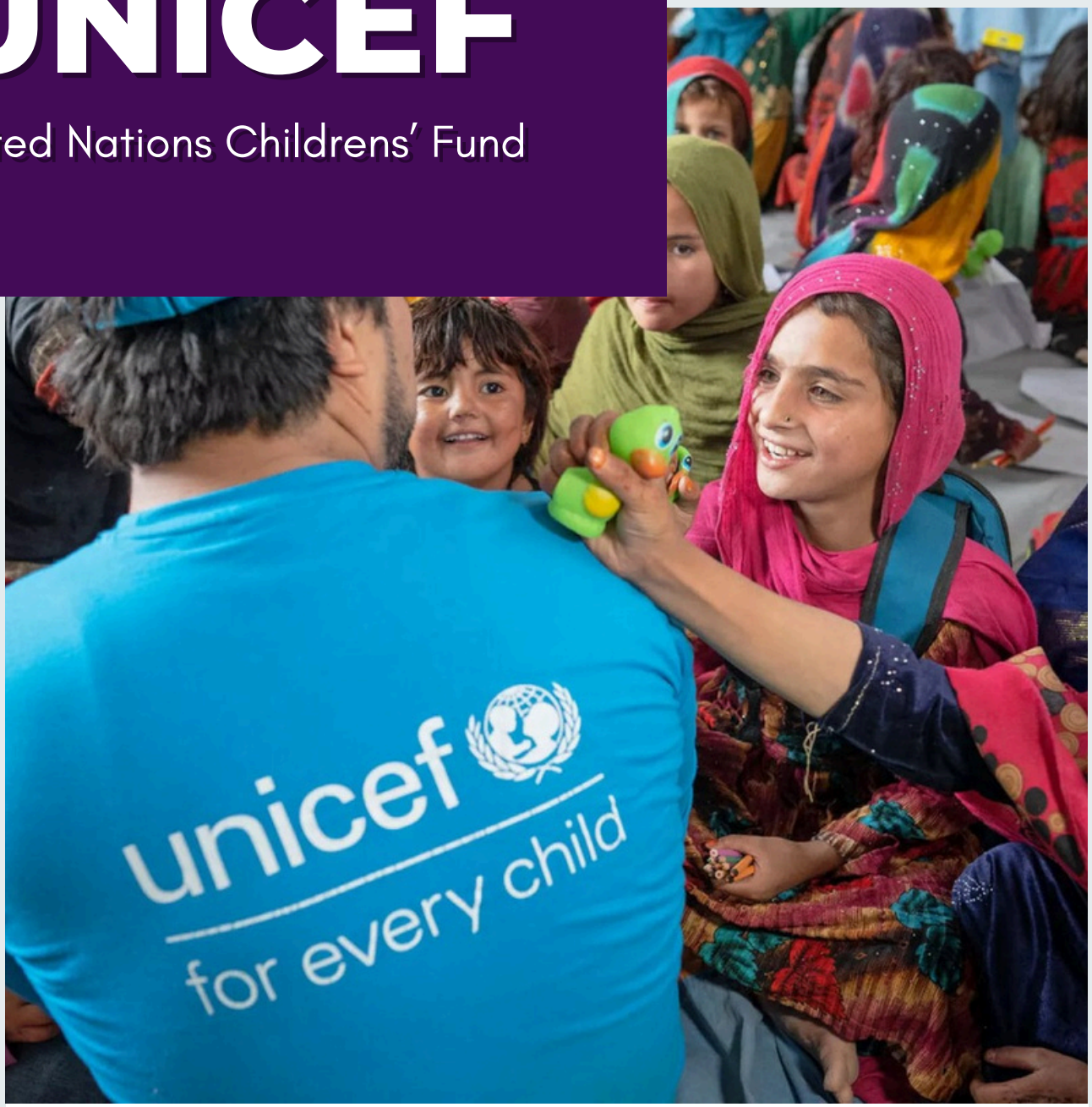
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STUDYGUIDE

Study Guide: UNICEF

Topic: Addressing the Malnutrition Crisis and Psychosocial Support for Children in Conflict and Post-Disaster Settings

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Glossary

1. **Acute Malnutrition:** A severe and rapid form of undernutrition resulting from sudden food shortages, illness, or crisis conditions (WHO/UNICEF, 2021).
2. **Behavioural Symptoms (Trauma):** Observable changes in a child's actions—such as aggression, withdrawal, or hyperactivity—that arise from psychological distress (BMC Psychology, 2025).
3. **Child Protection:** Efforts aimed at safeguarding children from violence, exploitation, abuse, trafficking, and harmful practices (Save the Children, 2017).
4. **Child Rights (CRC):** Universal rights established under the *Convention on the Rights of the Child (1989)*, recognising children's entitlement to protection, education, development, and participation (UNICEF, 2023).
5. **Chronic Malnutrition (Stunting):** Long-term undernutrition that impairs growth, brain development, and overall health (WHO/UNICEF, 2021).
6. **Cognitive Impacts:** Effects of trauma or malnutrition on thinking, memory, concentration, and problem-solving skills (BMC Psychology, 2025).
7. **Community-Based Management of Acute Malnutrition (CMAM):** Local-level treatment for malnutrition using therapeutic foods, health screening, and follow-ups outside hospitals (WHO/UNICEF, 2021).
8. **Disaster-Affected Areas:** Regions impacted by natural hazards such as floods, earthquakes, droughts, or pandemics, resulting in disrupted livelihoods and services (UN OCHA, 2022).
9. **Emergency Response:** Immediate humanitarian actions taken to provide food, water, health services, shelter and psychosocial support during crises (UN OCHA, 2022).
10. **Earmarked Funding:** Donations given for specific projects or regions that limit flexible use of humanitarian funds (UNICEF, 2023).
11. **Food System Collapse:** Breakdown of agricultural markets, supply chains, and local food production—often due to war or disaster—leading to hunger and malnutrition (World Food Programme & FAO, 2023).
12. **Holistic Approach:** A strategy addressing multiple interconnected needs—nutrition, mental health, education, protection—rather than focusing on one sector alone (IASC, 2021).

