

UNICEF

Study Guide

Ensuring Education and Healthcare
for Children in Conflict Zones

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ÇANAKKALE TROY MODEL UNITED NATIONS



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I. Letter From the Secretary-General

Highly Esteemed Delegates,

First and foremost, I would like to express my sincere gratitude for your interest and enthusiasm regarding our conference. My name is Yaren Keçili, and I have the honor of serving as your Secretary-General for the 8th edition of the Troy Model United Nations Conference this year. I embrace this role with immense appreciation. Similar to previous years, we have dedicated our efforts to creating a range of engaging and diverse committees for your benefit. We take great pride in the work we have prepared for you and sincerely hope that you will find it beneficial as well. Both the academic and operations teams have been working very hard to serve you to the best of their abilities and give you an unforgettable experience.

I wish to show my gratitude to the chair board and Zeynep Kayalaçın, who is going to serve as your Under-Secretary-General. All my teammates made great efforts in the process leading up to the conference. Hence, they need all the praise for their hard work.

I trust that all our delegates will engage in enlightening discussions throughout the three days they are with us, cultivate creative solutions to global challenges, be at the forefront of diplomacy and academia, and enjoy the experience in the process. Once again, I would like to welcome you all to both the conference and the committee. Buckle up and get ready because we have prepared an incredible ride for you.

Yours Sincerely,

Yaren Keçili

Secretary-General of Troy Model United Nations 2025

II. Letter From the Under-Secretary-General

Greetings, I am the USG of Unicef in the TroyMun 25 conference, Zeynep Kayalaçin.

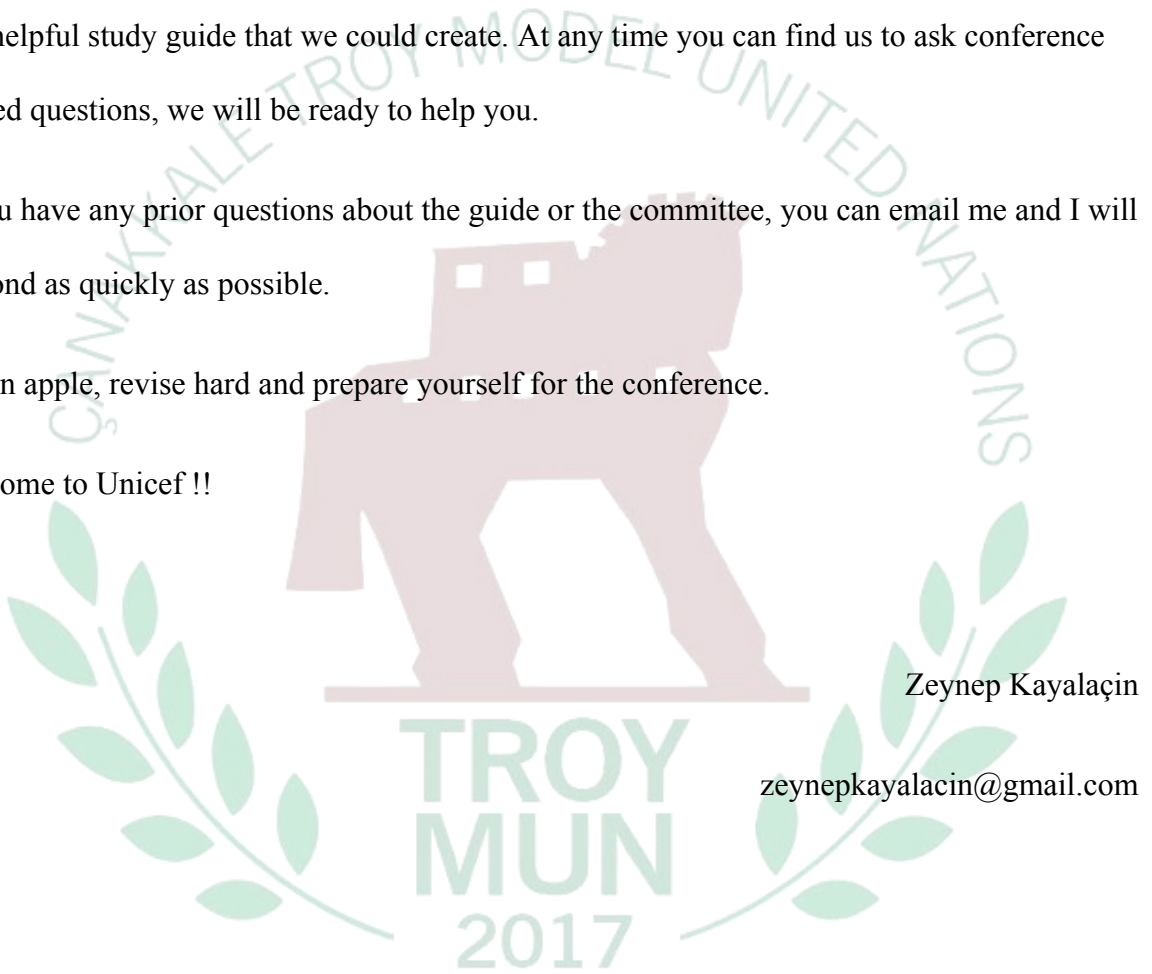
I believe that in these three days, with my experience and your enthusiasm we can experience academic enriching and fun three days.

