



TroyMUN'26

UNICEF

Ensuring the Protection of
Children's Rights in Armed
Conflicts: The Case of Gaza



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I. Letter from Secretary-General

Esteemed Prospective Participants,

On behalf of TROYMUN Family, I would like to welcome you all to the ninth edition of TROY Model United Nations Conference. My name is Baran Akarsu and it is an utmost honor and privilege to serve as the Secretary-General of TROYMUN 2026. The ninth edition of TROYMUN will be held with the collaboration of Parion Hotel and Çanakkale College once again and it will take place in Çanakkale. While the junior edition of TROYMUN will take place between 23th-25th of November, the senior edition will be held between 27th and 29th of November. Since our last edition We are extremely delighted and excited to meet once again and discuss some of the world's current problems. This year, we will host five committees in each of our editions. The committees will be a bit more interesting, more related to our current life and new rather than our past editions. The topic of Ensuring Habitat Protection and Biodiversity Conservation will be discussed in United Nations Environmental Programme for our Junior Edition. Reminding that it will be the first time of hosting UNCoST, The discussion is going to be covered under Raising Awareness on Usage of AI and Combatting the Misuse of Artificial Intelligence for our Junior Edition.

UNICEF with the topic of The Effects of Social Media Usage and Digital Bullying on Children's Mental Health: International Maritime Organization with the issue of Protecting Oceans from Plastic Pollution and Maritime Waste for our Junior Edition. Not to forget our last and another new gen committee for Junior Edition, include an exciting wait for you to shine as a star. FCC: The Galactic Senate In the Futuristic Crisis Committee, delegates will prepare for the upcoming galactic elections with their factions. There will be four factions competing in the elections.

Besides the elections, delegates will also cooperate with each other to solve the problems of the galaxy. Meanwhile for our Senior Edition,

United Nations Office on Drugs and Crime will discuss Combating the Rise of Cyber-Enabled Transnational Organized Crime and Darknet Marketplaces. UNWomen with the topic of Council of Europe Convention on Preventing and Combating Violence against

Women and Domestic Violence (Istanbul Convention). Senior Edition Of UNICEF's Agenda Item will be Ensuring the Protection of Children's Rights in Armed Conflicts: The Case of Gaza. As you knew from our last edition, We gathered together in a committee to dream about the America. We know it is in your dreams before your sleeps, American Dreams! An exciting rehandling of Historical U.S Senate comes with a new discussion; The Civil Rights. Our last and fifth for our Senior Edition will be a Crisis Committee. JCC will be with us in order to discuss The Napoleonic Era. We are looking forward to see you as a star, a delegate, a diplomat in our ninth edition which is special and the last before the double digits. Delighted to hear your solutions on these crucial topics and wish you fruitful debates. A group of experienced MUN delegates as well as successful and exemplary individuals well versed in the topics at hand will chair and monitor our committees. I have full faith in each and every member of our Academic Team and I believe they will guide you towards enhancing your academic knowledge along with practicing your debating and negotiating skills through presenting the best environment for a spirit of diplomacy. Meanwhile, now that they can arrange physical challenges, coffee breaks and social events again, I believe our amazing and all-mighty Organization Team members are in a frenzy! They are working with great dedication to ensure that you leave TROYMUN 2026 with unforgettable memories and lots of new friends. Overall, we are all looking forward to meet you again!

On behalf of TROYMUN family and Parion Hotel, I would like to thank you for your time and consideration and once again, with great pleasure, welcome you to TROYMUN 2026. Do not forget to apply, to read your study guides, prepare some speeches and motions, and buckle your seatbelts for three days of fun, discussion, games and politics! In case of any questions, do not hesitate to contact us. We would be more than happy to help you. See you in November

Your Sincerely,
Baran Akarsu

Secretary-General of TroyMUN

II. Letter from Under-Secretary-General

Esteemed Delegates,

Welcome to TroyMUN'26 on its 9th annual conference! My name is Ecrin Ertürk, and I will be serving you as your Under-Secretary-General of UNICEF this year. Firstly, I'd like to express my excitement about coming together at such a wonderful conference. Throughout these three days, we will learn, discuss, and share our thoughts about our agenda. But most importantly, we will have so much fun!

This year, our agenda is mainly about children's rights in conflict zones, focusing on Gaza. It is a shame for humanity that we still have to discuss such topics in the 21st century. However, in this committee, we will be discussing this topic in detail, and I'm sure that you, as delegates, will come up with creative solutions. Apart from that, I believe that we will touch many people's hearts, and that is what truly matters. Because every small action you take can make a difference.

I'd like to thank my chairboard Bade, Zeynep, Elif and our mentor USG Cemre. With their help, we have prepared a detailed study guide for you to learn more about our agenda. I hope that you will grow as an individual, make new friends, and go back home with unforgettable memories.

Please don't hesitate to ask anything about our conference via email. My contact information is provided below.

ecrinert824@gmail.com

See you in the committee!

Sincerely,

Ecrin Ertürk

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

UNICEF was established in 1946, in the aftermath of World War II. Our mandate was 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.

For UNICEF, the priority was ensuring that every child in need was reached and that their rights to survival, development, and

achieving their full potential were protected.

UNICEF was born on December 11, 1946. Maurice Pate was made UNICEF's executive director in 1947. Maurice Pate, who served as Executive Director for 18 years, emphasized that the needs and happiness of children must always be prioritized over political interests. Pate's famous statement, "There is no such thing as an enemy child," clearly reflected his belief that every child deserves protection and support, regardless of political circumstances.

During the period 1951-1960 UNICEF began to address children's intellectual, psychological, and vocational interests, in addition to their physical needs. In 102 countries and over 13,000, maternal and child welfare centres received

Throughout the period from 1989 to 1990, 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 The World Summit for Children, convened by UNICEF, 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.

IV. Introduction to the Agenda Item: Ensuring the Protection of Children's Rights in Armed Conflicts: The Case of Gaza

Today, one in five children worldwide is growing up in conflict zones. In Gaza, for instance, schools are being bombed, occupied for military purposes, or forced to close. Consequently, thirteen million children are currently out of the classroom. Between 2020 and 2024, approximately 50,000 children fell victim to war, a figure equivalent to 200 fully loaded passenger planes. These numbers represent only the tip of the iceberg regarding the true scale of violations, as they are limited to incidents that can be recorded and verified a task that can be extremely difficult in active conflict zones and areas with restricted access. UNICEF reports that more than 100 children have been killed in Gaza alone following the ceasefire in early October 2025; this equates to an average of one child killed every day.

Children are being subjected to indiscriminate harm including killing, maiming, recruitment, abduction, and attacks on schools and hospitals at unprecedented levels, with Gaza ranking among the most severely affected areas. The Convention on the Rights of the Child mandates the protection of children from all forms of violence, including armed conflict; yet in Gaza, this obligation is being violated with impunity.

The Convention on the Rights of the Child mandates that states take "all feasible measures" to protect and care for children affected by armed conflict. This provision is directly derived from customary international humanitarian law, which establishes that children affected by armed conflict are entitled to special respect and protection. In situations of occupation, the occupying power is obliged to facilitate the proper functioning of institutions dedicated to the care and education of children and must not impede the provision of basic necessities such as food, medical care, and protection to them. Under the customary rules of international humanitarian law, children deprived of their liberty must be held separately from adults, except in cases where families are accommodated together as a unit.