13. **Humanitarian Crisis:** A situation where lives, well-being, or security are threatened due to conflict, natural disaster, or displacement (UN OCHA, 2022).
14. **IASC MHPSS Guidelines:** Framework by the Inter-Agency Standing Committee outlining multi-layered mental health and psychosocial support in emergencies (IASC, 2007).
15. **Integrated Nutrition & MHPSS:** An approach that combines therapeutic feeding with mental health and psychosocial support, acknowledging the two-way relationship between trauma and malnutrition (IASC, 2021).
16. **Malnutrition:** A condition caused by insufficient, excessive, or imbalanced nutrient intake affecting physical and cognitive development (WHO/UNICEF, 2021).
17. **Mental Health and Psychosocial Support (MHPSS):** Services designed to support emotional, psychological, and social well-being in crisis situations (UNICEF, 2023; WHO, 2022).
18. **Micronutrient Deficiencies:** Lack of essential vitamins and minerals (e.g., iron, vitamin A, zinc) needed for healthy growth and immunity (UNICEF, 2023).
19. **Natural Disasters:** Sudden or slow-onset events—earthquakes, floods, droughts—that damage infrastructure and disrupt children's access to basic needs (UN OCHA, 2022; FAO, 2017).
20. **NGOs (Non-Governmental Organizations):** Independent organisations that deliver on-ground humanitarian services such as nutrition, healthcare, and psychological support (Save the Children, 2017).
21. **Psychosomatic Symptoms:** Physical symptoms (e.g., headaches, stomach pain, fatigue) that arise from psychological distress rather than a medical illness (BMC Psychology, 2025).
22. **PTSD (Post-Traumatic Stress Disorder):** A mental health disorder resulting from exposure to traumatic events, leading to flashbacks, anxiety, sleep disturbances, and behavioural changes (BMC Psychology, 2025).
23. **SAM (Severe Acute Malnutrition):** The most dangerous form of malnutrition; diagnosed using weight-for-height < –3 Z-score, MUAC < 115 mm, or presence of oedema (WHO/UNICEF, 2013).

24. **Social Impacts (Crisis):** Effects on family structures, community networks, schooling, and children's relationships due to conflict or disaster (Dawn.com, 2022).
25. **Sustainable Development Goals (SDGs):** Global development goals set in 2015 to end poverty, protect rights, and ensure well-being—including goals directly related to children's health and education (United Nations, 2015).
26. **Therapeutic Feeding:** Specialised medical nutrition used to treat severe malnutrition, often provided in clinics or community centres (WHO/UNICEF, 2021).
27. **Toxic Stress:** Prolonged exposure to extreme stress—such as conflict or displacement—that harms brain development and emotional regulation (BMC Psychology, 2025).
28. **UNICEF Mandates:** Core responsibilities of UNICEF: ensuring survival, health, nutrition, education, protection, equality, and emergency relief for children (UNICEF, 2023; UN General Assembly, 1946).
29. **Voluntary Funding Model:** A system where UNICEF relies on donations rather than mandatory UN contributions, making funding unpredictable (UNICEF, 2025).
30. **WHO/UNICEF SAM Guidelines:** Global standards (2013) for diagnosing and treating severe acute malnutrition in humanitarian and health settings (WHO/UNICEF, 2013; UNICEF, 2021).

I. Introduction

1. Mandates

"No child left behind" is the mandate endorsed by UNICEF; to safeguard the rights of children anywhere at any time (UNICEF, 2023). It goes back to the 1989 Convention on the Rights of the Child (CRC), that set out universal rights for every child (United Nations, 1989). It is also rooted in the Sustainable Development Goals (SDGs) implemented by world leaders in 2015 (United Nations, 2015). Its core responsibilities include ensuring children's survival and development through improved healthcare, nutrition, immunisation, and basic necessities such as clean water and sanitation (UNICEF, 2023). It is also mandated to support quality education, prioritising universal primary education with no gender discrimination and safe environments for all (UNICEF, 2022). Child protection is another major mandate, involving safeguarding children from violence, exploitation, trafficking, as well as harmful practices like child marriage and labour (UNICEF, 2020). In humanitarian crises, UNICEF leads and coordinates emergency responses, delivering medical aid, psychosocial support, and therapised nutrition (UNICEF, 2023). The committee advocates for social inclusion (UNICEF, 2021). Equitable policies, strengthening social protection systems, reducing child poverty, etc. are all major focuses of UNICEF (UNICEF, 2021). They ensure that marginalised groups, such as refugees, disabled children and those in extreme poverty, are not pushed to the fringes of society (UNICEF, 2022). These mandates position UNICEF as a global leader in ensuring that every child survives, but also that they thrive (UNICEF, 2020). They include:

1. UN General Assembly Resolution 57(I): on 11th December 1946, UNICEF was created and it adheres to the authority of the General Assembly, acting as a subsidiary organ of the UN (UN General Assembly, 1946).
2. Convention on the Rights of the Child (CRC, 1989):
    a. Article 6: right to life, survival and development (United Nations, 1989)
    b. Article 12: right of the child to express views and be heard (United Nations, 1989)
    c. Article 19 & 34: protection from abuse, exploitation, neglect and sexual violence (United Nations, 1989)
    d. Article 24 & 28: right to health, nutrition and education (United Nations, 1989)
3. International Humanitarian Law (IHL)

a. Geneva Conventions (1949): Article 24 of the Fourth Geneva Convention which states that children and expectant mothers must receive special protection (ICRC, 1949)
b. Additional Protocols I & II: protect civilians in international and non-international armed conflicts (ICRC, 1977)

4. Human Rights Instruments
    a. Universal Declaration of Human Rights (UDHR, 1948): ensures child's rights to education and health (United Nations, 1948)
    b. International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966): guideline on UNICEF's policies regarding social work (United Nations, 1966)
    c. International Covenant on Civil and Political Rights (ICCPR, 1966): legal framework supported by UNICEF to fight against exploitation and abuse (United Nations, 1966)
5. International Conventions Specific to Children
    a. ILO Convention No. 138 & 182: prohibits child labor and trafficking (International Labour Organization, 1973; International Labour Organization, 1999)
    b. Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979): protects girl children's rights (United Nations, 1979)
6. UNGA and UN Security Council Mandates
    a. UNICEF reports annually to the UN General Assembly on child welfare activities (UNICEF, 2023).
    b. Acts on UN Security Council resolutions related to children affected by conflict, natural disasters, and humanitarian crises (UN Security Council, 2020).
7. Alignment with Sustainable Development Goals (SDGs, 2015)
    a. SDG 3: Health and well-being (United Nations, 2015)
    b. SDG 4: Quality education (United Nations, 2015)
    c. SDG 16: Peace, justice, and strong institutions (United Nations, 2015)
8. Ethical and Legal Compliance
    a. Transparency (UNICEF, 2023)
    b. Must respect host country sovereignty and uphold international child rights laws (UNICEF, 2023)