Me and my lovely co-chairs Ecrin, Göksu and İrem have prepared the most easily understood and helpful study guide that we could create. At any time you can find us to ask conference related questions, we will be ready to help you.

If you have any prior questions about the guide or the committee, you can email me and I will respond as quickly as possible.

Eat an apple, revise hard and prepare yourself for the conference.

Welcome to Unicef !!



III. Introduction to the Committee: United Nations International Children's Emergency Fund (UNICEF)

UNICEF, whose mandate has not changed since 1946, operates as the world's largest humanitarian aid chain. The United Nations International Children's Emergency Fund was established in 1946, in the aftermath of World War II. Their mandate has always been clear: to help children and young people whose lives and futures were at risk — no matter what role their country had played in the war. Their ideology is completely impartial, non-political and neutral.



UNICEF was born on December 11, 1946, following a resolution passed by the United Nations General Assembly. Maurice Pate, who served as Executive Director for 18 years, reinforced the consensus that children's needs and well-being were paramount to politics. His statement, "There are no enemy children," demonstrates how he managed to prove this point to others.

Between 1956 and 1957, more than 13,000 maternal and child welfare centres received UNICEF supplies and technical training in 102 countries and in 1961 UNICEF expanded its focus to include children's education.

In 1989, 159 United Nations Member States adopted the Convention on the Rights of the Child, the most universally approved human rights treaty for the protection of children. Afterwards, in 1990, The World Summit for Children brought together an unprecedented number of heads of state to rally around the cause of children and adopt the Declaration on the Survival, Protection and Development of Children.¹

The Core Commitments for Children in Humanitarian Action (CCCs) were first established in 1998 and subsequently revised in 2010, then again 2020 due to the fact that the global humanitarian context has significantly changed with time. A rising neglect for international humanitarian and human rights law, as well as humanitarian principles, defines conflicts, with children and women being disproportionately affected. The CCCs have been revised to enable UNICEF and its partners to provide principled, timely, quality, and child-focused humanitarian responses and advocacy in any crisis that results in humanitarian consequences. CCCs are mandatory for all UNICEF staff and set organizational, programmatic, and operational commitments and benchmarks, ensuring accountability in terms of coverage, quality, and equity in humanitarian action and advocacy.²

Between 2005 and 2010, UNICEF accelerated emergency relief efforts due to many natural disasters such as the Indian Ocean tsunami and the Haiti earthquake.

The 2030 Sustainable Development Goals, published by the United Nations in 2015, stated that children are at the core of global development and hence, pointed out that they began to expand their support for children, especially with Goals 3 and 4.

As of now, UNICEF operates in 190 countries, boasting a team of more than 17,000 staff members. It remains dedicated to instilling hope in children, thanks to a remarkable logistics network and the completely voluntary support from its donors.³



IV. Introduction to the Agenda Item: Ensuring Education and Healthcare for Children in Conflict Zones

A. Historical Context and Background

In the early 20th century, particularly following World War I, the League of Nations founded the Save the Children Fund in 1919 and adopted the Geneva Declaration of the Rights of the Child in 1924, acknowledging the unique needs of children during emergencies. Prior to the creation of UNICEF, these organizations addressed the post-war requirements for children's welfare.



Following the conclusion of the Second World War, the United Nations established UNICEF to facilitate a more organized approach to aid initiatives. The primary focus of these efforts included emergency food distribution, healthcare, and education. In the aftermath of the Cold War, the United Nations broadened its mission beyond immediate relief by initiating long-term assistance programs. This included the launch of sustained health and educational initiatives, especially within refugee camps.⁴

B. International Frameworks on the Topic

In 1989, global leaders took a significant step for the children of the world by endorsing *the United Nations Convention on the Rights of the Child* – a worldwide pact concerning childhood. Below are simplified versions of some important clauses.

Article 24. Health, water, food, environment

"Children have the right to the best healthcare possible, clean water to drink, healthy food and a clean and safe environment to live in. All adults and children should have information about how to stay safe and healthy."

Article 28. Access to education

"Every child has the right to an education. Primary education should be free. Secondary and higher education should be available to every child. Children should be encouraged to go to school to the highest level possible. Discipline in schools should respect children's rights and never use violence."