Hundreds of thousands of people across the globe have mobilized in support of Palestine, opposing their governments' complicity in Israel's war. More than 2,400 child studies experts and students have signed a declaration calling for a ceasefire. A small but significant opposition to the war has begun to emerge within Israel.

V. Protection of Children's Rights in Armed Conflicts

A. Historical Background

The idea that children form a special class of civilians who must be protected in times of armed conflict is a rather recent development in the history of international law. Children in ancient and medieval warfare were routinely exposed to indiscriminate violence, forced displacement, operational exploitation and military recruitment without recourse to institutional protection or legal recourse.

The modern framework for child rights emerged after World War I, largely through the efforts of British reformer Eglantyne Jebb, founder of Save the Children. Shocked by the devastating effects of the Allied blockade on children throughout Central Europe, Jebb drafted the 1923 Declaration of the Rights of the Child, which was adopted by the League of Nations in 1924 as the Geneva Declaration. This landmark charter, for the first time, proclaimed on an international scale that “mankind owes to the Child the best that it has to offer” and decreed that children should be the first to be relieved when in distress.

The catastrophic destruction of World War II and the unparalleled suffering of civilian populations, above all war orphans, displaced youth and child survivors of concentration camps, showed the extreme inadequacy of existing legal mechanisms. In response, in December 1946 the United Nations General Assembly created UNICEF to provide emergency relief in war-torn Europe and Asia. Simultaneously, explicit civilian protections were enshrined by the international community in the four 1949 Geneva Conventions.

The late 20th century was a key transitional period, from ad hoc humanitarian relief, to a codified, legal rights-based framework. In 1996, expert Graça Machel submitted her historic report, “Impact of Armed Conflict on Children,” (A/51/306) to the UN General Assembly. Machel’s report exposed the brutal reality of modern warfare, including systematic recruitment of child soldiers, landmine injuries and sexual violence, and fundamentally changed international policy. This directly resulted in the establishment of the UN Security Council’s Children and Armed Conflict (CAAC) mandate under Resolution 1261 (1999) and appointment of a Special Representative of the Secretary-General (SRSG-CAAC).

B. International Legal Framework

• Convention on the Rights of the Child (CRC)

The 1989 United Nations Convention on the Rights of the Child (CRC) is a fundamental break in the legal systems and consciousness of the world. Before it was embraced, children were generally seen legally as passive recipients of adult guardianship, as family property, or as objects of charitable pity. The CRC fundamentally challenged this paternalistic view, based on the recognition that every person under the age of 18 is an autonomous human being with inherent dignity, agency, and a bundle of civil, political, economic, social and cultural rights. In places like Gaza where fighting is going on, the CRC is more than just a legal agreement. It is also an ethical norm that defines the essence of protecting a child's dignity amid social disintegration.

Though the full CRC is applicable to all children at all times, certain articles provide the critical legal protection necessary to protect children in times of armed conflict:

Article 6 (Right to Life, Survival and Development) Article 6 imposes an absolute duty on states to ensure not only the physical survival of children from immediate violence but also their overall physical, mental and emotional development. The violation of Article 6 is not confined to injuries arising from explosions in conflict zones. It is also a violation of Article 6 when a child dies from drinking contaminated water, succumbs to preventable hypothermia in a poorly heated displacement tent, or suffers permanent neurological damage from untreated severe acute malnutrition.

Article 24 (Right to Health and Medical Services): Article 24 affirms the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. This right is denied in conflict zones when children's hospitals are bombed or when the cold-chain electricity for infant vaccinations is interrupted, or when surgical amputations are performed on minors without anesthesia due to restrictions on medical supplies.

ARTICLE 28 & 29 (RIGHT TO EDUCATION, PROGRESSIVE REALIZATION):

Education is understood not as a luxury to be resumed post-conflict, but as a critical

protective right. Educational institutions provide physical security, a structured schedule, and an essential psychological foundation to offset severe trauma. Without education, a whole generation is denied its developmental potential, cognitive advancement and future independence.

Article 38 (Protections in War): Article 38 clearly requires States Parties to respect and to ensure respect for the provisions of International Humanitarian Law (IHL) relating to children. It compels states to do everything possible to prevent the participation of children under the age of 15 in hostilities and to protect the civilian youth against the direct and indirect consequences of military operations.

Article 39 (Rehabilitation and Psychological Reintegration): Article 39 states that countries must offer appropriate, culturally sensitive and trauma-informed support for children affected by armed conflict, neglect, exploitation or maltreatment, recognizing that the emotional scars of war can destroy a child's prospects as completely as physical injury. To address the legal gaps in relation to the exploitation of children by military groups, the UN General Assembly ratified the Optional Protocol to the Convention on the Rights of the Child on the Participation of Children in Armed Conflict (OPAC) in 2000. OPAC raised the age ceiling prescribed, making it impossible to conscript and directly engage minors in hostilities, furthering the notion that childhood must be protected from militarization.

• **Geneva Conventions and International Humanitarian Law**

International Humanitarian Law lays down rules for people's behavior in an armed conflict. It protects children in two ways: first, as non-combatant civilians they are generally safe; and second, because they are physically and legally weak, they receive special protection.

Geneva Convention IV (1949) Protects civilians in wartime and military occupation. Article 14 provides for the establishment of safe areas for mothers and children. Article 24 imposes on parties the obligation to care for and to educate orphaned or separated children. Article 50 requires the occupying power to facilitate the work of educational and child-care institutions.

Additional Protocols I and II (1977): Article 77 of Protocol I and Article 4(3) of Protocol II provide that children should receive the necessary aid and care. They say that children cannot

be recruited and if they take part in fighting and are captured they will still get special protection.

Core IHL Rules: The rules prohibiting attacks on civilians directly, attacks where civilian harm is greater than the anticipated military advantage, and failure to take precautions to avoid civilian harm, apply to children without exception.

• **Relevant UN Resolutions**

For years, global security diplomacy has treated child welfare as a peripheral concern, the domain only of charitable non-governmental organizations and humanitarian aid groups. This changed radically when the United Nations Security Council recognized that the deliberate targeting, victimization, and systematic exploitation of children in wartime was not only a humanitarian disaster but also a direct threat to international peace and security. The Security Council developed the Children and Armed Conflict (CAAC) policy framework through a series of landmark resolutions, turning vague moral outrage into formalized systems of legal scrutiny, political accountability, and global deterrence. These legally binding structures reflect the international community's sincere commitment to ensure that children are not unintended victims:

UNSC Resolution 1261 (1999): The basic improvement. The Security Council made the protection of children in situations of armed conflict a key item of its main agenda through Resolution 1261. It strongly condemned the recruitment of child soldiers, targeting of civilian infrastructure and blocking of humanitarian assistance, arguing that the protection of children is essential to addressing conflict around the world.

UNSC Resolution 1612 (2005) and the Monitoring and Reporting Mechanism (MRM)
Resolution 1612 created the UN Monitoring and Reporting Mechanism (MRM), which is the operational framework for accountability. The MRM enables field teams to document, verify and report on the Six Grave Violations against children in situations of conflict: The act of killing and injuring children. Recruitment or use of child soldiers. Attacks against schools or hospitals. Grave sexual violence against children, including sexual assault. Abduction. Denial of humanitarian access for minors. Validation by the MRM directly informs the

Secretary-General's annual "List of Shame" that publicly names state and non-state armed groups that violate the rights of children and leads to targeted sanctions and mandatory compliance action plans.