2. Introduction to the Agenda

Children living in conflict-afflicted regions face a convergence of risk that threatens their immediate survival but also their long term development (UNICEF, 2023). Armed violence and instability often collapse local food systems (FAO, 2017). This, in turn, results in acute and chronic malnutrition (UNICEF, 2023). This stems from famine and drought, but also poverty, displacement (UN OCHA, 2022). And systematic breakdown of established food networks, agricultural and market (FAO, 2018). At the same time, children are exposed to extreme psychological stressors, including exposure to violence, experiencing death or disappearance of family members, forced migration, which contributes to anxiety, depression, post-traumatic stress and developmental delays (WHO, 2022). The intersection of malnutrition and declining mental health creates a dual burden as incomplete nutrient intake weakens neurological development, and unaddressed trauma can suppress appetite, impede social skills and academic engagement (UNICEF, 2021). Therefore any intervention programs must adopt an integrated holistic approach that combines therapeutic nutrition, and Mental Health and Psychosocial Support, which is a framework of activities designed to address mental health issues in conflict or disaster afflicted regions that prioritises feelings, culture and community in the recovery process (IASC, 2007). It involves specialists as well as non-specialists like teachers and social workers, and acknowledges the importance of a multi-sectoral means of intervention, extending from education to social welfare (WHO & UNICEF, 2023).

II. Background

A. Establishing UNICEF on the Frontline of Humanitarian Aid

UNICEF'S early humanitarian intervention efforts emerged in the aftermath of World War II when millions of children across the globe faced starvation, displacement, injury and disease (UNICEF, 2016). It was initially founded in 1946 as the United Nations International Children's Emergency Fund, focused on mandates of delivering urgent relief to children in conflict afflicted regions, regardless of political bias or situation (United Nations, 1946). UNICEF worked to meet the immediate needs of those in dire situations, providing vaccines, powdered milk, medical aid, and warm clothes (UNICEF, 2021). As tuberculosis and other infectious diseases ran rampant in

populations of children in postwar environments, it was UNICEF's mission to combat these widespread epidemics by launching large scale immunisation campaigns (UNICEF, 2017). UNICEF expanded beyond Europe to address crises caused by natural disasters and outbreaks (UNICEF, 2019). In its early decades, the organisation established its reputation on the frontlines of humanitarian intervention, committed to neutrality (UNICEF, 2016). Over time, UNICEF's approach evolved from short term immediate relief to long term development strategies (UNICEF, 2020). Its foundational commitment of immediate action continues to define its role in the globe today (UNICEF, 2021).

B. Evolution of UNICEF's Policies

UNICEF's policies have evolved over the decades from a narrow focus on emergency essential relief to a multidimensional framework that addresses both the physical and psychological wellbeing of children (UNICEF, 2014). In its early years, UNICEF prioritised immediate survival needs, such as supplying vaccines and emergency rations to children affected by post-World War II turmoil (UNICEF, 2006). As the organisation expanded into newly decolonised nations during the 1960s and 1970s, its policies shifted to include combating child malnutrition using large scale nutrition programmes, e.g. oral rehydration therapy for diarrhoea and community based feeding initiatives like the ones in India and Bangladesh (UNICEF, 1996). By the 1990s, UNICEF recognised the deep psychological wounds inflicted on children after experiencing conflict and poverty (Machel, 1996). This led to the integration of psychosocial care in its policies, shown in the child friendly spaces established during the Rwandan genocide and the Balkan conflicts, where children were provided structured play, counselling and trauma informed support (Save the Children, 2008).

In the 2000s and 2011s, UNICEF further strengthened its approach by combining nutrition interventions with Mental Health and Psychosocial Support (MHPSS), particularly in the crisis cases of Syria and South Sudan, where therapeutic feeding centres were paired with group therapy, educational activities, and caregiver support (UNICEF, 2019). Today, UNICEF's policy framework reflects a holistic understanding of child wellbeing, addressing that recovery from crises requires both malnutrition and psychological trauma to be dealt with (UNICEF, 2023).

III. Current Global Landscape

A. Children in Conflict Zones

Children today face some of the highest levels of conflict related risk seen in recorded history in the past decades, with more than 460 million children living in war zones or areas affected by political instability or militant activity (UNICEF, 2023). In regions such as Palestine, Yemen, and Syria, children endure bombardment, displacement, disruption of food networks and essential infrastructure, inhibiting access to food, clean water and medical aid (OCHA, 2024). In the Democratic Republic of Congo and South Sudan, ongoing armed group activity has led to children's forced recruitment, sexual abuse, and family separation (UN Security Council, 2023). The psychological toll is devastating as children who experience prolonged exposure to conflict suffer from anxiety, depression, PTSD, behavioural delays, and impaired cognitive development (WHO, 2022). Malnutrition rates increase as markets collapse, humanitarian aid is restricted, farming and agricultural development is stunted, etc. (FAO & WFP, 2023). Across the Sahel, climate driven conflict has also left children facing hunger along with extremist violence (UNICEF, 2024). Additionally, refugees and displaced children, such as Ukrainian children uprooted in the 2022 invasion, experience disrupted education, overpopulation in shelters and risk of exploitation (UNHCR, 2023). It's also increasingly difficult to keep track of data regarding malnutrition in such areas where births and deaths go unregistered; progress is difficult to keep track of for tangible results. The overlapping nature of these crises form a global landscape in which children's immediate survival as well as long term development and stability are threatened (UNICEF, 2023).

