

# KADIKOYMUN'26

## *Study Guide*

WHO



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- **Letter From the Secretary General-1**

Distinguished Delegates and Most Esteemed Participants,

It is my pleasure and honor to serve as the Secretary General of Kadıköymun'26, which will allow you to participate in fruitful debates and solve crises. In the second edition of Kadıköymun, we prepared six engaging committees for you to improve yourselves and speak up as countries.

I poured my whole heart, experiential knowledge and determination on this conference along with my teammates, to provide you the best possible conference you can experience. I would like to once again extend my gratitude towards all teams, especially the academy team, for preparing the study guides tirelessly for you.

You as participants are not people. You are representatives, countries, role models and many more. Let this conference be a light in people's heart and a sense of hope for humanity, particularly for those who are oppressed. The time will come for us, and for them.

With my warmest regards,

Elif Beyza Tüfekçi

Secretary General of Kadıköymun'26

- **Letter From the Secretary General-2**

Distinguished delegates and esteemed participants

It is my privilege, as your Secretary-General, to welcome you to Kadıköy Model United Nations Conference.

In a world marked by rapid change, rising tensions, and unprecedented global challenges, the role of youth in shaping the future has never been more vital. MUN is not merely an academic exercise; it is a training ground for leadership, diplomacy, and collective action. Here, every delegate – regardless of experience or background – has the opportunity to think critically, speak courageously, and collaborate across differences.

Throughout this conference, you will be challenged to confront complex issues, to defend your positions with integrity, and to seek solutions that extend beyond borders. You will debate security and development, human rights and technology, sustainability and global governance. But above all, you will learn that diplomacy is built on respect, empathy, and the willingness to listen.

As you prepare your arguments and refine your strategies, remember that the most impactful delegates are not those who speak the loudest, but those who elevate the discourse, build bridges between opposing viewpoints, and lead with purpose.

We encourage you to embrace every moment – the intense negotiations, the late-night drafting sessions, the breakthroughs and setbacks – for they are the heart of what makes MUN transformative.

On behalf of the Secretariat, I wish you productive debates, meaningful connections, and an unforgettable experience. May this conference inspire you not only to understand the world, but to improve it.

Zeynep Reyryan Aktaş

Secretary General of Kadıköymun'26



## Introduction to the Agenda

The year 2005 is significant in understanding the correlation between war and mental health. This year is the 30th anniversary of the termination of the Vietnam war and initialization of the war in Lebanon. Every day media shows the violence of the ongoing "war" situation in Iraq. Some recent quotations from the media depict the impact of war on mental health: "We are living in a state of constant fear" (in Iraq); "War takes a toll on Iraqi mental health"; "War trauma leaves physical mark"; "War is hell... it has an impact on the people who take part that never heals"; "War is terrible and beyond the understanding and experience of most people"; "A generation has grown up knowing only war".

War has a catastrophic effect on the health and well being of nations. Studies have shown that conflict situations cause more mortality and disability than any major disease. War destroys communities and families and often disrupts the development of the social and economic fabric of nations. The effects of war include long-term physical and psychological harm for children and adults, as well as reduction in material and human capital. Death as a result of wars is simply the "tip of the iceberg". Other consequences, besides death, are not well documented. They include regional poverty, malnutrition, disability, economic/ social degradation and psychosocial illness, to mention only a few. Only through a greater understanding of conflicts and the several mental health problems that arise from the wars, coherent and effective strategies can be developed for dealing with such problems.

The importance that the WHO (World Health Organization) attributes to cope with the psychological traumas of war was highlighted by the resolution of the World Health Assembly in May 2005, which urged member states "to strengthen action to protect children from and in armed conflict" and the resolution of the WHO Executive Board in January 2005, urged "support for implementation of programmes to repair the psychological damage of war, conflict and natural disasters".

The WHO estimated that, in the situations of armed conflicts throughout the world, "10% of the people who experience traumatic events will be likely to have serious mental health problems and another 10% will develop behavior that will hinder their

ability to function effectively. The most common conditions are depression, anxiety and psychosomatic problems such as insomnia, or back and stomach aches"

## 1.1 Background of the Issue

The year 2005 is significant in understanding the relationship (correlation) between war and mental health. This is the 30th anniversary of the end of the Vietnam war and of the start of the war in Lebanon. Every day the media bring the horrors of the ongoing "war" situation in Iraq. Some recent quotations from the media depict the impact of war on mental health: "We are living in a state of constant fear" (in Iraq); "War takes a toll on Iraqi mental health"; "War trauma leaves physical mark"; "War is hell... it has an impact on the people who take part that never heals"; "War is terrible and beyond the understanding and experience of most people"; "A generation has grown up knowing only war".

