury from gunfire

¹⁰⁶ Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

¹⁰⁷ Thompson, Hannah (2015) A Matter of Life and Death: Child Protection Programming's Essential Role in Ensuring Child Wellbeing and Survival During and After Emergencies, Child Protection Working Group

¹⁰⁸ M Peden, K Oyegbite, J Ozanne-Smith, A A Hyder, C Branche, AKM Fazlur Rahman, F Rivara and K Bartolomeos (2008) World report on child injury prevention, WHO and UNICEF

¹⁰⁹ UNICEF CPIE evaluation 2013, cited in Eynon, Alyson (forthcoming) A Review of Dangers and Injuries in children, CPWG

¹¹⁰ WHO (2014) Injuries and Violence: The Facts

¹¹¹ WHO (May 2016) Factsheet: Adolescents: health risks and solutions

¹¹² WHO (May 2016) Factsheet: Adolescents: health risks and solutions

Physical violence and other harmful practices

The range and forms of physical violence and harmful practices experienced in humanitarian settings includes: family and community members abusing children, domestic violence, physical abuse, or corporal punishment. Recall to negative coping mechanisms, such as female genital mutilation or early marriage, may also increase. Intentional killing, maiming, torture and abduction are also seen in emergency situations.¹¹³

Physical violence

Physical violence may be fatal or non-fatal, and includes physical torture, cruel and inhuman physical punishment, physical bullying, and corporal punishment.¹¹⁴ Examples include slapping, spanking, pushing, punching, kicking, choking and burning.¹¹⁵ Many of the key threats to children from violence, abuse and exploitation are at their height during adolescence. Acts of physical violence may take place within the home, school or community, perpetrated by both peers and adults. Data shows that physical violence administered as a form of discipline for children and adolescents is extremely common. Often this occurs within the home and at the hands of the child's caregivers.¹¹⁶ In almost all nations, parents or other caregivers are listed as the most frequent perpetrators of physical violence against adolescent girls.¹¹⁷ Whilst for boys, friends, teachers, and "other" perpetrators, are those most likely to administer abuse.¹¹⁸ The school environment is one of the main venues at which violence is occurring, but patterns differ by sex.¹¹⁹

- Among younger adolescent girls aged 10 to 14, nearly two out of three are subjected to corporal punishment on a regular basis. Adolescent girls continue to experience corporal punishment by parents into late adolescence, and at the same time become prone to acts of physical aggression by intimate partners¹²⁰ Among girls aged 15 to 19 worldwide, almost one quarter (around 70 million) said they were the victims of some form of physical violence since age 15.¹²¹ Globally 30% of girls aged 15-19 have experienced violence from an intimate partner.¹²²
- The loss of life due to intentional injuries, including homicide, increases as children enter adolescence.¹²³ In 2012, almost one in five homicide victims worldwide were under the age of 20.¹²⁴ The highest child homicide rates occur among adolescents, especially boys, aged 15 to 17 years (3.28 per 100,00 for

¹¹³ Child Protection Working Group (2012) Minimum Standards for child protection in humanitarian action

¹¹⁴ UNICEF (2015) A Statistical Snapshot of Violence Against Adolescent Girls

¹¹⁵ UNICEF (2015) A Statistical Snapshot of Violence Against Adolescent Girls

¹¹⁶ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

¹¹⁷ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

¹¹⁸ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

¹¹⁹ Devries, Karen M, Nambusi Kyegombe, Maria Zuurmond, Jenny Parkes, Jennifer C Child, Eddy J Walakira and Dipak Naker (2014) Violence against primary school children with disabilities in Uganda: a cross-sectional study

¹²⁰ UNICEF (2015) A Statistical Snapshot of Violence Against Adolescent Girls

¹²¹ UNICEF (2015) A Statistical Snapshot of Violence Against Adolescent Girls

¹²² Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

¹²³ The proportion of deaths due to intentional injuries (out of all causes) among boys rises from 0.5% at age 0 to 9, to 6% at age 10 to 14, to 22 per cent at age 15 to 19. Among girls, the proportion increases from 0.5% at age 0 to 9, to 5% at age 10 to 14, to 14% at age 15 to 19. About 5 per cent of these adolescent deaths are due to homicides. UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

¹²⁴ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

girls, 9.06 for boys),¹²⁵ with homicide rates for boys being higher than those for girls in every region of the world.¹²⁶

- Every year an estimated 3.3 million to 10 million children are exposed to domestic violence in their home¹²⁷

In humanitarian settings:

Both conflict and emergency situations increase the risk of physical violence. Adolescents are also at significant risk of witnessing extreme forms of physical violence given their greater sphere of activity outside the home.

- Over half of adolescent girls report incidents of physical violence since age 15 in the Democratic Republic of the Congo and Uganda¹²⁸

What are the consequences?

Physical injury, death, mental and psychosocial health issues may all be outcomes of exposure to physical violence among adolescents. Results show that child abuse, domestic violence, and both in combination (i.e., dual exposure) increase a child's risk for internalising and externalising outcomes in adolescence.¹²⁹ Physical abuse is likely to be accompanied by other forms of violence, for example a child exposed to physical violence, is also more likely to experience sexual violence in their lifetime.¹³⁰

Physical violence has also been shown to impair brain development, leading to long-term cognitive, language and academic challenges. Physical violence has social ramifications that may include aggression, social withdrawal and difficulty relating to others. Exposure to violence in some cases may lead to increased probability of drug and alcohol abuse, delinquency and other risk-taking behaviours, and an increased possibility of perpetrating violence against others, including physical fights with peers, dating violence and bullying.¹³¹

Who is most vulnerable?

Overall **boys** appear to be at greater risk of physical violence than girls.¹³² It is thought that it is likely that adolescent boys are most vulnerable to torture, since evidence indicates that instances of torture are commonly linked with detention, and data from a number of settings indicates boys are more likely to be detained.¹³³ Boys appear to be at greater risk than girls of physical punishment by caregivers and may be subjected to harsher forms.¹³⁴ Homicide rates among boys are higher than those among girls in every region of the world – 70% per cent of victims under 20 years old are boys compared to 30% who are girls.¹³⁵ This difference is at its most extreme in Latin America and the Caribbean where boys are seven times more likely than girls

¹²⁵ Paulo Sérgio Pinheiro (2006) World Report on Violence against children

¹²⁶ Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

¹²⁷ Carrie A. Moylan, Todd I. Herrenkohl, Cindy Sousa, Emiko A. Tajima, Roy C. Herrenkohl, and M. Jean Russo (January 2010) The Effects of Child Abuse and Exposure to Domestic Violence on Adolescent Internalizing and Externalizing Behavior Problems

¹²⁸ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

¹²⁹ Carrie A. Moylan, Todd I. Herrenkohl, Cindy Sousa, Emiko A. Tajima, Roy C. Herrenkohl, and M. Jean Russo (January 2010) The Effects of Child Abuse and Exposure to Domestic Violence on Adolescent Internalizing and Externalizing Behavior Problems

¹³⁰ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

¹³¹ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

¹³² UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

¹³³ Save the Children Sweden & East Jerusalem -YMCA Rehabilitation Program (2012) The Impact of Child Detention: Occupied Palestinian Territory, Thompson, Hannah (2015) A Matter of Life and Death

¹³⁴ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

¹³⁵ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

to die as a result of interpersonal violence.¹³⁶ There is evidence from a number of settings that boys are more likely to experience physical punishment, and that they may also be subjected to more severe forms of punishment than girls at the hands of their caregivers.¹³⁷ Boys are more likely to experience violence that results in death at the hands of strangers – in part due to the increased possibility that they engage in violent activities such as gang-involvement, and street fighting.¹³⁸

There are indications that younger children are more vulnerable to violence within the home, and thus that **early adolescents** - 10-14 years old – will likely suffer this form of violation more than older adolescents, though less than younger children aged 5 – 9 years old.¹³⁹

Older children are more likely to experience violent physical interactions with strangers, often as a result of crime and gang violence. In too many instances, such violence leads to premature death. Homicide rates increase dramatically in late adolescence.¹⁴⁰

Regional variations are noted, as the proportions of adolescent girls who reported experiencing physical violence are highest in West and Central Africa, Eastern and Southern Africa, and East Asia and the Pacific.¹⁴¹

Girls are highly susceptible to violence within the home; globally intimate partners or members of family cause just under half (47%) of all female homicides, compared to only 6% for men.¹⁴²

Whilst not specific to humanitarian settings, indications are that often children with **disabilities** – including those with intellectual disabilities and autism, who have trouble communicating in the way other children do – are more at risk of abuse, harassment, mistreatment, and beatings by teachers and peers in schools.¹⁴³

Considerations for programming

- Assessments must find ways to **gather data in a highly confidential manner enabling programme staff to understand trends of intra-household violence** that may be more concealed than that caused by strangers. For example the use of one-to-one interviews or handheld devices to collect data from a sample of children rather than focus group discussions which may inhibit free and open discussion
- Programme activities should seek to **address issues of intimate partner violence** – by raising awareness of the issue at community level, and ensuring services area available (such as safe houses) for those who are escaping such violence (for further recommendations see: IRC (January 2015) Private Violence, Public Concern: Intimate Partner Violence In Humanitarian Settings Practice Brief, available at: <http://www.rescue.org/sites/default/files/resource->

¹³⁶ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

¹³⁷ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

¹³⁸ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

¹³⁹ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

¹⁴⁰ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

¹⁴¹ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

¹⁴² UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

¹⁴³ Human Rights Watch (June 2016) The Education Deficit: Failures to Protect and Fulfill the Right to Education through Global Development Agendas, <https://www.hrw.org/report/2016/06/09/education-deficit/failures-protect-and-fulfill-right-education-through-global>

[file/IRC_PVPC_FINAL_EN.PDF](#)

- Whilst certain forms of physical violence may not require medical health treatment for physical injuries, **survivors must be identified and treated for psychosocial and mental health disorders**, including as a means of breaking a potential cycle of violence.
- Location **specific modules for caregivers on positive parenting techniques**, and specifically the challenges of parenting adolescents in humanitarian settings, would be beneficial. Simply establishing opportunities for caregivers of adolescents to meet and exchange on the challenges of parenting and ideas for positive ways to address the difficulties they face may be helpful

Early marriage

Child or early marriage is defined as a formal marriage or informal union where one of the two individuals involved is below the age of 18.¹⁴⁴

- Over 30% of girls in low- and middle-income countries marry before they are 18; of which roughly 14% are married before they are even 15 years old.¹⁴⁵
- Between 2000 and 2011, an estimated 34 per cent of women between the ages of 20 and 24 in developing regions had been married or in union before age 18; further, an estimated 12 per cent had been married or in union before age 15. If current trends continue, an additional 142 million girls will be married before their 18th birthday by 2020.¹⁴⁶
- In some countries more than 50% of girls are married or in union with someone before they turn 18.¹⁴⁷

In humanitarian settings:

- In Niger 75%; Chad 72%; Mali 71%; Bangladesh 64%; Central African Republic 61%; and Mozambique 56% of girls are married or in union with someone before they turn 18.¹⁴⁸ All of these are nations with high poverty rates and face frequent natural disasters or cycles of conflict.¹⁴⁹
- Most of the 25 countries with the highest rates of child marriage are considered fragile states, or at high risk of natural disaster.¹⁵⁰
- Research from 2013 shows an increase in child marriage amongst Syrian refugee communities in Jordan three years into the crisis, in some cases it has doubled¹⁵¹
- According to World Vision data gathered in Bangladesh in 2012, 62% of children under 18 who married in the last five years were married in the 12 months following Cyclone Sidr in 2007.¹⁵²

What are the consequences?

¹⁴⁴ Thompson, Hannah (2015) A Matter of Life and Death

¹⁴⁵ WHO (September 2014) Adolescent Pregnancy Factsheet, available at <http://www.who.int/mediacentre/factsheets/fs364/en/>

¹⁴⁶ UNFPA (2014) The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future: The State of World Population 2014

¹⁴⁷ Thompson, Hannah (2015) A Matter of Life and Death

¹⁴⁸ Thompson, Hannah (2015) A Matter of Life and Death

¹⁴⁹ Thompson, Hannah (2015) A Matter of Life and Death

¹⁵⁰ van der Gaag, Nikki (2013) Because I am a Girl: The State of the World's Girls 2013: In Double Jeopardy: Adolescent Girls and Disasters, Plan International

¹⁵¹ Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

¹⁵² Thompson, Hannah (2015) A Matter of Life and Death

Early entry into marriage and pregnancy limits adolescent girls' access to and continuation in education. School attendance is often incompatible with the responsibilities and expectations of marriage and motherhood in many cultures.¹⁵³ In some contexts, girls may face social pressure to marry and, once married, they may be persuaded or forced to have children.¹⁵⁴ Child brides may end up pregnant when their bodies are not yet ready, with elevated rates of maternal and newborn morbidity. Girls' lack of physical development means they are more likely to experience complications during childbirth including obstetric fistula and haemorrhaging.¹⁵⁵ Adolescent girls who have been forced into marriage are also more vulnerable to domestic violence¹⁵⁶ or intimate partner violence than adult females.¹⁵⁷

Who is most vulnerable?

Global estimates indicate that 1 in 3 **girls** in the developing world are married before the age of 18. Meanwhile, only 5% of males marry before their 19th birthday. Across all regions, girls who live in **rural areas** are more likely to become child brides than their urban counterparts.¹⁵⁸

Considerations for programming
<ul style="list-style-type: none"> ➤ Staff need specific skills and awareness of the forms of violence to which adolescents are vulnerable, especially less visible forms such as domestic and intimate partner violence ➤ Needs assessments processes may be able to identify negative coping mechanisms employed by families and caregivers that impact on the lives of adolescents. The prevalence of recourse to these negative strategies may then be monitored throughout the life of the programme to ensure programmatic responses are tailored to needs. ➤ It may be that there is a time lapse between an emergency event and the practice of child marriage – this must be taken into account when designing a programme, allowing for continual adaptation of strategies ➤ An understanding of national laws and social customs and norms in relation to child marriage when designing programme responses, and how these may be changing due to the emergency, is essential ➤ Ensure the needs of survivors of child marriage are considered in the development of site specific referral pathways and standard operating procedures when cases have been identified ➤ Girls' participation in formal education is an important factor in delaying marriage and possible related child-bearing. 159 Primary research carried out by WRC in conflict settings found that barriers to education were pervasive for both refugees and IDPs and significantly influenced community practices relating to early marriage. 160

¹⁵³ UNESCO (2015) Education For All 2000-2015: Achievements and Challenges, EFA Global Monitoring Report 2015

¹⁵⁴ WHO (September 2014) Adolescent Pregnancy Factsheet, available at <http://www.who.int/mediacentre/factsheets/fs364/en/>

¹⁵⁵ Thompson, Hannah (2015) A Matter of Life and Death

¹⁵⁶ Thompson, Hannah (2015) A Matter of Life and Death

¹⁵⁷ GBV AoR and IASC (2015) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery

¹⁵⁸ Thompson, Hannah (2015) A Matter of Life and Death

¹⁵⁹ UNESCO (2015) Education For All 2000-2015: Achievements and Challenges, EFA Global Monitoring Report 2015

¹⁶⁰ WRC (March 2016) A Girl No More: The Changing Norms of Child Marriage in Conflict

Female genital mutilation or cutting

Female genital mutilation/cutting refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.¹⁶¹ Although illegal in many countries, it is in evidence in a number of across Africa and the Middle East.¹⁶² FGM is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage. Where it is believed that being cut increases marriageability, FGM is more likely to be carried out.¹⁶³

- The UN estimates that over 140 million girls and women across the world have undergone female genital mutilation/cutting.¹⁶⁴
- More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated¹⁶⁵
- it is thought that if rates continue to progress as they have been 15 million girls between the ages of 15 and 19 years old will undergo some form of female genital mutilation in the period from 2015 – 2030¹⁶⁶
- In refugee camps in Sudan girls as young as ten have undergone female genital mutilation/cutting, then fallen pregnant as a result of rape and subsequently suffered great health complications during childbirth, almost dying.
- In Nigeria, vulnerable and displaced women and girls reported being forced to undergo female genital mutilation/cutting to prepare them for prostitution, which they described as their only means of survival.
- In Mali a large number of people were displaced during the recent conflict. Plan International discovered that displaced families from a region where female genital mutilation/cutting is not traditionally practiced were being ostracised, and were under pressure to perform female genital
- In Kenya, where early marriage and Female genital mutilation/cutting are interlinked, the FGM remains far more prevalent among Somali (98 per cent), Kisii (96 per cent) and the Maasai (73 per cent) indigenous populations than among other groups, although data for overall national prevalence rates show a steady decline¹⁶⁷

Consequences:

Female genital mutilation/cutting has serious health implications. All forms of the practice may cause immediate bleeding and pain and are associated with a risk of infection. The presence of female genital mutilation/cutting increases the risks of

¹⁶¹ Thompson, Hannah (2015) A Matter of Life and Death

¹⁶² Thompson, Hannah (2015) A Matter of Life and Death

¹⁶³ WHO (February 2016) Factsheet: Female Genital Mutilation, available at: <http://www.who.int/mediacentre/factsheets/fs241/en/>

¹⁶⁴ Thompson, Hannah (2015) A Matter of Life and Death

¹⁶⁵ WHO (February 2016) Factsheet: Female Genital Mutilation, available at: <http://www.who.int/mediacentre/factsheets/fs241/en/>

¹⁶⁶ Steven Edwards, (11/09/2015) 10 things you didn't know about the world's population, United Nations Population Fund (UNFPA), available at: <https://europa.eu/eyd2015/en/unfpa/stories/10-things-about-global-population>

¹⁶⁷ United Nations Children's Fund (UNICEF), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the United Nations Population Fund (UNFPA), the International Labour Organisation (ILO) and the Office of the Special Representative of the Secretary-General on Violence against Children (OSRSG/VAC) (May 2013) Breaking the Silence on Violence against Indigenous Girls, Adolescents and Young Women

obstetric complications and perinatal death.¹⁶⁸

- An estimated 100 million to 140 million girls and women worldwide have undergone female genital mutilation and more than 3 million girls are at risk for this harmful practice each year on the African continent alone¹⁶⁹

Vulnerabilities:

FGM is mostly carried out on young girls between infancy and age 15.¹⁷⁰ It is most common in the western, eastern, and north-eastern regions of Africa, in some countries of the Middle East and Asia, as well as among migrants from these areas. FGM is therefore a global concern.¹⁷¹

Considerations for programming

- **Understand national laws and social customs and norms in relation to female genital mutilation and cutting**, and how these may change as a result of recent events, before embarking on programmes for prevention and response
- **Programme approaches must take an incremental, long-term view and link closely with pre-emergencies initiatives.** Changing these forms of social behaviours is complex and requires time investment
- **National staff with similar cultural, ethnic, linguistic, and religious backgrounds** are essential to delivering programmes on FGM/C. Working with and through local NGOs and community groups is also good practice

Sexual Violence

The term sexual violence encompasses a broad range of abuses, including rape by a known individual, rape by a stranger, exchanging sex for certain favours or goods, sexual abuse of children with disabilities, exploitation of children in commercial sex work, and trafficking for the purposes of sexual exploitation.¹⁷²

- The World Health Organization believes that approximately 150 million girls and 73 million boys up to the age of 18 have experienced sexual violence involving physical contact¹⁷³
- Worldwide, more than a quarter of girls experience sexual abuse¹⁷⁴
- A large study of the sex trade in Ethiopian cities found that 90% of sexually exploited 15 to 19 year-olds were girl migrants from rural areas or small towns¹⁷⁵
- It is believed that worldwide approximately 2 million children are involved in commercial sexual exploitation¹⁷⁶

¹⁶⁸ Thompson, Hannah (2015) A Matter of Life and Death

¹⁶⁹ UNFPA (2014) The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future: The State of World Population 2014

¹⁷⁰ WHO (February 2016) Factsheet: Female Genital Mutilation, available at: <http://www.who.int/mediacentre/factsheets/fs241/en/>

¹⁷¹ WHO (February 2016) Factsheet: Female Genital Mutilation, available at: <http://www.who.int/mediacentre/factsheets/fs241/en/>

¹⁷² Child Protection Working Group (2012) Minimum Standards for child protection in humanitarian action

¹⁷³ Piotr Pawlak and Gary Barker (2012) Hidden Violence Preventing and responding to sexual exploitation and sexual abuse of adolescent boys: Case Studies and Directions for Action, Case Studies and Directions for Actions, MenCare

¹⁷⁴ van der Gaag, Nikki (2013) Because I am a Girl: The State of the World's Girls 2013: In Double Jeopardy: Adolescent Girls and Disasters, Plan International

¹⁷⁵ Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

¹⁷⁶ Piotr Pawlak and Gary Barker (2012) Hidden Violence Preventing and responding to sexual exploitation and

In humanitarian settings:

- In the Democratic Republic of Congo in 2008, the UN Population Fund recorded 16,000 cases of sexual violence against women and girls. Approximately 55% of cases involved adolescent girls.¹⁷⁷
- A 1999 Government survey of more than 2,000 sex workers in Sierra Leone found that 37% were under the age of 15, that the majority had been displaced by conflict and were unaccompanied by family. This suggests that family separation increases girls' vulnerability to life-threatening forms of exploitation.¹⁷⁸
- There is evidence of numerous cases of gang-rape, sexual enslavement and killing of tribal women and girls involving parties to conflicts in a number of countries¹⁷⁹
- Perpetrators of sexual violence are not only strangers. In Cote d'Ivoire it was found that rates of forced sex by an intimate partner among ever-partnered girls and women increased before and during crisis.¹⁸⁰

What are the consequences?

As children's bodies are smaller and less developed, they may suffer more severe injuries than adults who are subjected to the same form of violence. The World Health Organization reports that up to 65% of women with obstetric fistula developed this during adolescence, with dire consequences for their lives, physically and socially. Other physical injuries include broken bones, bruising and wounds.¹⁸¹ Sexual intercourse that leads to abrasions, lacerations and inflammation enhances the risk of HIV acquisition.¹⁸² Young girls' bodies are not yet fully developed and ready for sexual activity, and thus more likely to suffer injury during intercourse. It is therefore possible to hypothesise that there may also be an increased chance of HIV infection among younger girls, and during violent sexual intercourse.¹⁸³ For boys, there are other possible injuries including damage to the anus, pain during urination, blood in the stools and severe anal, rectal, penile and testicular pain.¹⁸⁴ It has been found that boys who experience sexual violence in childhood are themselves more likely to be sexually violent later in life.¹⁸⁵ In addition to the significant physical and psychological outcome of sexual violence, there are also social consequences. Adolescents who have suffered sexual violence may face challenges in engaging in and building relationships with others. They may also have great fear of others. They may use alcohol and drugs as coping strategies.¹⁸⁶

Who is most vulnerable?

Those who are especially vulnerable include: young adolescent girls, especially

sexual abuse of adolescent boys: Case Studies and Directions for Action, Case Studies and Directions for Actions, MenCare

¹⁷⁷ Thompson, Hannah (2015) A Matter of Life and Death

¹⁷⁸ van der Gaag, Nikki (2013) Because I am a Girl

¹⁷⁹ United Nations Children's Fund (UNICEF), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the United Nations Population Fund (UNFPA), the International Labour Organisation (ILO) and the Office of the Special Representative of the Secretary-General on Violence against Children (OSRSG/VAC) (May 2013) Breaking the Silence on Violence against Indigenous Girls, Adolescents and Young Women

¹⁸⁰ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

¹⁸¹ Thompson, Hannah (2015) A Matter of Life and Death

¹⁸² Thompson, Hannah (2015) A Matter of Life and Death

¹⁸³ Thompson, Hannah (2015) A Matter of Life and Death

¹⁸⁴ Thompson, Hannah (2015) A Matter of Life and Death

¹⁸⁵ Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

¹⁸⁶ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

separated or unaccompanied adolescents, those in foster care or engaged in domestic work, and adolescents with disabilities.

