

Forum: The Third General Assembly

Topic: Combating Acute Chilld Malnutrition in Drought-Affected Regions of South-Central Somalia

Deputy President

Introduction

Acute child malnutrition remains one of the world's most urgent humanitarian challenges affecting millions of children and undermining their health, education and future potential. In young patients, child malnutrition is seen as deficiencies, excess, or imbalances in a person's intake of nutrients. Countries prone to global nutrition crisis are concentrated in Sub-Saharan in Africa. Somalia is a prime example to one of the world's most severe cases of this global pattern, where conflict, displacement and continuous climate shocks and causes extreme poverty and food insecurity. Acute malnutrition in Somalia is driven by several key causes. Conflict and displacement disrupt agriculture, making it harder for communities to grow and access food. Climate shocks which include severe droughts and floods further damage the production of food and increase water scarcity. These factors create an economic crisis and result in extreme poverty. As poverty makes the prices such as food and water skyrocket which leaves many families unable to afford nor maintain a basic diet.

According to the latest Integrated Food Security Phase Classification (IPC) update, about 1.88 million children are projected to require treatment for acute malnutrition during 2026 which highlight the urgency of solving this humanitarian crisis. This mainly occurs in drought-affected South-Central Somalia where armed groups such as Al-Shabab control parts of the region which restrict humanitarian workers to deliver food and aid to those in need. This puts the survival of children at severe risk and highlights the challenge of securing humanitarian access in conflicted areas. The reported risk of Famine in 2011, 2017, 2022, and in 2026 show how all factors in role drive to scale the problem larger.

Our theme this year, "Moderating Morality" connects to this issue as it shows the real struggle between the moral duty to save children's lives and the real-world barriers which are emplaced to stop this duty from being completed and the main barrier standing in the way is the uneasy access created by the armed groups due to their control over South-Central Somalia. Strengthening food aid and nutrition support means to balance needs with disruptions to food production and supply chains, improving healthcare access must account for limited medical facilities, and expanding child protection requires prioritizing scarce resources for vulnerable children. Moderation does not reduce the importance of children's right to survive rather, it

ensures that humanitarian responses remain practical, effective, and responsive to conditions on the ground.

Definition of Key Terms

Acute Child Malnutrition

Acute child malnutrition is a life-threatening condition caused by factors which include starvation and/or severe illnesses which result in rapid weight loss, this is the main issue of this topic as it is a condition affected millions of children across drought-affected Somalia.

Severe Acute Malnutrition (SAM)

Severe Acute Malnutrition is the most life-threatening form of acute malnutrition; this is diagnosed through the mid-upper arm measurements and if it is recorded at below 115mm urgent medical treatment is required. This term is relevant as it accentuates one of the most critical cases for healthcare services and treatments.

Food Insecurity

Food Insecurity is when people do not have consistent access to safe food and food with the required nutrients to satisfy the human body. Caused by conflict, disrupted agriculture or poverty.

Drought

Drought is a long period of below average rainfall which causes water shortages, crop failure and reduces food production. This is one of the root causes for acute child malnutrition in South-Central Somalia.

Humanitarian Access

Humanitarian Access is the ability to provide aid to the people in need in a safe and orderly manner this can be food, healthcare etc. Some people in certain areas are restricted from aid such as South-Central Somalia due to restricted access from armed groups and other factors.

Community Based Management of Acute Malnutrition (CMAM)

CMAM is a programme which manages the treatment of malnourished children within their own communities, using Ready-to-Use Therapeutic Food rather than requiring hospital care.

Internally Displaced Persons (IDPs)

IDPs are people who flee their homes, and remain within their own country's boarders

Psychosocial Support (PSS)

Psychosocial Support refers to services which help the mental and the social wellbeing of one affected by crisis aiming to promote distress and build resilience within their own characters through counselling and safe spaces.

Famine

A term used to express lack of access to food and widespread diseases across a country which creates an extreme food crisis in hunger and malnutrition and there are certain conditions to be met for a Famine to be declared.

General Overview

Acute child malnutrition in Somalia has been rooted through long term instability during the time where the central government has collapsed in 1991, which made the country of Somalia lack infrastructure to respond to the problem due to corruption. Since then, Somalia has experienced severe humanitarian crisis which includes hunger crises most notable the 2011 famine which killed 260,000 people nearly half of them being children of ages 5 and below. On going drought due to failed seasons of rain which pushed the country back towards a Famine conditions, with the most recent drought being in early 2020 and lasting through 2020 this created a severe humanitarian crisis displacing millions of people. As of 2026, an estimated 6.5 million people across face severe hunger levels 2 million which require immediate response according to the World Food Programme.