Wars took an important part in psychiatric history in a number of ways. It was the psychological impact of the world wars in the form of shell shock that supported the effectiveness of psychological interventions during the first half of the 20th century. This was the recognition of a population's proportion not being suitable for army recruitment during the Second World War which spurred the establishment of the National Institute of Mental Health in USA. The differences in the presentation of the psychological symptoms among the officers and the soldiers led us to find new ways of understanding the psychiatric reactions to(of) stress.

During the last year, a large number of books and documents have addressed the effects of war on mental health. These resources include the WPA book "Disasters and mental health" the World Bank report "Mental health and conflicts - Conceptual framework and approaches" the United Nations (UN) book "Trauma interventions in war and peace: prevention, practice and policy" the United Nations Children's Fund (UNICEF) document "The state of the world's children - Childhood under threat" the book "Trauma and the role of mental health in post-conflict recovery" and a chapter on "War and mental health in Africa" in the WPA book "Essentials of clinical psychiatry for sub-Saharan Africa".

Although there have not been any world wars since the Second World War, there have been wars and conflicts throughout the last 60 years. For example, according to the studies of World Health Organization (WHO), in the 22 countries of the Eastern Mediterranean region, over 80% of the population either is in a conflict situation or has experienced such disease in the last quarter of century.

## 2. Psychological Impacts of War and Conflict

The occurrence of a wide variety of psychological symptoms and syndromes in the populations trapped in conflict situations are widely documented by available research. However, the research also provides evidence on the stable mental health of more than 50 percent of the population who faces the worst trauma in war situations. There is no doubt that the populations in war and conflict situations should receive mental health care as part of the total relief, rehabilitation and reconstruction processes. As happened in the first half of the 20th century, when war gave a big push to the developing concepts of mental health, the study on the psychological consequences of the recent wars could add new understandings and solutions to mental health issues of the general populations.

A number of issues which have emerged from the extensive literature on the prevalence and pattern of mental health effects of war and conflict situations. Are the psychological effects and their manifestation universal? What should be the definition of a case which requires intervention? How should psychological effects be measured? What is the long-term course of stress-related symptoms and syndromes? All these issues need to be addressed by future studies.

It is important to report that the WHO and some other UN-related bodies have recently created a task force to develop "mental health and psychosocial support in emergency settings" which is expected to complete its activity in one year.

### 2.1 Trauma and Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) is a common mental health condition among individuals living in or displaced from conflict zones. These environments expose people to constant violence, threats to life, loss of loved ones, and forced

displacement. Continuous exposure to fear, insecurity, and trauma creates the ideal environment for PTSD to develop.

PTSD doesn't only affect emotional well-being; it also changes the brain's structure and function. Chronic stress can damage memory, concentration, and decision-making abilities. Many sufferers experience flashbacks, hypervigilance, irritability, and anxiety, making everyday life extremely difficult. Physically, PTSD is also linked to cardiovascular diseases, weakened immunity, and other long-term health issues.

Despite the severe challenges, PTSD can be treated – even in conflict zones. Treatment usually combines psychotherapy, medication, and community-based support. Cognitive Behavioral Therapy (CBT), especially exposure therapy and cognitive restructuring, helps individuals face and reframe traumatic experiences. Antidepressants such as SSRIs and SNRIs may also help with reducing symptoms, however access to medication might be limited in war-torn areas.

Community support plays a crucial role as well. Family members, local leaders, and organizations can provide emotional care, reduce stigma, and help people access mental health services.

In conclusion, PTSD is a serious but treatable condition. For those living in conflict zones, addressing mental health needs through accessible therapy, medication, and social support systems is essential. Prioritizing psychological well-being is not only vital for individuals' recovery but also for the long-term healing of war-affected communities.

## 2.2 Impact on Children and Adolescents

War affects children in the same way as it affects adults, but children tend to struggle more when it is compared. First, children are dependent on the care, empathy, and attention of adults who love them. Their attachments are frequently disrupted in times of war, due to the loss of parents, extreme preoccupation of parents in protecting and finding subsistence for the family, and emotional unavailability of depressed or distracted parents. The child may be in substitute care with someone who cares for him or her only slightly – relatives or an orphanage. A



certain proportion of war-affected children lose all adult protection and become “unaccompanied children,” as they are known in refugee situations.

Second, impacts in childhood may adversely affect the life trajectory of children far more than adults. Consider children who lose the opportunity for education during war, children who are forced to move into refugee or displaced person camps, where they wait for years in miserable circumstances for normal life to resume, if it ever does. Consider a child disabled in war; they may, in addition to loss of a limb, sight, or cognitive capacity, lose the opportunity of schooling and of a social life. A girl who is raped may be marginalized by her society and lose the opportunity for marriage. Years later, after the war ends, these lives will never attain the potential they had before the impact of war.