UNSC Resolution 1998 (2011) and Resolution 2225 (2015): Broadened the criteria for listing antagonistic factions on the Secretary-General's "List of Shame" to include systematic attacks on educational and health facilities (Res 1998) and the repeated kidnappings of children (Res 2225), understanding that the destruction of a community's schools and hospitals is a deliberate tactic to destroy a population's socio-cultural existence. UNSC

Resolution 2427 (2018): Put a spotlight on sustainable peacebuilding, including the need to incorporate child protection in all peace negotiations, ceasefires and post-conflict plans. It underlines that former child conscripts should be considered primarily as people in need of psychological healing, rather than criminals to be jailed.

UNSC Resolution 2601 (2021): The first-ever UN Security Council resolution dedicated solely to protecting education during conflict. It condemns in the strongest terms all military attacks on schools and teachers, calls on Member States to prevent the militarization of school grounds and demands that safe, inclusive education is maintained even in the midst of ongoing conflict.

C. Fundamental Rights of Children in Armed Conflicts

1. Right to Life and Survival

UNICEF, implements strict rules through certain operational frameworks, such as the Core Commitments for Children (CCCs) in Humanitarian Action, requiring life saving activities including emergency nutrition, clean water, and newborn health to be carried out, even in conflict zones. In addition, UNICEF makes great efforts to act as a data provider and global advocate by documenting serious violations in region and informing the UN Security Council; it advocates for the protection of vital civilian infrastructure, such as hospitals and

schools, and intervenes to ensure unhindered humanitarian access in order to prevent children's right to survival from being used as a weapon.

2. Right to Education

Education for every child implies that each child and adolescents should have access to schools, teachers, and educational materials without any fear, charge, or discrimination. In the Gaza armed conflicts, however, approximately 658,000 children have been unable to attend school due to the ongoing conflict, and 90% of the schools in the region have been damaged or destroyed. Education benefits for

children in numerous ways, beyond academics, including the provision of a daily routine, the development of psychosocial skills, and the reduction of the risks to the children from child labor and exploitation. Organizations such as UNRWA, UNICEF, and the Education Cluster are therefore



attempting to provide education to these children, through the use of temporary schools, training for teachers, basic stationery supplies, and remote learning opportunities. Despite the efforts, many of the children in Gaza are still unable to attend any form of schooling.

3. Right to Healthcare

Every minute counts for a child injured in conflict. In Gaza, UNICEF furnishes immediate medical supplies as well as basic health care for injuries and illnesses. Also, it works with



local partners that also include the provision of immunizations, nutrition help, and we also do psychological support for kids affected by trauma. WHO emphasizes that emergency care should begin immediately after an injury, including at the community level when hospitals and trained emergency professionals are unavailable. The ICRC

and IFRC also provide first aid and emergency care in conflict zones.

However, ongoing attacks, health facilities that have been damaged and lack of health equipment as well as constraints on humanitarian activity mean children are not always able to receive the treatment they need in time.

4. Right to Shelter and Humanitarian Assistance

Children affected by armed conflict have a right to special protection and care. This protection includes access to safe shelter, food, clean water, medical treatment, hygiene, education, and psychological support. Under Articles 22 and 38 of the Convention on the Rights of the Child (CRC), all states must provide humanitarian assistance to children affected by armed conflict and take all possible necessary



measures to protect and care for them. In Gaza, the destruction of homes and civilian infrastructure has forced many children and their families to live in overcrowded tents, damaged buildings, or other unsafe conditions. This exposes children to extreme weather conditions, disease, family separation, and further displacement. OCHA has reported that humanitarian partners have had to distribute tents, bedding, kitchenware,

and other essential items, as well as repair damaged homes and improve temporary shelters. UN agencies, NGOs, and humanitarian clusters continue to provide immediate assistance, but their response capabilities are often dependent on access permits, funding, and security conditions set by the parties to the conflict. For example, OCHA reported that the number of families receiving shelter assistance in Gaza decreased by 37% between May and June 2026 due to insufficient funding.

5.Right to Protection from Violence, Exploitation and Recruitment

The Geneva Conventions, the Convention on the Rights of the Child and its Optional Protocol formally recognize the right of children in Gaza to protection from violence, forced labor, and military recruitment; however, the prolonged and unpredictable armed conflict deliberately weakens these legal protections. Among the most debated issues are high mortality rates and physical injuries among traumatized children; these include unexpected military attacks on educational buildings, health facilities, and even in areas labeled as "safe."

Further detailing the situation, the parties to the conflict restrict access to nutrition, fluids, energy, and healthcare. Many humanitarian groups describe these actions as a military strategy that deprives non-combatants of basic necessities. Analytical documents show that Hamas and its affiliated militant units train young people for logistical tasks; these activities create complex legal or moral debates regarding the distinction between active participation and secondary assistance. Furthermore, it remains unclear whether children acting under duress are targets of abuse or active participants.

Article 19 protects children from all forms of physical or psychological abuse, trauma, ill-treatment, and abandonment. It requires governments to implement judicial, bureaucratic, and social systems to protect children from harm. The article also serves as a barrier against the use of children as tactical obstacles in military operations.

In Gaza, however, the impact of Article 19 is ignored daily. Since the end of the conflict, which began in October 2025, at least 300 children have been confirmed dead. Furthermore, there are disruptions to healthcare services. Many humanitarian groups describe these actions as a military strategy that deprives non-combatant civilians of their basic livelihoods.

D. Psychological Well-being and Mental Health

For decades, violence, forced displacement, and extreme hardship have left deep psychological wounds among Palestinians living under Israeli military occupation and in refugee status. Trauma, grief, and uncertainty have become part of daily life; especially since Israel escalated its military violence in October 2023 and the ensuing genocide, cases of

post-traumatic stress disorder (PTSD), anxiety, and depression have been rising. In Palestinian refugee camps in Lebanon, overcrowded living conditions, insufficient employment opportunities, and limited access to specialized care have further exacerbated the mental health crisis. In Gaza, the Israeli blockade, the destruction of the health system, and stigma have made accessing support even more difficult.

A systematic review and meta-analysis estimates that 22.1% of the conflict-affected population have experienced a mental disorder at some point, including depression, anxiety, post-traumatic stress disorder, bipolar disorder, or schizophrenia. This chronic exposure to political violence has severely impacted Palestinians' mental health, leading to high rates of psychological distress and post-traumatic stress disorder (PTSD). Recent findings indicate that 67.9% of displaced adults in the Gaza Strip meet DSM-5 criteria for PTSD symptoms, 79.3% report moderate to severe anxiety, and 84.5% report depression. Since the beginning of the latest war, between October 7, 2023, and December 17, 2024, an estimated 45,057 people have been killed, 107,041 injured, and 1.9 million displaced (90% of the population) in the Gaza Strip, with widespread destruction of civilian infrastructure. Core symptoms include re-experiencing the trauma through flashbacks or nightmares, avoidance of trauma-related stimuli, and a persistent sense of current threat.

The impact of Israel's actions on Palestinian adults is also immeasurable. According to a World Bank study conducted in November 2022, more than half of the adult Palestinian population was found to have depression; this rate was 71% among Palestinians in the Gaza Strip and 58% among those in the Israeli-occupied West Bank. Health workers in Palestine are experiencing significant psychological effects due to the ongoing bombardment. Amparo Villasmil, an MSF psychologist working in Gaza in February and March, stated: "There is no safe place, even in people's minds. They live in constant hypervigilance. They cannot sleep; they think they will die at any moment; if they fall asleep, they believe they will not be able to react quickly, escape, or protect their families."

