

UNITED NATIONS CHILDREN'S FUND BACKGROUND GUIDE 2013

Written By: Dominika Ziemczonek, Jessie-Lynn A. Mace



NATIONAL MODEL UNITED NATIONS



nmun.org

17 - 21 March - Conference A 24 - 28 March - Conference B

1. TO COMMITTEE STAFF

A file of the position paper (.doc or .pdf) for each assigned committee should be sent to the committee e-mail address listed here. Mail papers by 1 March to the e-mail address listed for your particular venue. Delegates should carbon copy (cc:) themselves as confirmation of receipt. Please use the committee name, your assignment, Conference A or B, and delegation/school name in both the e-mail subject line and in the filename (example: GA1st_Cuba_ConfA_MarsCollege).

2. TO DIRECTOR-GENERAL

• Each delegation should send one set of all position papers for each assignment to the e-mail designated for their venue: positionpapers.nya@nmun. org or positionpapers.nyb@nmun.org. This set (held by each Director-General) will serve as a back-up copy in case individual committee directors cannot open attachments.

Note: This e-mail should only be used as a repository for position papers.

• The head delegate or faculty member sending this message should cc: him/ herself as confirmation of receipt. (Free programs like Adobe Acrobat or WinZip may need to be used to compress files if they are not plain text.)

• Because of the potential volume of e-mail, only one e-mail from the Head Delegate or Faculty Advisor containing all attached position papers will be accepted.

Please use the committee name, your assignment, Conference A or B, and delegation/school name in both the e-mail subject line and in the filename (example: GA1st_Cuba_Conf A_Mars College).

> nmun.org for more information

Two copies of each position paper should be sent via e-mail by 1 MARCH 2013

COMMITTEE

EMAI	L - C	CON	FEREM	ACE	A

General Assembly First Committee	gal.nya@nmun.org
General Assembly Second Committee	ga2.nya@nmun.org
General Assembly Fourth Committee	ga4.nya@nmun.org
Special Committee on Peacekeeping Operations	c34.nya@nmun.org
ECOSOC Plenary	ecosoc.nya@nmun.org
Commission on the Status of Women	csw.nya@nmun.org
Commission on Crime Prevention and Criminal Justice	ccpcj.nya@nmun.org
Economic Commission for Africa	eca.nya@nmun.org
Economic and Social Commission for Western Asia	escwa.nya@nmun.org
United Nations Children's Fund	unicef.nya@nmun.org
United Nations Development Programme	undp.nya@nmun.org
United Nations Settlements Programme	unhabitat.nya@nmun.org
UN Conference on Trade and Development	unctad.nya@nmun.org
Human Rights Council	
United Nations Population Fund	
UN Permanent Forum on Indigenous Issues	unpfii.nya@nmun.org
Committee on the Exercise of the Inalienable Rights	
of the Palestinean People	
Security Council A	sca.nya@nmun.org
Security Council B	scb.nya@nmun.org
Security Council C	scc.nya@nmun.org
International Atomic Energy Agency	iaea.nya@nmun.org

COMMITTEE

ECOSOC Plenary ecosoc.nyb@nmun.org Commission on the Status of Women......csw.nyb@nmun.org Commission on Crime Prevention and Criminal Justice......ccpcj.nyb@nmun.org Economic Commission for Africa.....eca.nyb@nmun.org Economic and Social Commission for Western Asiaescwa.nyb@nmun.org United Nations Children's Fund......unicef.nyb@nmun.org United Nations Development Programmeundp.nyb@nmun.org United Nations Settlements Programme......unhabitat.nyb@nmun.org UN Conference on Trade and Developmentunctad.nyb@nmun.org Human Rights Council.....hrc.nyb@nmun.org United Nations Population Fund......unfpa.nyb@nmun.org UN Permanent Forum on Indigenous Issues unpfii.nyb@nmun.org Committee on the Exercise of the Inalienable Rights Security Council A.....sca.nyb@nmun.org Security Council B......scb.nyb@nmun.org Security Council C.....scc.nyb@nmun.org International Atomic Energy Agency.....iaea.nyb@nmun.org Special Committee on Peacekeeping Operations c34.nyb@nmun.org

OTHER USEFUL CONTACTS

Entire Set of Delegation Position Papers	positionpapers.nya@nmun.org
(send only to e-mail for your assigned venue)	positionpapers.nyb@nmun.org
Secretary-General, Conference A	secgen.nya@nmun.org
Secretary-General, Conference B	secgen.nyb@nmun.org
Director(s)-General	dirgen.ny@nmun.org
NMUN Office	info@nmun.org