Adolescent girls are one of the most at-risk groups when it comes to sexual violence, abuse and exploitation. This is due to their physical development, age and relative vulnerability. Risks for girls include rape, sexual exploitation, child or forced marriage, and unintended pregnancy.¹⁸⁷

Children with disabilities are especially vulnerable to sexual violence and abuse.¹⁸⁸ This may be attributed to social and structural discrimination, increased powerlessness and isolation.¹⁸⁹ A study on violence in schools looking for those aged 11-14 found that disabled girls report slightly more physical (99.1% versus 94.6%) and considerably more sexual violence (23.6% versus 12.3%) than non-disabled girls in lower income countries.¹⁹⁰

In many emergency, conflict and crisis settings, adolescent girls become separated from family and cut off from their communities and potentially protective social structures. **Separated and unaccompanied** girls are therefore at increased risk of rape, sexual exploitation and abuse, further increasing their vulnerability to pregnancy.¹⁹¹

Internally displaced and refugee children are also especially susceptible to sexual violence, exploitation, and trafficking.¹⁹²

Boys should not be overlooked. Research in Kenya and Tanzania shows that adolescent boys are also vulnerable. Research of exposure to sexual violence over the course of the past year by boys 13 – 17 years old found that in Kenya 4 % of boys reported surviving sexual violence, in Zimbabwe 2 % of boys were victims, and in Tanzania between 4-6% of adolescent boys reported experiencing at least one form of sexual violence.¹⁹³ Of 76 boys detained in juvenile rehabilitation centres on national security related charges in Afghanistan, 10 reported sexual violence or threats of sexual violence on their arrest.¹⁹⁴ Incidents of sexual violence against men and boys, including sexual enslavement and forced rape, have been reported in over 25 conflicts worldwide.¹⁹⁵ In Libya, Syria, the Occupied Palestinian Territories, and other settings, sexual violence against males has occurred in the context of detention, as a form of torture, punishment or humiliation, both tactically and opportunistically.¹⁹⁶ Sexual violence can be used against boys and men as a tool to emasculate them; to threaten their heterosexual status and to feel stigmatised by same-sex relations. In conflict settings in particular, sexual violence is often used as a tool of war to demoralise or threaten individuals and weaken social and familial cohesion. Research has found that boys often have less legal protection from sexual

¹⁸⁷ Thompson, Hannah (2015) A Matter of Life and Death

¹⁸⁸ Frances Ellery, Gerison Lansdowne and Corinna Csáky (2011) Out from the shadows: Sexual violence against children with disabilities, Handicap International and Save the Children

¹⁸⁹ van der Gaag, Nikki (2013) Because I am a Girl

¹⁹⁰ Devries, Karen M, Nambusi Kyegombe, Maria Zuurmond, Jenny Parkes, Jennifer C Child, Eddy J Walakira and Dipak Naker (2014) Violence against primary school children with disabilities in Uganda: a cross-sectional study

¹⁹¹ UNFPA (2013) Motherhood in Childhood: Facing the challenge of adolescent pregnancy, The State of World Population 2013, UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

¹⁹² UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

¹⁹³ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

¹⁹⁴ Thompson, Hannah (2015) A Matter of Life and Death

¹⁹⁵ Thompson, Hannah (2015) A Matter of Life and Death

¹⁹⁶ van der Gaag, Nikki (2013) Because I am a Girl

abuse than girls do, and as a result have limited access to services for survivors. Additional social pressure for boys to assert their masculinity can lead to both the perpetration and denial of abuse.¹⁹⁷

Indigenous adolescents may be most vulnerable in certain conflict settings.¹⁹⁸

A 2009 UNFPA report found that very young adolescents **10-14 year old girls** were most at risk of sexual exploitation and abuse¹⁹⁹ this may in part be explained by their dependence, lack of power, and lack of participation in decision-making processes, coupled with their limited life experience, meaning they may be less able to recognise the sexual nature of abusive or exploitative actions, or less able to avoid situations of risk.²⁰⁰

Considerations for programming

- Any programmes should at seek to **adhere to the practices outlined in the Interagency Working Group's Minimum Initial Service Package for Reproductive Health in Crisis**, see <https://www.womensrefugeecommission.org/srh/emergency-response/misp> for more details
- **Needs assessment methods**, in order to identify incidents of sexual violence, **need to have specialised systems for data collection**, and should consider how to understand vulnerability of particularly concealed groups of survivors – such as boys and those with disabilities.²⁰¹
- Sexual violence is a taboo topic of discussion, both for boys and girls, thus trust building is essential. **Allowing an extended programming period may help in building relationships between staff and adolescents**
- **Personnel engaging in programmes** to prevent or respond to incidents need to be well **trained on best practice to ensure confidentiality**
- **Specific skills and practices** are necessary in order to respond to the needs of child survivors, including considering best interests which may lead to a need to breach confidentiality, acquiring consent based on evolving development and capacities of the child. The Caring for Child Survivors resources available on the IRC's GBV responders site may be helpful <http://gbvresponders.org/resources/>
- **The fact that adolescent boys may also be survivors of sexual violence must be kept** in mind when designing programmes and raising awareness on the issue of sexual and gender based violence. Separate activities and specialised training must be provided on responding to cases of boy survivors

¹⁹⁷ Piotr Pawlak and Gary Barker (2012) Hidden Violence Preventing and responding to sexual exploitation and sexual abuse of adolescent boys: Case Studies and Directions for Action, Case Studies and Directions for Actions, MenCare

¹⁹⁸ United Nations Children's Fund (UNICEF), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the United Nations Population Fund (UNFPA), the International Labour Organisation (ILO) and the Office of the Special Representative of the Secretary-General on Violence against Children (OSRSG/VAC) (May 2013) Breaking the Silence on Violence against Indigenous Girls, Adolescents and Young Women

¹⁹⁹ van der Gaag, Nikki (2013) Because I am a Girl

²⁰⁰ Save the Children and UNFPA (2009) Adolescent Sexual and Reproductive Health Toolkit

²⁰¹ For a review of methodologies see: Debbie Landis, Katharine Williamson, Debi Fry and Lindsay Stark Child Protection in Crisis (CPC) Network and Save the Children UK (December 2013) Measuring Violence Against Children In Humanitarian Settings: A scoping exercise of methods and tools

Psychosocial distress and mental disorders

Crises create fissures in community and family networks and protective functions, this may have a disproportionate impact on adolescents. During a humanitarian event, social and psychological problems – such as the stigma associated with belonging to a specific marginalised group; alcohol or drug abuse; experiencing sexual, physical, or emotional abuse or violence; or depression – persist and may be exacerbated. In addition new psychological problems such as anxiety, grief, post-traumatic stress disorder and depression can emerge. During humanitarian emergencies, adolescents may be exposed to severely stressful and traumatic events, such as witnessing atrocities, displacement, becoming separated from family and friends, being subjected to physical and sexual violence, or being recruited to serve in armed forces or groups.²⁰² One study carried out by the ODI in post-conflict Sri Lanka identified the following key issues that play a role in adolescents' psychological wellbeing:²⁰³ Suicide, attempted suicide and self-harm; issues of family disintegration; protection and issues around early marriage and teenage pregnancies; incest; education and support for education; and a disconnect between adolescents' aspirations, youth culture and parent/community protection mechanisms.

Depression is the top cause of illness and disability among adolescents and suicide is the third cause of death. Humiliation and feeling devalued can increase the risk of developing mental health problems. Importantly, given the links with crisis settings and emergencies, violence and poverty also compound the chance of psychological disorders for adolescents.²⁰⁴

- Half of all mental health disorders in adulthood start by age 14. Many cases undetected and untreated.²⁰⁵
- Suicide is the second leading cause of death among 15–29-year-olds.²⁰⁶ Globally, suicide ranks number 3 among causes of death during adolescence overall (those 10-19 years old) and depression is the top cause of illness and disability.²⁰⁷ 75% of global suicides occur in low- and middle-income countries.²⁰⁸ The World Health Organisation reports that suicide is a major cause of death for girls and boy adolescents, especially those aged 15–19. It is the leading cause of death for girls and boys 15-19 years old in the South-East Asia Region, with 28 girls dying and 21 boys dying per 100,000 populations, and among the top five causes of mortality for both sexes and in all regions, except for in Africa and boys in Eastern Mediterranean Region. Whilst suicide is not in the top five causes of death for adolescents in Africa at 9 per 100,000 people, the mortality rate from suicide is higher than any other region except South East Asia.²⁰⁹
- Although not every person will develop psychological problems in a crisis, adolescents are at increased risk of experiencing social and/ or psychological problems.²¹⁰

²⁰² Save the Children and UNFPA (2009) Adolescent Sexual and Reproductive Health Toolkit

²⁰³ Wettasinghe, Kusala, Sarala Emmanuel, Fiona Samuels and Ananda Galappatti (July 2015) Mental health and psychosocial support service provision for adolescent girls in post-conflict settings: a culturally sensitive response: Country Report: Stage 2, ODI

²⁰⁴ WHO (May 2016) Factsheet: Adolescents: health risks and solutions

²⁰⁵ WHO (May 2016) Factsheet: Adolescents: health risks and solutions

²⁰⁶ WHO (April 2016) Suicide Factsheet available at: <http://www.who.int/mediacentre/factsheets/fs398/en/>

²⁰⁷ WHO (2014) Health for the World's Adolescents: A second chance in the second decade

²⁰⁸ WHO (April 2016) Suicide Factsheet available at: <http://www.who.int/mediacentre/factsheets/fs398/en/>

²⁰⁹ WHO (2014) What we can learn from mortality data?, available at: <http://apps.who.int/adolescent/second-decade/section3/page2/mortality.html>.

²¹⁰ Save the Children and UNFPA (2009) Adolescent Sexual and Reproductive Health Toolkit

- Studies show that nearly one in three survivors of GBV develops mental health problems²¹¹

In humanitarian settings:

- Experiencing conflict, disaster, violence, abuse, or loss and a sense of isolation are strongly associated with suicidal behaviour²¹²
- Research carried out after the L'Aquila earthquake in Italy indicated that externalising problems and maladaptive behaviours can arise in adolescents exposed to traumatic events²¹³
- One longitudinal study indicated that 73.9% of adults with a mental disorder received a diagnosis before they were 18 years old and 50.0% before they were 15 years old. Psychiatric disorders may in part be triggered by stress exposure in adolescence; social stress is likely to have a disproportionate impact during this phase of life.²¹⁴ This is very important given the stress levels adolescents are likely to be exposed to during humanitarian events.

What are the consequences?

Most children who have been through a stressful event will exhibit changes in behaviour, emotions, spirituality, social relations or physical wellbeing. These symptoms of distress may include loss of appetite, change in sleep patterns, nightmares, withdrawal and regression in certain skills.²¹⁵ In the extreme case of suicide, if it is successful, the outcome is clearly death, but unsuccessful suicide attempts also require action, as they may lead to physical injury and ill health. Whilst temporary symptoms are more common than severe long-term reactions, with more children experiencing depression and anxiety than post-traumatic stress disorder (PTSD) the psychological impact of an event may persist for up to three to five years after a natural disaster.²¹⁶ Toxic stress – stress that is experienced over a prolonged period – affects the hippocampus and may lead to problems with short-term recall, learning abilities, stress and fear responses, and the ability to control emotions. Where large groups of children are affected, this can lead to entire generations experiencing mental health, social and economic problems. These impacts are not confined to brain development – research indicates a strong correlation between adverse childhood experiences and higher rates of heart, liver and lung disease in adulthood.²¹⁷

Who is most vulnerable?

In non-emergency settings a higher proportion of **males** attempt and are successful at committing suicide than are females.²¹⁸

Whilst the following analysis is not specific to emergencies, the fact that it has been found that suicide rates are also high amongst **vulnerable groups who experience discrimination**, such as refugees and migrants; indigenous peoples; lesbian, gay,

²¹¹ Save the Children and UNFPA (2009) Adolescent Sexual and Reproductive Health Toolkit

²¹² WHO (April 2016) Suicide Factsheet available at: <http://www.who.int/mediacentre/factsheets/fs398/en/>

²¹³ Stratta P, Capanna C, Carmassi C, Patriarca S, Di Emidio G, Riccardi I, Collazzoni A, Dell'Osso L, Rossi A (July 2014) The adolescent emotional coping after an earthquake: a risk factor for suicidal ideation, *J Adolesc.* 2014 Jul;37(5):605-11

²¹⁴ Delia Fuhrmann, Lisa J. Knoll, Sarah-Jayne Blakemore (October 2015) Adolescence as a Sensitive Period of Brain Development

²¹⁵ Thompson, Hannah (2015) A Matter of Life and Death

²¹⁶ Thompson, Hannah (2015) A Matter of Life and Death

²¹⁷ Thompson, Hannah (2015) A Matter of Life and Death

²¹⁸ Bilsker, Dan and Jennifer White (December 2011) The silent epidemic of male suicide, available at: <http://www.bcmj.org/articles/silent-epidemic-male-suicide>

bisexual, transgender, intersex (LGBTI) persons; and prisoners, has important implications for humanitarian programmes addressing mental health concerns²¹⁹

Considerations for programming

- **Building life skills in adolescents** and providing them with psychosocial support in schools and other community settings can help promote good mental health. Programmes to help strengthen ties between adolescents and their families are also important.
- **If mental health problems arise, they should be detected and managed by competent and caring health workers²²⁰** who are trained on responding to the needs of adolescent girls and boys
- **Those who have attempted suicide require medical attention** – to ensure their on-going physical and mental health²²¹
- Given the increased importance during adolescence of relationships with peers, a **strong focus should be placed on understanding friendships and rivalries**, the struggles and discord that may exist within the community of adolescents, and on building bonds and ties across peer groups
- **Programme support for parents on how specifically to deal with and support adolescents and address their mental health and psychological wellbeing** in emergencies should be developed
- **Take into account the way in which patterns of adolescent cognitive development are impacted by the experience of the emergency** and how programmes may ensure that brain changes are positive – support skills in understanding others perspectives, positive decision making, problem solving, and planning for the future

Children associated with armed forces and groups

Globally, thousands of boys and girls are recruited into armed forces and groups to serve as combatants, cooks, porters, messengers, spies, as wives, for sexual purposes, or other roles. Many have been recruited by force, though some may have joined as a result of economic, social or security pressures. Situations of displacement and poverty make children even more vulnerable to recruitment.²²²

- It is estimated that tens of thousands of children are engaged in armed conflicts around the world.²²³
- More than 4,000 cases of children associated with armed forces and groups were documented and verified by the UN in 2013, but thousands more children are estimated to have been recruited and used.²²⁴
- The total number of countries in which children are being recruited into or used by armed forces and groups is at least 25 nations²²⁵

²¹⁹ WHO (April 2016) Suicide Factsheet available at: <http://www.who.int/mediacentre/factsheets/fs398/en/>

²²⁰ WHO (May 2016) Factsheet: Adolescents: health risks and solutions

²²¹ WHO (May 2016) Factsheet: Adolescents: health risks and solutions

²²² UNICEF (March 2011) Child recruitment by armed forces or armed groups, available at: http://www.unicef.org/protection/57929_58007.html

²²³ UNICEF (March 2011) Child recruitment by armed forces or armed groups, available at: http://www.unicef.org/protection/57929_58007.html

²²⁴ Thompson, Hannah (2015) A Matter of Life and Death

²²⁵ Thompson, Hannah (2015) A Matter of Life and Death

- The UN reports that 9,000 child soldiers are engaged in fighting on both side of the conflict in the South Sudan war.²²⁶
- In Syria Human Rights Watch has documented children as young as 14 years old in roles supporting the “Free Syrian Army” and children as young as 15 years old are engaged as fighters.²²⁷
- In 2004, political scientists counted more than 42 wars and armed conflicts worldwide. In these ‘new wars’ or ‘complex political emergencies’ some report that 80% of the fighting forces are children.²²⁸
- Between January 2009 and May 2015, MONUSCO interviewed 7,946 children who had been associated with armed groups in the Democratic Republic of Congo (DRC), 98.7% of whom were between the ages of 10 – 17. Of the 10 – 17 year olds engaged just over 7% were girls.²²⁹
- 72% of the girls formerly associated with Mayi Mayi Kata Katanga (an armed group in the Democratic Republic of Congo), told MONUSCO they had accompanied or followed a parent, husband or boyfriend to the bush.²³⁰ The voluntary nature of their engagement has implications for how easily they may be reached, and released from armed groups.
- Whilst age disaggregated data is not always available, it is hypothesised that a higher proportion of those associated with armed forces and groups would be over the age of 10, given the physical demands of engaging with and supporting the fighting.

What are the consequences?

Children associated with armed groups and forces, both girls and boys, are often exposed to high levels of violence, abuse, exploitation and injury. They may face sexual exploitation and violence (both girls and boys), detention for engagement in conflict, threats to life, possible injury and exposure to explosive remnants of war. They are deprived of education and parental care. Vulnerability is on-going even after release or escape, due to possible rejection by families and communities, and exclusion from the education system. Children who escape from armed groups frequently face long-term psychological problems. The probability of severe or fatal injury and death are also more elevated for associated children.²³¹ The impact may be felt across generations. Associated children are more often killed or injured than adult soldiers on the front line.²³²

Child soldiers are raised in an environment of severe violence, directly experiencing it or witnessing it. They may have committed atrocities of the worst kind. The repeated exposure to chronic and traumatic stress during development leaves the adolescents with mental and related physical ill-health, notably PTSD and severe personality disorders. Such exposure also deprives the child from normal and healthy development, subsequently impairing their possible integration into society.²³³

²²⁶ Thompson, Hannah (2015) A Matter of Life and Death

²²⁷ Thompson, Hannah (2015) A Matter of Life and Death

²²⁸ Elisabeth Schauer and Thomas Elbert (2010) The Psychological Impact of Child Soldiering

²²⁹ Based on the authors own analysis of data presented by MONUSCO, in MONUSCO (2015) Invisible Survivors: Girls in Armed Groups in the Democratic Republic of Congo From 2009 to 2015

²³⁰ MONUSCO (2015) Invisible Survivors: Girls in Armed Groups in the Democratic Republic of Congo From 2009 to 2015

²³¹ Thompson, Hannah (2015) A Matter of Life and Death

²³² Elisabeth Schauer and Thomas Elbert (2010) The Psychological Impact of Child Soldiering

²³³ Elisabeth Schauer and Thomas Elbert (2010) The Psychological Impact of Child Soldiering

Of the 600 girls interviewed in DRC almost half reported they had been subjected to sexual violence including rape, forced marriage and sexual slavery while associated with armed groups.²³⁴ The vast majority of girls recruited by the Lord's Resistance Army (LRA) were raped upon their abduction. And witnesses report that girls and women ranging from the estimated ages of 15 to 20 were used as sex slaves during their association with the M23 group.²³⁵ Some girls used as wives or concubines by adult combatants considered they were legitimate spouses and did not report sexual exploitation.²³⁶

Who is most vulnerable?

Data from various contexts suggests **both girls and boys** are vulnerable to association with armed forces and groups. There is abundant evidence that large numbers of girls are recruited and used by armed groups in the DRC. For example almost half of the documented cases of child recruitment by the LRA (48%) related to girls. However, these girls for the most part remain 'invisible.' Armed group commanders hide girls during surrender and reintegration processes.²³⁷

However, girls often fill different functions to boys, even in the same setting or armed group. Research carried out in the Democratic Republic of Congo indicates that boys were more likely to engage in direct fighting. A far lower percentage of girls interviewed received military training or were used as combatants – 56 girls (9%) stated that they were used as combatants, compared to 3,144 (42%) of boys. Given an additional 2,140 boys stated they were armed escorts to commanders, this puts 72% of boys in the direct line of fire during their association, compared to 14% of the girls documented.²³⁸ Whilst in Yemen of those children observed assuming security functions, it was noted that boys were used in combat and logistical roles and girls were undertaking support roles such as food preparation, gathering military intelligence, and carrying detonators.²³⁹

The statistics from DRC revealed that **girls tended to be younger than boys** when first associated with armed groups, with 56% under 15 years of age, and 20% aged 15 at recruitment. The average age of boys associated was just under 15 years old whilst for girls this was 13.6 years old.²⁴⁰

Unaccompanied and poor children are more easily lured into armed forces or groups with the promise of compensation, food and shelter.²⁴¹

Considerations for programming

- **Release and reintegration programmes for both girls and boys who have been associated with armed forces and groups need to be established.** Programmes must offer a range of supports for released children – including adapted and appropriate alternative care arrangements,

²³⁴ MONUSCO (2015) Invisible Survivors

²³⁵ MONUSCO (2015) Invisible Survivors

²³⁶ MONUSCO (2015) Invisible Survivors

²³⁷ MONUSCO (2015) Invisible Survivors

²³⁸ MONUSCO (2015) Invisible Survivors

²³⁹ Thompson, Hannah (2015) A Matter of Life and Death

²⁴⁰ Based on the authors own analysis of data presented by MONUSCO, in MONUSCO (2015) Invisible Survivors: Girls in Armed Groups in the Democratic Republic of Congo From 2009 to 2015

²⁴¹ Thompson, Hannah (2015) A Matter of Life and Death

economic and community reintegration, economic strengthening, life skills, non-formal or accelerated learning, response to survivors of sexual violence, medical support, psychosocial support, and specialised mental health care – wherever trained and qualified health personnel are present.

- Patterns of abduction and sexual violence vary from one armed group to another. **Assumptions should not be made about the experiences of girls and boys associated with armed forces and groups**, how they have become associated, what they are exposed to during the time they are associated and how they are eventually released. Programming should seek to understand these context specific characteristics on a case-by-case basis and respond accordingly.
- It is important to **recognise that adolescent may volunteer to join armed forces and groups as this has strong implications for release and reintegration programming**²⁴² especially in relation to negotiating release and supporting reintegration
- **Programmes should not target released children alone** as this may identify the programme beneficiaries as formerly associated with fighting groups and thus lead to reprisal and retaliation against them

Child labour

Child labour is work that is unacceptable because the children involved are too young and should be in education. Alternatively, it is inappropriate because the work is harmful to their emotional, developmental, or physical wellbeing, whether they have reached the minimum age or not. It may include work that is physically demanding beyond the child's strength, exposure to dangerous materials, or for extended or inappropriate hours that infringe on ability to engage in other activities. A sub-category of children labour is the worst forms of child labour, that includes: forced or bonded labour, children associated with armed forces or armed groups, trafficking, sexual exploitation or hazardous work that causes harm to children's' health, safety or morals. Association with armed forces and groups, and sexual exploitation were discussed above. Hazardous work includes activities such as mining, construction, masonry, blacksmith, mechanic, chemical processing, fisheries, and hunting. Children may be over the legal age limit for work in a country, but if are under the age of 18 and engaged in hazardous work they are considered to be child labourers.²⁴³

- In 2012 the ILO reported that 33.0 of 15-17 year olds were working.²⁴⁴ A total of 47.5 million adolescents aged 15 – 17 years old were in hazardous work, accounting for 40 per cent of all employed children between 15 and 17 years old and over one-quarter of all child labourers.²⁴⁵ Just fewer than 95 million of those children engaged in hazardous work were aged 12 – 17 years old.²⁴⁶
- A general decline in the incidence of hazardous work has been far slower for adolescents aged 15 to 17 years than among those children aged 5 to 14 years.²⁴⁷ The same is true for child labour overall.²⁴⁸
- 17.2 million children are in paid or unpaid domestic work in the home of a third

²⁴² Brett, Rachel (2003) Adolescents volunteering for armed forces or armed groups

²⁴³ ILO (2015) World Report On Child Labour: Paving the way to decent work for young people

²⁴⁴ Diallo, Yacouba, Alex Etienne and Farhad Mehran (2013) Global child labour trends 2008 to 2012, ILO - IPEC

²⁴⁵ ILO (2015) World Report On Child Labour: Paving the way to decent work for young people

²⁴⁶ Diallo, Yacouba, Alex Etienne and Farhad Mehran (2013) Global child labour trends 2008 to 2012, ILO - IPEC

²⁴⁷ ILO (2015) World Report On Child Labour: Paving the way to decent work for young people

²⁴⁸ Diallo, Yacouba, Alex Etienne and Farhad Mehran (2013) Global child labour trends 2008 to 2012, ILO - IPEC

party or employer; of these, 11.5 million are in child labour, of which 3.7 million are in hazardous work (21.4% of all child domestic workers); and 5.7 million, mostly adolescents, in permissible work but need to be protected from abuse and provided with decent work.²⁴⁹

- 3.8 million child domestic workers are aged 12 to 14²⁵⁰

In humanitarian settings:

- Most of the 13 countries identified as having the most widespread abuses of child workers (Bangladesh, India, Nigeria, Pakistan, Chad, Democratic Republic of the Congo, Ethiopia, Liberia, Myanmar, Somalia, Sudan, Zimbabwe and China) are impacted by long-term conflict, recurrent natural disasters or political unrest.²⁵¹
- To provide for themselves or the needs of their families in crisis settings (as well as in conditions of extreme poverty), adolescent girls may feel compelled to engage in sex work, exacerbating vulnerabilities to violence, sexually transmitted infections and pregnancy.²⁵²
- Research carried out in Jordan as part of the Syrian humanitarian response effort found the vast majority of children engaged in informal work to be between the ages of 16 and 17 (66%), a further 30% were aged 12-15.²⁵³
- In South Sudan, it has been found that 26% of children are in school exclusively, 35% of those aged 10 to 14 years old work exclusively, and almost half of 10 to 14 year-olds (46%) spend at least some time each week engaged in some form of economic activity. The numbers of girls and boys working are roughly equal. Of those children working, over 60% are carrying out unpaid labour in the agricultural sector. Research carried out in Malakal found that 50% of boys interviewed carried out paid work outside the home.²⁵⁴ Children report that they are increasingly working due to displacement as a result of the conflict, some engaging in hazardous labour.²⁵⁵
- The 2010 earthquake in Haiti exacerbated the situation as a large number of children's births went unregistered, making them more susceptible to illegal work and trafficking across borders. In addition unaccompanied minors were more vulnerable to being taken in as domestic workers.²⁵⁶
- A 2013 Plan International study of the Sahel food crisis affected areas of Burkina Faso and Niger Sahel²⁵⁷ it was found that child labour was a real issue for adolescents boys and girls. Both boys and girls were abandoning education to take up paid and unpaid work. In Niger, the number of adolescents undertaking work during the crisis increased from 31% to 60% with many during the crisis being pushed to work outside their communities in more dangerous forms of work.²⁵⁸ Girls tended to stay closer to home to undertake unpaid domestic work. In Burkina Faso, 58% of girls reported that they had to undertake work due to the food crisis, compared to 42% of girls before the food crisis.