The traumatic experiences endured by Palestinian society have intensified further after the events of October 7, 2024. Since then, the frequency of military raids on Palestinian cities, villages, and refugee camps has increased significantly, leading to heightened violence and daily attacks and incursions against Palestinian cities, camps, and villages. Moreover, treatment of Palestinians at military checkpoints has deteriorated, with incidents of harassment, humiliation, and physical violence on the rise. The military occupation has

increased the use of force, implementing increasingly severe “preventive measures” more frequently.



a) Trauma Caused of War Stress(PTSD)

The convergence of traumatic experiences—such as armed conflict, loss, and injury—with socioeconomic stressors like displacement and income loss poses a significant threat to the mental health of the affected population. Anxiety, post-traumatic stress disorder (PTSD), and depression are the most common mental health issues among

victims of armed conflict. Post-traumatic stress disorder is a mental health condition that can develop after experiencing or witnessing a traumatic event. The Gaza Strip has been under Israeli military occupation since 1967 and under a strict blockade since 2006. The region is characterized by underdevelopment, chronic conflict, and poverty. Over the past two decades, it has faced repeated military operations resulting in thousands of deaths and injuries, while essential infrastructure and healthcare services have remained trapped in a cycle of constant destruction and inadequacy. A recent survey provided insight into the psychological toll of the war on Palestinians living in the Gaza Strip. In a sample of 339 young adults aged 18–24, 93.81% exhibited moderate to severe levels of depression, 79.36% showed signs of anxiety, and 81.71% displayed symptoms of stress, while 63.40% exhibited symptoms of post-traumatic stress disorder (PTSD). Moreover, even prior to the current war, the population of the Gaza Strip was grappling with a mental health crisis characterized by high rates of anxiety, PTSD, and depression, alongside inadequate access to mental health services. Another study revealed that 54.7% of Palestinian children had been exposed to at least one traumatic event in their lives; of these, 49% had experienced war-related trauma. Exposure to political violence and war in Palestine began with the 1948 war between Jewish and Arab forces. As a result of this war, many Palestinians were killed and their villages destroyed; half of the Palestinian population sought refuge in the West Bank or Gaza, or in Arab countries such as Lebanon, Jordan, and Syria. In 1967, the Israeli military further occupied the West Bank and the Gaza Strip. The first Palestinian uprising (Intifada) began in

December 1987, with Palestinians in the occupied territories (the Gaza Strip and the West Bank) launching a revolt against the Israeli occupation. The second uprising began in 2000, during which the Israeli military employed more advanced weaponry, such as tanks and aircraft. Consequently, the number of casualties and injuries rose, leading to an increase in the prevalence of post-traumatic stress disorder (PTSD) and other mental health issues.

b) Loss of Family Members and Caregivers

It is estimated that at least 17,000 children in the Gaza Strip are unaccompanied or separated from their families. Children separated from their parents face various protection risks in the current environment. The protracted crisis has placed significant strain on caregivers and increased the likelihood of children being exposed to economic exploitation, hazardous labor, or early marriage. Many children also exhibit signs of psychological distress linked to trauma, loss, and repeated displacement. Ulrike Julia, the IRC's Child Protection Coordinator in the occupied Palestinian territory, stated:

“Children in Gaza have suffered immense losses over the past few years. Many were separated from their parents after losing family members during displacement or acts of violence. What we are seeing now is communities doing everything they can to care for these children, yet often receiving very little support themselves. Family-based care is the best option for most children, but these arrangements cannot be sustained without ongoing assistance.”

In Palestine—one of the regions most affected by conflict over the past decade—an estimated 10,500 conflict-related deaths occurred between September 29, 2000, and October 6, 2023; since October 7, 2023, this figure has surpassed 41,000. On average, each of these deaths has left behind 1.7 grieving parents and 1.9 grieving children. This implies that approximately one in every 43 surviving Palestinians has lost a child in the conflict, while one in every 59 has lost a parent to war during their lifetime. The sudden death of a close relative is not merely an emotional shock; it can also result in a loss of resources and support for the survivors. For instance, the death of a parent deprives young children of vital financial and emotional resources during a critical stage of their emotional and physical development.

c) Access to Mental Health and Psychosocial Support

The war, now spanning over 300 days, has exacerbated the existing mental health crisis in Gaza, resulting in severe and lasting mental health consequences for the population and necessitating a comprehensive, long-term mental health and psychosocial support (MHPSS) intervention. Severe restrictions on access to general humanitarian aid—including critical mental health services and medications—further compound the suffering. Vulnerable groups, including individuals with pre-existing psychiatric disorders, are particularly affected. Every child in the Gaza Strip has been exposed to violence that has shattered their sense of safety, stability, and childhood. Tens of thousands of children have sustained physical injuries, and many will live with lifelong disabilities as a result. Since October 2023, the 2.1 million Palestinians living in Gaza have witnessed or experienced an unprecedented number of violent and traumatic events, including direct violence, repeated displacement, and the loss of loved ones, homes, and possessions. These experiences have heightened anxiety, depression, and other mental health and psychosocial issues. The extensive destruction of the health system hinders even basic treatment for these conditions in both the short and long term. Although intense conflict and severe access restrictions since October 7, 2023, have impeded comprehensive assessments and data collection, humanitarian workers and affected individuals in Gaza have reported a significant rise in mental health and psychosocial support (MHPSS) needs, including widespread depression, anxiety, and trauma. Both adults and children state that they would rather die than endure further displacement, violence, and deprivation. The elderly and persons with disabilities have lost access to essential health services, social support, and assistive devices, leading to feelings of hopelessness and isolation, as well as an increased risk of mental health and psychosocial issues. Individuals with pre-existing mental health and psychosocial conditions lack access to regular medication or treatment. Health workers providing mental health and psychosocial support, along with other frontline health personnel, face the same stressors and needs as their patients, compounded by fatigue resulting from excessive workloads and the constant need to make ethically challenging decisions.

E. Humanitarian Challenges in Gaza

6. Displacement and Humanitarian Crisis

Over 1.9 million people (more than 85% of Gaza's population) have been displaced, with many children experiencing multiple displacements in a row. Families who have been displaced continue to live in extremely congested informal tent settlements throughout southern and central Gaza, with dire sanitation deficiencies. An epidemic of waterborne diseases, skin infections and severe cases of acute watery diarrhea among infants has broken out due to a severe scarcity of drinking water, a critical shortage of sanitation facilities and a total collapse of waste disposal systems.



7. Damage to Schools and Hospitals

The systemic destruction has almost completely destroyed Gaza's education and healthcare systems. More than 90% of schools, including UNRWA and public schools operated by the municipality, have experienced direct structural damage or destruction, depriving more than 658,000 children of any form of formal education altogether. At present, schools and other educational institutions are being used as

temporary shelters for displaced families, which makes it impossible to continue educational activities. In the meantime, the health infrastructure for children has been destroyed or rendered inoperable by direct military encirclement, systematic bombing and fuel blockades. Critical medical services, including neonatal intensive care units (NICUs) and pediatric surgical wards, are no longer functioning. Health workers are managing complex trauma, neonatal resuscitations and amputations under extreme operating constraints and without critical supplies and reliable power.