EMAIL - CONFERENCE B



Holger Bär & Miriam Müller Secretaries-General

Hannah Birkenkötter & Nicholas Warino Directors-General

> Rachel Johnson & Thera Watson Chiefs of Staff

Lucas Carreras & Laura O'Connor Assistant Chiefs of Staff

Sameer Kanal & I-Chun Hsiao Assistant Secretaries-General For External Affairs

Kristina Mader & Daniel Leyva Under-Secretaries-General

General Assembly Yvonne Jeffery &

Harald Eisenhauer Under-Secretaries-General Economic and Social Council

Meg Martin & Théo Thieffry Under-Secretaries-General Development

Roger Tseng & Sasha Sleiman Under-Secretaries-General Human Rights and Humanitarian Affairs

Cara Wagner & Katharina Weinert Under-Secretaries-General Peace and Security

Martin Schäfer & Sara Johnsson Under-Secretaries-General Conference Services

BOARD of DIRECTORS

Prof. Richard Reitano President

Prof. Richard Murgo Vice-President

Prof. Chaldeans Mensah Treasurer

Prof. Donna Schlagheck Secretary

Prof. Pamela Chasek

Jennifer Contreras Prof. Eric Cox

Prof. Kevin Grisham

H. Stephen Halloway, Esq.

Patrick R.D. Hayford

Prof. Raúl Molina-Mejia

Adam X. Storm, Esq

Prof. Markéta Žídková

Members Ex-Officio Michael Eaton Executive Director The Hon. Joseph H. Melrose, Jr. President Emeritus

THE 2013 NATIONAL MODEL UNITED NATIONS

SPONSORED BY THE NATIONAL COLLEGIATE CONFERENCE ASSOCIATION 17-21 March (Conference A) & 24-28 March (Conference B) • http://www.nmun.org

Dear Delegates,

We are pleased to welcome you to the 2013 National Model United Nations (NMUN). The directors for UNICEF this year are Dominika Ziemczonek (Conference A) and Jess Mace (Conference B). Dominika recently graduated from the University of British Columbia with a double major in International Relations and Political Science. She is currently working for the Faculty of Medicine at UBC and hopes to start graduate school in the fall. This is Dominika's third year at NMUN and second year on staff. Jess is also a recent graduate. She earned her Master's degree in Political Science from Laurier University, with a concentration in International Relations and her BA in Political Science from Bishop's University. This will be Jess's fifth year at NMUN and third on staff.

The topics for discussion this year in UNICEF are:

- 1. Gendered and Sexual Identities in Relation to Education
- 2. Rehabilitation and Reintegration of Children in Post-Conflict Societies
- 3. Working Towards MDG 5: Achieving Universal Access to Reproductive Health

UNICEF's main mandate is to work on behalf of children worldwide. It seeks to improve the lives of women and children, by working on a wide variety of social programs, by monitoring the efforts put in place by Member States and NGOs, and by aiding in disaster relief efforts. UNICEF's current programs and working structure should guide delegates in creating practical solutions that fit within the current UNICEF framework

The following background guide should serve as a starting off point for further research. The committee history, as well as each topic, highlights important aspects that merit further research and discussion in preparation for the conference. While the background guide provides an introductory overview for each topic, it is important that delegates use this as a jumping off point in conducting their own research in determining their delegation's specific policies. Furthermore, each delegation is requested to submit their own position paper regarding the committee's topics. Please take note of the NMUN policies on the <u>website</u> and in the <u>delegate preparation guide</u> regarding <u>plagiarism</u>, <u>codes of conduct/dress code/sexual harassment</u>, awards <u>philosophy/evaluation method</u>, etc. Adherence to these guidelines is mandatory.

If at any time prior to the conference you should have any questions, please direct these to UNICEF's substantive staff or to the Under-Secretaries-General for the Development Department, Meg Martin (Conference A) or Theo Thieffry (Conference B).

Conference A Dominika Ziemczonek Director Conference B Jess Mace Director



Message from the Directors-General Regarding Position Papers for the 2013 NMUN Conference

For NMUN-New York 2013, each delegation submits one position paper for each assigned committee. A delegate's role as a Member State, Observer State, Non-Governmental Organization, etc. should affect the way a position paper is written. To understand these differences, please refer to the <u>Delegate Preparation Guide</u>.

Position papers should review each delegation's policy regarding the topics of the committee. International and regional conventions, treaties, declarations, resolutions, and programs of action of relevance to the policy of your State should be identified and addressed. Making recommendations for action by your committee should also be considered. Position papers also serve as a blueprint for individual delegates to remember their country's position throughout the course of the Conference. NGO position papers should be constructed in the same fashion as position papers of countries. Each topic should be addressed briefly in a succinct policy statement representing the relevant views of your assigned NGO. You should also include recommendations for action to be taken by your committee. It will be judged using the same criteria as all country position papers, and is held to the same standard of timeliness.