B. Children in Disaster Affected Areas

Children in disaster affected areas, whether by earthquakes, floods, wildfires, cyclones, tsunamis, pandemics, or slow onset crises like drought, face a similar set of vulnerabilities to those created by armed conflict. Sudden disasters such as the 2010 Haiti earthquake or the 2023 Turkey-Syria earthquakes often result in mass casualties, infrastructure collapse, rapid loss of homes and families, leaving children in a state of shock and disorientation (UNICEF, 2022; Yurumez et al., 2024). In climate caused events like the recurrent monsoon floods in Pakistan, children endure

long term displacement, uncertainty regarding shelters along with breakdowns in schooling, nutrition and access to healthcare (UNICEF, 2025). Beyond the physical dangers of injury, disease or malnutrition, the psychosocial toll is intense. Children frequently develop separation anxiety, survivor's guilt, hypervigilance or fear associated with the environment (e.g. fear of the rain due to flood trauma) (Society for Research in Child Development, 2023; Dawn.com, 2022). In prolonged disasters such as the COVID-19 pandemic, children suffer from chronic stress due to isolation or economic strain projected by parents. These experiences interfere with emotional regulation, cognitive functions, etc. Moreover, the chaos following such disasters exposes children to the risk of exploitation as families lose each other and community protection takes a backseat. While the absence of active violence distinguishes disaster affected regions from conflict zones, the psychological disruptions can be equally severe, requiring the same MHPSS interventions for long term restoration of stability (UNICEF, 2022; BMC Psychology, 2025).

IV. Hindrances to the Mission

A. International Funding

International funding limitations have long posed a significant challenge to UNICEF's ability to fully implement its programs and interventions rapidly. Despite the mandate to protect children universally, it relies almost entirely on contributions from governments, corporations and private donors instead of UN funding (UNICEF, 2023; UNICEF, n.d.-a). This creates uncertainty and unpredictability in revenue streams, resulting in constraints on aid in times of economic lows. For example, crises like the Syrian civil war demand immediate action, but delayed funding forced UNICEF to reduce the scale of intervention (UNICEF, 2024; UNICEF, 2023b). Moreover, "earmarked" donations (when funds are designated to a specific project) limits UNICEF from allocating resources to sudden conflict situations (UNICEF, n.d.-a; Financing the UN Development System, 2022). Hence, the vulnerabilities of children rely on the structural vulnerabilities of a voluntary funding model.

B. Program Gaps

These present a great hindrance to UNICEF's mission of universal safeguarding, as it can prevent the organisation from fully addressing all the needs of children in crisis affected regions (UNICEF, 2025; UNICEF Data, 2020). These gaps emerge from a combination of resource limitations, uneven geographic conversations and operational flaws (UNICEF, 2025; WHO/UNICEF, 2019). For example, UNICEF implements nutrition and vaccination programs, but remote areas frequently remain underserved (UNICEF, 2025; UNICEF Immunization Roadmap, 2025). Additionally, programs may not always be as holistic or all-encompassing across all sectors, e.g. nutrition programs may not always include mental health support, which creates fragmented responses that do not meet the multifaceted needs of children (UNICEF, 2023; Undernourished and Overlooked, 2023). The reliance on short term initiatives can cause developmental issues such as trauma. Program gaps also often affect marginalised groups like refugees more, creating a larger disparity (UNICEF Data, 2020; UNICEF, 2025).

V. Causes of Malnutrition and Mental Health Crises in Children

1. Armed Conflict

These present a great hindrance to UNICEF's mission of universal safeguarding, as it can prevent the organisation from fully addressing all the needs of children in crisis affected regions. These gaps emerge from a combination of resource limitations, uneven geographic conversations and operational flaws. For example, UNICEF implements nutrition and vaccination programs, but remote areas frequently remain underserved (UNICEF, 2025; UNICEF, 2023). Additionally, programs may not always be as holistic or all-encompassing across all sectors, e.g. nutrition programs may not always include mental health support, which creates fragmented responses that do not meet the multifaceted needs of children (UNICEF, 2024; UNICEF, 2023b). The reliance on short term initiatives can cause developmental issues such as trauma. Program gaps also often affect marginalised groups like refugees more, creating a larger disparity (UNICEF, 2025; UNICEF, 2024).

2. Natural Disasters

Natural disasters are another cause of malnutrition and mental health crises in children as they affect food systems, healthcare access, educational engagement and social stability. Sudden disasters such as earthquakes and tsunamis often destroy infrastructure, leaving children without basic necessities. For example, the 2010 Haiti earthquake led to mass displacement that increased the rates of malnutrition and infectious disease (Dodlova et al., 2023; UNICEF, 2010). Similarly the 2023 Turkey-Syria earthquakes impacted entire communities, cutting off food supply and medical aid (UNICEF, 2023; UNICEF, 2023b). Children experienced extreme psychological distress due to trauma and fear of aftershocks (UNICEF, 2023). Slower crises, such as recurrent monsoon floods in Pakistan, have caused long term issues such as food insecurity and prolonged displacement alongside exposing children to severe stress (UNICEF, 2025; UNICEF, 2023c). The combined effect of physical deprivation and trauma in such areas highlights the urgent need for integrated intervention programs.

3. Socioeconomic Instability

Socioeconomic instability is a major underlying reason for the crises, as it shapes the environment in which families struggle to make ends meet (UNICEF, 2023a). In low income regions, economic shocks such as unemployment or inflation directly affect a family's ability to access nutritious food, leading to stunting and deficiencies (World Bank, 2022). In Venezuela, hyperinflation, and food and medicine shortages have contributed to widespread illnesses (often preventable) (UNHCR, 2021; UNICEF, 2019). In Sub-Saharan countries like Ethiopia and Malawi, poverty combined drought has left millions dependent on food assistance programs (FAO, 2023; UNICEF, 2022). The psychological effects are just as profound; children living in urban slums in countries such as India or Kenya experience chronic stress due to overcrowding, unsafe neighbourhoods and parental unemployment (UNICEF, 2021; WHO, 2022). Thus the dual burden of malnutrition and psychological distress is maintained socioeconomically (UNICEF, 2023b).