War has devastating and wide-ranging effects on children. Many die each year as direct victims of violence, whether as civilians, combatants, or through ethnic cleansing. Those who survive often suffer severe injuries – especially from landmines – and many are left permanently disabled without access to adequate rehabilitation or prosthetic care.

Health conditions worsen drastically in wartime. Malnutrition, poor sanitation, unsafe water, and lack of medical services lead to illnesses and higher mortality rates, especially among refugees. Interrupted vaccination programs further increase the spread of the diseases.

Children also face sexual violence, including rape(harrasment) and prostitution for survival, leading to lifetime physical and psychological harm. Exposure to war's terror causes intense psychological suffering, such as post-traumatic stress disorder (PTSD), depression, and anxiety.

Beyond physical and mental harm, war damages children's moral and spiritual development – forcing them to abandon values or commit acts for survival, sometimes as child soldiers trained to kill. Socially, war destroys communities and cultures, leaving children displaced, alienated, and irrelevant to their sense of belonging.

## 2.3 Gender-Specific Mental Health Concerns

Modern warfare targets civilian populations. We are experiencing a significant increase in the percentage of civilian deaths among those killed in a war, and up to 90% of casualties today are civilians. According to the studies based on Murthy and Lakshminarayana state "women have an increased vulnerability to the psychological consequences of war. Indeed, women and men are exposed to different traumas in times of war. They may be diagnosed different psychological problems, cope in different ways, and have different thresholds to receive treatment. Thus, the gender perspective is both challenging and needed.

Many women may in war are expected to maintain the main responsibility of looking after their family, with the destiny of their husbands unknown and new and unfamiliar duties placed on them. If the household is facing some kind of disaster, this may overload women's capacity to cope, as preoccupation with the needs of the family may disable them to consider their own needs, especially if they are widows. The responsibility of supporting the family may be harsh and rendering sexual services may be their coping mechanism. On the other hand, the care-giving role may have a protective function which is providing women a natural role and identity.

Adequate medical care is seldomly available in war and post-war countries. Women (as well as men and children) may suffer for years from war-induced health problems without receiving appropriate medical care. In some countries, like Afghanistan, women have been incapable of receiving access to healthcare.

Women may frequently express complaints about the somatic nature and seek help with little understanding of the psychological nature of such symptoms. Knowledge on psychotherapy may be limited and some women may avoid talking about their psychological problems – partly due to the fear of stigmatization, partly because they assume their families may view treatment for psychological problems as non-legitimate.

A sustainable relationship between therapist and client -which allows the client to reveal her traumatic experiences- happen when the therapist pays attention to the

woman's state of mind and current life situation, keeping in mind that women cope with gender discrimination or devalued status in society.

### 3. Physical Impacts of War and Conflict

Although the psychological effects of war on children have been widely studied, the physical consequences are just as significant, frequently occurring alongside or as a result of psychological trauma. War directly harms children's health through injuries, forced displacement, and lack of basic necessities, and indirectly through prolonged physiological stress responses triggered by traumatic experiences. Measuring the number of deaths among children resulting from conflicts is a complex task. Estimating mortality and morbidity related to indirect effects of conflict—such as disruptions to healthcare, food supplies, clean water, and sheltering—is even more challenging. Studies claim that indirect deaths substantially exceed direct fatalities in most conflicts, with indirect mortality accounting for at least 75% of the total excess deaths in armed conflicts. Using data from the Uppsala Conflict Data Program on conflict events in African countries between 1995 and 2015, infants born within 50 km of conflict zones have a 7.7% higher risk of dying before their first birthday compared to those born during periods of peace, with mortality risk increasing related to conflict severity. This elevated risk extended up to 100 km from conflict sites and persisted for up to eight years, with cumulative increases in infant mortality two to four times greater than the immediate effects. Across the continent, infant deaths attributable to conflict were estimated to be 3.2 to 3.6 times higher than the number of direct conflict-related fatalities. Similarly, during the Persian Gulf War, child mortality in Iraq increased more than threefold (relative risk 3.2), resulting in an estimated excess of over 46,900 child deaths. Non-fatal physical injuries and disabilities represent a major physical consequence of armed conflict, primarily resulting from exposure to explosives and gunfire. Common weapons responsible for such injuries include firearms, landmines, artillery shells, bombs, and improvised explosive devices. In conflict-affected areas, children are exposed to a wide spectrum of physical trauma and medical conditions. The most frequently reported injuries include orthopedic damage, severe burns, disfigurement, traumatic

brain injuries, and fatalities—most commonly resulting from explosive weapons such as landmines, bombs, and artillery shells. Additionally, some studies have documented the harmful effects of chemical and biological warfare on pediatric populations. One of the most serious long-term consequences of these injuries is permanent disability, which often impairs physical, cognitive, or social functioning and significantly affects quality of life. Among these, limb amputations are the most frequently reported outcome, occurring in approximately 20% to 83% of victims.