8. Food Insecurity and Malnutrition

Famine is rarely a necessary consequence of siege, blockades, and urban combat; it is a man-made disaster, a weapon of destruction in warfare. Food insecurity for a child is not just the discomfort of hunger, but a devastating biological emergency that attacks their rapidly developing body and brain at a cellular level. An adult can go a long time without calories by burning fat and muscle, but a baby or young child burns through its small reserves quickly, leading to organ failure, immune collapse and speedy metabolic death.

Critical phases of physiological and developmental growth are faced with the stark reality of child malnutrition in active conflict settings.

The Biology of Severe Acute Malnutrition (SAM): Wasting (significant weight loss relative to height) occurs in a child when there is a deficit of protein and nutrients. In its most severe forms Marasmus (acute caloric deprivation with catabolism of muscle and subcutaneous fat) and Kwashiorkor (critical protein deficiency with painful edema, dermal lesions and hepatomegaly) the body's metabolic functions start to decline. The immune system is compromised, so that common diseases like mild respiratory infections or mild gastroenteritis can be fatal.



The lethal mix of malnutrition and infectious disease: Hunger works in combination with other factors in crowded refugee camps with poor sanitation. Children who are poorly nourished drink water that is contaminated and this causes severe diarrhea. The diarrhea removes residual nutrients from the body, thereby worsening malnutrition, which in turn damages the intestinal lining and the immune response to pathogens. This drop is behind most preventable child deaths in conflict areas such as Gaza.

The Integrated Food Security Phase Classification (IPC) : Global humanitarian organizations measure famine using the standardized IPC framework.

Phase 1 (Minimal) and Phase 2 (Stressed): Domestic food intake is either barely sufficient or requires adaptive measures.

Phase 3 (Crisis): Severe food shortages in combination with high or unusual rates of acute malnutrition.

Phase 4 (Emergency): Acute malnutrition and high mortality rates. Households sell vital assets just to survive.

Phase 5 (Disaster/Famine): Complete breakdown of food availability. Famine, high mortality, impoverishment, and alarmingly high rates of severe acute malnutrition (SAM > 30%) are widespread.

Irreparable Long-Term Effects: Children who experience severe acute malnutrition during critical periods of development (especially the first 1,000 days of life) suffer irreversible and lasting damage. Stunting, or restricted linear growth, correlates with reduced cognitive function, long-term neurological impairment, micronutrient deficiencies, and a greater risk of chronic disease throughout life.

UNICEF Therapeutic Operational Initiatives: UNICEF employs targeted medical nutrition strategies to fight child malnutrition. This includes Ready-to-Use Therapeutic Food (RUTF) – a peanut-based paste fortified with essential vitamins and minerals, which enables severely malnourished children to safely recover in their own homes without the need for refrigeration or clean water for mixing, and specialized F-75 and F-100 therapeutic milks, used in pediatric stabilization centers for infants nearing organ failure. When military actions and blockades prevent the delivery of vital medical supplies, preventable malnutrition becomes more than a health problem – it becomes a chronic humanitarian catastrophe.

9. Restrictions on Humanitarian Aid

Humanitarian operations in Gaza are fraught with logistical, administrative and security challenges. Strict restrictions, convoluted inspection protocols and arbitrary refusals of critical dual-use humanitarian goods (such as clean water filtration systems, solar energy panels and surgical medical kits) confront land border crossings. Active, ongoing conflicts, damage to transport infrastructure and the collapse of deconfliction protocols put at risk UN aid convoys and local relief workers making it very difficult for UNICEF and its partners to deliver vital assistance in safety to areas in desperate need of it.

10. Long-term Consequences for Children

The multi-dimensional crisis in Gaza leaves behind catastrophic, multi-generational scars on children who live. Psychologically, severe bombardment, loss of parents, and long-term displacement lead to severe toxic stress, complex Post-Traumatic Stress Disorder (PTSD) and cognitive regression. Thousands of children are left physically disabled for life with amputated limbs, severe burns and untreated blast injuries. Socio-economically, the long-term loss of education and pervasive trauma risk creating a “lost generation”, which may severely compromise the region’s future human capital, social stability and structural recovery .

VI. Global Statistics

1. Casualties and Mortality

Total Deaths and Injuries

According to the Gaza Ministry of Health (MoH), as of August 2026, at least 73,449 Palestinians have been killed and 174,472 injured since the war began in October 2023. This represents approximately 7% of Gaza's total population experiencing death or injury.

Independent peer-reviewed studies suggest the actual death toll may be higher. The Gaza Mortality Survey (GMS), published in The Lancet Global Health, estimated 75,200 violent deaths between October 7, 2023, and January 5, 2025, indicating potential undercounting in official data. A modeling study published in PMC estimated conflict-related deaths in Palestine at 38,172 (33,231–44,064) in 2023 and 41,617 (36,361–48,032) in 2024.

2. Displacement and Population Impact

Scale of Displacement

Over 1.9 million people (90% of Gaza's population) have been displaced at various points during the conflict, with many experiencing multiple displacements. As of September 2025, up to 902,743 people were reported displaced across the Gaza Strip following the collapse of the March 2024 ceasefire.

Gaza's population has declined by approximately 254,000 people (10.6%) from about 2.3 million before the war to 2.13 million by the end of 2025, according to the Palestinian Central

Bureau of Statistics (PCBS) and the Geneva Academy of International Humanitarian Law and Human Rights.

3. Food Security and Nutrition

Acute Food Insecurity

As of July 2026, 1.4 million people (67% of Gaza's population) are experiencing crisis or worse levels of acute food insecurity (IPC Phase 3 or above). Of these, 212,000 people remain in emergency conditions (IPC Phase 4).



Famine Declaration

In August 2025, famine conditions (IPC Phase 5) were officially confirmed for the first time in Gaza, with more than 640,000 people facing catastrophic levels of food insecurity. Famine was confirmed in the Gaza governorate in September 2025.

Child Malnutrition

Acute malnutrition has been documented among children, with 57 pediatric deaths attributed to malnutrition since the blockade's implementation. UN Women estimates that nearly 790,000 women and girls currently experience crisis-level food insecurity.

4. Healthcare System Collapse

Functional Health Facilities

Only half of hospitals and less than half of primary healthcare centers are currently even partially functional. Those operating face critical shortages of essential medical equipment, medications, and supplies.

Injuries and Rehabilitation

The World Health Organization (WHO) estimates that over 43,000 people in Gaza have sustained life-changing injuries, while rehabilitation services remain overstretched.

Healthcare Access

The healthcare delivery system has experienced systemic collapse, severely undermining its capacity to meet basic health needs. Chronic shortages of essential medicines, medical supplies, and fuel have transformed Gaza into a protracted public health crisis.

5. Education

School Destruction and Disruption

Hundreds of schools have been destroyed or damaged, with UNRWA opening its remaining schools as emergency shelters hosting more than 500,000 displaced people. Education teams have established temporary learning spaces, but educational disruption remains severe.

Children Affected

More than 800,000 children will continue to face acute food insecurity in 2026. Over 3,000 children were displaced in Palestinian communities between January 2023 and July 2026.

6. Economic Impact and Poverty

Poverty Rates

Poverty increased from 12% before October 2023 to 28% by mid-2026. Additionally, 78% of surveyed households reported a decline in income, and more than 60% were unable to meet their basic monthly expenses.