VI. Manifestation of Trauma in Children

A. Behavioural Symptoms

Children exposed to conflict or disasters may show signs of aggression, withdrawal, or hyperactivity. Trauma has led to people having difficulties with forming friendships, trusting adults and daily routine tasks. Children living in environments of prolonged violence often exhibit externalizing symptoms such as behavioural problems and conduct difficulties, as well as emotional withdrawal and social isolation. (International Review of the Red Cross)

B. Cognitive and Developmental Impacts

Trauma and malnutrition stand in the way of brain development, leading to reduced concentration, memory, and problem-solving skills. Research indicates malnutrition impairs neurodevelopment and is associated with poorer cognitive outcomes and academic performance. (PubMed) Children may perform poorly in school or fail to meet developmental milestones due to chronic stress from unsafe environments triggering lasting neurological changes and increasing the risk of developing mental health disorders. (IIARD Journals)

C. Physical Manifestations

Psychological trauma can manifest in the body in numerous ways, as the mind and body are deeply interconnected. Sleep disturbances, headaches, fatigue, and gastrointestinal problems are commonly reported physical signs of unresolved trauma, with somatic symptoms linked to early adverse experiences. (MDPI) These symptoms arise because trauma activates the body's stress response system for prolonged periods, leading to disruptions in hormonal balance, immune function, and nervous system regulation. (MDPI) Malnutrition compounds these issues even further. Insufficient nutrients weaken the immune system, increase vulnerability to infection, stunt growth in children, and reduce the energy needed for daily functioning. (SpringerLink) When the body lacks the nutrients required to repair tissues, produce neurotransmitters, and maintain stable physiological processes, both physical and psychological symptoms intensify.

D. Interrelationship Between Trauma and Nutrition

Research shows that trauma and poor nutrition can influence one another, creating a self-perpetuating cycle. Trauma may lead to appetite changes, eating disorders, or neglect of self-care, resulting in malnutrition, while malnutrition affects brain function and emotional regulation,

making individuals more susceptible to stress, mood disorders, and heightened trauma responses. (PubMed)

E. Psychosomatic Disorders and Symptoms

Psychosomatic disorders are conditions in which psychological distress manifests as real, measurable physical symptoms without a fully identifiable medical cause. Trauma, especially when chronic or unresolved, can significantly increase the likelihood of psychosomatic symptoms, including somatic pain and functional neurological symptoms. (Kman Publications Journals) In the context of malnutrition, these symptoms may be more severe or harder to treat due to the complex interaction between nutritional deficiencies and stress-driven physiological dysregulation. (PubMed)

1. **Chronic pain** such as persistent headaches, muscle tension, or back pain, often triggered or worsened by stress.
2. **Gastrointestinal disturbances**, including irritable bowel syndrome, nausea, constipation, or abdominal pain, which may be heightened by nutritional deficiencies and stress-related gut–brain axis disruption.
3. **Cardiovascular symptoms** like palpitations, rapid heartbeat, or chest pain that mimic cardiac conditions but stem from anxiety and prolonged stress responses.
4. **Respiratory symptoms** such as hyperventilation, shortness of breath, or tightness in the chest, often linked to anxiety or panic disorders.
5. **Dermatological issues**, including rashes, eczema flare ups, or stress-induced hives.
6. **Sleep disorders**, such as insomnia, night terrors, or frequent awakenings, which are common after trauma and worsened by inadequate nutrients required for proper neurotransmitter production.
7. **Fatigue and low energy**, intensified by both emotional overload and insufficient caloric or nutrient intake.

Over time, the combination of trauma induced psychosomatic symptoms and malnutrition weakens the body's resilience. The individual may experience reduced ability to cope with stress, compromised mental clarity, and heightened emotional reactivity. This creates a complex feedback

loop. Psychological distress triggers physical symptoms, physical weakness fuels more emotional strain, and inadequate nutrition exacerbates both.

Understanding these interconnected pathways highlights the importance of addressing trauma holistically, considering both psychological care and nutritional support to break the cycle that affects both physical and mental health.

VII. Impacts of the Crisis

1. Social Impacts

Crisis situations disrupt social structures such as family cohesion, peer networks or community institutions (UNICEF, 2023). Children lose many caregivers, or are separated from family, which in turn leads to emotional insecurity and isolation (Save the Children, 2020). Disruption in schooling further limits social development and access to safe environments (UNHCR, 2022). Malnutrition and trauma may negatively affect existing social vulnerabilities (WHO, 2021). This creates risks of exploitation, early marriage or recruitment into extremist organisations (UN Security Council, 2019). Social interventions are crucial to restore stability (Inter-Agency Standing Committee, 2007).

2. Physical Impacts

The disruption of food systems during crises contributes significantly to chronic undernutrition, manifesting as stunting, wasting, and micronutrient deficiencies (FAO, 2022; UNICEF, 2023). Children experiencing malnutrition are particularly vulnerable to infectious diseases, such as diarrheal illnesses, respiratory infections, and malaria, due to weakened immune systems, resulting in elevated morbidity and mortality rates (WHO, 2021). Nutritional deficits also impede physical growth, organ development, and long-term health, with consequences that often persist into adolescence and adulthood, including reduced work capacity and higher susceptibility to chronic illnesses (Victora et al., 2008).

Malnutrition further undermines cognitive and educational outcomes (Grantham-McGregor et al., 2007). Children suffering from undernutrition frequently have reduced attention spans, lower energy levels, and impaired memory and problem solving skills, which directly affects school

attendance, classroom engagement, and academic achievement (Jukes et al., 2008). Emergency nutrition programs, while vital, often fail to reach the most vulnerable populations due to funding shortages, disrupted supply chains, and logistical challenges in conflict zones or disaster-affected regions (Global Nutrition Cluster, 2020). This gap perpetuates cycles of malnutrition, illness, and developmental delays, particularly in areas where conflict and poverty intersect, highlighting the need for integrated, long-term nutritional strategies that address both immediate and systemic vulnerabilities (UN OCHA, 2021).

3. Psychological Impacts

Children exposed to prolonged crises exhibit high rates of psychological distress, including anxiety, fear, depression, post-traumatic stress disorder (PTSD), and behavioural problems (UNICEF, 2023; BMC Psychology, 2025; Yurumez et al., 2024). Chronic exposure to violence, loss of family members, displacement, and social instability generates toxic stress, which can disrupt brain development, impair executive functioning, and hinder emotional regulation (Shonkoff et al., 2012; UNICEF, 2021; UNICEF, 2023). These effects often interfere with early socialisation, attachment formation, and the development of coping mechanisms, leaving children more vulnerable to long-term mental health challenges (IASC, 2007; Save the Children, 2008).