Article 38. Protection in war

"Children have the right to be protected during war. No child under 15 can join the army or take part in war."⁵

UNSC Resolution 2286 (2016) strongly condemns any form of violence or threat against the wounded and sick, medical personnel, their means of transport and equipment, and hospitals or other medical facilities.⁶

UNSC Resolution 1998 (2011) strongly condemns all violations of applicable international law involving the recruitment and use of children by parties to armed conflict, as well as their re-recruitment, killing and maiming, rape and other sexual violence, abductions, attacks against schools or hospitals and denial of humanitarian access by parties to armed conflict and all other violations of international law committed against children in situations of armed conflict.⁷

UNSC Resolution 1612 (2005) requests the creation of the Monitoring and Reporting Mechanism (MRM) on children in armed conflict.⁸

Established by the United Nations General Assembly resolution 46/182 in 1991, the *Inter-Agency Standing Committee (IASC)* serves as the longest-standing and highest-level humanitarian coordination forum within the United Nations system. In pursuit of this objective, the IASC promotes common humanitarian principles and formulates strategic, policy, and operational decisions that directly impact humanitarian operations on the ground. The Emergency Relief Coordinator chairs the IASC, thereby supporting the leadership role of the United Nations Secretary-General. The IASC meets regularly to guarantee preparedness and to facilitate a swift and coordinated humanitarian response.⁹

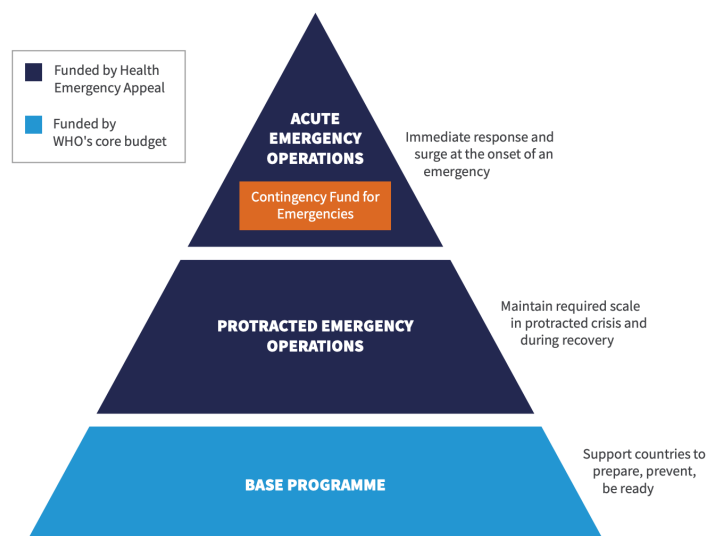
C. Challenges Faced by Children in Conflict Zones

1. Healthcare Access

a) First Aid

UNICEF works with WHO in emergency first aid responses in conflict zones. WHO's "Emergency Care System Framework" stresses immediate, low-resource first aid at community level. As a trusted scientific authority on health, WHO raises awareness of the impact and risks of emergencies on the global stage, helping to mobilize critical resources for health.

ICRC/IFRC also provide first aid and pre-hospital emergency care for children in conflict zones. "To reduce the catastrophic impact of war on civilians, it is imperative that the sick and wounded receive safe, humane and effective treatment, and are



then referred to the right place for further care. This can mean the difference between life and death." Hence according to ICRC, the first health interventions to be made during the war are of great importance in order not to cross the thin line between life and death.¹⁰

b) Cases of Malnutrition

Children residing in conflict zones are over twice as likely to experience malnourishment compared to children in peaceful environments, with four out of five children whose growth has been hindered by malnutrition currently living in countries impacted by conflict.

Malnutrition rates among children in these areas have escalated to concerning levels, as ongoing conflict and armed violence remain the leading causes of hunger in various hotspots, disrupting food systems, displacing communities, and hindering humanitarian efforts. For instance, in Sudan, famine conditions have been identified in North Darfur, marking the first famine determination since 2017.¹¹

c) Maternal and Newborn Health

Women experiencing armed conflict during pregnancy face a significantly higher risk of maternal and neonatal complications, including low-birthweight (LBW) babies, due to factors such as violence, stress, food insecurity, and limited access to healthcare. The International Rescue Committee (IRC) is committed to ensuring safe pregnancy and childbirth from the earliest stages of crisis through recovery and development by delivering essential maternal and newborn healthcare.¹²