Humanitarian Aid Dependency

Almost every Gazan—between 97% and 100%—is currently in need of humanitarian aid across the entire Gaza Strip.

VII. Notable Non-Governmental Organizations (NGOs)

Médecins Sans Frontières (MSF) – Doctors Without Borders:

WCK established more than 15 field kitchens in Gaza. These kitchens prepared more than 100,000 hot meals daily. Chefs prepared pasta, soup, rice, and meat dishes using local ingredients, offering culturally appropriate meals. During attacks, a WCK convoy was

bombed, killing 7 workers, but the organization did not stop operations. Kitchens delivered meals to shelter camps and hard-to-reach areas through mobile units.

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Save the Children:

Save the Children focuses on protecting and supporting children affected by war in Gaza. It distributes emergency supplies such as baby hygiene kits, warm clothing, blankets, and educational materials. The organization establishes safe learning spaces for children, provides trauma counseling, and runs nutrition programs to combat child malnutrition. Cash assistance is given to families to help them meet children's basic needs.

During the war, Save the Children distributed emergency aid packages to more than 100,000 children. It established "Child-Friendly Spaces" in shelter camps, creating safe environments where children could play and receive education. Mental health specialists conducted individual therapy sessions for children who had lost their families. Nutrition teams identified malnourished children under five and enrolled them in treatment programs. Through cash assistance, families were able to buy food, medicine, and school supplies for their children.

World Central Kitchen (WCK):

WCK specializes in rapidly deploying chef-driven kitchens to disaster and conflict zones. In Gaza, it sets up field kitchens that prepare fresh, culturally appropriate meals for displaced families. The organization coordinates with local partners to distribute tens of thousands of meals daily, focusing on nutritious and warm food. WCK's agile logistics network allows it to scale up quickly during escalations in violence.

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UNRWA (UN Relief and Works Agency for Palestine Refugees)

UNRWA is the primary UN agency serving Palestinian refugees in Gaza. It operates hundreds of schools, health clinics, and food distribution centers. During the war, UNRWA has provided emergency shelter in its facilities, distributed food parcels, and delivered primary healthcare services. Despite funding suspensions and allegations, it remains one of the largest humanitarian actors on the ground, employing thousands of local staff

UNRWA distributed food assistance to 1.9 million Gazans. It opened its schools as emergency shelters, hosting more than 500,000 displaced people. Health clinics examined more than 50,000 patients daily. Mobile teams delivered food and medicine to hard-to-reach areas. Education teams established temporary schools to ensure children could continue their education. During the attacks, more than 100 UNRWA facilities were damaged, but staff continued working.

VIII. Previous Actions Taken by the United Nations and UNICEF

Education in Emergencies: The overlong conflict in Gaza has severely interrupted schooling, leaving many children out of formal education and resulting in harm or reuse of many schools as shelters. UNICEF reports that in the first half of 2026, almost 266,000 children had reached access to formal and informal education opportunities through emergency surveys, including the distribution of over 600 school kits and recreation kits to support learning and spiritual and social well-being. At the same time, UN agencies and partners have encouraged the protection of schools from attacks and the continuation of learning through safe and alternative ways, in line with international standards on the right to education during armed conflict.

Health Services in Conflict Zones: UNICEF is working with WHO and some local authorities to deliver life-saving health, nutrition, water and hygiene (WASH) services in active conflict zones. In the first six months of 2026 in Gaza, UNICEF-supported interventions provided access to basic health services for almost 487,000 children and women, while more than 11,000 infants and newborns received intense care. UNICEF and WHO also managed mass immunization campaigns in Gaza, including polio vaccination for nearly 560,000 children, to avoid outbreaks in the context of displacement and damaged health infrastructure. In Ukraine, UNICEF and its partners rehabilitated school shelters and

health facilities to maintain face to face education and necessary health services, providing energy safety, health and education groundwork for hundreds of thousands of children.

International Advocacy: The UN has structured the protection of children in armed conflict through the Security Council's Agenda on Children and Armed Conflict. This is supported by Resolution 1612 (2005), which establishes a systematic Monitoring and Reporting Mechanism on six significant violations against some children. Other resolutions, including Resolution 1820 (2008) on sexual assault in conflict and Resolution 2417 (2018) on conflict and food security, strengthen obligations to protect civilians, critical ground work, and access to humanitarian aid. The UN also declared the International Day for Protection Against Attacks on Education (2020), and UNICEF consistently calls on governments and parties to conflict to comply with international humanitarian law, protect schools and hospitals from attacks, end the recruitment and use of children by armed forces and groups, and end the use of explosive weapons in populated areas.

Humanitarian Access and Ceasefire Implementation: In the Middle East, the Security Council has repeatedly stressed the need for the implementation of exhaustive ceasefire plans and unhindered humanitarian access to civilians, including children. The latest Council briefings in 2026 highlighted that Gaza is at a "full breaking point," with millions displaced and dependent on urgent assistance, and called for full observance with international law to ensure the delivery of food, water, health, and education services. UNICEF's zone operations in Gaza and Ukraine are designed around these tasks, advocating for sustainable ceasefires and safe access for humanitarian workers while expanding urgent education, health, nutrition, water, sanitation and hygiene (WASH) and protection programs.

IX. Case Studies of Children Affected by Armed Conflicts

Palestine

The conflict between Israelis and Palestinians is one of the longest running conflicts on the international agenda. Its modern political roots are related to the end of the Ottoman era, the British Mandate in Palestine, competing nationalistic claims, and the establishment of Israel in 1948. The United Nations Partition Plan of 1947, Resolution 181, proposed the dividing of Mandate Palestine into separate Arab and Jewish states. Although this plan was not applied

as intended, it contributed to the escalation of political tensions, followed by war and extended instability.

The latest major phase of the conflict began in October 2023 and has had a devastating impact, especially on children in the Gaza Strip. As of February 2026, it was reported that at least 21,289 children had been killed and around 44,500 were injured, with over 11,000 sustaining life-altering injuries. The destruction of civilian groundwork has severely limited children's access to healthcare, clean water, nutrition, and education. UNICEF reports that no hospitals in Gaza are fully functional, with only 18 out of 36 partially operational. Furthermore, almost 97.5% of schools have been damaged or destroyed, leaving over 637,000 children out of school.

The humanitarian crisis has also strongly increased the risks of malnutrition and disease. It is estimated that nearly 320,000 children under the age of five are at risk of malnutrition; of these, around 101,000 require treatment for debilitation. It is predicted that over one million children need psychosocial support due to repeating displacement, exposure to violence, loss of family members, and the destruction of their homes and schools.

Despite these extremely challenging conditions, humanitarian organizations continued to provide assistance. UNICEF and its partners have helped more than 1.15 million people gain access to safe drinking water through emergency water delivery, while 487,000 children and women have accessed essential health services. Additionally, 19,425 children were screened or treated for acute malnutrition, and 266,000 children participated in formal or informal education activities.

Ukraine

There are 3.2 million Children who suffer daily humanitarian needs due to the Ukrainian Military Conflict which escalated in 2022. Children are experiencing risk from military attacks that displace them, psychologically disturb them, and also separate children from their families. Attacks on residential areas, public facilities, and energy groundwork have disrupted access to electricity, heating, water, and also healthcare. These problems are way worse by the winter months, when families in front-line and recently affected areas may struggle to heat their homes.