<https://www.sciencedirect.com/science/article/pii/S2667009725000454>

## 3.1 Civilian Casualties and Injuries

War has devastating consequences for civilians. Civilians are often more vulnerable because they are not trained to cope with the complex environment of war and lack the protective equipment, such as body armor and helmets, that soldiers in regular units possess. Medical organizations within the armed forces are also better trained and equipped to operate in chaotic and dangerous environments. The war in Ukraine and the deterioration of the security situation in recent years have led Sweden and many other countries in Europe to consider rebuilding their civilian national defenses. Large-scale combat operations (LSCO) involve combat activities that affect civilian areas and result in large numbers of military and civilian casualties and injuries. This can overwhelm existing medical treatment facilities (MTFs). LSCO will cause casualties on a scale not seen since World War II. Planning must be prepared in peacetime and is the responsibility of both civilian and military defense officials.

Military casualty and injury patterns are frequently published in the literature. For military personnel, casualty numbers and injuries are generally reported according to standardized methods. This supports empirical and scientific modifications of treatment methods and tactics. To get prepared for wartime healthcare capabilities, well-defined planning requirements are needed. Civilian injury patterns are one of these requirements, along with the expected total number of civilian, military, allied, volunteer, and enemy casualties. Civilian injury patterns are also important for planning equipment and medical supplies in staging depots and for focusing training courses on combat casualty care, combat surgery, and wartime postoperative care. Such data are published by authorities such as the Swedish Defence Medical Board



(reorganized in 1994) and the Swedish National Board of Health and Welfare. In 1994, they published "Principles of Combat Surgical Treatment," which reports historical data on injury patterns in war. The purpose of this study is to describe current injury patterns for civilian populations in modern armed conflict zones based on a systematic literature review.

## 3.2 Malnutrition and Food Insecurity

One way conflicts lead to hunger is through population displacement (including the displacement of farmers), which drives communities into poverty. It also curbs agricultural production, destroys assets, and devastates food supplies. Furthermore, it disrupts markets by driving up prices and harming people's livelihoods.

In many countries, hunger is used as a weapon of war. Blocking aid delivery, destroying drinking water infrastructure, and plundering food supplies (or attacking markets) are among the tactics rarely condemned today.

Without significant political resolve and immediate access, needs worldwide will continue to grow. The activities of humanitarian organizations are increasingly constrained by warring parties, states, and donors who enact laws, measures, or impose international sanctions. These sanctions limit humanitarian organizations' ability to intervene and directly impact communities.

## 3.3 Spread of Infectious Diseases in Conflict Zones

Military conflicts characterized by war have had a significant impact on health infrastructure and systems. Affected populations may be exposed to periodic outbreaks of violence (lasting weeks to months), ongoing or recurring insecurity (lasting years to decades) in a protracted conflict, or the long-term consequences of previous (often protracted) wars.

Furthermore, populations in conflict situations exhibit increased prevalence of infectious diseases as a result of numerous risk factors that accelerate disease emergence and transmission. These conflict-related factors include the degradation of vital and health infrastructures and large-scale, forced population movements, which further strain resources in affected countries and facilitate disease emergence

and transmission. Infectious disease outbreaks in conflict settings pose a unique challenge for public health and emergency response. The detection and control of many infectious diseases that emerge in conflict situations requires a functional health system with adequate numbers of trained health workers and adequate supplies of medicines, vaccines, and equipment. Therefore, delays in detecting, responding to, and controlling an infectious disease outbreak in conflict-affected countries prolong the suffering of the country's population and increase the risk of infectious disease transmission to surrounding countries and globally.

The conflict in Ukraine, which began in early 2022 amid the COVID-19 pandemic, has reminded the world of the risks associated with infectious disease outbreaks among displaced populations and highlighted the importance of having an emergency preparedness plan and response system to address infectious disease outbreaks in conflict zones. With the former in mind, this systematic literature review examines the pathways through which infectious diseases emerge in conflict situations and evaluates preparedness and response strategies to inform the work of public health institutions and countries affected by protracted conflict.

### 3.4 Access to Medical Care and Health Infrastructure

Countries with developed healthcare infrastructures have a significant advantage in medical tourism because modern hospitals, advanced technologies, and internationally accredited facilities instill confidence in international patients. These countries offer advanced procedures such as robotic surgery, organ transplantation, and cancer treatment, leading patients to seek high-quality and effective treatment in these centers. The presence of trained healthcare professionals enhances the quality of services, making these countries more attractive in the global health tourism market.