Please be forewarned, delegates must turn in entirely original material. *The NMUN Conference will not tolerate the occurrence of plagiarism*. In this regard, the NMUN Secretariat would like to take this opportunity to remind delegates that although United Nations documentation is considered within the public domain, the Conference does not allow the verbatim re-creation of these documents. This plagiarism policy also extends to the written work of the Secretariat contained within the Committee Background Guides. Violation of this policy will be immediately reported and may result in dismissal from Conference participation. Delegates should report any incident of plagiarism to the Secretariat as soon as possible.

Delegation's position papers may be given an award as recognition of outstanding pre-Conference preparation. In order to be considered for a Position Paper Award, however, delegations must have met the formal requirements listed below and be of high substantive standard, using adequate language and showing in-depth research. While we encourage innovative proposals, we would like to remind delegates to stay within the mandate of their respective committee and keep a neutral and respectful tone. Similarly to the minus point-policy implemented at the conference to discourage disruptive behavior, position papers that use offensive language may entail negative grading when being considered for awards. Please refer to the sample paper following this message for a visual example of what your work should look like at its completion. The following format specifications are **required** for all papers:

- All papers must be typed and formatted according to the example in the Background Guides
- Length must **not** exceed two single-sided pages (one double-sided paper, if printed)
- Font must be Times New Roman sized between 10 pt. and 12 pt.
- Margins must be set at one inch for the whole paper
- Country/NGO name, school name and committee name must be clearly labeled on the first page,
- National symbols (headers, flags, etc.) are deemed inappropriate for NMUN position papers
- Agenda topics must be clearly labeled in separate sections

To be considered timely for awards, please read and follow these directions:

1. **A file of the position paper** (.doc or .pdf format <u>required</u>) **for each assigned committee** should be sent to the committee email address listed in the Background Guide. These e-mail addresses will be active after November 15, 2012. Delegates should carbon copy (cc:) themselves as confirmation of receipt.

2. Each delegation should also send **one set of all position papers** to the e-mail designated for their venue, Conference A: <u>positionpapers.nya@nmun.org</u> or Conference B: <u>positionpapers.nyb@nmun.org</u>. This set will serve as a back-up copy in case individual committee directors cannot open attachments. These copies will also be made available in Home Government during the week of the NMUN Conference.

Each of the above listed tasks needs to be completed no later than March 1, 2013 (GMT-5).

Please use the committee name, your assignment, Conference A or B, and delegation/school name in both the e-mail subject line and in the filename (example: GA1st_Cuba_ConfA_Mars College).

A matrix of received papers will be posted online for delegations to check prior to the Conference. If you need to make other arrangements for submission, please contact Hannah Birkenkötter, Director-General (Conference A), or Nicholas Warino, Director-General (Conference B), at <u>dirgen@nmun.org</u>. There is an option for delegations to submit physical copies via regular mail if needed.

Once the formal requirements outlined above are met, Conference staff use the following criteria to evaluate Position Papers:

- Overall quality of writing, proper style, grammar, etc.
- Citation of relevant resolutions/documents
- General consistency with bloc/geopolitical constraints
- Consistency with the constraints of the United Nations
- Analysis of issues, rather than reiteration of the Committee Background Guide
- Outline of (official) policy aims within the committee's mandate

Each delegation can submit a copy of their position paper to the permanent mission of the country being represented, along with an explanation of the Conference. Those delegations representing NGOs do not have to send their position paper to their NGO headquarters, although it is encouraged. This will assist them in preparation for the mission briefing in New York.

Finally, please consider that over 2,000 papers will be handled and read by the Secretariat for the Conference. Your patience and cooperation in strictly adhering to the above guidelines will make this process more efficient and it is greatly appreciated. Should you have any questions please feel free to contact the Conference staff, though as we do not operate out of a central office or location, your consideration for time zone differences is appreciated.

Sincerely,

Conference A Hannah Birkenkötter Director-General hannah@nmun.org Conference B Nicholas Warino Director-General nick@nmun.org

Position Paper for the General Assembly Plenary

The issues before the General Assembly Plenary are: The Use of Economic Sanctions for Political and Economic Compulsion; Democracy and Human Rights in Post-Conflict Regions; as well as The Promotion of Durable Peace and Sustainable Development in Africa. The Mexican Delegation first would like to convey its gratitude being elected and pride to serve as vice-president of the current General Assembly Plenary session.

I. The Use of Economic Sanctions for Political and Economic Compulsion

The principles of equal sovereignty of states and non-interference, as laid down in the Charter of the United Nations, have always been cornerstones of Mexican foreign policy. The legitimate right to interfere by the use of coercive measures, such as economic sanctions, is laid down in Article 41 of the UN-charter and reserves the right to the Security Council.

Concerning the violation of this principle by the application of unilateral measures outside the framework of the United Nations, H.E. Ambassador to the United Nations Enrique Berruga Filloy underlined in 2005 that the Mexico strongly rejects "the application of unilateral laws and measures of economic blockade against any State, as well as the implementation of coercive measures without the authorization enshrined in the Charter of the United Nations." That is the reason, why the United Mexican States supported – for the 14th consecutive time – Resolution (A/RES/60/12) of 2006 regarding the *Necessity of ending the economic, commercial and financial embargo imposed by the United States of America against Cuba*.