Table 4 War's impact on the mothers' physical and psychological well-being

Variables	Characteristics	N	%
Current residence	Separate house	99	19.76
	Shared house	169	33.73
	Shelter	37	7.39
	Tent	195	38.92
Individuals sharing the living space	2	89	17.76
	3–4	79	15.77
	5–8	189	37.72
	More than 8	143	28.54
Injured while pregnant	Yes	19	3.79
	No	481	96.01
If injured, at which trimester (N=19)	First trimester	6	31.58
	Second trimester	7	36.84
	Third trimester	6	31.58
A family member was killed	Yes	141	28.20
Saw dead bodies	Yes	43	8.60
A place the mother was in was bombed or targeted	Yes	28	5.60
Feeling endangered	Almost always	205	40.92
	Often	170	33.93
	Occasionally	93	18.56
	Rarely	32	6.39
Subjectively rated stress level during pregnancy	High	311	62.08
	Moderate	142	28.34
	Low	39	7.78
	Mostly absent	8	1.60

d) Non-communicable Diseases

Noncommunicable diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors. The main types of NCDs are cardiovascular diseases (such as heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes. While these types of diseases are generally more likely to appear in the elderly, the real problem is when they occur in children, especially in conflict zones, where they become more difficult to detect. Their incidence also increases in war zones due to environmental factors.¹³

e) Communicable Diseases

Infectious disease rates are frequently aggravated in conflict-affected areas. Approximately forty percent of children who are unvaccinated or under-vaccinated live in countries that are either partially or fully impacted by conflict. These children are often the most vulnerable to outbreaks of diseases such as measles and polio, which can lead to death or severe disability. In various countries, refugees and those displaced internally by conflict often reside in overcrowded settings – such as informal urban settlements, reception centers, camps, or immigration detention – where infectious diseases can spread with ease. Yet, those displaced by conflict often encounter barriers to accessing routine healthcare services, including vaccinations, due to the lack of civil documentation and registration.¹⁴

f) Sexual and Physical Violence

Children in humanitarian contexts are particularly susceptible to violence. In situations of armed conflict, natural disasters, and other emergencies, children may be compelled to abandon their homes, with some being separated from their families and facing exploitation

and abuse during their journey. They are at risk of injury and death. Additionally, they may be conscripted by armed groups. Physical violence encompasses acts such as killing, maiming, torture, abduction, forced recruitment into armed factions, and assaults on educational institutions and healthcare facilities.



For girls and women in particular, the risk of gender-based violence escalates significantly. Sexual violence manifests in forms such as rape, sexual slavery, forced marriage, forced pregnancy, trafficking, and sexual exploitation. This type of violence also contributes to the spread of communicable diseases among children.¹⁵

2. Education Access

a) Continuity of Learning and Long-Term Development

Children who are compelled to halt their education or are unable to start it because of war suffer from long-lasting delays in brain development, especially during their primary school years. The psychological stress associated with war further intensifies these effects. The years of schooling that are lost hinder children from formulating future plans, as lagging behind or not achieving educational milestones complicates their transition into the workforce. This results in a vicious cycle of educational deprivation. The interplay of inadequate education, unemployment, and poverty adversely affects one another and hampers the overall development of a nation.

b) Language Barriers

Children trying to continue their education in short-term refugee camps may encounter problems due to the language difference between them and volunteer teachers, while children who have to leave their home country may experience problems both in the process of adapting to the new country they have arrived in and in getting used to the school and education system.

c) Importance and Lack of Digital and Technological Learning Opportunities

Due to the scarcity of digital resources in conflict zones, educational activities get executed with very few resources, which leads to inadequate training in various areas. Internet use becomes difficult due to damage or absence of base receivers; at the same time, the lack of simple educational equipment such as computers and projectors causes difficulties for teachers.



d) Staff and Material Shortage

In emergency settings, teaching and staff shortages prevent education systems from meeting children's many needs. Overcrowded classrooms in refugee camps also overwhelm available resources. Addressing the requirements of volunteer educators affiliated with NGOs and UNICEF, while also prioritizing their safety, are crucial elements that will motivate them. Failing to do so may result in a shortage of individuals willing to serve as teachers in conflict-affected areas.

e) Low Funding

Humanitarian appeals for education are chronically underfunded compared to food, shelter, or health. Only a small share of global humanitarian aid is directed to education. This circumstance, undoubtedly, places educational activities beneath health and housing requirements in terms of priority. Nevertheless, it is essential to recognize that in a case of ignorance of importance on the matter may result in long-lasting complications if timely measures are not implemented.

f) Role of Education in Peacebuilding and Reintegration

Educational environments or institutions can provide children with a feeling of security and reassurance. They serve as safer areas for interaction with their peers and assist in the healing of their emotional scars. Education has the potential to disrupt cycles of violence by equipping young people with options other than joining armed groups.¹⁶

3. Post-Traumatic Stress and Mental Health

a) Effects of Armed Conflict on Children's Mental Health

The mental damage suffered by children during wartime is divided into two categories: Type 1 (sudden, single trauma) and Type 2 (long-term, repetitive trauma). Type 1 trauma involves momentary, shocking events, such as being attacked during wartime or witnessing the death of a close family member. Type 2 trauma involves recurring, prolonged, repetitive events experienced by children during wartime, such as hunger, violence, and abuse, which develop unhealthy coping mechanisms such as withdrawal, suppression of emotions, and aggressive behavior.