Understanding the IPC and Famine Classification

Food Insecurity in this report is measured using integrated Food Security Phase Classification (IPC), a global scale used by the UN humanitarian organizations, ranging from Phase 1 (Minimal) to Phase 5 (Famine), Famine is only declared when at least 20 Percent of households face extreme food shortages, 30 percent of children suffer from acute malnutrition, and starvation types of deaths reach a daily a certain number.

Subtopic 1: Strengthening Food Aid and Nutrition Support Systems

Food insecurity is one of the key causes to malnutrition in South-Central Somalia This happens due to drought: rain fails, crops die, markets collapse, families lose their sources of income. For the third time in a row rainfall was failed in Somalia. The most recent harvest fell short 83 percent below their past 30-year average, The widespread death of livestock has made rural citizens lack food and source of income synchronously. As agriculture production collapses food prices skyrocket while the average household purchasing power decreases making families that were once financially stable become dependent on external assistance. This crisis has also gotten worse since conflicts got worse and armed groups such as Al-Shabaab's gained more control over South-Central Somalia and restricts access for humanitarian organizations to provide different types of aid/support.

The primary body responding to this emergency is the World Food Programme, which delivers nearly 90 percent of all food assistance in Somalia as of our current date through food distributions and emergency cash to be able to use in local markets. Community Based-Management of Acute Malnutrition has been proven especially effective, treating malnourished children within their own communities using Ready-to-Use Therapeutic food rather than needing medical assistance and achieved recovery rates above 95 percent of children among children who received medical treatment. This proves the effectiveness of using tools and resources properly to combat a crisis. However, the World Food Programme were forced to slash the number of people receiving aid from 2.2 million to 600,000 and support for pregnant women from about 400,000 to nearly 90,000. Without external assistance the WFP has expressed that this life saving assistance can be halted. This shows that emplaced systems are being used effectively to prevent malnutrition but due to singular aid assistance the reach is collapsing.

Climate change is a major factor intensifying the crisis. Somalia is considered one of the world's most vulnerable countries to climate change. Experiencing severe droughts and floods

over the past three decades. What were once occasional droughts have become recurring multi-season events, with Somalia experiencing three major droughts since 2010 alone. This pattern directly worsens food insecurity as shorter recovery periods between droughts make it harder for farmers and others to rebuild crops and livestock to provide to the community before the next crisis.

Subtopic 2: Improving Healthcare Services and Treatment for Malnourished Children

Limited access to healthcare services significantly worsens the outcomes for malnourished children across South-Central Somalia, where facilities are often scarce, difficulty to reach, or entirely unavailable due to insecurity and displacement. In regions under Al-Shabaab's control healthcare workers and medical supplies cannot reach the communities that need them the most leaving entirely populated areas without proper clinics and medical support. This problem is compounded by the scale of displacement across the region as a large number of people move to safer areas away from drought and conflict which means they miss out on healthcare facilities they used to have direct access to, even going to places where healthcare services are emplaced, they tend to be overwhelmed with other citizens with the same case. Prime example, Kismayo many displaced families have had to travel several kilometres to reach the nearest healthcare clinics to bring treatment directly to certain communities.

As access is not an option for many, the consequences compound quickly, malnourished children with weakened immune systems become more vulnerable to small hidden infections and of chorea measles and diphtheria continue to spread among communities already prone to malnutrition, turning normal illnesses into fatal ones. Without early diagnosis to these diseases and consistent treatment, these secondary infections, rather than malnutrition alone, become the leading cause of death among children which exemplify that medical knowledge and treatment methods exist, but insecurity, displacement and Somalia's fragile healthcare infrastructure prevent that care from consistently reaching the children who need it most.

Subtopic 3: Expanding Child Protection and Psychosocial Support

The effects of malnutrition in South-Central Somalia extends beyond physical health, as the same forces that drive the crisis, conflict and displacement have also left children exposed to

abuse, exploitation and psychological harm. As the conflict displaced over 2.6 million people across Somalia some of which were separated from their families and according to studies the longer a child remains separated the harder, they become to trace and they are more exposed to violence, exploitation and trafficking as harmful people tend to take advantage of this loneliness of children. Displacement continues to accelerate, with internal displacements averaging around 279,000 people per month by late 2025 caused by both drought and internal conflicts, which push families to live into living in camps on the outskirts of the country and due to overcrowding this strains resources compounding to their separation of their child which puts them at risk of being recruited to an armed group and gender-based violence.

These risks are not just possibilities but realities for many Somali children. Harmful practices are still common across the country. 98 percent of Somali girls experience female genital mutilation, and 34 percent married before turning 18. Children separated from their families especially those in displacement camps, are forced into labour or left with no one to turn to when facing abuse. In response child protection groups have started building support systems, including a national child helpline that connects children to trained protection workers offering counselling, psychosocial support, and referrals to help them unite with their families once again. However, critics claim these systems remain far too limited to be given the scale of the need of an entire nation especially in areas where conflict is alive as protection isn’t accessible to anyone. Displacement and conflict are creating an undisputed gap for child protection and is continuing to grow faster than the current support systems can keep up with making many children without safe spaces counselling.