In the 1990s, comprehensive economic sanctions found several applications with very mixed results, which made a critical reassessment indispensable. The United Mexican States fully supported and actively participated in the "Stockholm Process" that focused on increasing the effectiveness in the implementation of targeted sanctions. As sanctions and especially economic sanctions, pose a tool for action "between words and war" they must be regarded as a mean of last resort before war and fulfill highest requirements for their legitimate use. The United Mexican States and their partners of the "Group of Friends of the U.N. Reform" have already addressed and formulated recommendations for that take former criticism into account. Regarding the design of economic sanctions it is indispensable for the success to have the constant support by all member states and public opinion, which is to a large degree dependent on the humanitarian effects of economic sanctions. Sanctions must be tailor-made, designed to effectively target the government, while sparing to the largest degree possible the civil population. Sanction regimes must be constantly monitored and evaluated to enable the world-community to adjust their actions to the needs of the unforeseeably changing situation. Additionally, the United Mexican States propose to increase communication between the existing sanction committees and thus their effectiveness by convening regular meetings of the chairs of the sanction committees on questions of common interest.

II. Democracy and Human Rights in Post-Conflict Regions

As a founding member of the United Nations, Mexico is highly engaged in the Promotion of Democracy and Human Rights all over the world, as laid down in the *Universal Declaration on Human Rights (UDHR)* in 1948. Especially since the democratic transition of Mexico in 2000 it is one of the most urgent topics to stand for Democratization and Human Rights, and Mexico implements this vision on many different fronts.

In the Convoking Group of the intergovernmental Community of Democracies (GC), the United Mexican States uphold an approach that fosters international cooperation to promote democratic values and institution-building at the national and international level. To emphasize the strong interrelation between human rights and the building of democracy and to fortify democratic developments are further challenges Mexico deals with in this committee. A key-factor for the sustainable development of a post-conflict-region is to hold free and fair election and thus creating a democratic system. Being aware of the need of post-conflict countries for support in the preparation of democracy and Electoral Assistance (IDEA), an intergovernmental organization operating at international, regional and national level in partnership with a range of institutions. Mexico's foreign policy regarding human rights is substantially

based on cooperation with international organizations. The Inter American Commission of Human Rights is one of the bodies, Mexico is participating, working on the promotion of Human Rights in the Americas. Furthermore, the Inter-American Court of Human Rights is the regional judicial institution for the application and interpretation of the *American Convention of Human Rights*.

The objectives Mexico pursues are to improve human rights in the country through structural changes and to fortify the legal and institutional frame for the protection of human rights on the international level. Underlining the connection between democracy, development and Human Rights, stresses the importance of cooperation with and the role of the High Commissioner on Human Rights and the reform of the Human Rights Commission to a Human rights Council.

Having in mind the diversity of challenges in enforcing democracy and Human Rights, Mexico considers regional and national approaches vital for their endorsement, as Mexico exemplifies with its *National Program for Human Rights* or the *Plan Puebla Panama*. On the global level, Mexico is encouraged in working on a greater coordination and interoperability among the United Nations and regional organizations, as well as the development of common strategies and operational policies and the sharing of best practices in civilian crisis management should be encouraged, including clear frameworks for joint operations, when applicable.

III. The Promotion of Durable Peace and Sustainable Development in Africa

The United Mexican States welcome the leadership role the African Union has taken regarding the security problems of the continent. Our delegation is furthermore convinced that The New Partnership for Africa's Development (NEPAD) can become the foundation for Africa's economic, social and democratic development as the basis for sustainable peace. Therefore it deserves the full support of the international community.

The development of the United Mexican States in the last two decades is characterized by the transition to a full democracy, the national and regional promotion of human rights and sustainable, economic growth. Mexico's development is characterized by free trade and its regional integration in the North American Free Trade Agreement. Having in mind that sustainable development is based not only on economic, but as well on social and environmental development, President Vicente Fox has made sustainable development a guiding principle in the Mexican Development Plan that includes sustainability targets for all major policy areas.

The United Nations Security Council has established not less than seven peace-keeping missions on the African continent, underlining the need for full support by the international community. In post-conflict situations, we regard national reconciliation as a precondition for a peaceful development, which is the reason why Mexico supported such committees, i.e. in the case of Sierra Leone. The United Mexican States are convinced that an other to enhance durable peace in Africa is the institutional reform of the United Nations. We therefore want to reaffirm our full support to both the establishment of the peace-building commission and the Human Rights Council. Both topics are highly interrelated and, having in mind that the breach of peace is most often linked with severest human rights' abuses, thus need to be seen as two sides of one problem and be approached in this understanding.