²⁴⁹ ILO (date unknown) Child labour and domestic work, available at: <http://www.ilo.org/ipec/areas/Childdomesticlabour/lang--en/index.htm>

²⁵⁰ ILO (date unknown) Child labour and domestic work, available at: <http://www.ilo.org/ipec/areas/Childdomesticlabour/lang--en/index.htm>

²⁵¹ Thompson, Hannah (2015) A Matter of Life and Death

²⁵² UNFPA (2013) Motherhood in Childhood: Facing the challenge of adolescent pregnancy, The State of World Population 2013

²⁵³ Thompson, Hannah (2015) A Matter of Life and Death

²⁵⁴ Thompson, Hannah (2015) A Matter of Life and Death

²⁵⁵ Thompson, Hannah (2015) A Matter of Life and Death

²⁵⁶ Thompson, Hannah (2015) A Matter of Life and Death

²⁵⁷ Eynon, Alyson (2014) Responding To The Worst Forms Of Child Labour In Emergencies, CPWG

²⁵⁸ Eynon, Alyson (forthcoming) A Review of Dangers and Injuries in children, CPWG

- Plan International research into climate change found that adolescent girls living in areas frequently affected by floods or drought reportedly turned to prostitution in crises. Examples include: reports in Bangladesh that: “After Cyclone Sidr and Aila, there was a lot more trafficking due to economic problems... Indeed most of the sex workers in Dhaka come from this part of Bangladesh.” In Niger 29% of adolescents reported knowing girls who had turned to commercial sex work.²⁵⁹ And in Burkina Faso 25% of parents and adolescents interviewed by Plan confirmed knowing girls in their communities who had turned to prostitution in time of crisis.²⁶⁰

What are the consequences?

The consequences for children are significant. Depending on the nature and form of child labour involved, effects may include illness, physical injury, sexual exploitation, physical violence, and denial of other rights – specifically education and health. Research has shown that child labour affects children’s health.²⁶¹ Child labour may involve long and tiring working days; use of toxic chemicals; carrying heavy loads; handling dangerous items such as knives and axes; insufficient or inadequate food and accommodation, and humiliating or degrading treatment including physical and verbal violence, and sexual abuse.²⁶² As a result, child labour is significantly and positively related to adolescent mortality.²⁶³

- The average 15-year-old *restavek* – Haitian child live-in domestic worker – was found to be 4 centimetres shorter and weighed 20 kilograms less than the average Haitian child²⁶⁴

Who is most vulnerable?

Given the shift in responsibility and increased expectation that older children contributed to the family, adolescents are especially affected by child labour. With certain forms of child labour disproportionately affecting certain categories of children more than others.

Girls: 98% of the estimated 4.5 million forced into sexual exploitation and 55% of the estimated 20.9 million victims of forced labour are women and girls.²⁶⁵ In Myanmar an assessment of female sex workers under 25 carried out in 2010 found 12% to be aged 10-14 and another 33% to be aged 15-19.²⁶⁶ During primary research for this report, Plan staff in Tanzania reported that fostered refugee girls in the camps were especially likely to be subjected to informal domestic work to support foster families. Evidence shows that 67.1% of all child domestic workers are girls.²⁶⁷

²⁵⁹ Eynon, Alyson (2014) Responding To The Worst Forms Of Child Labour In Emergencies, CPWG

²⁶⁰ Eynon, Alyson (2014) Responding To The Worst Forms Of Child Labour In Emergencies, CPWG

²⁶¹ Thompson, Hannah (2015) A Matter of Life and Death

²⁶² ILO (date unknown) Child labour and domestic work, available at: <http://www.ilo.org/ipec/areas/Childdomesticlabour/lang--en/index.htm>

²⁶³ Thompson, Hannah (2015) A Matter of Life and Death: Child Protection Programming’s Essential Role in Ensuring Child Wellbeing and Survival During and After Emergencies, Child Protection Working Group

²⁶⁴ Thompson, Hannah (2015) A Matter of Life and Death

²⁶⁵ Plan International (2015) Because I am a Girl: The State of the World’s Girls 2015 – The Unfinished Business of Girls’ Rights

²⁶⁶ Whilst these figures are not solely based on data of new incidents due to emergencies, it has been found that most of the working children in Myanmar had dropped out of school due to an emergency or event in the family that required extra cash. Thus a large proportion may result from natural disasters or conflict - Thompson, Hannah (2015) A Matter of Life and Death

²⁶⁷ ILO (date unknown) Child labor and domestic work, available at: <http://www.ilo.org/ipec/areas/Childdomesticlabour/lang--en/index.htm>

Boys: A 2013 Plan International study about the Sahel food crisis in Burkina Faso and Niger found that boys often migrated in search of work in mining or agriculture. In Burkina Faso, 81% of boys reported that they had to undertake work due to the food crisis, compared to 75% of boys before the food crisis.²⁶⁸ Plan research in 2015 found that 30% of boys in Pakistan migrated because of work compared to just over 15% of girls.²⁶⁹

Displaced children also faced more substantial risks than their non-displaced peers due to the unfamiliar environment in which they find themselves. As a result, they may engage in work for which they do not have the appropriate skills and experience, coming from families with different livelihoods backgrounds to those common in the host community.²⁷⁰

Older adolescents: 15 to 17 years are a critical age group, who are above the minimum working age in most countries but at the same time are still legally children. Their situation overlaps the issues of child labour and youth employment.²⁷¹

Considerations for programming

- An **understanding of labour legislation in country should underpin any advocacy and awareness raising initiatives**, as well as form a basis for the design of prevention and response actions. Identifying ILO/IPEC representatives in-country may enable a rapid assimilation of the necessary information and documentation
- **Release and reintegration programmes should be set up with a full package** of alternative/interim care, education, economic strengthening, sexual violence case management, medical services, and mental health assistance
- **The challenges youth face in finding safe, appropriate, and well-remunerated work cannot be separated from the process of eliminating child labour earlier in the life cycle.**²⁷² Clarifying this with donors who traditionally focus more on youth in the response and/or recovery phase (such as the World Bank, ILO, and other bilateral donors) may leverage increased funding for child labour issues in emergencies
- **Child labour programmes require strong inter-sectoral collaboration** between food security and livelihoods actors, education service providers, as well as child protection experts
- The forms of work that adolescent girls are engaged in are often in domestic settings, are informal in nature and / or are not paid. This may lead their work to be more concealed than that of boys. Special efforts need to be made **to raise awareness of informal and unpaid work as a form of labour that may be exploitative**, and on identifying girls in hidden settings

Unaccompanied and separated children

Unaccompanied children or minors are those children who have been separated from

²⁶⁸ Eynon, Alyson (2014) Responding To The Worst Forms Of Child Labour In Emergencies, CPWG

²⁶⁹ Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

²⁷⁰ Revue Documentaire République Centrafricaine – Août 2013

²⁷¹ ILO (2015) World Report On Child Labour: Paving the way to decent work for young people

²⁷² ILO (2015) World Report On Child Labour: Paving the way to decent work for young people

both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. Separated children are those that are separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives.²⁷³

- In Nduta camp, Tanzania, Plan International has continued with Best Interest Assessments for unaccompanied minors and separated children with a cumulative total to date of 202. Statistics have remained consistent with previous reports with a higher number of boys (65%) compared to girls (38%).²⁷⁴

What are the consequences?

Unaccompanied children are more vulnerable to other forms of exploitations, such as being taken in for domestic work, sexual violence, or recruitment into armed forces or groups. They are also often less aware of and able to access the humanitarian services available to them.²⁷⁵ Girls who are separated from the usual caregivers are more vulnerable to sexual violence, forced /early marriage, withdrawal from Research has demonstrated that unaccompanied children arriving into Europe have high rates of mental health problems, particularly depression and post-traumatic stress disorder, during the first years after resettlement.²⁷⁷ A study on the mental health of newly settled refugee adolescents in Belgium found that unaccompanied adolescent refugees were more likely to have been exposed to more traumatic events in their country of origin, and they reported higher levels of depressive symptoms with girls being particularly vulnerable.²⁷⁸ Unaccompanied and separated children in institutions are significantly more vulnerable to exploitation and abuse of all forms, physical, sexual and emotional.²⁷⁹

Who is most vulnerable?

Depending on the context, there may be different rates of vulnerability. **Boys** are more likely to be separated from their families and caregivers during disasters and conflict.²⁸⁰

Those with **disabilities** may also be more likely to be separated as families seek to place their children in institutions or abandon their children in times of crisis.²⁸¹

Considerations for programming

- **The education and care that unaccompanied minors receive during the first years after resettlement, together with their own drive to create a positive future, are key factors in their mental health and long-term adjustment**²⁸²

²⁷³ Thompson, Hannah (2015) A Matter of Life and Death

²⁷⁴ UNHCR (14-21 January 2016) UNHCR Operational Update: Burundi Refugee Situation, Kigoma Region

²⁷⁵ Thompson, Hannah (2015) A Matter of Life and Death, and WRC (May 2013) Young and Astray: An Assessment of Factors Driving the Movement of Unaccompanied Children and Adolescents from Eritrea into Ethiopia, Sudan and Beyond

²⁷⁶ Veronique Aubert, Alison Holder (2013) Unspeakable Crimes Against Children: Sexual Violence in conflict

²⁷⁷ Ketil Eide and Anders Hjern (April 2013) Unaccompanied refugee children – vulnerability and agency

²⁷⁸ Ketil Eide and Anders Hjern (April 2013) Unaccompanied refugee children – vulnerability and agency

²⁷⁹ Joanne Doyle (2011) Misguided Kindness: Making the right decisions for children in emergencies, Save the Children

²⁸⁰ Joanne Doyle (2011) Misguided Kindness: Making the right decisions for children in emergencies, Save the Children

²⁸¹ Joanne Doyle (2011) Misguided Kindness: Making the right decisions for children in emergencies, Save the Children

²⁸² Ketil Eide and Anders Hjern (April 2013) Unaccompanied refugee children – vulnerability and agency

- **Special support needs to go to alternative care providers of adolescent girls and boys.** Setting up interim care for adolescents separated from normal caregivers may be more complex as they seek independence and go through often-turbulent emotional and behavioural transitions
- **Where group homes are established, mechanisms for regular monitoring, and support are very important.** For example, a group home for adolescent boys may bring together a number of children none of whom is able to cook – monitoring would identify this need and enable targeted food distribution accompanied by cooking lessons
- **Institutions should be seen as a last resort for separated and unaccompanied children.** Support to foster care arrangements and other forms of family-like care are preferable
- **Collaboration with government may enable long term shifts in attitudes towards institutional care**

Justice for children / children in contact with the law

The issue of justice for children covers the multitudes of ways children come into contact with security forces, legal structures, and law enforcement agents. This includes roles as witnesses, when they report a crime, beneficiaries – when they are being protected by the law, or when they themselves are accused of a criminal act or are in conflict with the law.²⁸³ It is hypothesised that adolescents are more vulnerable to being in conflict with the law than younger children due to their greater involvement in activities outside the home, their increased risk taking behaviour, more frequent engagement in fighting and association with armed forces and groups, and the higher likelihood that they use alcohol and drugs or other addictive substances.

- There is no global figure for the number of adolescents in detention on a global scale, but UNICEF in 2006 estimated that one million children were detained worldwide²⁸⁴
- In the Philippines, it was found that average age of children in detention in both conflict-affected and non-emergency settings was 14.4 years old and the proportion of children in custody increased with age.²⁸⁵

In humanitarian settings:

- In 2012 approximately 1,500 children were held in detention in Iraq, the youngest of who was only ten years old.²⁸⁶
- Children held in Iraq may be detained for periods ranging from two months to more than three years.
- Since the second Intifada in 2000, over 5,500 Palestinian children between the age of 12 and 18 years, have been imprisoned by Israeli authorities for alleged security offenses. One report put the figure of child detainees since the outset of the second Palestinian uprising in 2000 at 8,000.²⁸⁷
- Children in Mali, 13 years old and upwards, who were recruited as child soldiers by armed groups or suspected of links with them, are now being detained by

²⁸³ Thompson, Hannah (2015) A Matter of Life and Death

²⁸⁴ Thompson, Hannah (2015) A Matter of Life and Death

²⁸⁵ Thompson, Hannah (2015) A Matter of Life and Death

²⁸⁶ Thompson, Hannah (2015) A Matter of Life and Death

²⁸⁷ Thompson, Hannah (2015) A Matter of Life and Death

Malian forces alongside adults, where some reports suggest they have been tortured.²⁸⁸

What are the consequences?

Boys and girls held in prisons may be exposed to a range of types of violence, including ill treatment, sexual abuse, torture, physical violence, abuse and death. Children suffer physical and humiliating punishment, bullying and isolation. Dire conditions and harsh regimes are also physically and mentally damaging for children and may amount to cruel, inhumane and degrading treatment. In many prisons and institutions, children are denied medical care, education and other basic rights. There is still a risk of abuse even in youth or juvenile facilities that hold only children, not only from adults but also from the other detained children.²⁸⁹ There is a high correlation between detention or imprisonment and torture – including sexual torture, abuse and violence – painful restraint, blindfolding, strip-searching, verbal and physical abuse, solitary confinement and threats of violence during arrest, transfer, interrogation and detention.²⁹⁰

Who is most vulnerable?

- Detained children are predominantly **boys**²⁹¹
- In one study area in the Philippines, 60% of children held in detention were not living with their parents when they were arrested, indicating there may be a correlation between **family separation** and conflict with the law²⁹²
- Potentially **older adolescents** are more vulnerable than younger adolescents– as indicated by the data from the Philippines
- **Girls** may frequently come into contact with the law when reporting cases of sexual violence, forced or early marriage, and/or other forms of GBV

Considerations for programming

- **Collaboration with other international actors and lobbying groups** – especially the International Committee of the Red Cross and Red Crescent Movement – may help in the identification of and provision of support to adolescents in detention
- **Specific efforts need to be made to negotiate the release of adolescents in detention**, underscoring their rights as children
- **Services for released detainees should take into account the needs of adolescents by providing appropriate alternative / interim care, community reintegration support, psychosocial activities, and assistance to their families and parents**
- **Actors in the justice and security sectors require training on appropriate treatment of children – specifically adolescents – as survivors, witnesses and perpetrators.** This should be nuanced and take into consideration issues of diversity
- **LGBTIQ children** may be living in countries where legislative frameworks are punitive – for example homosexuality may be illegal or even punishable by death. **Country offices need to consider how they will address the needs of this particularly vulnerable group** without exposing them to risk, and how they will

²⁸⁸ Thompson, Hannah (2015) A Matter of Life and Death

²⁸⁹ Thompson, Hannah (2015) A Matter of Life and Death

²⁹⁰ Thompson, Hannah (2015) A Matter of Life and Death

²⁹¹ Thompson, Hannah (2015) A Matter of Life and Death

²⁹² Thompson, Hannah (2015) A Matter of Life and Death

respond and support adolescents who are exposed to security risks as a result of the gender orientation²⁹³

2. Adolescents on the move

Adolescents who are migrating, or in movement as they flee conflict or disasters are vulnerable, be they with or without caregivers, given the fact that they are not within the protective sphere of their community. Risks include sexual exploitation, trafficking, violence, and abuse.

- The numbers of refugee adolescents that arrive in Europe without their families has increased in recent years.²⁹⁴ In 2015 Sweden alone received 35,400 asylum applications from unaccompanied children. The number of unaccompanied children arriving exceeded the number of children arriving in families. 43% were aged 13 to 15 years old – predominantly boys (only about 15% are girls).²⁹⁵ They mainly came from Syria, Afghanistan, Iraq and Somalia, or are stateless.²⁹⁶

What are the consequences?

A recent longitudinal study in Denmark has indicated that childhood mobility has the most detrimental impact when frequent change in location of residence occurs during early to mid-adolescence. With negative outcomes being identified in later life including committing of violent offences, attempted suicide, substance misuse, and unnatural death.²⁹⁷ Refugee seeking separated or unaccompanied adolescents may be unaware of registration processes or may intentionally avoid formal procedures when in refugee settings, thus they become excluded from services that may benefit them. They may face military conscription, threat of kidnapping, and/or abduction.²⁹⁸ Children migrating, especially those on the move alone, are at risk of exploitation and abuse.²⁹⁹ Separated and unaccompanied migrant children may be fleeing from experiences of violence, extreme poverty, and exclusion from certain services, such as education.³⁰⁰ The experience of acculturation stress³⁰¹ attributable to migration may induce depression and anxiety in adolescence.³⁰² Higher levels of depressive symptoms were noted among 12-18 year old unaccompanied refugees in Holland, for

²⁹³ Plan UK and Plan Sweden (May 2015) Plan Strengthening Support to LGBTIQ Adolescents: Policy Report on the Rationale and Scope for Strengthening Support to Adolescents Who Are Lesbian, Gay, Bisexual, Transgender, Intersex or Questioning

²⁹⁴ Ketil Eide and Anders Hjern (April 2013) Unaccompanied refugee children – vulnerability and agency

²⁹⁵ David Crouch (Thursday 10 September) 'Now they can stop running': Sweden's sharp rise in child refugees, available at: <http://www.theguardian.com/world/2015/sep/10/sweden-sharp-rise-child-refugees>

²⁹⁶ Migrationsverket, 4 January 2016, Statistics, available at: <http://www.migrationsverket.se/English/About-the-Migration-Agency/Facts-and-statistics-/Statistics.html>, accessed 22 January 2016

²⁹⁷ Webb, Roger T., Carsten B Pedersen, Pearl L.H. Mok (2016) Adverse Outcomes to Early Middle Age Linked With Childhood Residential Mobility, American Journal of Preventive Medicine

²⁹⁸ WRC (May 2013) Young and Astray: An Assessment of Factors Driving the Movement of Unaccompanied Children and Adolescents from Eritrea into Ethiopia, Sudan and Beyond

²⁹⁹ REACH (January 2016) Situation Overview: European Migration Crisis, available at: http://reliefweb.int/sites/reliefweb.int/files/resources/srb_situation_overview_european_migration_monitoring_monthly_overview_january_2016.pdf, accessed 1 March 2016

³⁰⁰ UNHCR (date unknown) Unaccompanied Minors and Separated Children, available at: <http://www.unhcr-centraleurope.org/en/what-we-do/caring-for-the-vulnerable/unaccompanied-minors-and-separated-children.html>

³⁰¹ Acculturation stress is the psychological impact of adapting to a new culture

³⁰² Delia Fuhrmann, Lisa J. Knoll, Sarah-Jayne Blakemore (October 2015) Adolescence as a Sensitive Period of Brain Development

example.³⁰³ Assessments carried out by WRC in countries affected by the European Refugee Crisis found that hastily constructed transit, reception, and accommodation centres were not adequately adapted to needs, and thus were not sufficiently protecting refugees and asylum-seekers from gender-based violence. Furthermore, provision of assistance to survivors was lacking. Insufficient information means that both women and girls were vulnerable to smugglers and other opportunists.³⁰⁴

Who is most vulnerable?

Among **urban adolescents, more girls** than boys are migrants. Whilst more boys than girls migrate for education, employment, or to join family members, almost equal numbers of boys and girls move due to crises such as drought, conflict, flood, etc. By far the majority of those moving for marriage are girls.³⁰⁵ During the recent crisis of child migrants into Europe, adolescent **boys** made up a significant proportion of the population.³⁰⁶

Considerations for programming

- **Systems to track and monitor the presence of adolescents on the move must be put in place** from the outset
- **Psychosocial support needs of children on the move**, be it as they seek asylum, as they migrate, or are displaced after an event must be prioritised
- **Mobile service**, that move with populations, may need to be considered in some instances
- **Psychosocial support activities targeting adolescents' needs specifically** should be established in displaced and refugee camps

³⁰³ Ketil Eide and Anders Hjern (April 2013) Unaccompanied refugee children – vulnerability and agency

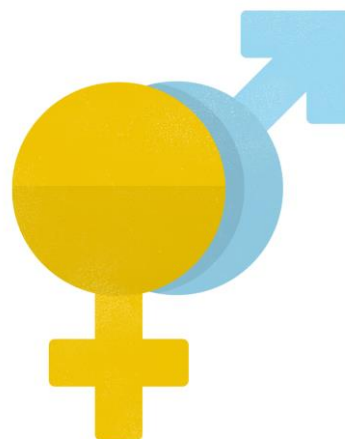
³⁰⁴ Women's Refugee Commission (March 2016) Women at Risk on the Route from Greece to Northern Europe: Findings from Three Assessments

³⁰⁵ Miriam Temin, Mark R. Montgomery, Sarah Engebretsen, Kathryn M. Barker (2013) Girls on the Move: Adolescent Girls & Migration in the Developing World: A Girls Count Report On Adolescent Girls, Population Council

³⁰⁶ Migrationsverket, 4 January 2016, Statistics, available at: <http://www.migrationsverket.se/English/About-the-Migration-Agency/Facts-and-statistics-/Statistics.html>, accessed 22 January 2016

3. Poor sexual and reproductive health rights, including issues around HIV status and early or adolescent pregnancy

Adolescents – girls and boys, unmarried and married – come up against many sexual and reproductive health risks resulting from early, unprotected, and/or unwanted sexual activity. Key contributing factors are a general lack of access to appropriate and timely sexuality, and sexual health education, and the ability to gain access to affordable and suitable contraception,³⁰⁷ as well as a full range of health services.



It is felt that globally the number of sexual active adolescents is on the increase.³⁰⁸ Yet adolescents face significant barriers to obtaining contraception, including availability, accessibility and acceptability. In many countries globally, no one has access to contraception. When contraception is available, adolescents, especially those not seen to be in formal union, may not be able to obtain them because of restrictive laws and policies. Even when adolescents are not systematically obstructed from obtaining contraceptive services they may not do so as a result of a fear of breach of confidentiality or concerns about dealing with judgemental service providers. Furthermore, inexperienced adolescents may not use contraceptives correctly and consistently because of limited or incomplete knowledge, misperceptions, and fears of the reactions of others.³⁰⁹

Incomplete education and lack of access to information on sexual and reproductive health may have numerous negative outcomes for adolescents. Coupled with limited possibilities for receiving health services, this has consequences for the level of knowledge necessary for preventative action and access to services for response action. Early or adolescent pregnancy is pregnancy among girls before they reach the age of 18 years old. Childbirth is more likely to be difficult and dangerous for an adolescent than for an adult.