As a result of these traumatic events, children may suffer from mental disorders such as anxiety disorders, Post-Traumatic Stress Disorder (PTSD), depression, dissociative disorders, behavioral disorders, and alcohol and substance addiction. In their joint study on the effects of traumatic experiences on children's mental health, child and adolescent psychiatrist Paramjit T. Joshi and psychology researcher Deborah A. O'Donnell stated that children's post-war traumatic reactions are "a normal response to abnormal events" and that prolonged exposure to violence creates "a risk of developing multiple and sometimes long-lasting biopsychosocial maladjustments"

b) Lack of Access to Mental Health Professionals and Services

The traumas and mental effects of war may never lead to children regaining their former psychological health, but the effects of these traumas can be mitigated. Unfortunately, due to the lack of these services and the difficulty of accessing them, children are unable to fully receive the effectiveness and support they could receive from these services. In addition to the lack of psychological infrastructure and resources, the damage and bombing of healthcare institutions like hospitals, despite being considered war crimes, in countries in conflict further

complicates access to these services. Additionally, the targeting of healthcare personnel in war, cost issues, and lack of data reduce access to mental health services.

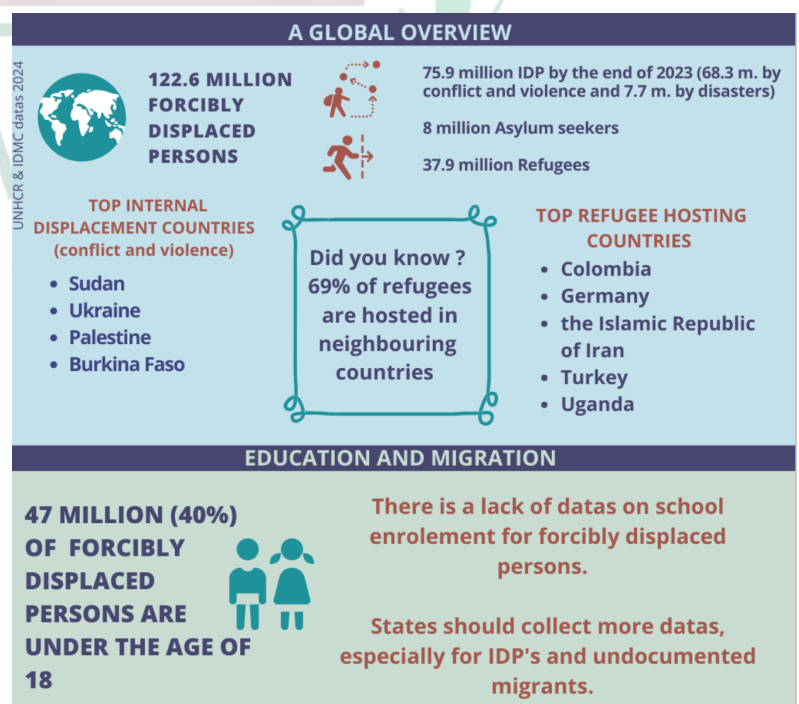
c) Social Stigmas Surrounding Mental Health

The terminology of "receiving psychological support" can be perceived negatively in some countries or cases, and therefore, people hesitate to seek support from these services to avoid discrimination and stigma. In Sudan, many women who have been subjected to sexual abuse and violence refuse to seek help from mental health services to avoid public stigma. This case can be observed in children in school age as well. Fear of being abnormal or seen as a freak among their peers causes children to avoid getting help for psychological issues.¹⁷

4. Displacement, Refugees, Internally Displaced Persons (IDPs), and Migration Based Problems

According to the International Organization for Migration a migrant is ‘a person who moves away from their place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons.’

Refugees have a specific legal status protected under international or national law. The Convention relating to the status of refugee defines a refugee as a person who, ‘owing to a well-founded fear, is outside the country and is unable or unwilling to avail himself of the protection of that country.’



The UNHCR Guiding Principles on internal displacement and African regional Kampala Convention refer to internally displaced persons (IDPs) as ‘persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, yet who have not crossed an international recognized State border.’¹⁸

As host to some of the world’s biggest emergencies and protracted crises, the Eastern Mediterranean Region (EMR) carries the largest burden of displaced populations globally. Out of a total of 50 million refugees and IDPs worldwide, more than 29 million (58%) came from the Region by October 2015. This includes more than 9 million refugees and 20 million internally displaced persons (IDPs).