Furthermore, many countries facilitate patient access by offering integrated support services such as transportation, accommodation, and companionship services, in addition to medical treatment. Government investments in healthcare infrastructure, the establishment of new facilities, and the adoption of advanced medical equipment accelerate this process. Thus, a strong healthcare system contributes significantly to the economy and social well-being by ensuring the provision of high-standard

services not only to local residents but also to international patients. Children experience or witness terrible events during conflicts: the little girl who watched her mother being raped; the children who saw their father beaten and then taken away, never to return; those who fled their homes when the bombs began to fall; the 14-year-old who had to climb over the lifeless bodies of her father and brothers to get out of the ruins of her house.

They (Such circumstances) develop fears that never leave them and lose confidence in the ability of adults to protect them.

Mothers from the Philippines to Lebanon tell similar stories: "When there is a thunderstorm, my children scream because they believe the bombing has started again." Zukhra was an eight-month-old baby in Chechnya when her mother, who was holding her, was killed during a shootout. Zukhra lay on the street for several hours, bullets flying around her, before someone came to her aid. She is seven years old now but is yet to say a word; clinical examinations have revealed nothing wrong with her

Children who have been forced to commit atrocities while bearing arms are very likely to be scarred psychologically. So are ten-year-olds who are forced to become their families' breadwinners. Psychological distress expresses itself in various forms: physically (stomach pains, headaches), as behavioral difficulties (withdrawal, aggression towards people or objects), as learning disabilities, bed-wetting, difficulty in speaking, and in many other ways as well.

Childhood and adolescence are critical stages in a person's psychological development, and traumatic events during these periods are likely to have permanent consequences. But children are remarkably resilient and recover from traumatic experiences in the most unexpected ways. "Indeed, children have natural but variable capacities to adapt to the changes in their environment. This will depend on several factors, amongst them their age, their personal aptitude, as well as the characteristics of their social and emotional environment. The resilience to an event or traumatic

The situation may vary from one child to another and the support should be adapted accordingly," says Laurence De Barros-Duchene, an ICRC mental health coordinator.

Trauma cases do sometimes require mental-health care, but only very seldom. In conflict-affected countries, humanitarian agencies prefer a community-based approach to one that concentrates on individuals. This consists of creating the most favourable conditions for victims to recover by themselves. Most often, it is necessary only to restore a sense of normalcy: through care and nurturing, by meeting basic needs, restoring normal routines and structures, and providing recreational activities (staging plays, role-playing exercises, games, sports, drawing, etc.). In certain societies, traditional rituals can help, particularly for reintegrating children associated with armed forces and armed groups.

Diya was three-and-a-half years old when he was kidnapped with his father in Iraq. To break the father down, the kidnappers tortured Diya; his father had to listen to his son's screams from an adjacent room. Diya still has the scars on his skull. He eats poorly, has nightmares, is hyperactive and wets his bed. He lives in constant fear of "thieves" and at night, he can fall asleep only if he is allowed to hold his father's leg.

## 4. International Legal and Humanitarian Frameworks

### 4.1 Geneva Conventions and Civilian Protection

The Geneva Conventions are international treaties established in 1949 to set rules for humanitarian treatment during war. They aim to protect individuals who are not participating in hostilities, such as civilians, medical staff, and prisoners of war.

#### Key Principles

- *Distinction*: Combatants must distinguish between civilians and military targets, directing operations only against military objectives.
- *Proportionality*: Attacks should not cause excessive harm to civilians in relation to the anticipated military advantage.



- *Necessity*. Use of force must be necessary to achieve a legitimate military objective.
- *Humanity*. All persons are entitled to respect for their dignity and rights.

## Civilian Protection

### *The Conventions prohibit.*

- Using starvation as a method of warfare.
- Attacking humanitarian aid workers or medical facilities.
- These rules apply in both international and non-international armed conflicts.

## 4.2 Role of WHO, UNHCR, UNICEF, ICRC

As a result of the cross-border conflict, Lebanon's economy is projected to further deteriorate resulting in critical services becoming even more inaccessible to marginalised and vulnerable groups, especially children. In the absence of a permanent ceasefire, the crisis risks create another lost generation of children that are deprived of their basic rights and services. The cost of inaction is anticipated to result in the following:

Health outcomes are expected to worsen, with a surge in vaccine-preventable diseases already evident.

The risk of a measles outbreaks is significant, with Lebanon being among the 51 countries meeting the global criteria for large and disruptive outbreaks. If routine immunization at health facilities remains to be interrupted or ceases entirely, the chances of an outbreak will significantly increase, which could take children's life - particularly if their health is already compromised from displacement.