- The unmet need for contraceptive for unmarried/ sexually active 15 – 19 year olds is up to 48.7% in East and Southern Africa and for married 15 – 19 year olds it is up to 30.5% in West and Central Africa.³¹⁰ It is thought that up to 33 million girls and women aged 15 to 24 would use contraception if it was made available to them.³¹¹ The unmet need for contraceptives among adolescent girls is thought to be more than twice that of married women³¹²

³⁰⁷ WHO (2012) Expanding access to contraceptive services for adolescents: Policy brief

³⁰⁸ WHO (2012) Expanding access to contraceptive services for adolescents: Policy brief

³⁰⁹ WHO (2012) Expanding access to contraceptive services for adolescents: Policy brief

³¹⁰ UNFPA (2014) The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future: The State of World Population 2014

³¹¹ UNFPA (2014) The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future: The State of World Population 2014

³¹² Save the Children and UNFPA (2009) Adolescent Sexual and Reproductive Health Toolkit

- Globally adolescent boys and girls are reaching puberty sooner, marrying later and are having more sex before marriage³¹³
- The millions of adolescents out of school—often those boys and girls most at risk—will not benefit from school-based sexuality education programmes. Consequently, young people still have very low levels of comprehensive knowledge about HIV or AIDS,³¹⁴ other forms of sexually transmitted infections, gender based violence, and other forms of sexual health education
- There are 2.2 million adolescents in the world living with HIV – around 60% are girls.³¹⁵ Many studies have shown that adolescents have less access to HIV treatment and care relative to older people.³¹⁶ In 2014 alone, 620,000 young people between the ages of 15 to 24 were newly infected with HIV, of whom 220,000 were adolescents between the ages of 15 and 19. Only 13% of adolescent girls and 9% of adolescent boys aged 15-19 in sub-Saharan Africa – the region most affected by HIV – have been tested for HIV in the past 12 months and received the result of the last test.³¹⁷ Estimates suggest that numbers of HIV deaths are rising in the adolescent age group. This increase is primarily in Africa, at a time when HIV-related deaths have been decreasing in all other subsets of the population.³¹⁸
- HIV prevalence remains high in some parts of the world. Yet HIV-related knowledge remains low. According to recent global estimates based on 119 countries that provided information, only 24% of young women and 36% of young men aged 15 to 24 were able to identify ways of preventing the sexual transmission of HIV and to reject major misconceptions about HIV transmission.³¹⁹ The percentage of young people with comprehensive knowledge of HIV was just 39 per cent for young men and 28 per cent for young women 15 to 24 in sub-Saharan Africa.³²⁰ Most countries report that less than half of schools provide skills-based HIV education programmes, and many report coverage of less than 10 per cent.³²¹
- Approximately 16 million girls aged between 15 and 19 and an additional 1 million girls under the age of 15 give birth each year, a significant proportion of these are in low- and middle-income countries.³²² 11% of global births are to girls aged 15-19.³²³
- An estimated 90% of adolescent pregnancies in the developing world are to girls who are married as married girls face higher exposure to sex and lower probability of using contraception than their unmarried peers, along with pressure to conceive quickly after marriage.³²⁴

³¹³ Save the Children and UNFPA (2009) Adolescent Sexual and Reproductive Health Toolkit

³¹⁴ UNFPA (2014) The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future: The State of World Population 2014

³¹⁵ van der Gaag, Nikki (2013) Because I am a Girl

³¹⁶ UNFPA (2014) The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future: The State of World Population 2014

³¹⁷ UNICEF (March 2016) Turning the tide against AIDS will require more concentrated focus on adolescents and young people, available at: <http://data.unicef.org/hiv-aids/adolescents-young-people.html>

³¹⁸ WHO (2014) Health for the World's Adolescents: A second chance in the second decade

³¹⁹ UNESCO (2012) Education For All Global Monitoring Report: Youth and Skills: Putting Education to Work

³²⁰ UNFPA (2014) The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future: The State of World Population 2014

³²¹ UNFPA (2014) The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future: The State of World Population 2014

³²² WHO (September 2014) Adolescent Pregnancy Factsheet, available at <http://www.who.int/mediacentre/factsheets/fs364/en/>

³²³ WHO (September 2014) Adolescent Pregnancy Factsheet, available at <http://www.who.int/mediacentre/factsheets/fs364/en/>

³²⁴ UNESCO (2015) Education For All 2000-2015: Achievements and Challenges, EFA Global Monitoring Report

- In low and middle-income countries, complications in pregnancy and childbirth are the leading cause of death in women aged 15 to 19 years. Girls who give birth before age 15 are five times more likely to die in childbirth than women in their twenties.³²⁵ Annually it is estimated that 70,000 girls die during pregnancy and childbirth.³²⁶ Pregnancy and childbirth are a leading cause of death for older adolescent girls in developing country settings. Adolescents who become pregnant tend to be from lower-income households, have poor diets and are thus nutritionally depleted. Health problems are greater for those girls that become pregnant too soon after reaching puberty.³²⁷
- 47% of deaths among girls aged 15-19 were due to maternal causes³²⁸
- First sexual experiences, notably intercourse, for many adolescent girls are unwanted or even coerced³²⁹
- In some countries schools monitor virginity and pregnancy among girls with compulsory pregnancy tests, urine sampling, and unscientific physical exams. The ways in which these practices are implemented are often humiliating, degrading, stigmatising, and in some cases abusive. This may contribute to school dropout.³³⁰

In humanitarian settings:

- In humanitarian settings service disruptions, damaged infrastructure, security concerns, and overwhelming demand may all contribute to limited service provision by health care actors. Additionally, schools, the most likely providers of any form of comprehensive sexuality education, may be closed or operating minimal services, and “other sources of accurate and complete information about how to prevent a pregnancy or a sexually transmitted infection, including HIV, may be scarce or non-existent.”³³¹
- It has been found that one of the social consequences of growing up in a conflict-affected country is early unprotected-sexual activity (for example exchanging sex for food, protection and security, or other forms of assistance) that may result in adolescent pregnancy and the contraction of HIV/AIDS.³³²
- The increased likelihood of HIV transmission for adolescents in conflict zones is mostly due to the breakdown of family, school, and health systems, with their regulatory safeguards that could counter these risks.³³³
- More than one in seven adolescent girls experienced physical violence during pregnancy in Cameroon, the Democratic Republic of the Congo and Pakistan³³⁴

2015

³²⁵ Thompson, Hannah (2015) A Matter of Life and Death

³²⁶ UNFPA (2013) Motherhood in Childhood: Facing the challenge of adolescent pregnancy, The State of World Population 2013

³²⁷ UNFPA (2013) Motherhood in Childhood: Facing the challenge of adolescent pregnancy, The State of World Population 2013

³²⁸ Aissatou Diallo, Rosa Bransky, Chernor Bah, (date unknown) Girls recovery and resilience in Sierra Leone: beyond Ebola Population Council, available at: https://www.dropbox.com/s/7w30fowan6wclob/Girls%20in%20Emergency_Salome%20Update.pdf?dl=0

[accessed 28 April 2016]

³²⁹ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

³³⁰ Human Rights Watch (June 2016) The Education Deficit: Failures to Protect and Fulfill the Right to Education through Global Development Agendas, <https://www.hrw.org/report/2016/06/09/education-deficit/failures-protect-and-fulfill-right-education-through-global>

³³¹ UNFPA (2013) Motherhood in Childhood: Facing the challenge of adolescent pregnancy, The State of World Population 2013

³³² Elisabeth Schauer and Thomas Elbert (2010) The Psychological Impact of Child Soldiering

³³³ Elisabeth Schauer and Thomas Elbert (2010) The Psychological Impact of Child Soldiering

³³⁴ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

What are the consequences?

Outcomes for children include continued contraction of preventable sexually transmitted infections, some of which may be life threatening without the proper medical interventions and support. Early pregnancy, that presents a substantial danger to the lives of young girls. Young people (UNFPA defines this as those between the age of 10 and 24 years old³³⁵) require a wide range of sexual and reproductive health services, including for the prevention of adolescent pregnancy, care for pregnant adolescents, HIV prevention, testing, counselling, treatment and care, the provision of HPV vaccines, and safe abortion care.³³⁶ Every year, some 3 million girls aged 15 to 19 undergo unsafe abortions.³³⁷ Human rights violations related to HIV status disproportionately affect HIV-infected young men and women, and include forced abortion and sterilisation, travel and migration restrictions, criminalisation of HIV transmission and exposure, drug use, selling sex or sex work, expulsion from school or a job, and mandatory HIV testing, registration, and forced treatment.³³⁸ Adolescents have significantly lower access to and use of HIV testing and counselling compared to older people, the result being that just 10 per cent of young men and 15 per cent of young women know their HIV status.³³⁹

"In many cases, children and young adults interviewed by Human Rights Watch who had limited or no inclusive access to comprehensive sexual education or contraception had become pregnant without understanding how or had become infected with HIV/AIDS and other sexually transmitted diseases"³⁴⁰

Adolescent pregnancy is one of the main contributors to maternal and child mortality, and to a perpetuating cycle of ill-health and poverty. Complications during pregnancy and childbirth are the second highest cause of death for girls aged 15-19 worldwide.³⁴¹ Each year some 3 million unsafe abortions occur among girls aged between the ages of 15 and 19. This contributes to maternal deaths and to lasting health problems.³⁴² Early childbearing increases the risks for both mothers and their newborns. Babies born to adolescent mothers face a substantially higher risk of dying than those born to women aged 20 to 24.³⁴³ Adolescent pregnancy may also have negative social and economic ramifications for girls, their families and their whole community.³⁴⁴ Pregnancy has been identified as a key driver for dropout and exclusion of female secondary school students.³⁴⁵ In South Africa (which has high

³³⁵ UNFPA (2014) The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future: The State of World Population 2014

³³⁶ UNFPA (2014) The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future: The State of World Population 2014

³³⁷ WHO (September 2014) Adolescent Pregnancy Factsheet, available at <http://www.who.int/mediacentre/factsheets/fs364/en/>

³³⁸ UNFPA (2014) The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future: The State of World Population 2014

³³⁹ UNFPA (2014) The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future: The State of World Population 2014

³⁴⁰ Human Rights Watch (June 2016) The Education Deficit: Failures to Protect and Fulfill the Right to Education through Global Development Agendas, <https://www.hrw.org/report/2016/06/09/education-deficit/failures-protect-and-fulfill-right-education-through-global>

³⁴¹ WHO (September 2014) Adolescent Pregnancy Factsheet

³⁴² WHO (September 2014) Adolescent Pregnancy Factsheet

³⁴³ WHO (September 2014) Adolescent Pregnancy Factsheet

³⁴⁴ WHO (September 2014) Adolescent Pregnancy Factsheet

³⁴⁵ UNESCO (2015) Education For All 2000-2015: Achievements and Challenges, EFA Global Monitoring Report 2015

rates of adolescent pregnancy, and very high rates of coerced sex and violence against women and girls) it has been found that 75% of school-aged girls leave because they are pregnant, and less than 50% return to complete their education.³⁴⁶ Subsequently, a girl with little or no education has fewer skills and opportunities to find a job³⁴⁷ leading to reduced earning potential and a diminished range of life choices.³⁴⁸ This may have a national level impact as there is an economic cost, the country loses out on the income a woman would have earned over her lifetime had she had not had an early pregnancy.³⁴⁹ Estimate of lifetime opportunity costs related to adolescent pregnancy, measured in terms of the young mother's foregone annual income over her lifetime, range from 1% to 30% of annual GDP.³⁵⁰ Adolescent pregnancy often occurs at a time when the girl is still growing; therefore, nutrient requirements multiply and there is some evidence of competition between the foetus and the mother for nutrients leading to further stunting of the girl's growth.³⁵¹ Pregnancy may result in eclampsia, premature labour, prolonged labour, obstructed labour, fistula, anaemia or infant and/or maternal death.³⁵²

Pregnant girls may be exposed to physical violence. This violence may be extremely damaging to the health and survival of both the adolescent mother and her unborn child. Violence may result in miscarriage, stillbirth, premature labour or delivery, and low birth weight. In extreme circumstances, violence may even lead to maternal mortality³⁵³

Who is most vulnerable?

UNFPA and Save the Children identify three sub-groups of adolescents that are particularly at risk and require special attention: (i) Very young adolescents (10-14 years old), especially girls, (ii) Pregnant adolescent girls, particularly those under 16, and (iii) Marginalised adolescents, including those who are HIV+, those with disabilities, non-heterosexual adolescents, indigenous groups and migrants. Additionally in crisis settings a further xx sub-groups that become vulnerable are: (iv) Adolescents separated from their families (parents or spouses) and adolescent heads of household, (v) Survivors of sexual violence and other forms of gender-based violence (GBV), (vi) Adolescent girls engaged in transaction sex or commercial sexual exploitation, and (vii) those children who are associated with armed forces and armed groups – both boys and girls.³⁵⁴

Access to quality comprehensive sexuality education remains elusive for most adolescents.³⁵⁵ However, given greater numbers of adolescent **girls** are outside of national formal schooling, where there is a greater opportunity to systematically raise awareness of sexual and reproductive health, it may be assumed girls are more often excluded for sexual reproductive health education. Access to pregnancy prevention

³⁴⁶ Tanya Khara and Emily Mates (2015) Adolescent nutrition: Policy and programming in SUN+ countries, Save the Children

³⁴⁷ WHO (September 2014) Adolescent Pregnancy Factsheet

³⁴⁸ Tanya Khara and Emily Mates (2015) Adolescent nutrition: Policy and programming in SUN+ countries, Save the Children

³⁴⁹ WHO (September 2014) Adolescent Pregnancy Factsheet

³⁵⁰ Tanya Khara and Emily Mates (2015) Adolescent nutrition: Policy and programming in SUN+ countries, Save the Children

³⁵¹ Tanya Khara and Emily Mates (2015) Adolescent nutrition: Policy and programming in SUN+ countries, Save the Children

³⁵² Thompson, Hannah (2015) A Matter of Life and Death

³⁵³ UNICEF (2014) Hidden in Plain Sight: A statistical analysis of violence against children

³⁵⁴ Save the Children and UNFPA (2009) Adolescent Sexual and Reproductive Health Toolkit

³⁵⁵ UNFPA (2014) The Power of 1.8 Billion

means being able to obtain contraceptive services. Adolescent females have low levels of access to and use of contraception, total contraceptive use for adolescent girls is only 22 % compared to 60 % for women over 30.³⁵⁶

Young women bear the brunt of new infections to HIV,³⁵⁷ for example, in sub-Saharan Africa females 15 to 24 are twice as likely as young men to be living with HIV.³⁵⁸ The chance of contracting HIV/AIDS and other sexually transmitted diseases is higher for child brides.³⁵⁹

Girls are clearly those who will experience teenage pregnancy. **Under 16 year olds** are most at risk of complications in child birth which increased maternal mortality rates for this age group.³⁶⁰ Those from **lower income households** are more likely to become pregnant.

In addition, children who are behind in school, due to poverty, disability, or other factors, and thus not in a class with peers of the same age will not benefit from sexual and reproductive health education at the appropriate moment in their development.³⁶¹

Marginalized adolescents, including **those who are HIV positive, those with disabilities, non-heterosexual adolescents, those from indigenous groups and migrants** may face difficulties accessing services because of stigma, prejudice, culture, language and physical or mental limitations. Furthermore, they are at increased risk of poverty and sexual exploitation and abuse as a result of their lack of power and participation.³⁶²

Considerations for programming

- Before implementing activities with adolescents, **discussions need to take place with staff and personnel to explore openly and frankly the staff's own values, pre-conceptions, judgments, knowledge, and understandings in relation to adolescents' sexual reproductive health and rights.** Staff need to be made aware of Plan's positions on key issues, which in many contexts may be taboo or loaded with moral interpretations. They must be trained to understand the international minimum standards they will be expected to promote.
- **Improving girls' status within society and their access to accurate and adapted information is essential** to reducing early pregnancy, and subsequently also pregnancy-related deaths among adolescents.³⁶³
- Some girls do not know how to avoid getting pregnant: sex education is lacking in many countries. They may feel too inhibited or ashamed to seek contraception services; contraceptives may be too expensive or not widely or legally available. Even when contraceptives are widely available, sexually active adolescent girls are less likely to use them than adults. Girls may be unable to refuse unwanted

³⁵⁶ UNFPA (2014) The Power of 1.8 Billion

³⁵⁷ UNFPA (2014) The Power of 1.8 Billion

³⁵⁸ UNFPA (2014) The Power of 1.8 Billion

³⁵⁹ Thompson, Hannah (2015) A Matter of Life and Death

³⁶⁰ van der Gaag, Nikki (2013) Because I am a Girl

³⁶¹ Human Rights Watch (June 2016) The Education Deficit: Failures to Protect and Fulfill the Right to Education through Global Development Agendas

³⁶² Save the Children and UNFPA (2009) Adolescent Sexual and Reproductive Health Toolkit

³⁶³ Steven Edwards, (11/09/2015) 10 things you didn't know about the world's population, United Nations Population Fund (UNFPA), available at: <https://europa.eu/eyd2015/en/unfpa/stories/10-things-about-global-population>

sex or resist coerced sex, which tends to be unprotected. **Reducing adolescent pregnancy may in part be addressed through effective policies and programmes to delay marriage.** ³⁶⁴

- **Schooling can reduce the risk of HIV infection in various ways.** It can help empower young women to assert their sexual and reproductive rights. Curriculum-based interventions also provide essential knowledge on HIV and AIDS, which is critical for young people before they become sexually active. It is thought that life skills elements of wider HIV programmes and life skills education may have in part contributed to reduction in HIV incidence, in situations where HIV education coverage in schools has been high, where implementation has been generally effective and where life skills education has been combined with other prevention measures. Young people who have stayed in school longer tend to be more aware of HIV and AIDS, and more inclined to take protective measures such as using condoms, seeking counselling and testing, and discussing AIDS with their partners³⁶⁵
- Given the large numbers of adolescents out of school, poor sexual and reproductive health rights information provided within schools, ³⁶⁶ and the possibility of large numbers of children attending a school grade not targeted at their age group, **programmes need to seek ways to reach adolescents outside of the school environment.**

³⁶⁴ UNESCO (2015) Education For All 2000-2015: Achievements and Challenges, EFA Global Monitoring Report 2015, and UNFPA (2013) Motherhood in Childhood: Facing the challenge of adolescent pregnancy, The State of World Population 2013

³⁶⁵ UNESCO (2012) Education For All Global Monitoring Report: Youth and Skills: Putting Education to Work

³⁶⁶ Human Rights Watch (June 2016) The Education Deficit: Failures to Protect and Fulfill the Right to Education through Global Development Agendas

4. Exclusion or drop-out from education

In 2010 it was estimated that worldwide, 71 million adolescents of lower secondary school age alone were out of school. Whilst a push to increase access to education had significantly reduced this figure in previous years, the increase in adolescent enrolment has slowed down since 2007.³⁶⁷ The number of out-of-school adolescents of lower secondary school age was 63 million in 2012.³⁶⁸ In 2013 one out of 6 adolescents were not enrolled in school.³⁶⁹ It is estimated that between 61 million and 56 million adolescents were still out of school in 2015.³⁷⁰



- Today, children between the ages of 12 and 15 years old who should be attending lower secondary school are nearly twice as likely to be out of school as primary school-aged children.³⁷¹
- Bangladesh is one of only three low income countries where more girls are in secondary school than boys. As poor boys enter adolescence, they have more opportunities — and more need — to find wage work, which keeps them out of school.³⁷²
- In Honduras, one of the countries with the highest gender disparities in secondary school participation, 60% of boys aged 15 to 17 were engaged in economic activity in 2002 compared with 21% of girls.³⁷³
- In Egypt around one in two adolescents aged 14 to 17 from the wealthiest quintile were in secondary general education, while fewer than one in ten from the poorest quintile were.³⁷⁴
- In the Philippines, just 69% of primary school graduates from the poorest families continued into lower secondary, compared with 94% of adolescents from the richest households.³⁷⁵
- Almost one-third of adolescents of secondary school age in sub-Saharan Africa, South Asia and West Asia do not attend school.³⁷⁶

In humanitarian settings:

³⁶⁷ UNESCO (2012) Youth and skills: Putting education to work, EFA Global Monitoring Report 2012

³⁶⁸ UNESCO (2015) Education For All 2000-2015: Achievements and Challenges, EFA Global Monitoring Report 2015

³⁶⁹ Human Rights Watch (June 2016) The Education Deficit: Failures to Protect and Fulfill the Right to Education through Global Development Agendas

³⁷⁰ UNESCO (2015) Education For All 2000-2015: Achievements and Challenges, EFA Global Monitoring Report 2015

³⁷¹ Human Rights Watch (June 2016) The Education Deficit: Failures to Protect and Fulfill the Right to Education through Global Development Agendas

³⁷² UNESCO (2012) Youth and skills: Putting education to work, EFA Global Monitoring Report 2012

³⁷³ UNESCO (2012) Youth and skills: Putting education to work, EFA Global Monitoring Report 2012

³⁷⁴ UNESCO (2012) Youth and skills: Putting education to work, EFA Global Monitoring Report 2012

³⁷⁵ UNESCO (2015) Education For All 2000-2015: Achievements and Challenges, EFA Global Monitoring Report 2015

³⁷⁶ Tanya Khara and Emily Mates (2015) Adolescent nutrition: Policy and programming in SUN+ countries, Save the Children

- Enrolment rates in secondary school are nearly 30% lower in conflict-affected countries than in other developing countries, and are far lower for girls. 11 million lower secondary-aged girls are out of school in conflict-affected countries ³⁷⁷
- Primary research by Plan reveals that in most countries it is girls who are pulled out of school during a disaster and who fail to return to school post disaster. ³⁷⁸
- Syrian parents fear for the security of their adolescent girls and highlight a preference to keep them at home rather than send them to school. ³⁷⁹

What are the consequences?

Girls with no education are three times as likely to marry by 18 as those with secondary education or higher. Sadly, even 20% of girls with secondary education get married before they are 18. ³⁸⁰ Less educated women are less likely to find work. ³⁸¹ There is a mismatch in what is taught in schools and what is needed in the workplace. Leading many girls to be unable to progress into appropriate work in later life. ³⁸² However, increasing female educational levels does not automatically mean increased overall equality: in both Latin America and the Middle East, recent increases in female education levels have not led to corresponding equality in the work-place or at home. ³⁸³ Wider structural challenges may be preventing change. It is thought that 2.1 million child deaths (under 5) may have been prevented between 1990 and 2009 because of increased education for women of reproductive age. ³⁸⁴ There is thought to be a possible relationship between adolescent boys' educational underachievement and rising levels of gang involvement, violence, crime, access to guns and drug-related activity. ³⁸⁵

Who is most vulnerable?

Adolescents are more likely to be out of school than younger children. The gross enrolment ratio, for secondary schooling for both sexes was 75.2% in 2013 ³⁸⁶ versus a gross enrolment ratio, at the primary level for both sexes of 108%. ³⁸⁷ Whilst one in

³⁷⁷ Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

³⁷⁸ van der Gaag, Nikki (2013) Because I am a Girl

³⁷⁹ UNHCR (2014) Regional Refugee & Resilience Plan 2015-16 in Response to the Syria Crisis: Egypt

³⁸⁰ Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

³⁸¹ Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

³⁸² During the period between going to school and a phase in life when girls should engage in productive work, girls lives seem to stall. More than a third—34%—of young women in developing countries are jobless—neither in the labour force or in education. Although the gender gap in school enrolment has been closing, the gender gap in labour force participation is on the rise. - World Bank (date unknown) Adolescent Girls Initiative, <http://www.worldbank.org/en/programs/adolescent-girls-initiative>

³⁸³ Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

³⁸⁴ Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

³⁸⁵ UNESCO (2012) Youth and skills: Putting education to work, EFA Global Monitoring Report 2012

³⁸⁶ World Bank, Gross enrolment ratio, secondary, both sexes (%). Where this represents the total enrollment in secondary education, regardless of age, expressed as a percentage of the population of official secondary education age. GER can exceed 100% due to the inclusion of over-aged and under-aged students because of early or late school entrance and grade repetition. <http://data.worldbank.org/indicator/SE.SEC.ENRR/countries/1W?display=graph>

³⁸⁷ World Bank, Gross enrollment ratio, primary, both sexes (%). Where the gross enrollment ratio, for primary level is the total enrollment in primary education, regardless of age, expressed as a percentage of the population of official primary education age. GER can exceed 100% due to the inclusion of over-aged and under-aged students because of early or late school entrance and grade repetition. <http://data.worldbank.org/indicator/SE.PR.M.ENRR?display=graph>

six children will not have completed primary school in low- and middle-income countries in 2015, one in three adolescents will not have completed lower secondary school.³⁸⁸

Girls: Families in many societies still send their sons to school before their daughters, in part as a rational response to markets and institutions that value men over women.³⁸⁹ 1 in 5 adolescent girls are out of school. Fewer than 1 in 3 girls in sub-Saharan Africa and fewer than 1 in 2 in South Asia are enrolled in secondary school.³⁹⁰ The common causes of girls' disadvantage in secondary education principally relate to social, and cultural barriers and discrimination.³⁹¹ Between 2009-2013 there were attacks on schools in at least 70 different countries, with a number of these attacks being specifically directed at girls, parents and teachers advocating for gender equality in education³⁹²

Those in rural locations: Urban children advanced faster than did rural children in terms of lower secondary attainment.³⁹³ A girl is much more likely to go to school if she lives in a city – school attendance for adolescent girls is 37% higher in cities than in rural areas.³⁹⁴

Boys: Whilst withdrawal from education is more acute for girls, adolescent boys are also pulled from school. Outside the immediate school environment, poverty and the nature of the labour market can affect boys more than girls.³⁹⁵ As poor boys enter adolescence, they have more opportunities — and more need — to find paid labour that will keep them out of school.³⁹⁶

Regional variations: Three out of four out-of-school adolescents live in South and West Asia and sub-Saharan Africa.³⁹⁷ Even in countries where overall enrolment is high, significant numbers leave school early.³⁹⁸

Socio-economic status / working children: Socio-economic inequality persists in the transition from primary to secondary school as smaller numbers of children from poorer families continue into lower secondary education.³⁹⁹ In some countries, however, such as Indonesia and Rwanda, the gap in transition between children from wealthier and poorer households has closed.⁴⁰⁰

³⁸⁸ UNESCO (2015) Education For All 2000-2015: Achievements and Challenges, EFA Global Monitoring Report 2015

³⁸⁹ UNFPA (2014) The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future: The State of World Population 2014

³⁹⁰ Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

³⁹¹ UNESCO (2012) Youth and skills: Putting education to work, EFA Global Monitoring Report 2012

³⁹² Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

³⁹³ UNESCO (2015) Education For All 2000-2015: Achievements and Challenges, EFA Global Monitoring Report 2015

³⁹⁴ Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

³⁹⁵ UNESCO (2012) Youth and skills: Putting education to work, EFA Global Monitoring Report 2012

³⁹⁶ UNESCO (2012) Youth and skills: Putting education to work, EFA Global Monitoring Report 2012

³⁹⁷ UNESCO (2012) Youth and skills: Putting education to work, EFA Global Monitoring Report 2012

³⁹⁸ UNESCO (2012) Youth and skills: Putting education to work, EFA Global Monitoring Report 2012

³⁹⁹ UNESCO (2015) Education For All 2000-2015: Achievements and Challenges, EFA Global Monitoring Report 2015

⁴⁰⁰ UNESCO (2015) Education For All 2000-2015: Achievements and Challenges, EFA Global Monitoring Report 2015

Many children who continue into lower secondary education do not study exclusively, and increased lower secondary school participation rates are not directly correlated with a reduction in children's economic activity.⁴⁰¹ Even as countries increased school coverage, many saw persisting rates of part-time work by students.⁴⁰² The more hours children work per week, the less likely they are to attend school, and those who do attend are more likely to lag behind others in the total number of years of schooling they attain.⁴⁰³

Considerations for programming

- **A systematic and integrated approach to education needs** to be taken identifying the causes for drop-out prior to humanitarian events, and new risks occurring. Staff need to work with adolescents and their caregivers to understand the causes of school dropout and identify solutions. Response should include supply and demand side strategies to increase school enrolment – that is enabling families to afford school, to value an education for girls and boys, and avoid recourse to negative coping mechanisms. Whilst simultaneously strengthening available education – both formal and non-formal. Provision of economic strengthening services – specifically conditional cash transfers – may be a key factor in enabling children to stay in school.
- **An over-focus on primary education may have reduced the political, and financial commitment needed to address the education needs of adolescents**,⁴⁰⁴ evidence needs to be gathered to support advocacy demonstrating the need for commitment to education through the life cycle, not only in the early years, even in humanitarian settings.
- **More needs to be done to ensure that secondary education is relevant to the world of work**⁴⁰⁵ with programmes exploring how to support vocational training and economic strengthening in the formal and non-formal education systems.
- **Gender discrimination and stereotypes in the school environment, school curriculum and in school learning materials need to be identified and challenged or eliminated.** Discussions need to take place with school staff (those who fill teaching and administrative roles) to identify gender discrimination. Equality policies need to be put in place and staff must be trained on these policies.
- **Work with adolescents and younger children to identify the children who may potentially drop-out and / or are already being excluded from education.** Strengthen education systems – both formal and non-formal – in terms of their ability to cater to the needs of a diverse group of adolescent boys and girls.