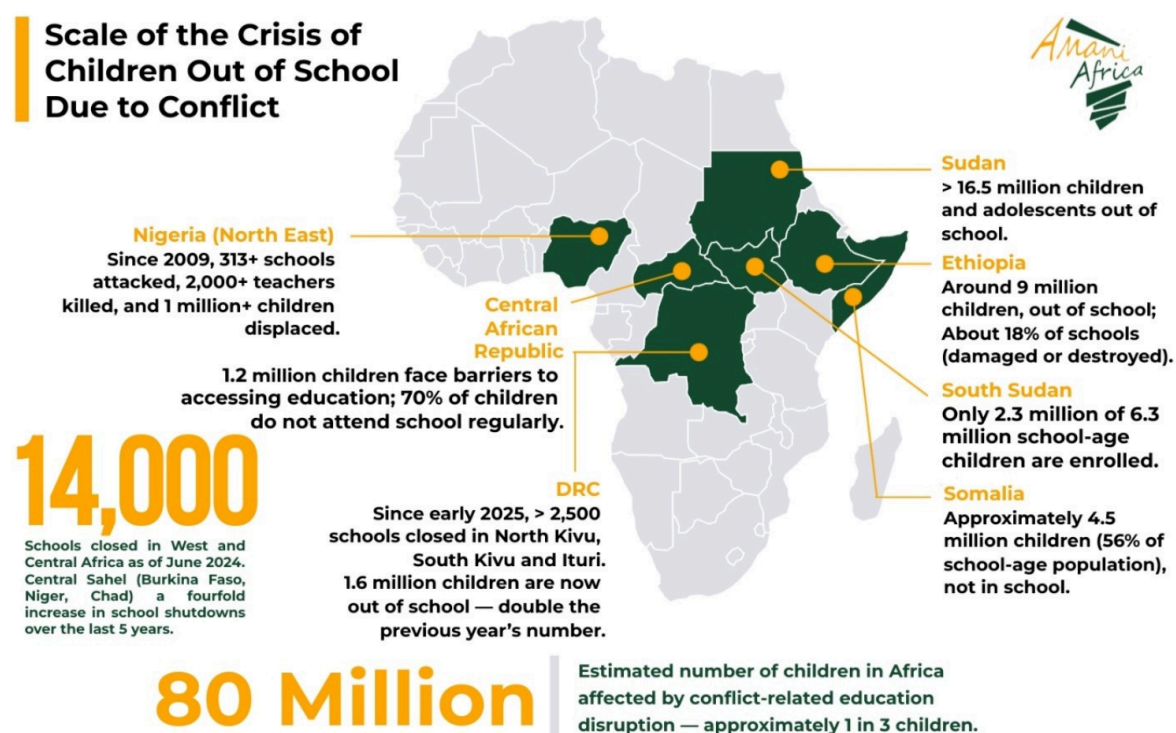
Post-war problems generally increase exponentially with migration. The impact of public health problems is exacerbated by the immigrant status due to worse conditions of living. Maternal and newborn child health, communicable diseases, non-communicable diseases, mental illnesses and war casualties statistics are adversely affected by this situation.¹⁹

5. Targeting of Educational and Healthcare Infrastructure

In recent years, there has been a troubling increase in the targeting of healthcare professionals, hospitals, and health infrastructure within conflict zones, particularly in the West Asia and North Africa (WANA) region. This situation has been most catastrophic in Gaza, where Israel's systematic assault on the healthcare system has reached unprecedented levels. By early 2024, more than 761 incidents of violence against Palestinian healthcare have been documented — a figure that matches the total number of attacks recorded in Sudan, Ukraine, and the Democratic Republic of Congo combined.²⁰

The critical condition of education infrastructure is most evident in Sudan. The continuous armed conflict in Sudan has led to one of the worst educational emergencies on the continent.

Current estimates suggest that over 16.5 million children and adolescents are not attending school. Many of these young individuals are located in displacement areas, often without any means to access formal education. The extended violence has drastically interrupted learning, with attacks on educational facilities and the militarization of schools worsening an already delicate system.



The functionality of the health system and provision of health care services is impeded as a result of damages to health infrastructure. As a result of the conflict, 58% of all hospitals in Syria are either partially or non-functioning, and almost 23% of health facilities in Yemen are non-functioning. Additionally, provision of medical supplies and equipment continues to be hampered by the continuing deterioration of the security situation and constraints imposed on humanitarian operations.²¹

V. Global Statistics

The effects of armed conflicts on children globally reached alarming and possibly unprecedented levels in 2024, as per a review by UNICEF based on the latest data and

current global trends. More children than ever are believed to be living in conflict zones or have been forcibly displaced due to violence and conflict. A record number of children impacted by conflict are experiencing violations of their rights, including being killed or injured, missing out on education, lacking essential vaccines, and suffering from severe malnutrition. This number is anticipated to rise.

Currently, over 473 million children—more than one in six worldwide—reside in areas impacted by conflict, with the world witnessing the highest number of conflicts since World War II. The proportion of children living in conflict zones has doubled, increasing from about 10 percent in the 1990s to nearly 19 percent today.