Psychosomatic symptoms often accompany psychological distress, manifesting as sleep disturbances, headaches, stomachaches, fatigue, and other stress-related physical complaints (WHO, 2022; UNICEF, 2021). The interaction between malnutrition and trauma can exacerbate these effects, as nutritional deficiencies compromise neurological development and the body's ability to regulate stress hormones (UNICEF, 2023; World Health Organization & UNICEF, 2021).

Psychosocial support programs, including individual and group counselling, family-centred interventions, safe spaces, and community based mental health services which are critical for mitigating these impacts (IASC, 2007; Save the Children, 2008; UNICEF, 2011). However, in many low-resource or conflict-affected settings, such services remain underfunded or inaccessible, leaving a significant proportion of children without adequate care (UNICEF, 2023; UNHCR, 2021). Effective intervention requires not only immediate psychological support but also sustained

community-based strategies to promote resilience, recovery, and long-term mental and emotional wellbeing (UNICEF, 2023; BMC Psychology, 2025).

4. Economic impacts

Conflicts and disasters have profound economic consequences, especially for children (World Bank, 2022; UNICEF, 2023; UN OCHA, 2022). Families often face income loss, displacement, and destruction of livelihoods, limiting their ability to provide sufficient food, healthcare, and education, which contributes to malnutrition, neglect, and poor health (UNICEF, 2023; FAO, 2017; World Food Programme & FAO, 2023). Impaired physical and mental development reduces children's learning outcomes and skill acquisition, undermining future employability and lifetime earnings (UNICEF, 2021; UNICEF, 2023). At a societal level, this leads to a less skilled workforce, lower productivity, and higher long-term public expenditure on healthcare, social protection, and remedial education (Financing the UN Development System, 2022; UNICEF, 2023). Investing in integrated nutrition, health, education, and psychosocial programs not only addresses humanitarian needs but also mitigates these economic losses, supporting both child development and broader economic resilience (UNICEF, 2023; UNICEF, 2021; UNICEF, 2023).

VIII. Legal & Policy Frameworks: The Global Protection Net

The WHO/UNICEF Guidelines for the Management of Severe Acute Malnutrition (2013) set rigorous global standards for identifying and treating children with severe acute malnutrition (SAM). These guidelines define diagnostic criteria (e.g., weight-for-height < –3 Z-score, mid-upper arm circumference < 115 mm, or bilateral oedema) and outline step-by-step procedures for therapeutic feeding, micronutrient supplementation, infection management, and follow-up care in both hospital and community-based settings. (WHO, 2013)

These standards also incorporate broader child health interventions, including breastfeeding promotion, safe complementary feeding for infants, and integration with primary healthcare services. (WHO/ EMROIMCI Guidelines)

Mental health and psychosocial support (MHPSS) is formally recognized in the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007), developed by the Inter-

Agency Standing Committee (IASC). These guidelines provide a multi-layered framework covering coordination, assessment, protection, health services, nutrition, education, shelter, water/sanitation, and community mobilisation. (WHO/IASC, 2007)

Further integration is encouraged through the IASC Guidelines on Integrating Nutrition and MHPSS in Humanitarian Response, which emphasize collaborative delivery of nutritional and psychosocial services, acknowledging the bidirectional relationship between trauma and malnutrition. (MH, net)

Together, these frameworks, WHO/UNICEF SAM Guidelines, IASC MHPSS Guidelines, and IASC Integrated Nutrition & MHPSS Guidelines, ensure that humanitarian interventions protect children's survival, health, psychosocial wellbeing, and dignity. They guide coordinated, rights-based, and culturally appropriate responses across sectors, ensuring no child is left behind in crisis situations.

IX. Key Stakeholders

A government is the primary authority within a state responsible for safeguarding the welfare and rights of individuals within its jurisdiction. It holds the foremost obligation to protect children and other vulnerable populations, coordinate emergency responses during disasters, allocate public resources, and establish the legal and regulatory frameworks that guide the actions of all entities operating within its borders. They pick which programs matter most like health, nutrition, protection, education and they decide who gets access to the areas that need help. They're also the ones making sure child protection laws are actually followed, and that global standards from groups like UNICEF or international mental health guidelines end up in national policies. When governments actively assume their responsibilities, coordination among humanitarian actors becomes more efficient, reducing duplication of efforts and closing critical service gaps. Even in fragile or conflict-affected states, government ministries play a pivotal role in establishing foundational systems for recovery, safeguarding children, and ensuring the well-being of the next generation.

A. NGOs (Non-Governmental Organizations)

Non-governmental organizations (NGOs) function as operational actors within communities, providing rapid, direct support where public services are limited or absent (UNICEF, 2020; UN OCHA, 2022; Save the Children, 2017). They implement essential interventions such as food distribution, mental health assistance, and health-worker training, and they address service gaps by delivering programs and resources that complement or supplement governmental efforts as they usually hire local staff, people trust them and the help actually fits the community's culture (UNICEF, 2023; FAO, 2017). NGOs aren't stuck in one way of doing things, they can switch things up as situations change, which makes them essential partners for UNICEF and government teams (UNICEF, 2020; Save the Children, 2017).

B. Communities and Caregivers

Central to any effective intervention are the child's immediate caregivers and community figures, including parents, teachers, neighbors, and local leaders (UNICEF, 2020; UNICEF, 2021; Save the Children, 2008). They're usually the first to spot if a child's not doing well, whether it's trauma, hunger, or danger (UNICEF, 2021; UNICEF, 2023). They understand the culture, the language, and what will actually work in their area (UNICEF, 2023; UN OCHA, 2022). When you support caregivers, give them training, counseling, resources like you strengthen the whole response (UNICEF, 2011; IASC, 2007). A stable caregiver is one of the best protections a child can have (UNICEF, 2021; Save the Children, 2008).