Significant increases in child stunting and wasting have already been reported, which is anticipated to continue to rise if the conflict persists.

Further degradation of water systems could lead to a rise in water and sanitation-related illnesses, particularly among children in displacement centres and informal(unofficial) settlements across the country.

Families in affected areas may face severe water shortages until facilities are repaired after the end of conflict. The potential long-term contamination of water sources with white phosphorus also poses a grave threat to communities.

The risk of child protection concerns and negative coping mechanisms, such as child labour, exploitation, early marriage, and enduring mental health issues, is expected to increase, especially given the limited child and social protection systems in place in the country.

The likelihood of increased school dropout rates among children is expected to rise, raising the probability of their involvement in informal or exploitative labour.

Immediate steps must be taken to tackle the multifaceted challenges facing Lebanon's vulnerable children amidst the ongoing conflict. This requires a unified and multi-sectoral approach that prioritizes the safety, wellbeing, and future prospects of children. Failing to do so jeopardizes the potential of children.

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## UNICEF DID FOR CIVILIANS;



**121,699 people** have been provided with access to a sufficient quantity and quality of water for drinking and domestic needs.



**90,000 displaced people**, including **30,000 children**, benefitted from humanitarian cash transfer and referrals.



**63,845 children, adolescents, and their caregivers** received a package of integrated nutrition and care for child development services.



**24,566 children, adolescents, and pregnant women** have been reached with essential health services.



**4,293 children and their caregivers** received a comprehensive child protection prevention and response package.



**1,106 women and girl survivors of GBV or at-risk** accessed comprehensive prevention and response GBV services through safe spaces.



**4,020 displaced children** previously in formal education were provided with gender responsive and disability inclusive education, learning materials, and access to remote learning modalities.



**8,464 winter kits for displaced children and families** were produced by youth participating in learning and income generating opportunities and distributed to displaced children.



**6,374 individuals** were engaged through integrated messaging on prevention, access to services, and the promotion of positive behaviours.

## 4.3 General Protection of the Population Against Attacks

The protection of the civilian population and civilian objects is the responsibility of the parties, civilian population and combatants must be distinguished, plus civilian objects and military objectives must be separated. This is an essential obligation according to the humanitarian law.

All civilians, without any adverse distinction and in all situations, must be protected from the effects of military operations. Hence, they may not be the target of fighting or attacks, and they have the right to receive the necessary assistance.

This general system of protection is defined in Article 51 of Additional Protocol I. Articles 52 to 56, protection of civilian objects, including those indispensable to the survival of the civilian population. These provisions are reinforced by precise rules and definitions regarding to the concept of attacks and by the specific precautions that must be taken during attacks.

The civilian population, as such, must not be the object of attacks. Acts or threats of violence, the primary purpose of which is to spread terror among the civilian population, are prohibited.

Attacks that may hit military objectives and civilians or civilian objects indiscriminately are prohibited. "Indiscriminate attacks" are defined as attacks not targeted at a specific military objective. Attacks that employ a method or means of combat cannot be directed at a specific military objective, or those that employ a method or means of combat the effects of which cannot be supervised.

Attacks in the form of reprisals may not be aimed at the civilian population.

Civilians must not be used to shield military objectives or operations or to render them immune from attacks.

This protection also covers civilian objects, which also must not be objects of acts of violence, direct or indiscriminate attacks, or reprisals. This protection also specifically concerns objects indispensable to the survival of the population which



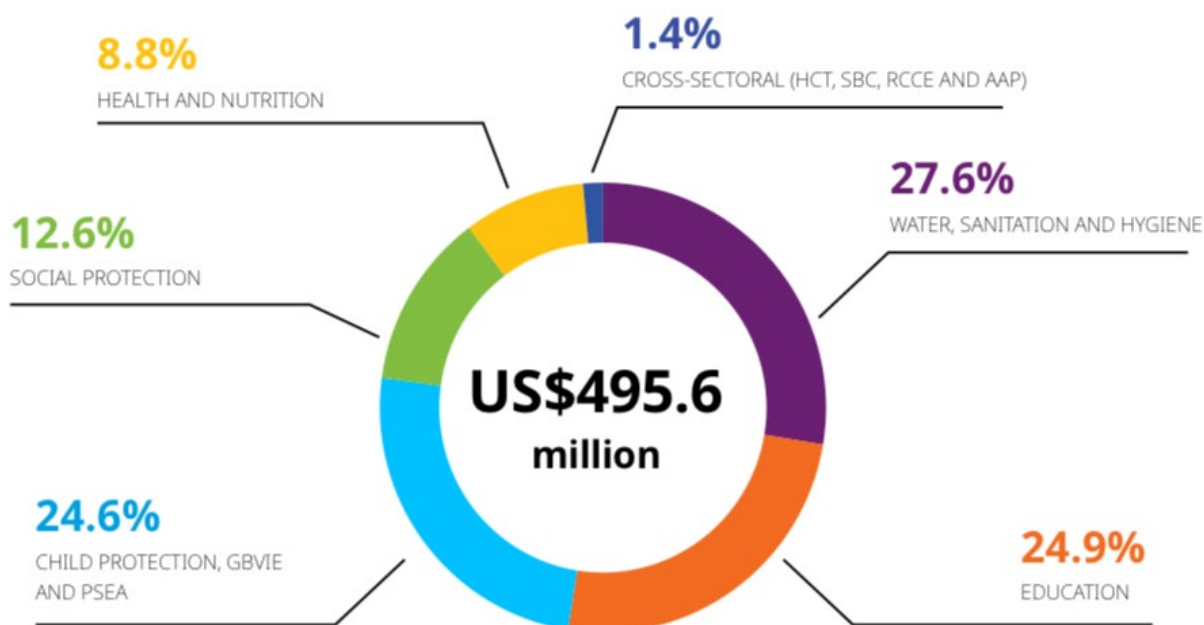
may not be attacked, destroyed, removed; or made the object of reprisals, culture. Places of worship, the natural environment, and works and installations must not contain dangerous forces.