The consequences of military attacks create disturbing disruptions in education for children. Schools and pre-existing education facilities become either damaged by military strikes or unsafe due to the threat of missiles. Some children are displaced from education services. UNICEF is working with partners to repair school shelters, restore essential services, and re-create educational opportunities to emphasize the restoration of basic services.

Children who are disabled, homeless, living in battle zones and those in need of social assistance are the most vulnerable. Lack of social assistance and basic services coupled with the lack of discharge services restricts access to essential services in health and social unrest. UNICEF's response in Ukraine includes cash assistance, basic services, winter clothing, blankets, psychosocial support, health services and support for school shelters. For this winter (2026-2027) UNICEF estimates there is a need to raise 160.5 million US dollars to help 3 million people (540,000 children) to meet their humanitarian needs.

The armed attacks continue to inflict death and injuries to children. UNICEF reported the death of children due to military strikes in Krivyi Rih. UNICEF and its partners responded by providing emergency aid, psychosocial support, and rehabilitation of school shelters so that children can return to education in the safest way possible.

Sudan

In April 2023, the Sudanese Armed Forces and the Rapid Support Forces clashed, marking the beginning of the conflict. The fighting was most intense in Khartoum, but quickly expanded to encompass all of Sudan, including Darfur and Kordofan. The violence in Sudan is one of the world's worst crises. Now children are facing displacement, hunger, and disease, being separated from their families, and joining armed groups. Schools and hospitals are under attack, and being in Sudan is extremely dangerous.

By 2026, it was estimated that almost 33.7 million of a potential 40 million people would need urgent humanitarian assistance. Around 17.3 million of these would be children, and around 21 million would face hunger; famine would be prevalent in El Fasher and Kadugli, with even more regions at risk. Health systems have collapsed, and combined with a shortage of clean water and lack of sanitation, more than 3.4 million children under the age of five are at risk of contracting infectious diseases. Millions of children are unable to attend school. Educational buildings have been destroyed, damaged, and converted into shelters for

internally displaced people. By April 2026, more than a third of schools were closed, and ten percent of the remaining schools were either converted into shelters for displaced people or occupied by warring groups. Currently, more than 8 million children are not attending school. The disrupted education is creating a generational crisis where children have limited opportunities and are at increased risk of child labor, exploitation, and recruitment.

There were reportedly 160 children killed and 85 children injured in the first three months of 2026 in Darfur. In addition, children's rights were violated and children were abducted and sexually abused and schools and hospitals were attacked. Currently, UNICEF and its partnering agencies are assisting children with serious cases of malnutrition and also providing campaigns for child vaccinations as well as water and sanitation with psychosocial support, child protection and services for temporary learning. Now, it is even more difficult for humanitarian aid to reach the children because aid workers must request security clearance at several checkpoints and traverse armed group controlled areas.

X. Possible Solutions to Challenges in War Areas

Protecting Civilians

Belligerents are required to obey international humanitarian laws and shield civilians including children. Civilians' facilities must not be purposely targeted. Warfare must avoid striking populated areas. An attack must be preceded by a warning and attacks must be carried out at an absolute minimal level of risk to the civilian population.

The responsibility of ensuring protection of children from incarceration, recruitment, violence, and its use during war rests with the international community and warring factions.

Shelter and Safe Living Areas

Displacement is a major problem for all people affected by the war. Loss of housing requires provision of safe and adequate temporary shelters like emergency housing, tents, or other constructed living spaces. These temporary shelters should at least have clean water, toilets, electricity, heating, and protection services.

In the long term, damaged houses and public buildings should be rebuilt to enable families to return to safe and stable communities. Shelters should also be designed based on the needs of children, women, people with disabilities, and separated families.

Humanitarian Access

Humanitarian aid, in the form of food, water, medicine, fuel, and hygiene supplies and clothing, should be delivered rapidly without undue impediments. The UN, UNICEF, and the International Committee of the Red Cross should be given unimpeded and ongoing access to carry out their work in safety.

Humanitarian aid should be delivered based on humanitarian needs and it should not be obstructed or used as a weapon against civilians. Safe Humanitarian corridors should be developed to provide aid and to allow the evacuation of seriously injured children

Health and Nutrition

Children in war zones should have access to hospitals and healthcare services, emergency care, and routine and vaccination services.

damaged healthcare facilities should be repaired and temporary healthcare services should be established through mobile clinics in areas where there are no hospitals.

To prevent malnutrition, children and families should be provided nutritious food, therapeutic food, and adult affirmative action. Outbreak prevention measures should be put in place through the provision of clean and safe drinking water, sanitation, and hygiene services.

Education

Where schools are under threat of attack, they should remain free of military use. This would have the added benefit of protecting civilian schools from military targets. If schools are attacked or become a safety risk, secure locations should be used to provide educational opportunities. Basic provisions for education should be made accessible to children.

Education programs should offer safety training and psychological support and should utilize flexible schedules. In the long run, schools need to be made accessible to all children.

Mental Health and Child Protection

Children who experience the trauma caused by war should have access to counseling and psychosocial support, as well as providing them with opportunities for recreational activities.

Special protection services should be available to children at all shelters, schools, and hospitals as well as community centers.

Special protection should be afforded to children who have experienced the death of their parents, separation from their parents, injury, trauma, violence, etc. Governments and Non-Government organizations (NGOs) should provide support to aid family reunification through the registration of children protection services to prevent exploitation and abuse. UNICEF supports family protection, mental health recovery and support, and children protection services so the addition of these services would complement the existing emergency programs.

Accountability and Long-term Peace

Documentation of attacks against children and violation of their rights should be collected. State and non-state actors who attack civilians, schools, and hospitals should be brought under the international legal system.

XI. Questions to Ponder

- 1.** What plans should be implemented in short-term and long-term to protect children in Gaza?
- 2.** How will emergency healthcare, vaccination and mental health support be guaranteed?
- 3.** How to ensure access to education and safety of schools in conflict zones?
- 4.** What should be done about the restrictions on internet and communication in Gaza?
- 5.** Should there be an international framework on surveillance, drone strikes, or AI use where children are present?
- 6.** What role for UNICEF, WHO, UNESCO, UNRWA, NGOs, and regional bodies in Gaza?
- 7.** How much funding is the responsibility for donor states to rebuild Gaza's infrastructure and how can it be provided?
- 8.** What should be done about the arms exports to parties violating children's rights in Gaza be banned? How to enforce?
- 9.** What diplomatic initiatives for permanent ceasefire and humanitarian corridors in Gaza?
- 10.** Which UN resolutions to reaffirm (CRC, OPAC, SC Res. 2601)? Which clauses are inadequate?
- 11.** What training and recruitment should be implemented for teachers, doctors, nurses, and counselors in Gaza?
- 12.** How to ensure peace education and trauma-sensitive content for Gaza's children?
- 13.** How to raise public awareness about violations against children in Gaza?

14. What funding sources (CERF, Gavi, World Bank, bilateral donors) for Gaza's recovery?

XIII. Bibliography

International Committee of the Red Cross (ICRC). (1949). Geneva Convention relative to the Protection of Civilian Persons in Time of War (Fourth Geneva Convention). United Nations Treaty Series.

International Committee of the Red Cross (ICRC). (1977). Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I) & Non-International Armed Conflicts (Protocol II).