X. Integrated Strategies for Protecting Children During Crisis

Addressing the needs of children in crisis situations requires a coordinated, multi sectoral approach rather than a single intervention. Effective responses combine nutrition programs, mental health and psychosocial support, education continuity, resilient health systems, emergency preparedness, and the strategic use of technology. Individually, each of these measures has limited impact; however, when implemented together, they create a comprehensive safety net that safeguards children both during emergencies and in the longer-term recovery phase.

A. Community-Based Nutrition

The best way to fight malnutrition is to start at the community level (UNICEF, 2023). Local volunteers and health workers get trained up, so they can spot the signs of malnutrition early—sometimes with nothing more than a simple tape measure (those MUAC bands) (WHO & UNICEF, 2021). This means even kids in out of the way villages get help fast (Dodlova, Escobar Carias, & Grimm, 2023). Feeding programs step in with life saving meals, whether a child is moderately malnourished or in real danger (UNICEF, 2023). At the same time, parents learn about safe feeding, hygiene, and breastfeeding, so they're less likely to end up back in the same mess (UNICEF, 2023). When communities run these programs themselves, the impact sticks around longer (UNICEF, 2023).

B. Psychosocial Support (MHPSS)

Apart from food and medicine children equally need and require to feel safe and supported too (Save the Children, 2008). Setting up spaces where kids can play, learn, and just be kids again makes a huge difference (Save the Children, 2008; UNICEF, 2011). It lowers their stress and helps them find a bit of normal in the middle of chaos (UNICEF, 2023; WHO, 2022). Parents get help too; counseling gives them the tools to support their children (IASC, 2007). And when mental health care is part of basic health services, no one slips through the cracks (UNHCR, 2021). Kids who need extra help can get it from specialists (BMC Psychology, 2025).

C. Supporting Schools

In a crisis, giving kids food at school keeps them coming and makes sure they eat at least once a day (NICEF, 2023). Teachers learn how to spot and handle trauma, so they can help kids who are struggling (IASC, 2007; Save the Children, 2008). A safe, welcoming school can help kids hang on to hope and a sense of future (Save the Children, 2008).

D. Strengthening Health Systems

Health workers get trained to handle emergencies, both for nutrition and mental health (UNICEF, 2023). The system only works if supplies like medicine, special foods, vitamins etc actually get

where they're needed, so keeping that pipeline strong is a must (World Food Programme & FAO, 2023). Mobile clinics are a lifeline for kids in hard to reach areas (UN OCHA, 2022).

E. Emergency Preparedness & Rapid Response

When disaster hits, speed matters the most to take rapid action (UNICEF, 2023). Teams do quick assessments to figure out what's needed most (UNICEF, 2021). Temporary shelters, safe spaces, even pop-up schools get set up right away (Save the Children, 2008; UNICEF, 2011). Pre-trained teams make the response faster and smoother, cutting down on confusion (UN OCHA, 2022).

F. Digital Tools

Hotlines and teletherapy make mental health care available even when you can't get to a clinic (UNICEF, 2021). Apps help spot malnutrition early, sometimes just from a photo (WHO & UNICEF, 2021). Online training keeps caregivers, teachers, and health workers up to speed (IASC, 2007). All these digital tools mean more kids get help, and their privacy stays protected (UNICEF, 2021).

XI. Case Studies

A. Syria

Years of protracted conflict in Syria have displaced millions of children, resulting in the loss of homes, the collapse of community networks, and prolonged separation from caregivers (UNICEF, 2023). Frequent displacement, often multiple times within a single year has severely disrupted children's educational continuity (UN OCHA, 2022). Schools have been destroyed, converted into shelters, or rendered inaccessible due to insecurity, leaving many children with extended periods of interrupted learning (UNICEF, 2024; UNICEF, 2023). The degradation of the health system has further exacerbated vulnerability, as hospitals and clinics often lack staff, supplies, or safe access, preventing timely medical treatment for injuries, chronic illnesses, and preventable diseases (UNICEF, 2023; UNICEF, 2023).

Food insecurity remains widespread, with supply chains weakened by conflict and economic instability (World Food Programme & FAO, 2023. As a consequence, malnutrition has become a

persistent concern, reflected in rising rates of stunting, wasting, and micronutrient deficiencies among children (UNICEF, 2023). These conditions compromise physical growth, weaken immune function, and increase susceptibility to infection (WHO & UNICEF, 2021). The psychological burden of continuous exposure to violence, displacement, and loss is equally profound (UNICEF, 2023; BMC Psychology, 2025). Many children exhibit trauma-related symptoms, including persistent fear, nightmares, hypervigilance, and emotional dysregulation, which can impair cognitive development and long-term mental health (Yurumez et al., 2024; IASC, 2007).

UNICEF has implemented targeted interventions to mitigate these impacts (UNICEF, 2024; UNICEF, 2023). The organization has established temporary learning centres and rehabilitated damaged schools to restore access to education (UNICEF, 2023). Vaccination campaigns have been deployed to prevent outbreaks of measles, polio, and other communicable diseases (UNICEF, 2023). Emergency water, sanitation, and hygiene (WASH) services have been introduced to provide clean drinking water and reduce the spread of waterborne illnesses (UNICEF, 2023). Additionally, child-friendly spaces have been created to offer structured activities, psychosocial support, and protective environments for displaced children (Save the Children, 2008.

Collectively, these interventions provide critical stability and help preserve a sense of routine for Syrian children, offering essential support for their physical safety, psychological wellbeing, and long-term development amid ongoing conflict (UNICEF, 2023).

B. Palestine

Life in the Gaza Strip remains deeply affected by recurrent armed conflict, structural devastation, and the loss of family members (UN Security Council, 2023). Since October 2023, more than 52,418 Palestinians have reportedly been killed in Gaza including 16,278 children (UN OCHA, 2022). Over 118,000 people have been wounded, with over 34,000 of them children suffering injuries, many severe or life changing (UN OCHA, 2022).

As a result, children are exposed to extreme psychological stress (UNICEF, 2023; BMC Psychology, 2025; Yurumez et al., 2024). Reports indicate widespread anxiety, hypervigilance, sleep disturbances, and concentration difficulties (UNICEF, 2023; Dawn.com, 2022). Many

children live under continuous fear, witnessing violence or displacement repeatedly (UNICEF, 2023; Save the Children, 2017).