⁴⁰¹ UNESCO (2015) Education For All 2000-2015: Achievements and Challenges, EFA Global Monitoring Report 2015

⁴⁰² UNESCO (2015) Education For All 2000-2015: Achievements and Challenges, EFA Global Monitoring Report 2015

⁴⁰³ UNESCO (2015) Education For All 2000-2015: Achievements and Challenges, EFA Global Monitoring Report 2015

⁴⁰⁴ Human Rights Watch (June 2016) The Education Deficit: Failures to Protect and Fulfill the Right to Education through Global Development Agendas

⁴⁰⁵ UNESCO (2012) Youth and skills: Putting education to work, EFA Global Monitoring Report 2012

5. Livelihoods

The term livelihoods refers to the capabilities, assets and activities required for a means of living.⁴⁰⁶ It is during adolescence that many people have their first experience of work that enables them to gain a living, whether this is formal or informal. During adolescence, many children start to be expected to contribute to and support their families. Appropriate forms of work, as long as they do not infringe on all rights but in particular education and health, may be beneficial for learning and development, providing skills to use in later life. Adolescents may struggle to find decent work guaranteeing them a foothold above the poverty line. In many developing countries, the paucity of opportunities for productive full-time employment means that the first experience of work for young people is all too often one of wasted talent, disillusionment, underemployment and continued poverty,⁴⁰⁷ or as discussed above, may even be dangerous and exploitative.



- With 81 million young people (15 – 24 years old) out of work, youth unemployment is now a concern in almost every country.⁴⁰⁸ One young person in eight across the world is looking for work.⁴⁰⁹ Youth unemployment is more than double adult unemployment in many countries.⁴¹⁰ In numerous nations, youth make up only 25% of the working population but almost half, 47%, of the unemployed.⁴¹¹
- More than half of all youth survive on less than USD\$2 a day⁴¹² and it is thought that 152 million young people, 28% of all young workers, are paid less than US\$1.25 per day. A wage that is unlikely to lift them and their families out of poverty.⁴¹³
- The face of migration is growing younger as young people face high unemployment rates: in 2005 young people were 3.3 times more likely to be unemployed compared with adult workers (above 25 years of age).⁴¹⁴
- In the Middle East, youth unemployment stands at around 25%, compared with 6% for adults⁴¹⁵
- Young people are waiting a long time to obtain work, up to seven years in some contexts in Africa⁴¹⁶

⁴⁰⁶ Josh Chaffin (August 2011) The Impacts of Economic Strengthening Programs on Children: A review of the evidence, Produced by the CPC Livelihoods and Economic Strengthening Task Force

⁴⁰⁷ UNICEF (2011) State of the World's Children: Adolescence An Age of Opportunity

⁴⁰⁸ DFID–CSO Youth Working Group (2010) Youth Participation in Development A Guide for Development Agencies and Policy Makers

⁴⁰⁹ UNESCO (2012) Education For All Global Monitoring Report: Youth and Skills: Putting Education to Work

⁴¹⁰ UNESCO (2012) Education For All Global Monitoring Report: Youth and Skills: Putting Education to Work

⁴¹¹ DFID–CSO Youth Working Group (2010) Youth Participation in Development A Guide for Development Agencies and Policy Makers

⁴¹² DFID–CSO Youth Working Group (2010) Youth Participation in Development A Guide for Development Agencies and Policy Makers

⁴¹³ UNESCO (2012) Education For All Global Monitoring Report: Youth and Skills: Putting Education to Work

⁴¹⁴ DFID–CSO Youth Working Group (2010) Youth Participation in Development A Guide for Development Agencies and Policy Makers

⁴¹⁵ UNESCO (2012) Education For All Global Monitoring Report: Youth and Skills: Putting Education to Work

⁴¹⁶ UNESCO (2012) Education For All Global Monitoring Report: Youth and Skills: Putting Education to Work

- In Pakistan, while men have an 8% chance of being out of the labour force, the figure for women is 69%⁴¹⁷

What are the consequences for adolescents?

Those lacking foundation skills when they enter the workplace and seek employment face the prospect of extremely low pay – barely enough for their own survival, let alone to support their families.⁴¹⁸ Discrimination in the workplace means that those girls and women who do work can expect to receive lower pay.⁴¹⁹

Who is most vulnerable?

Access and skills training is especially limited for disabled adolescents, those from **marginalised** communities or **ethnic minorities** and, in some societies, for **adolescent girls**.⁴²⁰

Social and cultural discriminatory practices keeps **young women** out of the formal labour market, make it more difficult for them to find work,⁴²¹ and structural inequality means they are less well remunerated when they do find paid work. In Latin America 17.7% of young women are unemployed, compared to 11.4% of young men.⁴²² One report from the World Bank indicates that nearly 40% of people agree that when jobs are in short supply, men have more right to them than women.⁴²³ Young women are often confined to low paid work.⁴²⁴ 75% of women's employment in developing regions is informal and unprotected.⁴²⁵ 90% of countries have at least one law that restricts economic equality for women.⁴²⁶ Young women often work long hours in household and informal work that is less visible to policy-makers.⁴²⁷ The unequally divided burden of domestic work constrains women's participation in labour markets in many cases. In Ethiopia, women spent six times as much time as men on household work, and roughly half as much time as men on work for money.⁴²⁸

Young people with **disabilities** have particular difficulty gaining access to both education and work. In Malawi and Swaziland, employment rates among 15- to 29-year-olds with disabilities were under 3% in Swaziland and 28% in Malawi.⁴²⁹

Young people with **less education** are most vulnerable to unemployment.⁴³⁰

⁴¹⁷ UNESCO (2012) Education For All Global Monitoring Report: Youth and Skills: Putting Education to Work

⁴¹⁸ UNESCO (2012) Education For All Global Monitoring Report: Youth and Skills: Putting Education to Work

⁴¹⁹ UNESCO (2012) Education For All Global Monitoring Report: Youth and Skills: Putting Education to Work

⁴²⁰ UNICEF (2011) State of the World's Children: Adolescence An Age of Opportunity

⁴²¹ UNESCO (2012) Education For All Global Monitoring Report: Youth and Skills: Putting Education to Work

⁴²² Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

⁴²³ Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

⁴²⁴ UNESCO (2012) Education For All Global Monitoring Report: Youth and Skills: Putting Education to Work

⁴²⁵ Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

⁴²⁶ Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

⁴²⁷ UNESCO (2012) Education For All Global Monitoring Report: Youth and Skills: Putting Education to Work

⁴²⁸ UNESCO (2012) Education For All Global Monitoring Report: Youth and Skills: Putting Education to Work

⁴²⁹ UNESCO (2012) Education For All Global Monitoring Report: Youth and Skills: Putting Education to Work

⁴³⁰ UNESCO (2012) Education For All Global Monitoring Report: Youth and Skills: Putting Education to Work

Considerations for programming

- There is a **need to set young people up for life, and establish them as stable, self-sufficient adults**. In part this may be achieved by providing them with an education that enables them to find decent work, earn a living, contribute to their communities and societies, and fulfil their potential. 431
- It may also require the **set-up of programmes that support skills development outside of the world of formal or non-formal education**, such as apprenticeships, and economic strengthening activities. There is a growing consensus that initiatives focusing on youth livelihoods are a key entry point for youth participation and central to sustainable peace building. 432
- Considering **diversity in programme design is very important**. UNESCO proposes that in order to address the challenges of unemployment and skills shortages among youth, there is a need to adopt innovative measures to improve the quality and inclusiveness of technical and vocational education and training, targeting disadvantaged groups including learners with disabilities, marginalized and rural populations, migrants and those in situations affected by conflict and disaster; and promoting equal access of females and males to technical and vocational education and training programmes.433
- **Economic strengthening opportunities – and specifically cash transfers – should be explored** as a tool that may be used in the support of programmes with child protection, education, health, and nutrition objectives

6. Nutrition

Adolescence is a time significant growth and thus of increased nutritional requirements. Growth during adolescence is faster than at any other time in an individual's life except for the first year. It is thought that it is a period of time that presents an opportunity for catch-up growth. Due to the high rate of growth, adolescents have some of the highest energy and protein requirements of any age group.⁴³⁴ In addition, there is a growing interest in adolescent health as an entry point to improve the health of women and children, especially because an estimated 10 million girls younger than 18 years are married each year.⁴³⁵ In some countries, as many as half of all adolescents are stunted, this means their physical and cognitive development has been restricted because of inadequate nutrition.⁴³⁶ Adolescent nutrition is especially important in countries with a high burden of under-nutrition and young age at first pregnancies⁴³⁷

⁴³¹ ECHO (2013) Gender Age Marker toolkit

⁴³² DFID–CSO Youth Working Group (2010) Youth Participation in Development A Guide for Development Agencies and Policy Makers

⁴³³ UNESCO (2012) Education For All Global Monitoring Report: Youth and Skills: Putting Education to Work

⁴³⁴ Tanya Khara and Emily Mates (2015) Adolescent nutrition: Policy and programming in SUN+ countries, Save the Children

⁴³⁵ The Lancet (June 2013) Maternal and Child Nutrition: Executive Summary of *The Lancet* Maternal and Child Nutrition Series, available at:

<http://www.thelancet.com/pb/assets/raw/Lancet/stories/series/nutrition-eng.pdf>

⁴³⁶ Tanya Khara and Emily Mates (2015) Adolescent nutrition: Policy and programming in SUN+ countries, Save the Children (SUN countries are those countries that have signed up to the Scaling Up Nutrition (SUN) Movement)

⁴³⁷ The Lancet (June 2013) Maternal and Child Nutrition: Executive Summary of *The Lancet* Maternal and Child Nutrition Series

- UNICEF inter-country data analysis has identified that nearly 50% of adolescent girls aged 15–19 in India were underweight and that more than 25% of adolescent girls in ten other countries were underweight⁴³⁸
- In India 55.8% of adolescents aged 15–19 years are reported to be anaemic⁴³⁹
- Up to one in three adolescents is obese in some countries and numbers are increasing in both low- and high-income countries⁴⁴⁰
- ECHO's research has found that a disproportionate number of male adolescents are acutely affected by under-nutrition. Boys that have been demobilised from fighting, or are separated from their families, and who do not know how to prepare food become vulnerable.⁴⁴¹

Who is most vulnerable?

When food is scarce in certain cultural settings it is assumed **girls** will eat less.⁴⁴² Pregnant girls are especially vulnerable, as they need to have a diet sufficient to support their own growth as well as that of their unborn child. **Separated and unaccompanied boys** may also be vulnerable due to the fact that in many cultures they lack food preparation skills, and despite their increased dietary needs they may have been in very food scarce situations such as when they were **associated with armed forces and groups**.

What are the consequences?

- It has been estimated that 20%–30% of adolescents and young adults are living with a chronic illness, especially diabetes.⁴⁴³
- Micronutrient requirements, particularly for iron, calcium, zinc and vitamin D, also increase. Leaving adolescents vulnerable to deficiencies if they have poor diets. In 21 countries assessed by UNICEF, more than one-third of girls are anaemic.⁴⁴⁴

Considerations for programming

- **Work should be done with those actors carrying out food distributions to understand the higher calorific needs of growing adolescent boys** and the specific micronutrient requirements of adolescent growing bodies. It is especially important to consider the nutrition needs of pregnant adolescent girls.
- **Pregnant adolescents and adolescent mothers should be given support and training on nutritional support for their babies**
- **During pregnancy adolescents should receive awareness raising classes and support for breastfeeding that continues post-partum.** This breastfeeding coaching should to some degree involve the breastfeeding mothers' partners and those they live with as continued breastfeeding is more likely with on-going support
- **Awareness raising messages on the nutritional and health benefits of breastfeeding** for both the baby and mother should be adapted for and available

⁴³⁸ Tanya Khara and Emily Mates (2015) Adolescent nutrition: Policy and programming in SUN+ countries, Save the Children

⁴³⁹ Tanya Khara and Emily Mates (2015) Adolescent nutrition: Policy and programming in SUN+ countries, Save the Children

⁴⁴⁰ Tanya Khara and Emily Mates (2015) Adolescent nutrition: Policy and programming in SUN+ countries, Save the Children

⁴⁴¹ ECHO (2013) Gender Age Marker toolkit

⁴⁴² van der Gaag, Nikki (2013) Because I am a Girl

⁴⁴³ Tanya Khara and Emily Mates (2015) Adolescent nutrition: Policy and programming in SUN+ countries, Save the Children

⁴⁴⁴ Tanya Khara and Emily Mates (2015) Adolescent nutrition: Policy and programming in SUN+ countries, Save the Children

to an adolescent audience

- **Adolescent boys separated from caregivers for the first time, may need special assistance** in developing skills to prepare food for themselves

7. WASH

Water Sanitation and Hygiene facilities and practices may have a significant impact on the wellbeing of adolescent girls and boys, and affect their access to their rights. In refugee and IDP camps fetching water is often seen as girls work, and may expose them to certain risks. The lack of well-lit and segregated girls' and boys' latrines is also an area of concern. When public health messaging is delivered through schools, it may miss the large proportion of adolescents who are not in formal education.

- In Ethiopia it was found that hygiene and sanitation related problems affect school attendance and performance. Female students indicated that they often missed classes during menstruation, or because cultural restrictions combined with poor hygiene and lack of privacy prevented them from using the school latrines at all.⁴⁴⁵ Similar issues were identified in Uganda.⁴⁴⁶
- In India it was found that at younger ages, girls and boys both benefited substantially from latrines, whether sex-specific or not, but separate latrines were a critical factor in adolescent girls' enrolment in school, which increased substantially after separate latrines were installed.⁴⁴⁷
- Lessons learnt from Bangladesh indicate that when other family members become sick (often due to sanitation related diseases), girls are more likely to be kept home to help. This can lead to reduced school attendance by girls and can result in an increase in drop-out rates. This situation will become even more critical in communities hard hit by the HIV/AIDS pandemic.⁴⁴⁸



Who is most vulnerable?

Girls have specific health and hygiene needs during a disaster but humanitarian workers largely ignore these. There are guidelines that encourage consultation with adolescent girls in relation to their WASH needs but these are rarely followed.⁴⁴⁹ During key information interviews it was mentioned that refugee girls living in camps are especially vulnerable due to security concerns when accessing latrines and fetching water.

⁴⁴⁵ "Schoolgirls: towards health, dignity & wellbeing," WaterAid Ethiopia, Briefing note: Sarah Howard, June, 2005 Full report: Marilyn Ngales, WaterAid, May 2005

⁴⁴⁶ Albert Rugumayo "Uganda - Scaling up School Sanitation Programmes at the national level" Ministry of Education. In Uganda it was found many girls miss school because of the difficulties of managing with no latrine, in particular the difficulties of managing menstruation.

⁴⁴⁷ UNESCO (2015) Education For All 2000-2015: Achievements and Challenges, EFA Global Monitoring Report 2015

⁴⁴⁸ FRESH (Focusing Resources on Effective School Health), available at: <http://www.freshschools.org/Pages/SafeWaterandSanitation.aspx>

⁴⁴⁹ van der Gaag, Nikki (2013) Because I am a Girl

Considerations for programming

- **Knowledge, attitudes and practices survey should be carried out** to create a baseline understanding (that may be monitored over time) of use, and approaches to water, sanitation and hygiene concerns. This should include questions and menstrual hygiene. Whilst questions may revolve around issues facing adolescents, those engaged in the KAP survey should include younger children, adolescents, adults, girls and boys, LGBTI, and all other minority groups as well as those with a range of abilities, and disabilities.
- **WASH needs assessment processes in all settings (camps, host communities, affected populations, schools, hospitals, etc.) must include information gathering on menstrual hygiene service requirements and availability**
- **A diverse range of adolescent girls and boys must be consulted in the development of WASH facilities** for schools, hospitals, refugee camps, and IDP sites
- **Contextually appropriate hygiene, dignity, (for boys and girls) and menstrual kits (for girls only) that target adolescents should be developed, sourced, and distributed as part of all programmes targeting and including adolescents.** The distribution of kits should be accompanied by an education session on the use of materials contained

8. Climate change

A warming of the Earth's atmosphere is leading to increasingly uncertain and unpredictable weather patterns, and heightened likelihood of climate-related disasters and crises. Adolescents will invariably be affected by these catastrophes as are other members of the population.

- In 2007, an estimated 1.5 million people were left homeless due to rains and flooding in 18 African countries with women and children representing more than three quarters of those displaced by natural disasters⁴⁵⁰
- Women and girls are recorded as 90% of those killed by the 1991 cyclone in Bangladesh and up to 80% of the loss of lives in the 2004 Asian Tsunami.⁴⁵¹
- Some research indicates that boys are likely to receive preferential treatment in rescue efforts, and in the aftermath of disasters both women and girls suffer more from the shortages of food, and from the lack of privacy and safety of toilet and bathing facilities, and sleeping arrangements. In addition, in many countries, girls are discouraged from learning survival skills such as swimming or climbing.⁴⁵²

What are the consequences?

Certain aspects of adolescence mean girls and boys in this phase of their life have specific vulnerabilities. Exclusion from education means many adolescent children will not benefit from disaster risk reduction programmes, and subsequently their lives are at greater risk. The fact that livelihoods are impacted by natural catastrophes

⁴⁵⁰ Anita Swarup, Irene Dankelman, Kanwal Ahluwalia and Kelly Hawrylyshyn (2011) Weathering the Storm: Adolescent Girls and Climate Change, Plan International

⁴⁵¹ Anita Swarup, Irene Dankelman, Kanwal Ahluwalia and Kelly Hawrylyshyn (2011) Weathering the Storm: Adolescent Girls and Climate Change, Plan International

⁴⁵² Anita Swarup, Irene Dankelman, Kanwal Ahluwalia and Kelly Hawrylyshyn (2011) Weathering the Storm: Adolescent Girls and Climate Change, Plan International

puts greater pressure on girls and boys to find ways to support their families. Families may also resort to negative coping mechanisms – such as early marriage – as a way to reduce household burden and provide for other family members.

Who is most vulnerable?

Many disaster risk reduction programmes and preparedness measures are delivered to children through schools, those **adolescents out of school** will not be reached by essential lifesaving messages delivered this way.

Girls are doubly excluded from interventions that seek to reduce the impact of disasters due to their gender and age.⁴⁵³ An analysis of disasters in 141 countries concluded that gender differences in loss of lives due to natural disasters are directly linked to women's economic and social rights. The study also found that in societies where women and men enjoy equal rights, losses in lives due to natural disasters were more gender balanced.⁴⁵⁴ During the Asian tsunami in 2004, up to 45,000 more women than men died.⁴⁵⁵

Considerations for programming

- **Adolescent girls must have equal representation in global, national, and local decision-making forum** – depending on the setting maybe in separate forum – on how the climate crisis should be addressed⁴⁵⁶
- **Equally adolescent girls need to have systems that encourage their participation in the design, planning and implementation of disaster risk reduction initiatives.** Activities tailored to their needs should be implemented
- **Over focus on delivering disaster risk reduction training through schools risks excluding some of the most marginalised, poor, and vulnerable.** DRR programmes must seek to reach out to remote communities, and specifically to adolescents that work

⁴⁵³ Anita Swarup, Irene Dankelman, Kanwal Ahluwalia and Kelly Hawrylyshyn (2011) Weathering the Storm: Adolescent Girls and Climate Change, Plan International

⁴⁵⁴ Anita Swarup, Irene Dankelman, Kanwal Ahluwalia and Kelly Hawrylyshyn (2011) Weathering the Storm: Adolescent Girls and Climate Change, Plan International

⁴⁵⁵ Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

⁴⁵⁶ Anita Swarup, Irene Dankelman, Kanwal Ahluwalia and Kelly Hawrylyshyn (2011) Weathering the Storm: Adolescent Girls and Climate Change, Plan International

IV. Why adolescents are often overlooked?

When practitioners take on a one size fits all approach, they often fail to meet the varied needs of adolescents in emergencies, both girls and boys. Yet, specialised programming for this population group is not often identified. The primary reasons given for the lack of tailored responses to the specific needs of adolescents are issues in relation to data collection and quality, time constraints, lack of financial and material resources, limited technical capacity, lack of tools supporting programme delivery, the inter-sectorial nature of adolescents' needs, and the hidden nature of adolescents broadly and the most vulnerable adolescent specifically.

Data quality is poor and information is lacking

Various agencies use different incomparable data collection methods, do not collect sex and age disaggregated information, and do not subscribe to the same age-graded definitions. Thus any statistics that are available are not easily analysed to allow for an understanding of the disparate needs of different sub-groups of the population.

Recommendation

Work with and use the European Commission Gender-Age Marker Toolkit available at https://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf

Time constraints

Staff does not have the time to establish the strong relationships of trust that are required to understand the needs and affect change with adolescents. In addition in emergency settings donors, humanitarian leaders, organisations' internal management staff, the media, givers, and NGO clients all expect rapid response, and minimal delays in service delivery, especially for life-saving activities.

Recommendation

Work with donors and humanitarian decision makers to ensure realistic expectations on results that may be achieved in relation to certain concerns. For example, ensure there is an understanding of the slow pace of behavioural change in relation to contraceptive use, and the fact that some issues whilst life threatening, may arise sometime after events – for example early marriage and childhood pregnancy

A lack of financial and material resources

Targeting individual and specific needs according to age, gender, and other factors affecting vulnerability. Committed funding and adapted material inputs would allow for tailored approaches to be implemented. This issue links to other concerns as a lack of adequate disaggregated data does not enable the leveraging of resources. Limited staff capacity to understand and respond to the specific concerns of adolescents compounds the issue further.

Recommendation

- Funding proposals for programmes that target adolescents may be submitted to donors under any sector of operation. Thus rather than looking to fund initiatives through child protection and education – that are typically underfunded – humanitarian actors could seek grants that are focussed on health, nutrition, livelihoods, or WASH – with components and activities that link to child protection and education
- Ensure that data gathered, that is age and sex disaggregated, is presented to donors in the very first needs assessment reports, and thus influence the developments of their strategies and calls for proposals. Generalised understandings of the specific issues faced by adolescents in similar contexts experiencing comparable events may also be used to present a picture of their needs, to leverage commitments from donors from the outset

Limited technical capacity

Few staff in the humanitarian sector have the skills, expertise, and background experience in working with and for adolescents.

Recommendation

- Map out staff across the organisation (at global, regional, and national level) and across all sectors of operation who may be able to provide technical input and guidance on programme development for adolescents
- Create a learning platform and exchange network internally to discuss challenges, and exchange ideas on how to address these issues. If possible, this should be done through platforms that staff already consult regularly – for example using social media sites such as Twitter, LinkedIn, or Facebook

Lack of tools supporting programme delivery

Even when a certain level of intervention may be possible, practitioners may shy away from addressing these needs as they feel they do not have the expertise to design programming for adolescents' boys and girls and feel they need specialists in order to develop specific interventions. They need the tools to guide them to adapt programmes to make them suitable. Many tools are available, but most are focussed on a narrow field of subjects: sexual and reproductive health rights, education for adolescent girls, reintegration of children released from armed forces and groups, economic strengthening, and life skills. Whilst for other topics – such as alternative care, case management, and psychosocial support – less adolescent adapted guidance is available.

Recommendation

- Map out and identify tools that may support staff in the programme implementation for adolescents. Have these readily available as an on-line toolkit or CD of resources
- Seek to identify and prioritise gaps in the resources available. Once these have been prioritised carry out research to draw lessons learnt on best practices in this field of operation. Based on evidence of best practice, draw up broad guidance for field testing, pilot the guidance, and finalise for use by all staff

The inter-sectorial nature of adolescents' needs

Humanitarian actors work tends to be segmented according to certain discrete programmes and sectors of intervention. Most adolescent needs do not fall neatly into one sector of work, but require support by a range of humanitarian actors at all levels (family and community, district, government, UN and NGOs) across the full spectrum of response sectors.

Recommendation

- Draw upon mainstreaming guidance produced by the Child Protection Working Group and existing within the Child Protection Minimum Standards Integrated programmes

The hidden nature of adolescents broadly and the most vulnerable adolescents specifically

That is to say, standard modes of programme delivery through schools and community established groups may not reach adolescents. In many settings they are not considered to be “adult-enough” to influence social decisions and represent their communities in local mechanism and networks. They are at a point in their lives where they may not wish to be involved with children's activities. They are engaged in formal or informal work that keeps them from accessing education and play activities. Or they may be taking greater responsibility for their families and thus are restrained to activities within the household.