Affects of conflicts on people are;

## RESOURCES NEEDED TO CONTINUE OUR SUPPORT FOR CHILDREN

In 2025, with the prolonged war continuing to have devastating consequences for the country's children, UNICEF is appealing for \$495.6 million. Prioritising the most affected by the ongoing impacts of war, this critical funding will address the immediate and longer-term needs of 4.9 million people, including 1.1 million children, in Ukraine and in refugee-hosting countries. In 2025, UNICEF is appealing for \$495.6 million.

The total amount requested includes **\$400** million for support inside Ukraine and **\$95.6** million for the refugee response.



Flexible and timely humanitarian funding will save lives and build futures. It will enable UNICEF to sustain and expand critical health, nutrition, child protection, education, gender-based violence, water and sanitation, and social protection services. This work continues alongside development efforts to strengthen systems and improve services at the community level for every child.

## IMPACT OF WAR ON CHILDREN

**1 in 5**

children in Ukraine has lost a relative or friend since the escalation of war three years ago



Some **6.3 million** refugees are currently registered in Europe

**2,228**

Attacks on healthcare<sup>1</sup>



**Ukraine's birthrate has declined by 35 per cent** since 2021, and nearly a third of children have fled the country in the past three years.

The number of child casualties in 2024 **rose by 57 per cent** compared to 2023

More than **5.1** million children have been displaced from their homes.



**669**

Children killed<sup>2</sup>

**1,854**

Children injured



Ukraine has become one of the most mine-contaminated countries in the world with unexploded ordnance covering an estimated **30 per cent of the country**.
















An estimated **40 per cent of children** of preschool age are not accessing early childhood education.

Most schools near front-line areas remain closed, with **40 per cent of children** in the country attending classes in blended formats.



An average of **at least 16 children have been killed or injured** in Ukraine every week since the war

In Ukraine	IN 2024, UNICEF AND PARTNERS PROVIDED	In countries hosting refugees
 <b>9.8</b> million people, including 2.5 million children, with humanitarian assistance		 Reached over <b>530,000</b> children with UNICEF assistance
 <b>240,000</b> people received humanitarian cash assistance for their essential needs		 Over <b>3,800</b> households received UNICEF supported multi-purpose humanitarian cash transfers
 More than <b>480,000</b> children with improved access to formal and non-formal learning (including early learning)	<b>EDUCATION</b>	 More than <b>485,200</b> children received support to access formal and non-formal education (including early learning)
 Nearly <b>760,000</b> children, caregivers and frontline workers accessed improved mental health and psychosocial support services.	<b>PROTECTION</b>	 More than <b>360,800</b> children and caregivers received access to mental health and psychosocial support services (MHPSS)
 <b>5.8</b> million people with more reliable access to safe water for drinking and domestic needs	<b>WATER SANITATION AND HYGIENE</b>	 Over <b>13,200</b> people received critical water, sanitation and hygiene (WASH) supplies
 Over <b>1.2</b> million children and women with access to primary health care in UNICEF-supported facilities and through mobile teams	<b>HEALTH</b>	 Over <b>43,500</b> women and children accessed primary health care through UNICEF-supported mechanisms.
 Over <b>1.2</b> million children, young people and caregivers participated in education on explosive ordnance risks and preventive practices.		

## 5. Possible Solutions

War and conflict harm both the body and the mind. To reduce these effects, the international community, humanitarian organizations, and governments must work together to build long-term, realistic solutions. These solutions should address both physical and psychological needs of affected populations.