As most conflicts have their roots in conflicts about economic resources and development chances, human development and the eradication of poverty must be at the heart of a successful, preventive approach. Lifting people out of poverty must be seen as a precondition not only for peace, but for social development and environmental sustainability.

The United Mexican States want to express their esteem for the decision taken by the G-8 countries for a complete debt-relief for many African Highly-Indebted-Poor-Countries. Nevertheless, many commitments made by the international community that are crucial for Africa's sustainable development are unfulfilled. The developed countries agreed in the *Monterrey Consensus of the International Conference on Financing for Development* (A/CONF.198/11) to increase their Official Development Aid (ODA) "towards the target of 0,7 per cent of gross national product (GNP) as ODA to developing countries and 0,15 to 0,20 per cent of GNP of developed countries to least developed countries". Furthermore, the United Mexican States are disappointed by the result of the Hong Kong Ministerial conference of the World Trade Organization, which once more failed to meet the needs of those, to whom the round was devoted: developing countries and especially African countries, who today, more than ever, are cut off from global trade and prosperity by protectionism.

Committee History

"Children are perhaps the only group with more universal appeal than victims of racial or gender discrimination and torture."¹

Introduction

The United Nations (UN) was created as a means to promote peace and stability in the postwar era. It sought to support these values by creating a system of cooperation between Member States.² States were, henceforth, to "answer to the international community for their treatment of individuals" and seek to promote new means of advancing human rights in all regions of the world.³ The specific needs of the child and its protection were addressed as early as in 1924, when the League of Nations adopted the *Geneva Declaration of the Rights of the Child*. These commitments were later reiterated in the *Universal Declaration of Human Rights*, in the *International Covenant on Civil and Political Rights*, and in the *International Covenant on Economic, Social and Cultural Rights*, although none of these documents specifically dealt with children.⁴ The following history will outline the creation of the main UN body to address children's issues and will explain its creation and mandate, its membership and structure, its limitations in addressing current issues in children rights, the important role of non-governmental organizations (NGOs) and finally, its major achievements and ongoing projects.

Origins and Mandate

On December 11, 1946 the United Nations General Assembly unanimously adopted resolution 57 (I) which founded the United Nations International Children's Emergency Fund (UNICEF).⁵ At the onset, UNICEF was tasked with providing relief to a war-torn Europe by replacing the existing Relief and Rehabilitation Organization.⁶ During the height of its work in Europe, during the late 1940s, UNICEF supplied 6 million children with daily meals and milk, which also explains the origins of UNICEF's nickname as 'milkman to the world's children.⁷ However, UNICEF was never meant to become a permanent organization within the United Nations. Rather, following the rehabilitation of Europe, its activities were meant to cease and its tasks delegated to other organizations. This began to be seriously debated within the 1950s and on October 6, 1950 a debate on the future of UNICEF was held at Lake Success, in New York. UNICEF's mandate was then extended by several years and on October 5, 1953 it was extended indefinitely.⁸ At this time, the words international and emergency were removed from its official name, although the acronym UNICEF remained.⁹

UNICEF's scope and mandate were also broadened through GA Resolution 802 (VIII), so as to further enhance the organization's work in child development.¹⁰ The organization henceforth was no longer limited to emergency relief, but also sought to improve the lives of children suffering from poverty and malnutrition, amongst other issues.¹¹ Today, UNICEF is tasked with several roles, including that of data collection. UNICEF monitors the situation of young women and children through the use of various data collecting means, so as to analyze ongoing progress and highlight new areas that require more aid. UNICEF oversees global databases and ensures timely updates are conducted, as well as seeks to deliver 'evidence-based data' in order to help other organizations in their advocacy efforts.¹² This organization is also the forerunner in monitoring the progress made with all child-related Millennium Development Goals (MDGs) and works in the area of education, gender equality, child mortality and maternal

¹ Donnelly, Universal Human Rights in Theory and Practice, 2003, p.149.

² Karns & Mingst, International Organizations: The politics and Processes of Global Governance, 2004, p.98.

³ Forsythe, *Human Rights in International Relations*, 2006, p.4.

⁴ Forsythe, Human Rights in International Relations, 2006, p.234.

United Nations, Convention on the Rights of the Child, 1990.

⁵ Clark, UNICEF For Beginners, 1996, p.1.

⁶ Clark, UNICEF For Beginners, 1996, p.2.

⁷ Clark, UNICEF For Beginners, 2006, p.2.

⁸ Clark, UNICEF For Beginners, 2006, p.10.

⁹ Clark, UNICEF For Beginners, 2006, p.11.

¹⁰ General Assembly, *Resolution 802*, 1953.

¹¹ Black, Children First: The Story of UNICEF, Past and Present, 1996, p.245.