Recommendation

- Refer to and use the IASC gender marker tip sheets – especially the Frequently Asked Questions (FAQ) and Overview documents – available at:
<https://www.humanitarianresponse.info/coordination/gen-cap/document/iasc-gm-tipsheets>
- The Population Council and Women’s Refugee Commission have done a lot of work on identifying and engaging adolescent girls in programming. Plan should seek to use the tools being developed as a means to ensuring the vulnerable populations are reached
- It may also be possible to work with these agencies to adapt their tools as a way to reach all the adolescents who are often excluded – including those with disabilities, from indigenous, ethnic, linguistic, or religious minority groups, those who identify as LGBTIQ, or other such identified marginalised sub-groups of adolescents

Targeting adolescents

Much of the work with adolescents to date has been invisible as it is subsumed under the umbrellas of either work with children, or work with youth and young people. When grouped with older children, young adolescents especially are overlooked as older adolescents and youth take the lead. When addressed as part of the wider groups of all children aged from 0 to 18 years old, priority is placed on the younger age group as they are seen to need greater protection.⁴⁵⁷ This is exacerbated by the fact that staff feel they require less specific technical skills to address the needs of 0-10 year olds. Furthermore, many adolescents may not want to be labelled children or associated with activities targeting younger children, so they may themselves opt out of services to which they are eligible. Both UNICEF and WRC report that 10 – 14 year olds are most vulnerable to exclusion.

Whilst in most cases when asked about vulnerable groups programme staff could give a generalised sense of who the most marginalised children were among the adolescents in their areas of operation. Identifying how the needs of these subsets of children differed was less possible. Little to no specialised programming was happening to either purposefully reach or address the needs of the most vulnerable within the category of adolescents. It is unclear whether this relates to a lack of financial, time, or staff resources, or skills necessary to deliver such interventions.

⁴⁵⁷ Feedback given during key informant interviews with internal Plan staff, other NGO actors, and donors. But see also WHO (date unknown) Why focus on adolescents (10–19 years)?, http://apps.who.int/adolescent/second-decade/section/section_2/level2_3.php

V. What is Plan International doing for and with adolescents in emergencies?

Given the time limitations for the research, a sample of nine of Plan's country programmes were directly engaged in the primary data gathering process for this report. Staff in the country offices involved were either implementing activities directly targeting adolescents or they had sought to adapt some of the activities they delivered to the needs of adolescents. The countries were: **Central African Republic, Dominican Republic, Egypt, Ethiopia, Nepal, Philippines, Rwanda, Sierra Leone, and Tanzania.** Personnel involved in discussions for this research included child protection technical specialists, gender advisers, youth engagement officers, education specialists, emergency managers, and disaster risk response managers. Inputs given thus reflect this range of different programme sectors and activities.

Understanding adolescents' needs

The majority of staff use traditional participatory focus group discussions, which have gender and age disaggregated groups, as their primary means of establishing the needs of children broadly. In most cases this appeared to include certain group discussions with adolescents apart from other children or youth. The data received through these channels does not always appear to be systematically assessed in a way that spotlights the specific needs of the 10 – 19 year old age groups. Documented analysis of the needs of adolescents as a particular cohort was not forthcoming, though issues identified by adolescents were sometimes touched upon within broader emergency, child protection, or education needs assessment reports.

In refugee camp settings – namely Ethiopia, Rwanda, and Tanzania – on-going data on specific needs and vulnerabilities was being gathered through one-to-one processes such as case management systems and analysis of data collected through best interest assessment processes. This enabled continuous learning and adjustment of programing according to evolving needs.

In locations where youth or adolescent groups were set up – including Central African Republic, Egypt, Ethiopia, and Rwanda – regular consultations take place that influence programme design and implementation.

Plan locations of work

Three of the nine country programmes involved in the research have programmes in refugee camp settings: Tanzania, Rwanda, and Ethiopia. One further country programme, Egypt, is working with refugees hosted in the community in urban areas. Two list their programmes as targeting populations nationwide – Philippines and Dominican Republic. The programmes that are being implemented at a national scale relate to disaster risk reduction and preparedness. The Philippines is also implementing activities that are focussed solely on emergency affected areas after Typhoon Haiyan in 2013. The affected areas where Plan is working are both urban and rural in nature. The country office in the Central African Republic also has operations in both rural and urban settings. The Nepal country programme is

targeting rural communities since the earthquake of April 2015. Sierra Leone country programme works in three districts, with operations in both rural and urban locations, but mostly rural.

Target groups

Based on the primary data collected it appears that Plan programmes can be categorised into three broad groups when it comes to addressing the needs of adolescents. First, they may target adolescents with stand-alone programmes that seek to understand their needs and deliver tailored activities. Second, they may seek to address the needs of all children 0 – 18 years old, including adolescents as part of those initiatives. In some instances there are certain elements or components that are adapted specifically to the needs of adolescents. In other contexts it is felt that the general programmes will address adolescent needs sufficiently. Third, they may work with adolescents alongside a group of young adults over 18 years, who are thus no longer classed as children. Within any one country programme they may have several projects that operate and target in different ways. The table below shows the different targeting approaches of the country programmes.

Plan Country Office Adolescent Targeting Practices			
Country Programme	Adolescents among children 0-18 years old (Sometimes with tailored activities but not targeting only at adolescents)	Adolescents among youth (Target group includes those beyond the age of 20 years old)	Adolescents alone (Activities targeted specifically at any age range between 10 – 19 years old)
Central African Republic	X		
Dominican Republic	X		
Egypt	X		X
Ethiopia		X	X
Nepal		X	
Philippines	X		X
Rwanda	X		X
Sierra Leone	X	X	X
Tanzania	X	X	

Programme implementation methods

A mix of programming implementation methods ranging from more individual, one-to-one support reaching out to adolescents; to work that addressed needs through groups activities; and finally broader work with communities and schools that may indirectly reach adolescents was reported during key informant interviews. The table below classifies these methods of programme delivery. It is not intended to indicate a preference or grading of the ways of working with adolescents, but may enable a fuller understanding of the range of options available to staff when designing their programmes.

	Spectrum of services	Form of activity	Country office
Level to which activities are tailored to needs of adolescents	Targeted one-to-one services, tailored to individual needs of the adolescent	Case management support	Ethiopia and Tanzania
		Alternative care	Tanzania
		Cash transfers, livelihoods, and vocational skills	CAR, Egypt, Nepal, Philippines, Rwanda
		Mental health care - identification and referral of certain cases for specialised qualified medical care and support	Egypt
	Engaging individual adolescents to work with groups or whole communities	Peer-to-peer awareness raising	Tanzania
		Work with adolescents to develop and disseminate DRR messages	Dominican Republic, Philippines
		Radio programmes	Sierra Leone
	Group activities – targeted at a number of adolescents together	Adolescent groups	CAR, Ethiopia
		Adolescent friendly spaces	Nepal, Sierra Leone
		Life skills and awareness raising	CAR, Ethiopia, Nepal, Philippines, Tanzania
		PSS (in schools, through life-skills sessions, recreational activities, community based non-specialised supports)	CAR, Egypt, Ethiopia, Nepal, Philippines, Sierra Leone
		Sexual and reproductive health rights	Nepal (included in life-skills sessions), Rwanda
		Back to school / education activities	CAR, Egypt, Nepal
		Training adolescents to identify and refer	CAR

		cases	
		Positive masculinities	Rwanda
	Group activities that may include adolescents with children or youth	Children's and youth groups	CAR, Dominican Republic, Nepal, Sierra Leone
		Preparedness activities – including theatre, music, etc.	Dominican Republic
	Activities that address some of needs of adolescents, they may have some impact on their lives indirectly, or may have direct impact if relevant	Referral pathways and SOPs	CAR, Egypt, Ethiopia
		Community monitoring alert systems	Nepal
		Community based child protection mechanisms	CAR, Ethiopia, Nepal, Sierra Leone
		Awareness raising	Ethiopia, Nepal
		Child protection mainstreaming in other sectors	CAR, Egypt, Ethiopia, Nepal, Rwanda, Tanzania
		Strengthening referral pathways	CAR, Ethiopia, Nepal
General capacity building		Ethiopia, Nepal	
National child helpline		Egypt	

Vulnerabilities

Of the nine country programmes engaged in this research process four are working with refugees – Egypt, Tanzania, Rwanda, and Ethiopia. Commonly raised areas of concern and vulnerability discussed in key informant interviews were adolescent mothers and pregnant adolescents, those who are married, unaccompanied and separated children, girls and boys out of school, displaced or migrant children, and those from poorer economic backgrounds, or in more remote locations. Other groups of concern were those from certain ethnic or nationality groups, and those who identify themselves as lesbian, gay, transvestite, or bisexual. In many contexts country staff seemed to struggle to find the resources, time, and technical capacity to tailor their programming initiatives to the specific needs of the different vulnerable groups. In refugee settings where one-to-one case management response activities were in place, it would appear that identifying, reaching out to, and addressing the needs of the most vulnerable is more feasible.

Sectors of operation

In terms of sectors of response **the most frequently mentioned were child protection, education, and health including sexual and reproductive health rights followed by livelihoods and disaster risk reduction.** In these fields Plan at a country level was directly able to implement activities. Livelihoods activities did not appear to be stand-alone programmes but rather were delivered in the form of economic strengthening and more specifically cash transfers as part of other sector programmes. Bearing in mind the roles and responsibilities of those interviewed and sectors of operation of Plan International it is logical that this should be the focus of work.

There were also discussions about issues faced relating to food, nutrition, and camp management. In order to address these challenges Plan staff either incorporated awareness raising and messaging activities into their own sectors of operation or engaged in processes to reinforce referral mechanisms.

Impact and outcomes

Across the board there was a sense that **it was too soon to know if there had been any outcomes or impact of Plan's work with and for adolescents,** with no formal evaluations completed. Informal observation of staff indicated wider reach of adolescents, increased awareness, improved self-esteem, greater agency and problem solving skills, increased adolescents gaining trust and sharing more with programme staff, improved community cohesion and acceptance across religious groups, and shifting gender norms. In one setting there was also a reported improvement in the sustainability of activities.

Main challenges to programme implementation

Staff reported a wide range of challenges faced when trying to work with and for adolescents in humanitarian settings. **Adolescents lack an interest in attending activities aimed at all children,** and may wish to disassociate from locations and activities that are targeted at younger age groups. The least literate **and those excluded from education are hard to reach** through mechanisms that are implemented via the education system – be it formal or informal in nature. In many instances it was felt that **the most vulnerable – out of school children, those working, those from minority linguistic or ethnic groups, those with disabilities – were not attending centralised activities** delivered through community based groups or schools. However, the alternative option for programme delivery – outreach activities – is costly and time consuming. Many cited the **need for extended periods to build trust,** and strong relationships in order to both understand and address the needs of adolescents – yet project time frames in emergencies are short and donors and management seek evidence of impact in a short space of time. **Programmes that are systematically and adequately tailored to the context** and needs take time to establish yet similarly, this is hampered by the nature of expectations in emergency response. There is a lack of guidance, manuals, and tools for adolescent programming. This is accompanied by a lack of technical support at country or global level to enable tailored tool and activity development.

A number of **issues of concern to adolescents – for example sexual exploitation and violence; sexual and reproductive health rights** – including contraceptive use, sexual activity out of wedlock, and pregnancy; engagement in violence; **association with gangs, or armed groups and forces; use of drugs and alcohol** – may be either taboo topics of discussion or sensitive issues to raise depending on the culture and context. **Finding staff who are able and willing to tackle these issues sensitively is often difficult.** In addition the adults who run the programmes may feel they understand the needs of adolescents without needing to hear their perspectives, but they may in fact not know how the reality for the adolescents of today is different from when they themselves were young.

There are also more generalised concerns that impact on wider Plan programming, that compound the challenges faced in trying to deliver activities for adolescents, such as the fact that **education and child protection are underfunded sectors, language barriers** exist in many locations, **emergencies present complex operating environments** (such as: refugees in host communities, remote rural locations, camp settings), and there is a **lack of coordination between actors** working on and for adolescents.

VI. What other agencies are doing on the issue of adolescents in humanitarian settings?

Other international agencies

The International Rescue Committee

The IRC has implemented a number of programmes specifically targeting adolescents in emergency settings. They have been developing and piloting initiatives and programme tools in collaboration with a number of other actors so as to enhance practice for and work with adolescents. Countries of operation where they have been piloting and testing their ways of working have included Pakistan, DRC, Ethiopia, Jordan, and Sierra Leone. In each location of work they have allowed for contextualised definitions of adolescence, looking at age and responsibilities in transition, how the needs arise at different stages of development (for example average age of adolescent marriage), together this information may influence and determine programme targeting if necessary. This information is also used to enhance and adapt the tools being used.

Their work for adolescents covers sexual and reproductive health, livelihoods, education, and child protection. The different sectors will target in different ways, in some instances work with adolescents is subsumed under broader strategies for addressing the needs of youth, sometimes it is targeted, and sometimes they are included within the cohort of children 0 – 18 years old.

Amongst the innovative practices being used by the IRC are 1) the use of photography to document and visualise the forms of violence adolescents face, and 2) the use of hand held, mobile devices to gather data. Use of new technology in needs assessment processes led to more reporting of violence committed by known perpetrators as anonymity was more assured than through traditional methods.

Key collaborators have included DFID, the Population Council, and Columbia University.

Resources

- Later this year IRC will be publishing the findings of their work, with refined set of tools, in a report that will be entitled “**Girl Shine.**”
- The IRC also have a platform of resources, called the **GBV Responders’ Network**. This has a section specifically looking at the adolescent girls’ programmes they have run to date: Girl Empower, Vision not Victim, and COMPASS. There are many tools shared on the site that focus on sexual and reproductive health rights for child survivors, including those with disabilities, available at: <http://gbvresponders.org>

Save the Children

They have just started a process of really considering the work they do with adolescence, this began in the Middle East, North Africa, and Eurasia Region. There they have appointed a Regional Senior Adviser for Adolescent and Youth Initiatives. The first step they took in programing for adolescents was to understand and agree how adolescence would be defined. This was established by looking at definitions for child, youth and young people, and then considering, recognising and understanding the nature of the transitions adolescence experience. For statistical purposes they are using an age range, but they are ensuring this is adaptable and may be contextualised in each setting.

The work they have implemented has included for example economic strengthening and livelihoods activities, Adolescent Friendly Spaces, technical trainings, and participatory and rights activities giving adolescents a voice. Promising practices they have employed include working with older youth who get younger youth to engage, given younger youth 10 – 15 years old, are the hardest to reach.

Having an adolescent adviser who sits outside of any specific sector or field of work, whose remit is to support and advise the engagement with adolescents in all ways identified, enables more holistic strategies for this sub-group of the population. However, the rest of the agency's activities remain significantly aligned by sector and thus this also creates a challenge.

Save the Children country offices use a range of tools and guidance documents that they self-select when designing and implementing programmes. Specific tools developed by Save the Children globally that are relevant to adolescents include:

Resources

- **THE YOUTH RESILIENCE PROGRAMME: PSYCHOSOCIAL SUPPORT IN AND OUT OF SCHOOL.** This presents a series of 8-16 structured workshops implemented by the same 1-2 facilitators once or twice a week, for the same group of young individuals aged from roughly 14 years old upwards. This includes complementary modules for parents and caregivers, and sessions on life skills. See <http://resourcecentre.savethechildren.se/library/youth-resilience-programme-psychosocial-support-and-out-school>
- **ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH TOOLKIT FOR HUMANITARIAN SETTINGS**
<http://www.unfpa.org/publications/adolescent-sexual-and-reproductive-health-toolkit-humanitarian-settings#sthash.lIG8yj25.dpuf>

War Child Holland

Much of the work they have done has not targeted adolescents specifically. They are currently going through a process of recognising the need for greater focus on this age group, establishing a definition of adolescence, and elaborating an internal strategy for action. They have in the past engaged in certain Technical Vocational Education and Training for adolescents, but the evidence base has been weak. They have also rolled out psychosocial support for adolescents in the form of BIG DEALS modules (details below). Education activities have been implemented with a strong focus on enhancing employability, such that, for children as a whole education activities seek to meet social, emotional, and academic needs, whereas for adolescents the focus is on building skills with some basic numeracy and literacy.

Parenting modules have also been rolled out as a means to addressing the home as one of the primary sources of stress for all children, including adolescents.

Resources

- **BIG DEAL:** War Child have produced, published and made available on-line a set of adolescent specific modules that cover gender relations, rights and responsibilities and leadership. These are tailored to the particular needs of those aged between 16 and 20 years old. The outcomes of using these modules have not yet been formally evaluated and assessed. <http://www.warchildholland.org/deals/the-deals/big-deal> These are accompanied by a range of other modules. Most significantly for work with adolescents:
- **PARENTS DEAL** – which is intended for work with caregivers so they may explore concepts of child development and wellbeing, child rights and parental responsibilities. Though there is no detailed discussions on the specifics of adolescence, these may be a useful starting point for adaptation. <http://www.warchildholland.org/deals/the-deals/parents-deal>
- **SHE DEALS** are modules that were developed in Uganda to address the concerns of girls and young mothers. Themes like ‘Child development’ and ‘Parenting skills’ assist groups of girls in dealing with the challenges of being a young mother and in acquiring the skills to better care for themselves and their children. <http://www.warchildholland.org/deals/the-deals/she-deal>
- **TEACHERS DEAL** looks at ways to ensure that the school environment is one that is safe and happy. <http://www.warchildholland.org/deals/the-deals/teachers-deal>

Women’s Refugee Commission

The WRC do not directly implement programmes in humanitarian settings, rather they lead research, develop guidance and tools that may support others in activity implementation, and advocate for greater attention to the rights of displaced women, children and youth. They currently have multiple streams of work that relate to engaging with and addressing the needs of adolescents. These include for example:

- Research on early marriage in conflict and post conflict settings
- Meeting the reproductive health needs of adolescents, including very young adolescents (10 – 14 years old)
- The use of the I’m Here operational approach and recommendations that help to identify, target and engage girls so as to better ensure accountability to this vulnerable group from the very beginning of an emergency response
- This includes the use of the Girl Roster - a quick household survey that generates a context-specific profile of adolescent girls within the community
- Girls safe spaces work in camp settings
- Research and tool development on a range of economic strengthening initiatives to target adolescents
- An initiative to find ways to equip adolescent girls in humanitarian settings with skills and resources to transition safely to adulthood and prepare them for developing safe, dignified livelihoods, called Protecting and Empowering Displaced Adolescent Girls Initiative. Including by establishing safe spaces as portals where displaced girls can build confidence and agency while gaining critical skills
- Disability inclusion work includes some consideration of the needs of adolescent girls with disabilities

- Participate in and coordinate a number of working groups relating to policy, practice and advocacy for adolescent girls, including the Adolescent Girls in Emergencies Collaborative group, Child marriage research working group, Youth in emergencies working group, and the Coalition for adolescent girls

Key collaborators for their work for adolescents are among others Mercy Corps, Population Council, Danish Refugee Council, and Plan International.

The research, policy and advocacy work WRC are doing on adolescents has led to a wealth of resources and tools by WRC or in partnership between WRC and other actors. These are available at: <https://www.womensrefugeecommission.org/resources> and are categorised under a number of key very relevant headings, including for example adolescent girls, sexual and reproductive health, and gender-based violence.

Resources
<ul style="list-style-type: none"> ➤ I'M HERE: ADOLESCENT GIRLS IN EMERGENCIES https://www.womensrefugeecommission.org/girls/resources/1078-i-m-here-report-final-pdf ➤ EMPOWERED AND SAFE: ECONOMIC STRENGTHENING FOR GIRLS IN EMERGENCIES https://www.womensrefugeecommission.org/girls/resources/1151-empowered-and-safe ➤ ADOLESCENT GIRLS WITH DISABILITIES IN HUMANITARIAN PROGRAMS https://www.womensrefugeecommission.org/girls/resources/1252-girls-disabilities-2015

Further actors who are playing a key role in advancing the work on adolescents in emergencies, who were not interviewed for this research, are: **Mercy Corps and the Population Council**

Donor trends

Donors would like to fund more work for adolescents than they currently are: Amongst the donors interviewed, ECHO, DFID and OFDA all felt that they would like to seek to engage in more work including or solely targeting the needs of adolescents. They are aware of a growing concern for the specific needs of adolescents, and are keen to see innovative and new programmes set up to address these needs. However, **little needs assessment data is received at their level** to justify funding and few proposals are submitted with requests to support this key phase in childhood.

Recommendation

If more adolescent needs assessment data is presented to donors more funding will be made available. Develop individual agency assessments of adolescents' needs. Ensure that interagency efforts also reflect on the needs of this sub-group of the population.

For some donors it would be more likely to be funded under one sector of work rather than another. Child Protection⁴⁵⁸ as a whole is an underfunded sector, trying to use funding from within that field to specifically target adolescents may be a challenge. It may be more advisable to **seek funding through other sectors of work, such as food security and livelihoods, health and nutrition, rather than child protection.** For ECHO integrated programming with a strong education component, channelled through education seemed a more feasible funding option than seeking grants through child protection (despite the fact that education is the most underfunded sector).

DFID have set up a specific project to further learning on working with adolescent girls in humanitarian settings and improve the evidence base for future intervention design.

Creating a Space, Raising a Voice: Protecting and Empowering Adolescent Girls in Humanitarian Contexts

DFID's **Conflict Humanitarian and Security department (CHASE)** is funding a three-country project in DRC, Ethiopia, Pakistan for adolescent girls run by the IRC. It is a programme that seeks to build a protective environment for adolescent girls to access services and support from peer to peer mentors. It will evaluate approaches to preventing violence against girls in humanitarian contexts in order to provide a stronger evidence base to inform future interventions. This will include the provision of services such as creating and protecting girls-only spaces and strengthening their social assets and safety nets⁴⁵⁹

Both UNICEF and UNHCR have dedicated staff resources at the global level, and in some instances at national level, delivering and supporting activities to address the needs of the 10 – 19 year old age group. There is a sense that without global level technical support and leadership, country level realisation of activities for adolescents will be limited. Since UNHCR have global level technical support with some funding, they have been in a position to set up innovative programmes targeting adolescents and youth.

UNHCR's Youth initiative fund

This is a small pot of funding held at a global level, which has been available for 3 years, for adolescents and youth to design and implement their own protection programmes. So far they have supported about 20 programmes per year, designed mostly by young people. The activities are always implemented by UNHCR with a partner agency. But adults work with young people to identify challenges they face and adults assist the young people in designing programmes themselves to address

⁴⁵⁸ Evidence indicates that Child Protection is the second most underfunded sector in humanitarian settings. See Sarah Lilley, Johanna MacVeigh, Christine McCormick and Misty Buswell (2011) Too Little, Too Late: Child protection funding in emergencies, commissioned by the Child Protection Working Group of the Global Protection Cluster, and Julian Murray & Joseph Landry (September 2013) Placing protection at the centre of humanitarian action: Study on Protection Funding in Complex Humanitarian Emergencies. No data has been identified that disaggregate all funding along the lines of the age and gender of beneficiaries

⁴⁵⁹ Based on Key Informant Interview and Dfid's Business Case and Intervention Summary: Creating a Space, Raising a Voice: Protecting and Empowering Adolescent Girls in Humanitarian Contexts, available at: https://www.google.fr/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKewilovvykYLNAhXJORoKHVQqA_0QFggdMAA&url=http%3A%2F%2Ffiati.dfid.gov.uk%2Ffiati_documents%2F4231811.docx&usq=AFQjCNEe3OHVANivukR5Blysrllb9kbnUg&bvm=bv.123325700,d.d2s

their needs. The initiatives have been varied and wide ranging from supporting groups to do hip hop and rap, capoeira, and dance, to mentorship schemes, and actions to support young people in transition from primary to secondary schooling.

These are not necessarily ways of operating that could be implemented at scale, but the feedback from young people has been positive.

UNICEF

Work for and with adolescents cuts across numerous sectors of work including adolescents' teams, child protection, education, GBV, and health. In many countries of operation, this is a relatively new area of work. UNICEF has only recently started to put out Expressions of Interest targeting adolescents. The Syria response has singled out the need for increased attention to the needs of adolescents – both boys and girls. GBV programming often in many settings focussed primarily on girls' needs.

They have found a key challenge to be the cross sectoral nature of needs of adolescents. Working through Clusters to carry out inter-sectoral needs assessments and when data is gathered to raise awareness of the needs identified has proven to be effective given the Gender Age Marker requires consideration of disaggregated needs.

UNICEF Adolescent Kit:

The Adolescent Kit for Expression and Innovation is a package of guidance, tools and supplies that may help staff to reach, work with, and engage adolescents affected by conflict and disaster.

It is available at: <http://adolescentkit.org>

The material has recently gone through a process of updating and revision, after a technical review process, field testing, and a series of consultations with adolescents in a range of settings, but the Adolescent Kit version 2.0 is not yet publicly available

Concluding comments on donor trends

There is a strong sense that agencies need to take responsibility themselves for presenting the needs of adolescent children accurately and consistently and then designing effective programmes accordingly, that donors may then fund. Accountability for ensuring the meeting of the needs of adolescents, especially the most vulnerable, should not sit with donors, but rather agencies should be holding themselves accountable to affected populations.

Further information and research is needed into the role of The Bureau of Population, Refugees, and Migration (BPRM, a bureau within the United States Department of State) and USAID more broadly as they work on the issue of adolescents in different settings. Also worth exploring are some of the European bilateral donors including the Dutch, German, Norwegian, and Swedish governments, as various informants received funding from these sources for their adolescents programmes.

Recommendations for targeting adolescents

It is felt that without a specific push to address the unique needs of adolescents they may continue to be overlooked. Programmes should target adolescents, or a narrower age range within that cohort of children. Following the steps outlined below may assist in deciding the target group for programmes.