## I. Strengthening International Humanitarian Law Enforcement

Many of the physical and mental impacts of war come from the failure to respect international laws.

- Governments should commit to fully applying the Geneva Conventions, ensuring that civilians, hospitals, and aid workers are protected at all times.
- International bodies like the ICC and UN should increase accountability for war crimes to prevent repeated violations.
- Regular training for soldiers and armed groups about civilian protection can reduce unnecessary harm and promote ethical behavior during conflicts.
- Create more international monitoring missions to report and prevent human rights abuses early.

## II. Improving Access to Medical and Psychological Aid

People living in war zones often lose access to hospitals, doctors, and mental health care.

- The WHO, ICRC, and UNHCR should work together to create mobile medical units that can reach people in dangerous or remote areas.
- Establish “Safe Health Zones” in active conflict regions where civilians can access emergency care.
- Increase funding for rehabilitation and prosthetics for war-injured people.
- Every emergency medical mission should include mental health specialists offering therapy, stress management, and trauma support.
- Promote the use of telemedicine to provide psychological counseling where physical access is impossible.

## III. Expanding Psychological Recovery and Trauma Support

The psychological impact of war—such as PTSD, depression, and anxiety—can last for generations if not treated early.



- Governments and NGOs should create community-based trauma healing programs to help survivors rebuild emotional stability.
- Train teachers, camp leaders, and volunteers in basic psychological first aid must be capable of identifying and supporting those in distress.
- Build safe community centers and youth programs that encourage social connection and hope.
- Encourage storytelling, art therapy, and group therapy as accessible forms of psychological recovery.
- Promote destigmatization of mental health care through education campaigns in refugee and conflict-affected communities.

## IV. Protecting Refugees and Displaced Persons

Millions of people lose their homes due to war and are forced to live in refugee or IDP camps.

- The UNHCR should ensure that camps provide clean water, proper sanitation, and sufficient nutrition to prevent disease.
- Establish routine medical check-ups and vaccination programs in all displacement camps.
- Provide educational and vocational opportunities to give refugees purpose and stability.
- Create mental health spaces where displaced people, especially youth, can express feelings and receive counseling.
- Encourage host countries to include refugees in national healthcare systems, not keep them separated.

## V. Rebuilding Health Systems and Infrastructure

Destroyed hospitals, clinics, and supply chains lead to long-term suffering even after wars end.

- International donors should prioritize rebuilding hospitals, roads, and water systems immediately after conflict.

- Focus on training local medical professionals so that the country can sustain its own healthcare recovery.
- Ensure that every rebuilding plan includes mental health clinics alongside physical hospitals.
- Promote partnerships between the WHO, Red Cross, and local health ministries for long-term sustainability.
- Use renewable energy and modern designs to make hospitals safer and more resilient to future crises.

## VI. Education, Peacebuilding, and Awareness

Education plays a crucial role in preventing future conflicts and building emotional resilience.

- Add peace education and conflict-resolution programs in schools to teach empathy and cooperation.
- Support awareness campaigns that highlight the psychological damage caused by war, encouraging people to support peaceful solutions.
- Empower youth and community leaders to organize local peace talks and anti-violence initiatives.
- Include survivors' voices in post-war decision-making to make recovery more inclusive and emotionally healing.

## VII. Coordinated Global Humanitarian Response

The success of recovery depends on strong coordination between governments, international organizations, and NGOs.

- Create joint emergency response units combining physical health, mental health, and humanitarian support.
- Share data and resources among WHO, UNICEF, ICRC, and NGOs to prevent overlap and reach more people.
- Promote long-term funding for psychological health, not only emergency aid.

- Encourage donor countries to support both short-term relief and long-term rehabilitation equally.

## 6. QUESTIONS TO BE ANSWERED

1. What are the main physical and psychological effects of war and conflict on civilian populations?
2. How do civilian casualties, injuries, and destruction of infrastructure worsen long-term public health?
3. In what ways do malnutrition and the spread of infectious diseases increase during prolonged conflicts?
4. What challenges do civilians face in accessing healthcare and mental health services in war zones?
5. How effective are the Geneva Conventions and international humanitarian laws in protecting civilians today?
6. What roles do WHO, UNHCR, UNICEF, and ICRC play in addressing both the physical and mental impacts of war?
7. What are the main obstacles to enforcing humanitarian laws in modern conflicts?
8. How do ongoing conflicts like the Syrian Civil War and the War in Ukraine demonstrate current health and psychological crises?
9. What are the specific health challenges faced by refugees and internally displaced persons (IDPs), and how can they be solved?
10. What possible solutions can be implemented globally to reduce both the physical and psychological consequences of war and conflict?

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