¹² UNICEF, Statistics and Monitoring, 2012.

health, to reach the targets set forth by the MDGs.¹³ UNICEF further works collaboratively with other organizations to develop new monitoring mechanisms on a wide variety of social and economic issues that affect children, including child and maternal health, HIV/AIDS, malaria and water sanitization, as well as works to standardize international monitoring efforts.¹⁴ Due to the broad nature of UNICEF's mandate, as established in 1946, the organization has had the ability to expand in areas that it deems important in order to assure the safety and wellbeing of children, as is the case with UNICEF's educational role which has broadened through the years.¹⁵ In fact, at the onset, UNICEF's executive board merely noted that the organization must work "on behalf of children on the basis of need without discrimination with regard to race, creed, nationality, status or religious belief," allowing for a wide range of issues to be addressed by UNICEF.¹⁶

Members & Structure

Structurally, UNICEF is categorized under Programmes and Funds in the broader UN system. The Programmes and Funds branch plays a central role in the management system of the UN and is directly under the supervision of the General Assembly. It can therefore be modified by General Assembly resolutions.¹⁷ It is important to highlight that this branch is also mainly funded on a voluntary basis and therefore UNICEF requires a collaborative effort in order to pursue the work that it oversees.¹⁸ Member States alone contribute two thirds of UNICEF's yearly budget and private donors supply the remaining funds through national fundraising campaigns.¹⁹

UNICEF is governed by the Executive Board, which is tasked with overseeing the organization and supplying intergovernmental support, when possible.²⁰ Subsequently, the Executive Board reports to the Economic and Social Council, which in turn reports to the General Assembly.²¹ The board is comprised of 36 Member States, elected to three-year terms by the Economic and Social Council. The Member States on the Board follow a regional allocation: Africa (8 seats), Asia (7 seats), Eastern Europe (4 seats), Latin America and the Caribbean (5 seats) and Western Europe and Others (12 seats), and are tasked with the general oversight of all UNICEF activities and the review of its policies, programmes and budget.²² The work that it undertakes is coordinated by the Bureau, which is made up of a President and his/her Vice-Presidents. Moreover, the Bureau is made up of officers from the five regional groups and meet, along with the rest of the Executive Board, three times per calendar year, at the UN headquarters in New York City.²³

The Role of NGOs

NGOs play a vital role in not only the functioning of UNICEF's programs but also in the overall promotion of children's rights.²⁴ In fact, many have noted that human rights NGOs have propelled the children's rights movement towards where it is today.²⁵ Oftentimes, non-governmental organizations active within less developed communities are the ones able to provide the resources that international law guarantees to citizens on paper.²⁶ The work that is undertaken by these organizations is often seen as a form of subcontracting –that is, that UNICEF often works through country offices with NGOs already in place, to develop or expand a certain project.²⁷ These organizations help put in place programs and distribute supplies at the country level, as well as offer a unique skill set in terms of specialized knowledge that UNICEF would otherwise be unable to provide. This form of program development remains an important part of UNICEF's system, although it has been criticized in the past, as it permits UNICEF to

¹³ UNICEF, Statistics and Monitoring, 2012.

UNICEF, Millennium Development Goals, 2012.

¹⁴ UNICEF, Statistics and Monitoring, 2012.

¹⁵ Clark, UNICEF For Beginners, 1996, p.5.

¹⁶ Clark, UNICEF For Beginners, 1996, p.5.

¹⁷ United Nations, Other UN Offices, Funds & Programmes and Regional Commissions, 2012.

¹⁸ Baylis & Smith, The Globalization of World Politics: Introduction to International Relations, 2001, p.410-411.

¹⁹ UNICEF, UNICEF and Who We Are, 2012.

²⁰ UNICEF, UNICEF Executive Board, 2012.

²¹ UNICEF, UNICEF Executive Board, 2012.

²² UNICEF, UNICEF Executive Board, 2012.

²³ UNICEF, UNICEF Executive Board, 2012.

²⁴ Black, Children First: The Story of UNICEF, Past and Present, 1996, p.256.

²⁵ Forsythe, Human Rights in International Relations, 2006, p.18.

²⁶ Forsythe, Human Rights in International Relations, 2006, p.206-207.

²⁷ Karns & Mingst, International Organizations: The Politics of Global Governance, 2004, p.234.

expand in areas in may otherwise be financially unable to.²⁸

Major Achievements and Ongoing Projects

UNICEF's work has varied throughout the years, but the focus remains on the importance of the wellbeing of children. One of the United Nation's greatest achievements in regards to the rights of children has been the World Summit on Children in September 1990.²⁹ The purpose of the summit, which convened 71 heads of state and an additional 88 high-level state representatives, was to highlight the growing need to address child development and the important role children play in the socio-economic development of states.³⁰ During this World Summit Member States developed the Declaration on the Survival, Protection and Development of Children and a Plan for Action for the implementation of this declaration, throughout the 1990s.³¹ Of similar importance, the General Assembly adopted the Convention on the Rights of the Child on November 20, 1989, paving the way for further development in relation to the rights of children worldwide.³² Likewise, the current focus on achieving the Millennium Development Goals (MDG) by 2015, has lead to the development of an MDG Acceleration Framework, which by the end of 2011 had already been put to use in 44 countries worldwide, and places a unique focus on child health care and the importance of education.³³