Major Parties Involved

Federal Government of Somalia (FGS)

The federal Government of. Somalia holds the main responsibility to address child malnutrition within its own country, however its ability to make a real difference is limited due to decades of instability that followed the collapse of the central government back in 1991. Weak infrastructure and ongoing conflict restrict the ability to independently deliver aid specifically in areas where armed groups are in control. The government works closely with international

organizations such as UNICEF and WFP to help, but it cannot operate independently as they lack resources and reach needed to respond to this crisis.

Al-Shabaab

Al-Shabaab is an armed group in Somalia, it controls large areas of South-Central Somalia by force rather than elections or authorized authority. Because it controls this land, Al Shabaab decides who is allowed to enter these areas including humanitarian aid workers. The group frequently blocks organizations such as WFP and UNICEF from entering territory that they are in control of, which directly stops food, healthcare and other forms of aid from reaching children living there. This also disrupts the coming aid from entering the area as they delay deliveries. Al-Shabaab control makes it one of the biggest reasons this crisis is so difficult to solve, since no matter how much aid or funding exists none of it can reach children in these areas unless terms are negotiated with the group in control of the area.

United Nations Children's Fund (UNICEF)

UNICEF is a United Nations Organization whose entire purpose is to protect and support children worldwide. In Somalia this UN organization works on three things directly relating to this topic which are treating malnourished children, helping children access healthcare, and protecting children from abuse, exploitation and psychosocial harm. UNICEF supports CMAM programs that treat children of their own communities, helps establish spaces for displaced children and created a national child help line that connects children directly to trained workers who provide counselling and help reunite these displaced children to their families. This highlights their importance to the topic as a whole and the regarded subtopics.

World Food Programme (WFP)

The World Food Programme is a United Nations organization that provide food assistance to people facing hunger. In Somalia, WFP delivers the large majority of all food aid in the entire country, which makes it a central organization that responds to food insecurity. It does this in two main ways: distributing food directly to communities and provides cash to families so they can purchase foods for themselves from local markets. WFP is involvement is directly related to subtopic 1, since food aid and nutrition support are the primary tools being used to

address this crisis right now. However, due to access they are limited with malnourishing cases of children.

World Health Organization (WHO)

The World Health Organization is a united nations organization focused on global health. For this case WHO helps treat children suffering from severe acute malnutrition and other secondary diseases such as chorea, measles and diphtheria, illnesses that are especially dangerous for children whose immune systems are already weakened by malnutrition. WHO'S involvement directly relates to subtopic 2 since healthcare access and treatment are the exact issues of that subtopic.

United States of America (USA)

The United States is a country that plays a major role by providing diplomatic and humanitarian support to Somalia's crisis. The USA has historically been one of the world's largest contributors to food assistance, healthcare and nutrition programs delivered through international partners operating across the country. The US has provided 65% of Somalia's foreign Aid highlighting is importance to the topic.

Timeline of Events

Date	Event
1991/1/26 conflict	The collapse of the Somalian Government which was the start of decades of civil and instability and due to the collapsed government, the country was unable to respond to the humanitarian crisis
2011/7/20	The United Nations officially declared a a famine in parts of southern Somalia following a severe drought and extreme

	food insecurity.
2012/2/3	The United Nations declared the 2011 famine officially over, after external assistance helped stabilize the crisis, although close 260,000 people had already died half of them being being children under the age of 5
2017/2/1	Somalia faced a risk of a new famine only six years after 2011 but early food aid and cash assistance from organizations such as WFP and UNICEF prevented a famine declaration, unlike the slower and inefficient response in 2011.
2020/10/1	A new multi season drought began in Somalia driven by multiple failed rainy seasons which was the base setting for the humanitarian crisis which intensified over the following years.
2022/4/8	FEWS NET and FSNAU warned that parts of faced renewed risk of Famine (IPC Phase 5) due to historical season drought marking as one of the country’s most severe crises in a decade.
2022/9/21	The United States announced a 151-million

	-dollar allocation for Somalia, targeted for emergency food assistance to support the consequences made after the 2022 drought.
2026/2/25	The World Food Program alongside FAO, UNICEF and OCHA warned that Somalia's humanitarian crisis was worsening, with 6.5 million people facing severe hunger levels.