The humanitarian and nutritional crisis is acute (FAO, 2017). The entire population of Gaza, 2.1 million people, now face critical famine risk; one in five is already experiencing starvation-level conditions (World Food Programme & FAO, 2023). As of mid-2025, approximately 71,000 children and more than 17,000 mothers are forecast to require urgent treatment for acute malnutrition (UNICEF, 2023). In a particularly grim sign, July 2025 was Gaza's deadliest month for child malnutrition deaths: 24 children under age five died representing 85% of all such fatalities in 2025 (UNICEF, 2025; UNICEF, 2023).

In response, UNICEF and partner agencies have been providing lifesaving support (UN OCHA, 2022). Their interventions include emergency food assistance, distribution of ready-to-use complementary foods for infants, nutrition screening, and cash transfers to thousands of affected families (UNICEF, 2025). They also maintain child-protection and psychosocial support services: counselling, safe learning spaces, and shelter-based social services to address trauma, disruption, and displacement (UNICEF, 2023; UNICEF, 2021; Save the Children, 2008). These coordinated efforts deliver critical stability and protection to children under extreme duress offering food, healthcare access, education, and emotional support amid ongoing conflict and deprivation (UNICEF, 2023).

C. The 2015 Nepal Earthquake

On 25 April 2015, a 7.8-magnitude earthquake struck Nepal, followed by a second 7.3-magnitude quake on 12 May (UN OCHA, 2015; UNICEF, 2023). The disaster resulted in nearly 9,000 fatalities and over 22,000 injuries, and displaced approximately 2.8 million people nationwide (UN OCHA, 2015; UNICEF, 2023). Among the severely affected population, about 4.2 million individuals, an estimated 1.7 million were children (UNICEF, 2011; UNICEF, 2023). Roughly 940,000 children required urgent humanitarian assistance after the quake (UN OCHA, 2015).

The earthquake destroyed or damaged an estimated 24,000 classrooms, putting the education of nearly 1 million children at risk (UNICEF, 2023). Many communities lost critical infrastructure,

including health-care facilities and homes, with over 760,000 houses reported damaged or destroyed (UNICEF, 2023).

In response, UNICEF, along with partner agencies, mobilized immediately to deliver essential services across the most affected districts (UNICEF, 2011; UN OCHA, 2015). Within weeks of the earthquake, UNICEF had established 28 Child-Friendly Spaces in displacement camps around Kathmandu, Lalitpur, and Bhaktapur, providing psychosocial support, structured play, education, and vital messages about hygiene, nutrition, health, and protection to more than 2,800 displaced children (Save the Children, 2008).

Beyond emergency relief, UNICEF and partners constructed nearly 2,000 temporary learning centres, enabling over 179,000 children to resume learning in safe, supervised environments (UNICEF, 2023). They also delivered water, sanitation and hygiene services, emergency nutrition support, and measures to prevent violence, abuse, and child exploitation, aiming to mitigate the long-term risks associated with displacement and trauma (Save the Children, 2008).

These interventions provided a critical semblance of normalcy for children whose lives were abruptly upended: offering shelter, learning, play, protection, and psychological support during an unparalleled humanitarian crisis (Save the Children, 2008).

D. Pakistan Earthquake (2005)

On 8 October 2005, a magnitude 7.6 earthquake struck northern Pakistan and Pakistan-administered Kashmir, centered near Muzaffarabad (UN OCHA, 2005; UNICEF, 2023). The quake resulted in catastrophic destruction: at least 73,000 people lost their lives and tens of thousands more were injured (UN OCHA, 2005; UNICEF, 2023). Estimates suggest up to 3.3–3.5 million people were rendered homeless in the affected regions (UNICEF, 2023).

In the wake of the disaster, many hospitals, clinics, and local health facilities were destroyed or rendered nonfunctional, severely limiting access to medical treatment for injured or displaced children (UNICEF, 2023; UNICEF, 2023). Food supplies, clean water, and sanitation infrastructure also collapsed, raising urgent risks of malnutrition, disease, and water-borne illness among affected populations (FAO, 2017).

To address these emergencies, UNICEF, alongside partner agencies and national authorities, launched a massive relief operation (UNICEF, 2023; UN OCHA, 2005). Within weeks, UNICEF distributed millions of units of basic supplies, including water-safety items such as jerrycans and buckets, hygiene items like soap, and emergency health kits to ensure access to safe water and sanitation (UNICEF, 2023).

Moreover, UNICEF conducted a large-scale immunization and nutrition campaign: approximately 4 million children aged 6 months to 15 years received measles vaccinations and vitamin A supplementation (UNICEF, 2023). These measures significantly reduced the risk of infectious disease outbreaks, especially measles and diphtheria, which threatened internally displaced and camp-based children (UNICEF, 2023).

In addition to health and nutrition, UNICEF and its partners prioritized protecting children from exploitation and extreme hardship by supporting provisional shelters, camp services, and monitoring vulnerable populations (UNICEF, 2020; Save the Children, 2017). Various humanitarian agencies including the Aga Khan Development Network (AKDN) provided emergency medical care, surgical services, trauma counselling, and disease-surveillance in collaboration with UNICEF and local authorities (UNICEF, 2023).

These coordinated humanitarian efforts demonstrate that, even amid the devastation of one of the region's worst natural disasters, strategic international and local collaboration can restore critical services, stabilize vulnerable populations, and offer hope and protection to children whose lives were shattered (UNICEF, 2023).

XIII. Questions a Resolution Must Answer (QARMA)

1. What policies and intervention frameworks are most effective in safeguarding children from both nutritional deprivation and trauma during emergencies?
2. How can UNICEF member states strengthen early-childhood nutrition systems in rural and conflict-affected areas?
3. How can UNICEF enhance the early identification of child malnutrition, including stunting, in regions with limited access to formal healthcare services?

4. What strategies can be implemented to ensure timely and appropriate psychological support reaches children during emergencies such as conflict, displacement, or natural disasters?
5. How can UNICEF enhance the early identification of child malnutrition (e.g. stunting) in regions with limited access to formal healthcare services?
6. How to improve accuracy of malnutrition data in remote communities where births and deaths are often unregistered?
7. How can proposed interventions remain effective, scalable, and sustainable beyond the immediate crisis period?

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