1. **Define what adolescents is in context:** Through a process of defining adolescents locally (see page 17 “Recommendation for how Plan should define adolescence going forward”) the age at which transitions and changes are occurring may be identified. This process for defining adolescence should be used as the foundation for deciding the target ages for adolescents’ programmes
2. **Review any sex and age disaggregated data available** on populations affected by the current crisis prepared by actors operating across the humanitarian response
3. **Map activities by other actors in the location:** Identify which actors are targeting children, youth, and adolescents. Clarify which age groups they are working with. Identify any specific vulnerability criteria they have applied in the beneficiary selection processes. Comparing this against the data on overall affect populations may enable staff to get an idea of which cohorts of children are being overlooked – and how many adolescent children there are who are currently not accessing services
4. **In-depth assessment and analysis:** Using outreach methods based on similar methodologies as outlined in the Girl Roster for example, and suggested in the recommendations for needs assessments, gather more detailed of marginalised populations. This should include gender analysis. This should enable identification of the most vulnerable among this age group – age, gender identity, racial, ethnic, religious, or linguistic group, political affiliation, etc.
5. **Staff must then target programmes at a certain age group** either for the whole age range of adolescents, or a narrower age group within this, whilst ensuring that their work reaches the most vulnerable children specifically.

VII. Recommendations for Plan International's work going forward

9 key recommendations for Plan International are outlined below, with more detailed discussions for different aspects of Plan's work and work they may seek to catalyse in humanitarian settings outlined in the annexes.

- ① **Define adolescence:** Clarify and document how Plan policy, advocacy and programme work should define adolescence (see page 30 for more detailed recommendations on this)
- ② **Target adolescents:** Set out a brief guidance document on the way that Plan will seek to target adolescents
- ③ **Learning and exchange:** Set up a learning and exchange group internal to Plan staff allowing lessons learnt to be exchanged informally – this may be through on-line social media platforms or e-mail groups.
- ④ **Prepare a staff capacity matrix:** Create a mapping or matrix with details of existing staff who have specific areas of expertise on adolescents who are willing to be contacted in case country offices are seeking support on certain topics. A simple table with name, location, contact details, and areas of expertise would suffice. This should be shared through the internal exchange platforms
- ⑤ **Map interagency tools and resources:** Assess and map out existing tools and resources, produced by all agencies, compiling them based on criteria, and disseminating the tools to programme staff. Make them available either on line on a website, through the sharing platform, or on a memory stick
- ⑥ **Quarterly updates:** Through the learning and exchange platform share regular updates on resources, initiatives, working groups, advocacy, and policy activities that Plan is engaged in at a global, regional and national level – so as to improve inter-linkages, learning, and exchange. Also any new resources that have been published and disseminated
- ⑦ **Link policy and practice:** Ensure stronger links between programming activities and policy and research carried out by the organisation. Including through more rigorous and systematic data collection through the life cycle of programmes that feeds into policy papers. As well as more evidence-based practices in relation to testing out programme initiatives and influencing programme design that may lead to resource and tool development. Mechanisms should also be put in place to ensure the recommendations outlined in core policy documents and publications are fed into country level programme design processes
- ⑧ **Document lessons learnt:** Carry out field level research in a sample of locations to evaluate and document lessons learnt on programme work for adolescents
- ⑨ **Prepare a capacity statement:** Based on the above process for gathering information on lessons learnt, (or possibly based on the findings of this report if this is considered adequate) prepare a Plan capacity statement on work with adolescents.

ANNEXES: Detailed recommendations

A.	Defining adolescence
B.	Programming <ul style="list-style-type: none"> – Preparedness – Immediate needs assessment, baseline data collection, and on-going monitoring – Monitoring and evaluation – Programme response
C.	Menu of programme options <ul style="list-style-type: none"> – Integrated or multi-sectoral programmes – Child protection – Education – Health – Sexual and reproductive health and rights services: <ul style="list-style-type: none"> – HIV – Alcohol and drug use – Immunisation – Livelihoods and economic strengthening – Nutrition – WASH
D.	Advocacy and Policy
E.	Learning and research
F.	Tool and guidance development
G.	Human resources and capacity strengthening
H.	Coordination

A. Defining adolescence

- Document the age graded definition adopted by Plan at a global level – that is based on UN definitions – explaining how for programming purposes this may be adapted according to context (see page 30 for a suggested process). It is important that a globally applied age graded definition is presented as a means to enable statistical comparison and analysis. It will also facilitate contextualised needs assessment for adolescents that are in line with other agencies conceptualisations of adolescence
- Propose the method for establishing context specific definitions as outlined on page 30
- Clarify that the definition covers all girls and boys, with multiple and varied vulnerabilities – younger and older adolescents, those who are marginalised because they are in a religious, political, linguistic, ethnic, economic, or social minority group, or are lesbian, gay, bisexual, trans, and/or intersex (LGBTI). That within the group of “adolescents” children will have multiple and varied needs For example, UNFPA identifies three priority groups among adolescents and in the context of SRHR – very young adolescents, especially girls, pregnant adolescent girls, particularly under 16s, marginalised adolescents including those living with HIV / with disabilities / non-heterosexual / indigenous groups.
- Whilst maintaining the BIAAG campaign and the high profile Plan has on adolescent girls issues, Plan should be clear that their programming for

adolescents does in some cases cover both boys and girls.⁴⁶⁰ It may seek to build its profile in working with boys as well as girls, and the full spectrum of LGBTIQ children, as structural discrimination cannot be addressed when only working with girls, not also with men and boys⁴⁶¹

- Publish or share publically the definition of adolescence, with the accompanying step by step process for context specific definition development, for easy access by country offices, donors and other agencies

B. Programming

Preparedness

- Allow for a sufficiently long and gradual start-up period that enables the situation of adolescents in each context to be assessed, to create a baseline understanding of their needs and identify who are the most vulnerable adolescents in the setting
- Train staff and partners on adolescence (see details in capacity strengthening section below)
- Establish adolescent or youth groups – who engage in activities of their choosing, addressing the issues they themselves identify – this activity should be seen as inter-sectoral and inter-disciplinary, the discussions should cut across all sectors of work (protection, education, health, nutrition, livelihoods, WASH) and findings should influence all areas of Plan’s work. In many settings you may want to consider girls only groups to ensure they feel able to discuss their concerns openly
- Work with government, UN agencies, INGO and NGOs to ensure that the needs of adolescents are elaborated in disaster risk reduction and emergency preparedness plans – adolescents from the adolescents or youth groups may wish to represent their own needs to these actors. Again specific girls groups may be most appropriate in many locations.

Immediate needs assessment, baseline data collection, and on-going monitoring

Approach:

- Understanding needs should be an [on-going iterative process](#) designed with and for adolescents, that enables Plan staff and volunteers to build trusting relationships with adolescents and allows for new information and understanding to come to light over time. For example in Tanzania staff continue to adjust programme design based on learning garnered through case management processes. In Nepal staff are using data from help desks to tailor activities on an on-going basis. In CAR, the Philippines, and Rwanda discussions with youth and adolescent groups continue to give a more in-depth understanding of their needs on an on-going basis. Incremental gathering of information and understanding of needs may also be done through systematic review of information coming in through a range of means and services, namely:
- Ensure that the needs assessment process is designed and developed [in collaboration with adolescents](#), equally by adolescents from often excluded or marginalised groups, as those who may have more of a voice – such as older, school-going girls and boys. It may not be possible to have adolescent-led needs

⁴⁶⁰ Men and boys should be seen as part of the solution to achieving gender equality. Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights. Adolescent boys have an important role to play in improving the health situation for adolescent girls, Save the Children and UNFPA (2009) Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings

⁴⁶¹ As proposed by “Section 5: Men and Boys” of Plan International (2015) Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights

assessments in the first phase of a response, but letting adolescents take greater ownership over the life of the programme should be explored

- Needs assessment and on-going data collection may in part take place through schools and community based structures (mobilising communities and schools to identify vulnerable adolescents) but should also have significant **outreach** elements. Ideas are listed below:
 - Whenever Plan implements case management interventions (for example in refugee settings) an individual case by case understanding of needs and trends based on these one-to-one sessions with adolescents, may be used to influence programme decisions
 - Door-to-door data collection for the purpose of identifying vulnerable and excluded adolescents. An adapted version of the **Girl Roster Toolkit** methodology developed by Population Council, that widens the target group to all adolescents⁴⁶²
 - Alternatively staff may carry out informal observations and interviews with adolescents in locations where they live, work, and spend time – such as in markets, factories, shops, on the street, in gathering places, etc
 - Information from help and information desks and spaces close to, for example, food and NFI distribution points, markets, and places of work which will allow information collection on needs and gaps (in the first weeks after an emergency) to inform programming response. Staff should keep records of the forms of requests and information coming in and monitor trends and gaps
 - Helpline services may gather data on issues arising
 - Feedback and complaints mechanisms may have a system for age disaggregating feedback to identify trends that may be integrated into programme strategies

Staff:

- Staff carrying out needs assessment should be a gender balanced group, with characteristics (such as linguistic, ethnic, and religious, and political affiliations) that are representative of the adolescent population they are working with
- Staff should be briefed and trained on certain key facts about carrying out needs assessments with and for adolescents:
 - Be aware that during assessments adolescents may describe their needs in a way that is **confined by social expectation and gender discrimination**. Girls may state that they wish to learn to cook, sew, and be hairdressers. Boys may say they want cash transfers to support the set up of a business as a mechanic, farmer, or taxi driver. Alternative options should be presented that may break down gender stereotypes and discussed.
 - **Confidentiality** is of the utmost importance, and will contribute to **trust building**
 - They must have training on **participatory methods** suitable to the age group

Tools and methods:

- Tools must be developed that identify pre-existing and new concerns and risks faced by adolescents. These should include an understanding of any of the concerns outlined above that are arising in context, namely:
 - **Child protection:** Dangers and injuries, physical violence and other harmful practices – including early marriage, and female genital mutilation/cutting, sexual violence, psychosocial distress and mental disorders, children associated with armed forces and groups, child labour, unaccompanied and separated children, justice for children / children in contact with the law

⁴⁶² See Population Council, the Girl Roster Toolkit: Seeing And Valuing All the Girls in Your Community http://www.popcouncil.org/uploads/pdfs/Girl_Roster_flyer.POPCOUNCIL.2015.pdf

- *Adolescents on the move*
- *Poor sexual and reproductive health rights*: including issues around HIV status and early or adolescent pregnancy
- *Exclusion or drop-out from education*
- *Livelihoods*
- *Nutrition*
- *WASH*
- *Climate change*
- *Other issues* – including bullying, abuse through technology, smoking, drugs and alcohol use, gang violence, questions around sexuality and gender identity
- Explore the use of **new technologies** to enable rapid data collection, processing, and dissemination. IRC have been using hand held devices to carry out needs assessments – this has enabled greater anonymity and has changed the understanding of the forms of violence occurring. Population Council Girl Roster tool has enabled door-to-door data collection and rapid processing for a rapid profile of adolescent girls’ needs
- A suite of adaptable needs assessment and on-going monitoring tools must be developed that:
 - Describe a process for engaging adolescents and ensuring they drive the development of needs assessment and monitoring techniques for adolescents’ programmes
 - Describe how to contextualise the needs assessment, monitoring and evaluation material
 - Enable staff to build trust of adolescents over time
 - Allow for an on-going evolving understanding of the context and the needs of adolescents as it changes as the humanitarian situation evolves
- This may build upon the methods identified by Women’s Refugee Commission in their report **I’m here: Adolescent Girls in Emergencies: Approach and tools for improved response** that include three main forms of data collection: mobile technologies (the Girl Roster), participant-driven focus group discussions and the Emergency Girl Analysis Integration Matrix (eGAIM)⁴⁶³

Sources of information:

- Review national laws and policies addressing adolescent sexual and reproductive health rights, education, child labour, etc.
- Draw upon the **needs assessment data prepared by actors across all sectors** – as the needs of adolescents are not specific to only one field of operations
- Lobby for **sex and age disaggregated data** collection methods by all actors working in the humanitarian response so that information from all needs assessment may contribute an understanding of adolescents’ needs

Dissemination and use of needs assessment findings:

- Share the details and summary adolescent needs assessment data with actors across the humanitarian response on a regular basis
- Based on the outcomes of needs assessment develop locally relevant **vulnerability criteria**. It is essential that the process for establishing who vulnerable adolescents are is driven by the views of a wide range of adolescents

Monitoring and Evaluation

- Ensure all data collected across all sectors of work is sex and age disaggregated allowing for analysis of impact of Plan’s activities on adolescent girls and boys

⁴⁶³ Women’s Refugee Commission (2014) I’m here: Adolescent Girls in Emergencies: Approach and tools for improved response

- Ensure the on-going consultation of girls and boys throughout the life cycle of programmes – including mid-term and end of project evaluations. Adolescents should be consulted as one of key informant groups, for programme activities that both directly target them, and for programmes that may impact upon their lives indirectly (this is likely to include all other programmes)
- The Global Results Framework should include indicators that track progress and change on key variables affecting adolescents – such as youth employment, adolescent participation in education, adolescent participation in DRR activities, etc.
- Support or lobby inter-agency groups – for example the child protection working group – to develop agreed indicators for progress for adolescents
- Evaluate, research and document lessons learnt from the portfolio of programmes implemented in different settings (see below)

Response

- Plan should seek to build a portfolio of gender sensitive programmes targeting adolescents in a range of different contexts – refugee settings, IDP, conflict, natural disaster, fragile states, etc.

Strategy development

- When developing programme plans and strategies allow for a sufficiently long and gradual start-up period that enables the development of a real understanding of needs, baseline data collection, and staff training
- Programme plans must be flexible and allow for activities to be adapted according to growing in-depth understanding of the context, and situation and the nature of adolescents' needs as they shift over time
- A systematic process for revising plans based on the data gathered through monitoring processes must be established
- Carry out a mapping of strategic partners with whom Plan could collaborate to implement activities for adolescents

Targeting

- Plan should ensure that a certain number of their country programmes assess needs and design programming **targeted at adolescents**, or at a subset of adolescents such as a specific age group. The process outlined on page 77 may assist with this. In each context a gender and vulnerability analysis should identify the most vulnerable group or groups, and those who are being most marginalised should be ascertained. In some instances it may be girl focussed programmes, but not in all locations – a strong gender analysis from the beginning of programmes would help to make this decisions. Use of existing gender markers would help.
- Ensure mechanisms are in place for the targeting of often excluded and marginalised groups of adolescents: LGBTI, those from a linguistic, religious, or ethnic minority group, those from poor socio-economic backgrounds, etc.
- Programmes need to more consistently consider how and if to target men and boys in programmes for girls, as partners and allies so as to change gender norms and create a movement for greater structural and cultural change

Integrated programming

- In a number of countries pilot integrated adolescent targeted programmes that bring together gender sensitive DRR, child protection, education, livelihoods, health, sexual and reproductive health, nutrition, and WASH initiatives, either directly implemented by Plan or in collaboration with other actors. This should go far beyond simply referral mechanisms, and seek to deliver for adolescents activities that bring together and integrate life skills approaches, with livelihoods, hygiene, health and nutrition education and awareness raising. This may include case management, psychosocial support, mentoring, life-skills sessions, cash

transfers, etc. Integration is important as the range of concerns faced by adolescents, and their root causes, cuts across sectors. Stronger collaboration than simply referral is key as in many instances it appears that referral does not one, necessarily mean specialised and adapted service provision for adolescents, and two, is often accompanied by limited follow up on the outcomes for adolescents.

- Prioritise and focus on integrated multi-sectoral programming wherever funding and partnerships with other actors makes this feasible, where this is not possible referral is the only option, so updating referral pathways is key

C. Menu of programming options

The following presents detailed examples of programming activities and practices, with resources where available, that have been implemented to date. There is not detailed and rigorous evidence on the impact and efficacy of all the methodologies proposed. Staff should consider the ideas below as possible approaches they may wish to consider and explore, ensuring they always adapt to the context in which they are working.

Integrated or multi-sectoral programmes

Integrated programming would offer a comprehensive package of services across all sectors. Plan would play a role in mapping out the services, ensuring they are appropriately adapted to the needs of adolescents, and delivering certain services directly where there are gaps. Steps in the process would include:

- Map actors providing full range of support needs for adolescents – including sexual and reproductive health services, education – both formal and non-formal, psychosocial support, livelihoods, cash transfers, WASH, shelter, etc.
- Carry out a needs assessment focussed on adolescents – as described above – with evolving ownership of the process by adolescents as programming progresses
- Support other sector actors to develop methods for adolescent participation in needs assessment, programme design, monitoring and evaluation
- Support and catalyse adolescents to develop vulnerability criteria that should be used by actors in all sectors
- Train the full range of service providers on defining adolescence, the transitions and changes, and key development of that phase of childhood, identifying needs, and age verification techniques
- Jointly plan with other sector actors on how to meet the needs of adolescents
- Establish a plan for on-going revision of partnership with other sector actors and intervention delivery so they are constantly in line with adolescents real time needs

Child protection programmes

Psychosocial support: there is a need for greater innovation and creativity in the nature of activities for this age group. Child Friendly Space activities targeted primarily at the 5 – 10 age group will not fit with the interests of older children. It is especially important given the increasing range of contexts in which humanitarian actors implement programmes – across middle and high-income country settings as well as in less developed, poorer nations and fragile states. The prior resources adolescent children were able to access and activities they were involved in need to be considered. Delivery of a range of psychosocial support interventions that are

tailored to the specific needs of adolescents should be considered. Some ideas may include :

- In discussion with adolescents identify how they would like to address their psychosocial support needs. It may be through life skills modules: building on work done by War Child in the BigDeals Modules (<http://www.warchildholland.org/deals/the-deals/big-deal>) UNICEF's Adolescent Kit (<http://adolescentkit.org>), Plan with the Bloom modules (<https://www.planusa.org/helping-childrens-futures-bloom>)
- Adolescent friendly spaces / youth clubs – including for example girl friendly spaces
- Sports or recreational activities – Music, hip hop, rap, dance, meditation, yoga, cinema clubs, cooking classes, arts and crafts
- Yoga, mediation and other mind-body techniques
- Identification and referral of those with specific mental health needs to professional medical support
- Consider delivering parenting modules or Psychological First Aid training for adult actors in contact with adolescent children – these tools should be reviewed and adapted to context based on feedback and consultation with adolescents – see IRC (November 2014) Parents make the difference: Findings from a randomized impact evaluation of a parenting program in rural Liberia and Psychological First Aid for Children: Toolkit and Manual <http://resourcecentre.savethechildren.se/sites/default/files/documents/4633.pdf> or Save the Children (2013) Psychological First Aid Training Manual for Child Practitioners (<http://resourcecentre.savethechildren.se/library/save-children-psychological-first-aid-training-manual-child-practitioners>)
- Multi-media interventions – children may wish to engage in making film, running radio programmes, designing computer games through coding, developing websites, using other social media such as Twitter and mobile phones to share messages and concerns, etc.
- Narrative exposure therapy has been adapted for war-affected adolescents and children aged 12 to 17 years (KidNET) presenting with multiple war trauma exposures and meeting moderate to severe criteria for PTSD⁴⁶⁴
- For a very broad range of psychosocial support intervention ideas see: Theresa S. Betancourt, et al (2013) Interventions for Children Affected by War: An Ecological Perspective on Psychosocial Support and Mental Health Care⁴⁶⁵

Adapted alternative care programmes: Despite the very specific and acute needs of the adolescent age group, limited information is available on developing alternative care programmes that target specifically adolescent children. Adolescents may have increasing independence and reduced willingness to accept authority from adults, however they have on-going support needs, and living in group homes with no adult support may cause challenges to arise. Lessons need to be learnt and documented on how to tackle the alternative care needs of adolescent girls and boys, especially those with additional vulnerabilities such as belonging to minority groups or those with disabilities

⁴⁶⁴ Theresa S. Betancourt, Sarah E. Meyers-Ohki, Alexandra P. Charrow, and Wietse A. Tol (2013) Interventions for Children Affected by War: An Ecological Perspective on Psychosocial Support and Mental Health Care, Harv Rev Psychiatry. 2013 Mar-Apr; 21(2): 70–91, available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4098699/>

⁴⁶⁵ Theresa S. Betancourt, Sarah E. Meyers-Ohki, Alexandra P. Charrow, and Wietse A. Tol (2013) Interventions for Children Affected by War: An Ecological Perspective on Psychosocial Support and Mental Health Care, Harv Rev Psychiatry. 2013 Mar-Apr; 21(2): 70–91, available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4098699/>

- Support the evaluation of existing alternative care programmes across Plan and its partner agencies and identify best practice for adolescents

Case management and referral pathways: Case management service provision needs to be fit for purpose and able to meet the needs of all ages of children, including adolescents:

- Mapping of service providers for the development of referral pathways must include those who are able and willing to provide sexual and reproductive health services to adolescent girls and boys
- Inter-sectoral awareness needs to be raised on identifying and referring adolescents with specific support needs – including nutrition, health, and livelihoods as well as protection
- Staff need to be trained on the specifics of case management for adolescents. Most especially the varied consent procedures, and growing role for children as they get older in decision making
- Ensure that social worker case loads are not excessive, allowing time for building a relationship with vulnerable adolescents, their extended families, and peers. A wider sphere of individuals in the child's life may need to be involved in decision making processes ⁴⁶⁶
- Strengthen referral pathways: through training for all service providers on the specific needs of adolescents, testing the referral mechanisms and their real-life functioning, raise awareness among all actors across sectors on the service providers present, monitoring and updating referral pathways regularly, developing standard operating procedures, etc.
- See also the section above on integrated programming

Monitoring and reporting violations

- Where appropriate and safe consider working with and engaging adolescents in monitoring and reporting mechanisms. Decisions to do so must be based on the findings of a thorough risk assessment, and on-going participation must be open to on-going security assessment. The ways of engaging adolescents must be adapted to their needs and perspectives, and operate within the confines of security guidance.

Awareness raising and behavioural change:

- Prepare a suite of locally tailored awareness raising tools and messages on the specific needs and vulnerabilities of adolescents – this should be targeted at parents, communities, humanitarian agencies, and State actors
- Use a range of media to disseminate the messages: from newspapers, radio, and television to on-line social networking mechanisms
- Consider initiating schemes for adolescents to spend time with and care for small children and babies so that they develop stronger empathy and reduce violent behaviour. See [Roots of Empathy](#) programme used in schools in the USA. ⁴⁶⁷

Advocacy:

⁴⁶⁶ ODI and UNICEF (April 2014) Effects of the Palestinian National Cash Transfer Programme on children and adolescents: A mixed methods analysis

⁴⁶⁷ For further details see: <http://www.rootsofempathy.org/?version=meter+at+1&module=meter-Links&pgtype=Blogs&contentId=&mediaId=&referrer=https%3A%2F%2Fwww.facebook.com%2F&priority=true&action=click&contentCollection=meter-links-click>

- Using needs assessment data, advocate with donors and in-country humanitarian decision makers to ensure greater funding of programming for adolescents
- Use the sex and age disaggregated data compiled to leverage greater attention for adolescents' issues from other actors carrying out protective functions – all the way from parents and families, religious groups and community-based organisations, to service providers (health workers, social workers, security forces, etc.) and the State
- Support adolescents to enter into a dialogue with relevant political and social stakeholders at national and international level (e.g. Refugee Youth Consultations)

Disaster risk reduction: ⁴⁶⁸

- Support government and international agency efforts to adopt national climate change policies that include gender- and age-sensitive programming⁴⁶⁹
- In partnership with adolescents, deliver education, training and awareness-raising on climate change adaptation for adolescents⁴⁷⁰
- Develop tools for disaster risk reduction programming that are tailored to the interests and perspectives of adolescents, currently most initiatives are focussed on younger children alone
- With adolescents, identify those adolescents who are most at risk from climate change
- Ensure that INGO, NGO, UN agency and government disaster risk reduction strategies are not solely delivered through schools, or non-formal education systems. They must take into account the significant numbers of adolescent children who are not in education and are instead working
- Implement adolescent-to-adolescent initiatives for DRR promotion. Adolescents may wish engage in awareness raising activities through radio, television, and social media. Adolescents may also be interested in supporting DRR awareness raising for younger children

Education

Seek to deliver these programme activities or collaborate with education sector actors who are in a position to do so:

- Seek to address all forms of violence in the school environment, as this may cause school drop-out. For specific guidance on addressing violence in the school environment see the Codes of Conduct Guidance provided by INEE at: http://toolkit.ineesite.org/toolkit/INEEcms/uploads/1048/Codes_of_Conduct_Refugee_Schools.PDF
- Work with Education Ministries to ensure that codes of conduct for teachers exist at national and school level, and that they pay attention to violence against girls' and boys of all ages, including adolescents, and those with disabilities
- School-based interventions⁴⁷¹ such as establishing mentoring and leadership programmes, and girls' clubs have had a positive impact on breaking the silence

⁴⁶⁸ Anita Swarup, Irene Dankelman, Kanwal Ahluwalia and Kelly Hawrylyshyn (2011) Weathering the Storm: Adolescent Girls and Climate Change, Plan International

⁴⁶⁹ Anita Swarup, Irene Dankelman, Kanwal Ahluwalia and Kelly Hawrylyshyn (2011) Weathering the Storm: Adolescent Girls and Climate Change

⁴⁷⁰ Anita Swarup, Irene Dankelman, Kanwal Ahluwalia and Kelly Hawrylyshyn (2011) Weathering the Storm: Adolescent Girls and Climate Change