By the end of 2023, 47.2 million children had been displaced due to violence and conflict, with trends in 2024 suggesting further displacement as conflicts intensify in places like Haiti, Lebanon, Myanmar, the State of Palestine, and Sudan. Children make up 30 percent of the global population, yet they represent approximately 40 percent of refugee populations and 49 percent of internally displaced individuals. In



conflict-affected countries, more than a third of the population lives in poverty (34.8 percent), compared to just over 10 percent in countries not affected by conflict.

According to the latest data from 2023, the United Nations confirmed a record 32,990 serious violations against 22,557 children, the highest figure since monitoring began under Security Council mandates. The overall increase in grave violations is concerning—for instance,

thousands of children have been killed and injured in Gaza, and in Ukraine, the UN reported more child casualties in the first nine months of 2024 than in all of 2023.

The circumstances for women and girls are especially alarming, as there are numerous accounts of rape and sexual violence in areas of conflict. In Haiti, this year alone, there has been a staggering 1,000 percent rise in reported cases of sexual violence against children. During armed conflicts, children with disabilities are often more vulnerable to violence and violations of their rights.²²

VII. Notable Non-Governmental Organizations

War Child

War Child is the only specialist charity for children affected by conflict. They deliver emergency support, protection, education and more for children.



In 14 countries across Africa, Asia, the Middle East and Latin America, War Child works with local communities and governments to provide emergency aid, education and specialist mental health support to help children recover from the trauma of conflict and to ensure a safe future for every child affected by war. The CEO, Helen Pattinson has stated that War Child has reached over 1.1 million children from April to August 2024.²³

Save the Children

Save the Children is one of the biggest international NGOs advancing and protecting the rights of children in almost 120 countries around the world. Save the Children works in the most



disadvantaged local communities, educating them about the rights of children and helping them understand that children are meant to be at school pursuing their education. It also works on building the capacities of duty bearers to deliver appropriate care and protection for children and advocates for policies and laws that are in line with the standards set out in the UN Convention on Rights of the Child.²⁴

Médecins Sans Frontières

Also referred to as MSF, or Doctors Without Borders, Médecins Sans Frontières is a global charity that delivers emergency medical assistance in response to conflicts, natural disasters, and epidemics. With thousands of doctors, nurses, medical support personnel, and logistics staff, the organization establishes and operates hospitals and clinics in 70 countries worldwide, including Gaza, Lebanon, Ukraine, Sudan, the Democratic Republic of the Congo, and Haiti. The charity offers impartial medical care without regard to ethnicity, religion, or political affiliation, and does not receive funding from the UK, US, or EU governments.²⁵



VIII. Previous Actions Taken by the UN and UNICEF

Education in Emergencies: In terms of statistics, Sudan represents the largest educational emergency globally. Approximately 19 million children are currently out of school, and 90 percent of educational institutions are closed across the country due to the ongoing violent conflict. To tackle this urgent situation, Ms. Murseli emphasized that more than 2.4 million children have re-enrolled in school through over 850 UNICEF-operated Makanna centres, which translates to "our space" in Arabic. UNICEF has also provided holistic educational

services to over 250,000 children, ensuring that students receive water, sanitation, nutrition, and protection, enabling them to continue their studies effectively.

Furthermore, a \$400 million Transitional Educational Plan, spearheaded by the UN's education agency (UNESCO), is designed to restore access to education and vocational training. Looking forward, UNICEF's educational support initiative in Sudan intends to assist relatively stable regions by supplying printed materials and remote learning resources.²⁶



Healthcare in Conflict: UNICEF helps to coordinate and align emergency response efforts in health; child protection; nutrition; communication; and water, sanitation and hygiene. They also provide quality medicines, vaccines and other health supplies to children and women during public health emergencies and other crises. To ensure health programmes meet the highest standards, UNICEF engages affected communities in their design, planning and monitoring, and promotes safe and confidential feedback mechanisms. UNICEF and WHO carried out mass vaccination campaigns, such as polio vaccines for 560,000 children in Gaza.

International Advocacy: The UN created the International Day to Protect Education from Attack (2020). UNICEF calls on governments to take action to better protect children in



conflict, by upholding and operationalizing the international laws and norms already in place to protect children in war; to protect schools, hospitals, water and sanitation facilities and other critical infrastructure from attack; to stop the recruitment and use of children by armed groups and forces; and to stop the use of explosive weapons in populated areas.²⁷

IX. Case Studies

Palestine

The Palestine-Israel war, which has been frequently discussed on the world agenda since 2023, dates back to 1948. The conflict, which began in the 19th century, was further fueled by the UN's "Partition Plan" No. 181, which was implemented in 1947 to divide Palestine into Arabs and Jews. Since then, they have been in constant conflict for similar reasons. As the colonialism and genocide that Israel implemented against Palestine intensified in 2023, it also became a topic of discussion on the world agenda.²⁸

The war in the Gaza Strip has had a severe and significant impact on children. At least 50,000 people have reportedly been killed or injured and are on the brink of starvation. More than half a million people in Gaza are in a state of famine due to the unavailability of food, water and medical aid.