Attempts to Solve the Issue

The Situation in Somalia (UNSOM). (2023/10/31) (S/RES/2705)

The resolution had focused on the humanitarian crisis facing Somalia and extended the mandate of the UN Assistance Mission in Somalia to continue supporting the country's peace, stability, and recovery efforts. It was strongly against any misuse or damage to humanitarian aid including attacks on aid workers, hospitals and medical transport, and demanded that all parties allow full safe and easy access to aid for people in need. This resolution was only partly successful as it shaped an idea of how humanitarian access should be however armed groups did not comply with the terms. Meaning even after the resolution passed Al-Shabaab continued restricting aid in areas under their control, showing that the success of this resolution came down to the decision of the groups and whether they chose to respect it.

Possible Solutions

One of the most effective solutions to this crisis which has already been implemented is expanding the relationships between community leaders with aid groups and armed groups which makes engagement undirect between international organizations and the armed groups.

This approach has already been implemented and used in Somalia as they began a Health Camp which uses negotiations between community leaders and elders of the armed groups to allow aid into certain areas. Through this already imposed solution waiting for expansion humanitarian organization workers were able to immunize over 51,000 children who were not vaccinated upon birth and treating more than 14,000 malnourished children between the beginning and end of year 2023. This shows that when an international organization believe in local community leaders providing aid to those in need is much more achievable. So, expanding on this already implemented solution across larger sectors of Somalia will be even more effective at securing aid safely.

A strong solution that has already been tested for improving food and nutrition support is to expand the number of trained nutrition workers in the community to help identify the malnourished children early on before their cases become severe. This solution has already been implemented in successfully in Somalia, where nutrition workers visit households and use a Mid-Upper Arm Circumference tape (MAUC) to identify their malnutrition this easy fast and efficient way allows them to go to multiple house hold in a short period of time to identify as much cases as possible They treat them with Ready-to-Use Therapeutic Food (RUTF) moreover these workers emphasize on certain signs of malnutrition to mother and household owners to recognize malnutrition before their condition becomes life threatening. Since no hospitals and medical staff are required, this is seen effective even where conflict is alive. Therefor expanding this proven system can help with food and nutrition support.

Another solution that has been implemented is expanding community-based child protection committees to better identify and support vulnerable children. This approach uses social workers identify children who have been separated from their families or who are at risk of exploitation. Through this system more than 16,000 children were reunited with their families in a single year. Alongside the establishment of UNICEF’s Child Friendly Spaces where displaced children can receive psychosocial support and stay within a safe environment. Expanding this program would allow vulnerable children to be identified earlier and receive the support needed.

Another solution would focus on diplomatic parties to work together and put strong pressure on groups that are blocking aid from reaching those in need. Countries and regional

organizations with diplomatic influence in Somalia, such as neighboring Kenya and Ethiopia, as well as the African Union (AU) and the Intergovernmental Authority on Development (IGAD), could work together to support negotiations and increase diplomatic pressure on parties obstructing humanitarian aid. This approach was like one previously used by Kenya's 2008 political crisis, where combined pressure by multiple parties helped prevent the country from going into a severe civil war. By acting collectively major parties can send a strong and impactful message demanding humanitarian access. This solution aims to not guarantee immediate access everywhere but over time helps normalize the importance of humanitarian access.

A final solution would be strengthening communication with various humanitarian organizations that have already responded to the crisis in Somalia. Currently working organizations such as UNICEF, WHO and FAO coordinate through an Inter-Agency system but communication between them remains limited making it harder for them to work together effectively so one area could have a team focusing on food insecurity while another in another region could focus on health or child protection. So, strengthening communication and joint planning between existing sides would identify problems and weak points in a region instantly rather than waiting before it Is too late. This solution would not require the creation of a new organization but would make better use of communication systems that already exist, helping Somalia's humanitarian organization as one team rather than several teams with no communication.

Guiding Questions

1. What is your country's relationship with Somalia?
2. Has your country had any sort of stance on the crisis in South-Central Somalia?
3. How can food aid be delivered safely in areas where security is not guaranteed?
4. How can healthcare reach children in areas where these facilities are scarce?
5. What role should international organizations play in providing humanitarian aid
6. What role should community leaders play in promoting access for these international organizations?

7. How can child protection and psychosocial support services be expanded for displaced children?
8. How can member states strengthen Somalia's capacity to respond effectively to future malnutrition crisis?
9. What policies can be implemented to ensure that humanitarian aid reaches children in need?
10. What strategies can be implemented to reduce the humanitarian impacts during periods of drought?

Appendix

- World Food Program – Somalia Emergency Page: https://www.wfp.org/emergencies/somalia-emergency
- UNICEF Somalia – Child Protection & Nutrition Programs: https://www.unicef.org/somalia/
- World Health Organizations – Somalia Health Emergencies: https://www.unicef.org/somalia/
- Relief Web – Somalia Country Page: https://reliefweb.int/country/som
- FEWS NET – Somalia Food Insecurity Outlook: https://fews.net/east-africa/somalia

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