⁴⁷¹ Theresa S. Betancourt, Sarah E. Meyers-Ohki, Alexandra P. Charrow, and Wietse A. Tol (2013) Interventions for Children Affected by War: An Ecological Perspective on Psychosocial Support and Mental Health Care, Harv

surrounding school related gender-based violence in developing country settings. Action Aid found that Clubs run by trained female mentors enhanced girls' abilities and confidence to identify and challenge violence⁴⁷² in non-emergency settings through the **Stop Violence Against girls in Schools initiative** (see <http://www.actionaid.org/what-we-do/education/stop-violence-against-girls-schools>)

- See the INEE resource: **Preventing and Responding to Gender Based Violence in and through Education**, available at: http://toolkit.ineesite.org/resources/ineecms/uploads/1041/Preventing&Responding_to_GBV.PDF
- Explore psychosocial support in the school environment – this may include teacher training on identifying and responding to psychosocial support needs as well as ensuring strong referral pathways
- Promote the recruitment of female teachers and staff in formal and non-formal education
- Ensure that initial teacher training curricula and in-service training for teachers, incorporate issues on child and adolescent development, gender and diversity, child rights, child protection, psychosocial support and peace-building depending on the context and needs.
- Lobby for the drafting and adoption of re-entry policies by MOEs that will protect the rights of vulnerable adolescents to education, for example
 - Teenage mothers enabled to access education during and after pregnancy without subjecting them to discrimination or making them vulnerable.
 - Children formerly associated with armed forces or groups
 - Refugee or IDP children coming from other education systems or locations
- Try to establish community mechanisms for child care for babies of children and youth who have not yet completed their education – such as identifying volunteers who can care for babies of those attending sites of education
- Seek to establish Accelerated Learning Programmes targeted at vulnerable adolescents who are excluded from formal education, who have dropped out, who are working and need adapted services, or who are seeking to re-enter education without success.
- Teachers advised on ways to facilitate discreet management of menses for girls.⁴⁷³
- Lobby for and support the provision of comprehensive sexuality education. See for example the programmes and lessons learnt by The International Rescue Committee (IRC) that should be documented in their forthcoming publication: **Girl Shine**. This may involve also creating a system for experts in reproductive health and WASH to train teachers so they are able to carry out lessons in their schools or non-formal education centres on the issues of hygiene, comprehensive sexuality education and sexual and reproductive health rights⁴⁷⁴

Health⁴⁷⁵

Rev Psychiatry. 2013 Mar-Apr; 21(2): 70–91, available at:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4098699/>

⁴⁷² UNGEI, UNESCO & EFAGMR (2015) School-related gender-based violence is preventing the achievement of quality education for all

⁴⁷³ UNICEF (2011) WASH in Schools Empowers Girls' Education in Rural Cochabamba, Bolivia An Assessment of Menstrual Hygiene Management in Schools

⁴⁷⁴ UNICEF (2011) WASH in Schools Empowers Girls' Education in Rural Cochabamba, Bolivia An Assessment of Menstrual Hygiene Management in Schools

⁴⁷⁵ The programme interventions presented here are drawn from the WHO publication WHO (2014) Health for the World's Adolescents: A second chance in the second decade

Collaborate with health sector actors in the delivery of the following interventions, or lobby for their implementation by other agencies who have the expertise to do so, ensuring they are aware of how to understand the needs of and target adolescents:

General health care:

- Assessment and management of adolescents that present with unintentional injuries, including those caused by harmful alcohol and drug consumption
- Awareness raising on the negative outcomes of alcohol and drug use

Addressing violence:

- Deliver health education on intimate partner violence – what it is, why it is wrong, how to report it
- Support actors across the sector, and within communities to be able to identify and report intimate partner violence

Mental health:

- Provide support for and management of adolescents conditions specifically, such as those related to stress, and adolescents with emotional disorders, behavioural disorders, developmental disorders, or other significant emotional or medically unexplained complaints
- Provide referral and management of cases of adolescent self-harm or attempted /suicide

Key references:

- *WHO and UNAIDS (2015) Global Standards for Quality Health-Care Services for Adolescents: A Guide To Implement A Standards-Driven Approach To Improve The Quality Of Health-Care Services For Adolescents*
- *WHO (2010) Adolescent job aid: A handy desk reference tool for primary level health workers*
- *WHO (2014) Health for the world's adolescents: A second chance in the second decade*

Sexual and reproductive health and rights services:

Certain key recommendations from the [Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings](#)⁴⁷⁶ are:

- Mainstream Adolescent Sexual and Reproductive Health in preparedness and contingency plans
- Advocate for the inclusion of Adolescent Sexual and Reproductive Health questions in rapid assessment tools
- Advocate with the Health Cluster, or other such humanitarian health coordination group in-country, to ensure Adolescent Sexual and Reproductive Health services are accessible to adolescents during implementation of the Minimum Initial Service Package for Reproductive Health in Crisis Situations (MISP). This should include a process of identifying the most-at-risk adolescents, adapting services to their needs, as well as ensuring they have equal access
- Train health staff on rapid response of Adolescent Sexual and Reproductive Health and working with at-risk adolescents
- Ensure adolescents have access to Anti-Retroviral treatment when needed
- Identify where, within their communities (outside of health facilities), adolescents receive adolescent sexual reproductive health services
- Strategise on communication channels to reach adolescents at onset of emergencies then Provide adolescents information about what SRH services are available and where they can be accessed

Further recommendations based on the findings of this report are as follows:

- Provide care in pregnancy, childbirth and postpartum period for adolescent

⁴⁷⁶ Save the Children and UNFPA (2009) Adolescent Sexual and Reproductive Health Toolkit

mothers and their new-born infants

- Provide free and easily accessible contraception, including emergency contraception, and advice on use of contraception
- Deliver HIV and STI prevention behavioural change communication programs specifically for adolescents. Adolescent and community organisations should participate in the development and dissemination of behavioural change communication messages through a variety of media, such as visual materials, radio, dance, and drama groups. Peer-to-peer approaches may be particularly effective.
- Provide medical support for the management of sexually transmitted infections for adolescents, in a confidential manner
- Give guidance, advice and provide medical support for safe abortion care
- Mental health and psychosocial support programmes for adolescents should consider the specific needs of adolescents who are HIV-positive

Key references:

- *Save the Children and UNFPA (2009) Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings: A Companion to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*
- *UNFPA Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations, Objectives, available at: http://www.unfpa.org/sites/default/files/resource-pdf/MISP_Objectives.pdf*
- *WRC (2006) Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: A Distance Learning Module, available at: <http://qbvaor.net/wp-content/uploads/sites/3/2012/10/Minimum-Initial-Service-Package-MISP-for-Reproductive-Health-in-Crisis-Situations-A-Distance-Learning-Module.pdf>*

HIV:

- HIV testing and counselling tailored and targeted for adolescents
- Support in the Prevention of Mother-to-Child Transmission through creating a better understanding of the mechanisms of transmission
- Provision of cheap, or free, and easily accessible Antiretroviral therapy (ART) treatment
- Contraceptive information and services tailored, adapted and accessible to adolescents in a discrete way – including condom distribution. Including potentially condom distribution by adolescents.
- Ensure the provision of Post-Exposure Prophylaxis (HIV) kits available and adapted for children of different weights and ages⁴⁷⁷

Alcohol and drug use

- Assessment and management of alcohol use and alcohol use disorders among adolescents
- Assessment and management of drug use and drug use disorders among adolescents
- Screening and brief interventions for hazardous and harmful substance use during pregnancy

Immunisation

⁴⁷⁷ Dosage is different for children of different ages, or weights – see details at UNCARES (March 2014) HIV Post-Exposure Prophylaxis (PEP) in the United Nations Guidance For Use Of PEP Kits http://www.uncares.org/common/english/docs/PEPStarterKitGuidance-CustodianPatientandHealthCareProvider-FINAL_July2011.pdf and <http://www.cshp-sk.org/documents/PEP-HIV%20Post-Exposure%20Prophylaxis%20in%20Children%20RQHR.pdf>

- Key vaccinations adolescents may require include: Tetanus, Human papillomavirus, Measles, Rubella, Meningococcal infections, Japanese encephalitis, Hepatitis B, Influenza

Key references:

- *WHO (2014) Adolescent HIV testing, counselling and care: Implementation guidance for health providers and planners*
- *WHO (2014) Health for the World's Adolescents: A second chance in the second decade gives further guidance on health interventions for adolescents*

Livelihoods and economic strengthening

Economic strengthening⁴⁷⁸ refers to actions taken by governments, donors and implementers to improve livelihoods. This may include microcredit, cash transfers, skills training, etc. Economic strengthening programmes to achieve outcomes for adolescents may be targeted either at adolescents themselves, at their caregivers, or at strengthening entire communities or systems of protection.⁴⁷⁹

Plan should look to integrate economic strengthening activities into their child protection programmes, otherwise they may choose to collaborate with livelihoods actors who may be able to target the beneficiaries of Plan's programmes when delivering some of the following interventions:

- Provide training for all staff on age verification techniques
- Review and be up to date on the country specific legislation in relation to child labour, labour laws, definitions of hazardous work, and age restrictions relating to child work
- Economic strengthening activities should be based on a strong foundation of a range of thorough assessments including Risk, Livelihoods, Market and Child Protection assessments.
- Programs established must be developmentally and contextually appropriate. For example, life skills for younger girls should focus on different issues than for pregnant, married, and parenting girls; for financial literacy skills, help younger girls to practice savings, and older girls to access loans.⁴⁸⁰
- Cash transfer programming may be set-up based on an assessment of needs, market analysis, and an understanding of risks in context. See *A guidance note on designing Cash Transfer Programmes to achieve Child Protection Outcomes in Emergencies* and *Child Safeguarding in Cash Transfer Programming: A Practical Tool*⁴⁸¹
- When designing economic strengthening activities, special attention needs to be paid to not reinforcing gender stereotypes and thus perpetuating cycles of gender discrimination

⁴⁷⁸ Josh Chaffin (August 2011) The Impacts of Economic Strengthening Programs on Children: A review of the evidence, Produced by the CPC Livelihoods and Economic Strengthening Task Force

⁴⁷⁹ CPC Livelihoods and Economic Strengthening Task Force (2013) Children and Economic Strengthening Programs Maximizing Benefits and Minimizing Harm

⁴⁸⁰ Women's Refugee Commission (2014) I'm here: Adolescent Girls in Emergencies: Approach and tools for improved response

⁴⁸¹ Thompson, Hannah (2011) A guidance note on designing Cash Transfer Programmes to achieve Child Protection Outcomes in Emergencies, Save the Children, Available at https://www.google.fr/url?sa=t&rct=j&q=&esrc=s&source=web&cd=10&ved=0ahUKewio88Wyr_XMAhXKOxoKHc9qCv8QFghZMAk&url=http%3A%2F%2Fmhps.net%2F%3Fget%3D156%2F1327316224-Designing_Cash_Transfer_Programmes_to_achieve_CPiE_outcomesDecember2011.doc&usg=AFQjCNF3qcek6ymX_CYFXDAfhRL2pXilg and Thompson, Hannah (2012) Child Safeguarding in Cash Transfer Programming: A Practical Tool, https://www.savethechildren.org.uk/sites/default/files/docs/Child_Safeguarding_in_Cash_Transfer_Programming.pdf

- Consideration needs to be given on the transition out of adolescence into adulthood – what are realistic ways in the context to maintain a livelihood that may support the adolescent and any dependents
- See [Children and Economic Strengthening Programs Maximizing Benefits and Minimizing Harm](#) for step by step details of how to establish economic strengthening activities that achieve outcomes for children
- The range of Economic Strengthening programme activities to be implemented may include: Group and individual savings schemes; Financial education; Entrepreneurship training; Vocational training; Support for small-scale income-generating activities (IGA); Micro-credit schemes; or Cash transfers (including cash for work, or cash grants).
- These interventions must be tailored to an adolescent's *age, developmental stage and circumstances*.

Key references:

- See [Carolyn Caton, Josh Chaffin, Mendy Marsh, and Sophie Read-Hamilton \(2014\) Empowered and Safe: Economic Strengthening for girls in Emergencies, Women's Refugee Commission for details of the Evidence of effectiveness of different types of interventions](#)

Nutrition

Plan should collaborate with nutrition actors in the delivery of the following interventions, or lobby for their implementation. Depending on the context, vulnerable categories of adolescents identified and the specific nutrition needs based on diets in the location, nutrition programmes for adolescents may include the following:⁴⁸²

- Provide iron and folic acid supplementation, nutrient-rich food, and access to iodised salt for adolescents – this may be done by influencing WFP, UNICEF, ACF or other food and nutrition focussed agencies targeting criteria and programming strategies, or by partnering with them for distribution through Plan programmes
- Deliver nutrition and health education and counselling for adolescents and their caregivers (including support to child-mothers on how to address nutrition needs of their babies), this should cover the topics of nutrition, dietary requirements and healthy diets
- Support deworming (in schools and through communities)
- Enable education for obesity prevention when relevant
- Support and lobby for Body Mass Index-for-age assessment⁴⁸³ that enable the identification of at-risk adolescents

Further programmes that may indirectly address nutrition needs include:

- Adolescent-friendly reproductive health services, Promotion of hygiene practices to households with adolescents, Promotion of girls' education, Nutrition education in schools, Promotion of economic empowerment and income generation, Cash transfers for households with adolescents

Key references:

- *Further evidence on the need to focus on adolescent nutrition and information on promising interventions for adolescent nutrition may be found in [The Lancet 2013 Series](#) and [Save the Children's 2015 publication Adolescent nutrition: Policy and programming in SUN+ countries](#)⁴⁸⁴*

⁴⁸² Adapted from the list of interventions presented in Tanya Khara and Emily Mates (2015) Adolescent nutrition: Policy and programming in SUN+ countries, Save the Children

⁴⁸³ The programme interventions presented here are drawn from the WHO publication WHO (2014) Health for the World's Adolescents: A second chance in the second decade

⁴⁸⁴ The Lancet (June 2013) Maternal and Child Nutrition: Executive Summary of *The Lancet* Maternal and Child Nutrition Series, available at:

WASH

Collaborate with WASH sector actors in the delivery of the following interventions, or lobby for their implementation by other agencies who have the expertise to do so, ensuring they are aware of how to understand the needs of and target adolescents:

- To ensure suitable and adequate water and sanitation facilities for girls and boys in sites of education, especially in non-formal education centres to be established by the humanitarian community. There is a large body of evidence showing that girls who cannot access necessary sanitation facilities do not attend school.⁴⁸⁵ See Guidelines for the Provision of Safe Water and Sanitation Facilities in Schools, Available at: http://toolkit.ineesite.org/resources/ineecms/uploads/1042/Guidelines_Provision_Safe_Water.PDF
- Ensure there is hygiene promotion messaging targeted at children in the school environment to prevent illness. Ensure any existing public health messages are adapted and suitable for children of all ages. Support efforts to disseminate relevant health messages through public, private and community schools. See for example: The Joy of Learning. Participatory lesson plans on hygiene, sanitation, water, health and the environment, available at: <http://resourcecentre.savethechildren.se/sites/default/files/documents/3848.pdf>, and also The Sphere Minimum Standards for information on hygiene promotion http://toolkit.ineesite.org/resources/ineecms/uploads/1042/Sphere_Handbook_2011_English.pdf#page=98
- Lobby WASH actors to support the construction of more latrines in the school environment
- Ensure that WASH facilities – both latrines and water points – are appropriately located and well lit in camp settings
- Ensure budget and commitment so that any of Plan’s sites of operation (locations of youth clubs, child or adolescent friendly spaces, temporary learning spaces, schools and health centres supported by Plan) have adequate latrines and water points for both boys and girls
- Involve adolescents in needs assessments that ascertain WASH requirements of the affected community
- Include adolescents in any mechanisms developed to monitor and maintain existing WASH infrastructure⁴⁸⁶
- Ensure sanitary pads or other appropriate materials are available for free to girls in cases of emergency need at school, in alternative learning spaces,⁴⁸⁷ in health clinics, and other discrete public places
- Support the development of contextually appropriate hygiene, dignity, (for boys and girls) and menstrual kits (for girls only) that target adolescents. These should be sourced, and distributed as part of all programmes targeting and including adolescents. The distribution of kits should be accompanied by an education session on the use of materials contained

<http://www.thelancet.com/pb/assets/raw/Lancet/stories/series/nutrition-eng.pdf>, Tanya Khara and Emily Mates (2015) Adolescent nutrition: Policy and programming in SUN+ countries, Save the Children

⁴⁸⁵ Lenton, Robert, Albert Wright, Kristen Lewis (2005) Health, dignity and development: what will it take?

“Reducing illness related to water and sanitation, improves school attendance, especially for girls. Having separate sanitation facilities for girls in schools increases their school attendance, especially after menarche - the first occurrence of menstruation.”

⁴⁸⁶ UNICEF (2011) WASH in Schools Empowers Girls’ Education in Rural Cochabamba, Bolivia An Assessment of Menstrual Hygiene Management in Schools

⁴⁸⁷ UNICEF (2011) WASH in Schools Empowers Girls’ Education in Rural Cochabamba, Bolivia An Assessment of Menstrual Hygiene Management in Schools

- Menstruation education is provided to community members to de-stigmatize the topic and promote education within families⁴⁸⁸
- Ensure boys are equally responsible for sanitation and water related tasks, such as school water has to be fetched, water basins to be filled or facilities to be cleaned, as girls, so that gender discriminatory practices are challenged. See Wash in Schools (October 2015) Does Wash In Schools Have an Impact on the Participation of Adolescent Girls in School?⁴⁸⁹

Key references:

- For detailed programme recommendations see: UNICEF (2011) WASH in Schools Empowers Girls' Education in Rural Cochabamba, Bolivia An Assessment of Menstrual Hygiene Management in Schools

D. Advocacy and policy

- Consider producing a short paper outlining the situation and needs of adolescent girls and boys globally, or in emergencies specifically. This may draw on some of the data and analysis prepared above. Little data is adequately disaggregated by NGOs, but drawing from ECHO and IASC data collated through the gender age markers may enable some broad comments and recommendations to be shared. There is appetite for better understanding of the situation of adolescence, and there is momentum in the humanitarian (and development) spheres to improve both knowledge and programming for this target group. This may lead to the identification of certain under-acknowledged sub-groups of concern, or may broadly indicate the need for greater focus on adolescents. This could feed into Plan's work with working groups and platforms in the US and Europe.
- That policy and advocacy work more explicitly considers the complexity of working to tackle gender inequality and the need to collaborate with men and boys in order to address structural inequality

E. Learning and research

- In-depth mapping of donor funding opportunities that either directly target or would be possible to use for programming on adolescents
- Develop some in-depth case studies and documentation on the work Plan is doing for adolescents in different contexts
- Partner with an academic institution when setting up targeted adolescents programmes to build in a rigorous research methodology. This should include baseline, midline and end-line data collection broken down by age, gender, and collate data on other forms of vulnerability (for example disability). This should lead to the development of a suite of monitoring and evaluation and data collection tools that enable better understanding of needs of adolescents as they evolve over time
- Compile meta data on the outcomes and impact of pilot programmes
- Share the findings – both what has worked and, importantly, what has not gone well, with other actors across the humanitarian sector

⁴⁸⁸ UNICEF (2011) WASH in Schools Empowers Girls' Education in Rural Cochabamba, Bolivia An Assessment of Menstrual Hygiene Management in Schools

⁴⁸⁹ Wash in Schools (October 2015) Does Wash In Schools Have an Impact on the Participation of Adolescent Girls in School? <http://www.washinschools.info/page/175>

- The definition of adolescents and process for contextualisation, elaborated here, along with lessons learnt from pilot programmes could be documented as a “capacity statement”⁴⁹⁰
- Areas for further research that Plan may wish to explore include:
 - Alternative care for adolescents in emergency settings – lessons learnt on challenges and best practices
 - Adolescents on the move across contexts
 - Reintegration programming for adolescents – lessons learnt and best practices
 - Boys experiencing sexual violence in humanitarian settings
 - Adolescents in contact with the law in humanitarian settings, and specifically adolescents in detention – data, trends, needs, and programming responses
 - Adolescent psychosocial and mental health needs in emergencies, and services available to them
 - Review of international law, and policy applicable to adolescents
 - How the nature and form of the transitions adolescents are experiencing are altered by humanitarian events and crises. How these adjustments differ across different settings – conflict, natural disaster, refugee settings, etc
 - Issues that adolescents face in non-emergency settings that may be exacerbated that currently largely go unacknowledged in humanitarian settings: such as alcohol and drug use, bullying, gang violence, etc.

F. Tool and guidance development

- Lobby for the inclusion and consideration of needs of adolescents in tools being developed by other agencies and inter-agency groups where Plan is a member of the reference group, is the commissioning agency, or reviews and comments on drafts – this may include for example, ensuring revised versions of the minimum standards for child protection in humanitarian action consider the specific needs of adolescents
- Carry out an in-depth mapping of externally and internally available tools that target adolescence. This should identify tools, and outline their content and purpose, but also review them for their suitability and applicability to Plan’s programming approaches and methods
- Provide the matrix of tools to all staff, clearly identifying which are the key recommended tools for programming for adolescents, and sharing the package of key tools
- Identify certain gaps in the tools available internally and externally. Develop the necessary tools. Currently specific guidance may be helpful in relation to:
 - Adolescent friendly, needs assessment, on-going monitoring and evaluation tools –that allows staff or volunteers to build relationships with even the most marginalised or vulnerable adolescents in context, gain trust, and understand their needs as they evolve. Including tools for adolescent participation, and leadership of programmes, throughout the life-cycle of programmes
 - Tools to help staff to identify the full range of vulnerable and marginalised adolescents – a method that does not expect adolescents to come to the programme, but shows how to get the programme to reach out to adolescents
 - Through this research certain under-covered programming issues were identified, including: alternative care for adolescents – including group homes, case management for adolescents, mental health and psychosocial support

⁴⁹⁰ As Plan International has done on other issues such as Disaster Risk Management, Cash transfer programming in emergencies, Maternal and Newborn Child Health, Family Planning and Adolescent Reproductive Health and work with refugees and internally displaced people

(including adolescent friendly spaces), and reintegration for adolescents. Certain resources and research may have been overlooked, other gaps may be identified if a more thorough and systematic mapping takes place

A suggested process for the development of adolescent friendly tools may be as follows:

- 1 Review and map existing tools – internal and external. In-depth evaluation of all tools against certain criteria that enable to assess suitability for Plan programming and contexts in which plan works. Including a review of any evaluations of these tools
- 2 Carry out on-line survey – with internal and external actors – to establish gaps and duplication of tools for adolescents. This should also all responders to give details of all tools they are familiar with and thus support the gathering of resources for review. Based on this identify gaps in tools and guidance needs
- 3 As part of a 2-3 year programme, select 2-3 countries across different contexts in which partnerships with adolescents and academic institution or other agencies (possibly Population Council, WRC, Mercy Corps, IRC, or Columbia University) may enable development and field testing of tools
- 4 Establish a strong needs assessment process, gather baseline data, and develop and pilot tools in partnership with adolescents
- 5 Ensure that any tools developed are accompanied by guidance on contextualisation and customisation processes
- 6 Ensure to remove and edit out any heteronormative (denoting or relating to a world view that promotes heterosexuality as the normal or preferred sexual orientation) language

G. Human resources and capacity strengthening

Internal

- Ensure that all staff and partners are aware of the rights of adolescents
- Include a briefing on the needs and tailored activities for adolescents in induction packages for all new staff in head offices and at country level
- Share and disseminate the tools identified through the tools and guidance mapping
- Develop in-house training for all Plan programming staff across all sectors of work on Plan definition of adolescence, how to contextualise the definition, age verification techniques, specific development process of adolescents, generalised needs and vulnerabilities, specifics of how to establish the needs of adolescents, how to tailor programming for adolescents
- The formats of learning opportunities should include:
 - A face to face 1 day package and
 - 1.5 hour webinar
 - Blended learning training
- Ensure staffing at country level is gender balanced and provides sufficient role models for adolescent girls

External

- Establish or catalyse a community of sharing on adolescence in emergencies – this may be through the Alliance for Child Protection in Humanitarian Action, CPWG and CPC websites and Facebook platforms, Better Care Network, or such like. Or alternatively may be linked to these but be a separate sharing portal.
- Support or lobby for the development of a CPiE Face to face module on adolescence
- Support or lobby for an updated and revised ARC module on adolescence

- Support collaborative development of training between Education, Child Protection, Health, Livelihoods, Nutrition, and WASH actors on the needs and response for adolescents in emergencies.
- Support or lobby for the development of modules on child protection programming for adolescents to be included in two main capacity building initiatives in the sector:
 - The Child Protection in Emergencies Diploma, a collaboration between the Child Protection Working Group in collaboration with University of KwaZulu Natal (see <http://cpwg.net/wp-content/uploads/sites/2/2015/08/UKZN-Dev-studies-brochure-2015-final-2.pdf> for further details) and
 - Institut Bioforce collaboration with Terre des Hommes developed a French training on Child Protection (see <http://humanitaire.institutbioforce.fr/fr/metiers/protection> for further details)
- Run a workshop followed-up by long to medium term mentoring on programme delivery for adolescents

H. Coordination

- At a global level Plan should support and advocate for the consideration of needs of adolescents in existing coordination groups in which Plan participates, that do not focus on adolescents, such as the Education and Child Protection Working Groups, INEE, the Alliance for Child Protection in Humanitarian Action, etc.
- At a country level, if possible, and where the scale of needs of adolescent requires it, establish a coordinating body that brings together actors in all sectors who are targeting adolescents with their programme interventions. This should include a full range of Ministries that need to be engaged to ensure multi-sectoral approaches to addressing the needs of adolescents

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