Furthermore, as part of the ongoing international effort to combat HIV/AIDS, in 2011, UNICEF was able to distribute 19 million packs of antiretroviral formulations (ARVs), 20.8 million HIV rapid diagnostic test kits and it continues to develop and expand new partnerships with organizations and industries that can help provide the necessary aid to developing countries affected by this disease.³⁴ In addition, UNICEF works to promote the development of equal rights for the girl child and "believes that gender-based discrimination is one of the most ubiquitous forms of discrimination that children face."³⁵ UNICEF strives to "promote equal outcomes for girls and boys" and through educational programming seeks to rectify gender-based discrimination in all areas.³⁶ Moreover, the right to non-discrimination, regardless of race, ethnicity, language, religion, gender or any other distinction remains a vital facet of all UNICEF in recent years.³⁷ Lastly, the importance of education as a means to help children overcome past traumas and integrate effectively within society has also been expanded and used as an effective tool in war torn areas or those affected by a natural disaster or otherwise.³⁸ UNICEF's projects vary in breath and scope, from a focus on maternal health in Afghanistan³⁹ to helping establish a school in the West Bank, but the work being done has helped children worldwide develop to their full potential, helping societies become stronger and more developed countries.⁴⁰

Limitations

UNICEF suffers from several limitations that impede upon the work and the scope of its involvement in projects internationally. UNICEF has a very limited budget and, as previously mentioned, relies on the voluntary contributions of Member States for the development of its economic and social programs.⁴¹ Due to this particular limitation, UNICEF must work in collaboration with governments and other organizations that request their involvement.⁴² This has a limiting effect on the scope of their programs and on UNICEF's ability to work in all areas where a need exists. In addition, due to these limited resources, UNICEF has struggled with the proportion of funds that should be allocated to emergency relief efforts versus development and education. UNICEF has a "high

- ³¹ UNICEF, First Call For Children, 1990, Foreword.
- ³² UNICEF, First Call For Children, 1990, Foreword.
- ³³ UNICEG, Annual Report 2011, p.7.
- ³⁴ UNICEF, Supplies and Logistics, 2012.
- ³⁵ UNICEF, Gender Equality, 2012.
- ³⁶ UNICEF, Gender Equality, 2012.
- ³⁷ UNICEF, The State of the World's Children 2012: Children in an Urban World, 2012.
- ³⁸ Black, Children First: The Story of UNICEF, 1996, p. 257.
- ³⁹ UNICEF, Millennium Development Goals, 2012.
- ⁴⁰ UNICEF, *Millennium Development Goals*, 2012.
- ⁴¹ Karns & Mingst, International Organizations: The Politics of Global Governance, 2004, p. 133.
- ⁴² Clark, UNICEF For Beginners, 1996, p.7.

²⁸ UNICEF, UNICEF and Civil Society Partnerships, 2012.

²⁹ UNICEF, First Call For Children, 1990, Foreword.

³⁰ UNICEF, Decision to Call a World Summit for Children, 1989.

reputation for swift and impartial humanitarian action" which also aids in its fundraising efforts, however, the organization must balance this need with its long-term goals in terms of development and educational programming.⁴³ As a result, this constant struggle is often the source of debate in terms of fund allocation during Executive Board meetings.⁴⁴ Finally, the struggle to place children above politics, that is "to put children's health momentarily above all political considerations including the waging of a war –require[s] being highly political."⁴⁵ It is not enough to highlight in international agreements that children are important and vital for the future, governments must act in the interest of children, above important political constraints, such as a cheap labor force and limited educational funds.⁴⁶ Many of the issues that UNICEF has sought to address in the past remain problems that need to be addressed in the future, including the HIV/AIDS pandemic and universal education for all children. More research could focus on the role of NGOs in providing the necessary tools and resources for newly developed projects, UNICEF's work in achieving the Millennium Development Goals and funding within UNICEF and their national affiliates.

⁴³ Black, Children First: The Story of UNICEF, Past and Present, 1996, p.246.

⁴⁴ Black, Children First: The Story of UNICEF, Past and Present, 1996, p.246.

⁴⁵ Black, Children First: The Story of UNICEF, Past and Present, 1996, p.252.

⁴⁶ Black, Children First: The Story of UNICEF, Past and Present, 1996, p.252.

Annotated Bibliography

Black, M. (1996). Children First: The Story of UNICEF, Past and Present. Oxford: Oxford University Press. This particular book published in the late 90s begins by outlining the general history of UNICEF and the rise of the rights of the child movement in the international community. It speaks of the importance that this movement, and that of the child survival campaign, for the development of the World Summit for Children. This book allows readers to better understand where the focus on children comes from and how to retain this support to further continue the work already being done by UNICEF and its partners.