Machel, G. (1996). Impact of Armed Conflict on Children (Report of the Expert of the Secretary-General, UN Doc. A/51/306). United Nations General Assembly.

United Nations Children's Fund (UNICEF). (2020). Core Commitments for Children in Humanitarian Action. UNICEF Humanitarian Action. New York: UNICEF.

United Nations Children's Fund (UNICEF). (2024). Gaza Strip Humanitarian Situation Report. Jerusalem: UNICEF State of Palestine.

United Nations General Assembly. (1989). Convention on the Rights of the Child. UN General Assembly Resolution 44/25.

United Nations Security Council. (1999). Resolution 1261 (1999) [On Children and Armed Conflict]. S/RES/1261(1999).

United Nations Security Council. (2005). Resolution 1612 (2005) [On Children in Armed Conflict and the Monitoring and Reporting Mechanism]. S/RES/1612(2005).

United Nations Security Council. (2021). Resolution 2601 (2021) [On the Protection of Education in Armed Conflict]. S/RES/2601(2021).

World Health Organization (WHO) & UNICEF. (2024). Child Health and Malnutrition Vulnerability Assessment in the Gaza Strip. Geneva: WHO.

International Committee of the Red Cross (ICRC). (1949). Geneva Convention relative to the Protection of Civilian Persons in Time of War (Fourth Geneva Convention). United Nations Treaty Series.

International Committee of the Red Cross (ICRC). (1977). Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I) & Non-International Armed Conflicts (Protocol II).

Machel, G. (1996). Impact of Armed Conflict on Children (Report of the Expert of the Secretary-General, UN Doc. A/51/306). United Nations General Assembly.

United Nations Children's Fund (UNICEF). (2020). Core Commitments for Children in Humanitarian Action. UNICEF Humanitarian Action. New York: UNICEF.

United Nations Children's Fund (UNICEF). (2024). Gaza Strip Humanitarian Situation Report. Jerusalem: UNICEF State of Palestine.

United Nations Children's Fund (UNICEF). (2025). Gaza Strip Health Situation Report. Geneva/Jerusalem: WHO & UNICEF.

United Nations Children's Fund (UNICEF). (2026, January 27). Rebuilding hope: UNICEF expands 'Back to Learning' for hundreds of thousands of children in Gaza [Press release]. Geneva: UNICEF.

United Nations General Assembly. (1989). Convention on the Rights of the Child. UN General Assembly Resolution 44/25.

United Nations General Assembly. (2000). Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict. UN Doc. A/RES/54/263.

United Nations Office for the Coordination of Humanitarian Affairs (OCHA). (2026, July). Gaza Humanitarian Response Update (June–July 2026). Jerusalem: OCHA oPt.

United Nations Relief and Works Agency for Palestine Refugees (UNRWA). (2026, February 12). Nearly 90% of Gaza Strip schools damaged or destroyed [Press statement]. Jerusalem: UNRWA.

United Nations Security Council. (1999). Resolution 1261 (1999) [On Children and Armed Conflict]. S/RES/1261(1999).

United Nations Security Council. (2005). Resolution 1612 (2005) [On Children in Armed Conflict and the Monitoring and Reporting Mechanism]. S/RES/1612(2005).

United Nations Security Council. (2021). Resolution 2601 (2021) [On the Protection of Education in Armed Conflict]. S/RES/2601(2021).

World Health Organization (WHO) & UNICEF. (2024). Child Health and Malnutrition Vulnerability Assessment in the Gaza Strip. Geneva: WHO.

International Committee of the Red Cross (ICRC). (1949). Geneva Convention relative to the Protection of Civilian Persons in Time of War (Fourth Geneva Convention). United Nations Treaty Series.

International Committee of the Red Cross (ICRC). (1977). Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I) & Non-International Armed Conflicts (Protocol II).

Machel, G. (1996). Impact of Armed Conflict on Children (Report of the Expert of the Secretary-General, UN Doc. A/51/306). United Nations General Assembly.

United Nations Children's Fund (UNICEF). (2020). Core Commitments for Children in Humanitarian Action. UNICEF Humanitarian Action. New York: UNICEF.

United Nations Children's Fund (UNICEF). (2024). Gaza Strip Humanitarian Situation Report. Jerusalem: UNICEF State of Palestine.

United Nations General Assembly. (1989). Convention on the Rights of the Child. UN General Assembly Resolution 44/25.

United Nations Security Council. (1999). Resolution 1261 (1999) [On Children and Armed Conflict]. S/RES/1261(1999).

United Nations Security Council. (2005). Resolution 1612 (2005) [On Children in Armed Conflict and the Monitoring and Reporting Mechanism]. S/RES/1612(2005).

United Nations Security Council. (2021). Resolution 2601 (2021) [On the Protection of Education in Armed Conflict]. S/RES/2601(2021).

World Health Organization (WHO) & UNICEF. (2024). Child Health and Malnutrition Vulnerability Assessment in the Gaza Strip. Geneva: WHO.

National Institute of Mental Health (NIMH). (2023). Mental Health of Children in United Nations High Commissioner for Human Rights (OHCHR). (2023). Report on the Situation of Human Rights in the Occupied Palestinian Territory. Geneva: OHCHR.

United Nations Office for the Coordination of Humanitarian Affairs (OCHA). (2024). Humanitarian Needs Overview: State of Palestine 2024. Jerusalem: OCHA.

United Nations Relief and Works Agency for Palestine Refugees (UNRWA). (2024). Emergency Appeal 2024: Gaza Strip and West Bank. Jerusalem: UNRWA.

UN Women. (2023). Gender-Based Violence in Humanitarian Crises: Global Overview. New York: UN Women.

International Rescue Committee (IRC). (2024). Children in Crisis: Annual Report 2024. New York: IRC.
Oxfam International. (2023). Under Siege: The Impact of Conflict on Children's Rights in Gaza. Oxford: Oxfam.

Doctors Without Borders (Médecins Sans Frontières, MSF). (2024). Health Care Under Fire: Report on Pediatric Care in Gaza. Geneva: MSF.

Disaster Emergency Committee (DEC). (2024). Gaza Humanitarian Crisis Appeal: Situation Report. London: DEC.

Humanity & Inclusion (HI). (2023). Protection of Children with Disabilities in Armed Conflict. Lyon: HI.

,

Care International. (2024). Child Protection in Emergencies: Middle East Regional Report. London: Care.

BBC News. (2024, March 15). Gaza war: What is happening to children? Retrieved from: <https://www.bbc.com/news/>

Ahram Online. (2024, February 10). UN warns of catastrophic child malnutrition in Gaza. Retrieved from: <https://english.ahram.org.eg/>

J Street. (2023). Policy Brief: Protecting Civilians and Children in the Gaza Conflict. Washington, DC: J Street.

War Childhood Museum. (2023). Impact of War on Children: Exhibition Catalogue. Sarajevo: War Childhood Museum.

UK Parliament. (2022). Children in Armed Conflict: Government Response to the Committee's Report. London: House of Commons.

Denver Public Library. (n.d.). Research guide: Children and armed conflict. Retrieved from: <https://www.denverlibrary.or>

The Nobel Prize. (2023). Nobel Peace Prize 2023: Press release. Retrieved from: <https://www.nobelprize.org/>

Integrated Food Security Phase Classification (IPC). (2024). Gaza Strip: Acute Food Insecurity Situation (IPC Analysis). Rome: IPC Global Partnership.