According to the World Health Organization, 697 attacks have been recorded on health institutions in Gaza since October 2023. Only 19 of the 36 hospitals in the Gaza strip are operational, and these 19 hospitals have sustained severe damage and are severely lacking in personnel and medical supplies. UNICEF actively continues to help hospitals protect pregnant women and newborns from medical complications and infections, especially in neonatal units. They are delivering incubators for newborns, medical kits for midwives and other emergency supplies.²⁹

Ukraine

Children in Ukraine are facing relentless hostilities, which means many live in fear every day: fear of attacks, fear of losing loved ones, fear of what the next night will bring. The war has damaged vital infrastructure, water supplies, heating, electricity, telecommunications making even basic survival a daily struggle.

Schools and learning have also been hit. Many educational facilities have been destroyed or damaged by bombing and shelling. Millions of children are unable to attend in-person schooling, or their schooling is severely disrupted. Children with added vulnerabilities face even greater hardships. They are often less able to access the channels of help that others might.

UNICEF's work in Ukraine mainly includes:

- ❖ Ensuring heating systems remain functional and offering cash assistance, solid fuel, winter clothing, and blankets to keep children warm.
- ❖ Repairing school shelters, training teachers, and involving children in both formal and informal education, including catch-up classes.
- ❖ Providing mental health and psychosocial support to children and caregivers through mobile teams, training social workers, and assisting community-based social service providers.
- ❖ Facilitating access to safe water for those in areas where water supply systems have been damaged or destroyed, improving water networks and systems for better service, and supplying sanitation and hygiene products.
- ❖ Enhancing healthcare access through home visits by trained nurses, strengthening the primary healthcare system, and distributing supplies in frontline regions.
- ❖ Delivering multi-purpose cash assistance to vulnerable households within Ukraine.³⁰

Sudan

Intense fighting erupted in Khartoum, the capital, in April 2023, quickly spreading across the nation. The ongoing conflict still poses a serious threat to the health and welfare of Sudan's 24 million children today. Displacement, outbreaks of disease, hunger, and limited humanitarian access



are creating a deadly mix that could lead to famine and a tragic loss of children's lives. Civilian infrastructure throughout Sudan has been destroyed, leaving children and communities without crucial services such as clean water and basic healthcare. Additionally, the loss of family income and the economic consequences of the war are severely impacting children's well-being, robbing them of essential resources and opportunities for their future.

Food insecurity is also rising sharply, and the number of children receiving treatment for severe acute malnutrition (SAM) has increased dramatically. In North Darfur alone, over 40,000 children were treated for SAM in the first five months of 2025.

The war's impact on education has also been devastating. Approximately 17 million children are out of school, with buildings that were once places of learning now serving as shelters for internally displaced children. This ongoing disruption to education is likely to create a generational crisis for Sudan.

UNICEF and its partners have been working diligently to deliver assistance since the conflict began in 2023. UNICEF has reached millions of children and their families with safe drinking water, health supplies, and nutrition screenings, while also offering psychosocial support, safe learning spaces, and routine immunizations.³¹

X. Points A Resolution Should Cover

- Propose short-term and long-term plans concerning both education and healthcare
 - Immediate Access (Emergency Response), Vaccination and Disease Prevention (Communicable Diseases), Maternal and Newborn Health, Mental Health and Psychosocial Support, Training of Medical Staff and Protection.
 - Access and Continuity of Children's Education, Safety of Education Facilities, Training and Recruitment of Teachers, Curriculum Adaptation, Gender Inclusivity
- Help raise public awareness regarding the issues at hand.
- Highlight problems in specific countries and identify key issues that need to be addressed.
- As UNICEF, decide which actions you will continue or initiate. You have the right to request assistance or support from other organizations (NGOs, other UN bodies, and governments). Foster cooperation among member states, regional organizations, or international bodies to tackle the issues.
- Determine what your recommendations are, how, when, where, and by whom they will be implemented. This is the most essential step for your resolution. (Specify funding sources for your operations or plans if needed.)
- Highlight successful examples you would like to emulate and accommodate new models for different nations.
- Suggest what countries can do on their own behalf and determine the diplomatic initiatives that countries could take.
- You can reaffirm old resolutions passed by the United Nations, remind all member states of certain legal rules, and point out UN clauses that you consider incomplete or inadequate.

XI. Further Reading

<https://www.unicef.org/emergencies>

<https://www.unicef.org/reports>

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