United Nations General Assembly (1990). Convention on the Rights of the Child. Retrieved August 28, 2012 from: http://www2.ohchr.org/english/law/crc.htm

This document is of great importance in order to understand the fundamental rights of children in the United Nations system. It clearly presents the rights accepted by the international community and further provides a starting point for research based on children rights. It also provides a good basis in order to understand where subsequent documents emerged from, including the millennium development goals dedicated to eradicating childhood diseases and the focus placed on educating children in order to better society as a whole.

UNICEF. (2012). *Millennium Development Goals*. Retrieved August 6, 2012 from: http://www.unicef.org/mdg/index.html

> As the target dates set within the Millennium Development goals approach it is important to note the projects specifically underway to promote both gender equality and child education. In fact, six of the eight goals specifically target children and seek to promote better living standards and increased access to quality health and educational resources. Having a basic understanding of these goals will help better understand the problems that UNICEF seeks to address and will also highlight current projects being done in collaboration with UNICEF and other NGOs.

UNICEF. (2012). Statistics and Monitoring. Retrieved September 8, 2012 from:

http://www.unicef.org/statistics/index.html

This website provides all the necessary background information on the role UNICEF plays in gathering data and developing statistics. It outlines the important need to have an organization that maintains up-to-date information on a range of social and economic indicators in regards to women and children. What is more, links to several databases are provided and country-specific data is also available so as to track and compare the progress being made in Member States around the world. It also allows one to see the advancements being done in regards to health and education and compare these results with the MDG targets left to reach.

UNICEF. (2012). UNICEF and What We Do. Retrieved August 7, 2012 from: http://www.unicef.org/whatwedo/index.html

Understanding the complexities of an organization such as UNICEF must begin with a focus on the work being done by said organization. UNICEF has a wide breath of issue areas that it seeks to address and this particular website will help highlight the projects currently on-going in its attempt to aid children from around the world. This site is divided into five specific issue areas: child survival and development, basic education and gender equality, HIV/AIDS and children, child projection and policy advocacy and partnerships. Moreover, an additional section is devoted to understanding the work completed by UNICEF, including the statistical data being compiled by the organization.

Bibliography

Baylis, J. & Smith, S. (2001). The Globalization of World Politics: Introduction to International Relations. Oxford: Oxford University Press.

Black, M. (1996). Children First: The Story of UNICEF, Past and Present. Oxford: Oxford University Press.

Clark, C. (1996). UNICEF For Beginners. New York, New York: Writers and Readers Publishing.

Donnelly, J. (2003). Universal Human Rights in Theory and Practice. Ithaca: Cornell University Press.

Forsythe, D. (2006). Human Rights in International Relations. New York, New York: Cambridge University Press.

General Assembly (1953, October 6). Resolution 802 (VIII). Retrieved on October 20, 2012 from <u>http://daccess-dds-ny.un.org/doc/RESOLUTION/GEN/NR0/086/67/IMG/NR008667.pdf</u>

Karns, M. & Mingst, K. (2004). *International Organizations: The Politics of Global Governance*. Boulder, Colorado: Lynne Rienner Publishers.

United Nations (2012). *Other UN Offices, Funds & Programmes and Regional Commissions*. Retrieved October 1, 2012 from: <u>http://www.un.org/Depts/otherprgs.htm</u>

United Nations General Assembly (1990). *Convention on the Rights of the Child*. Retrieved August 28, 2012 from: <u>http://www2.ohchr.org/english/law/crc.htm</u>

UNICEF. (2011, 9 September). At a Glance: Occupied Palestinian Territory. Retrieved September 8, 2012 from: http://www.unicef.org/mdg/oPt_59755.html

UNICEF. (1989, November 14). *Decision to Call a World Summit for Children*. Retrieved August 4, 2012 from <u>http://www.unicef.Org/about/history/files/wsc_decision_memo_jgrant.pdf</u>

UNICEF. (1990). First Call For Children. New York, New York: United Nations Publications.

UNICEF. (2012). *Gender Equality*. Retrieved September 8, 2012 from: http://www.unicef.org/gender/gender_57317.html

UNICEF. (2012). *Millennium Development Goals*. Retrieved August 6, 2012 from: http://www.unicef.org/mdg/index.html

UNICEF. (2012). *Statistics and Monitoring*. Retrieved September 7, 2012 from: <u>http://www.unicef.org/statistics/index.html</u>

UNICEF. (2012). *Supplies and Logistics*. Retrieved September 6, 2012 from: http://www.unicef.org/supply/index_fighting_hiv.html

UNICEF. (2012). The State of the World's Children. 2012. New York, New York: United Nations Publications.

UNICEF. (2011, 20 September). UNICEF Aims to Reduce the Rates of Infant and Maternal Mortality in Afghanistan. Retrieved September 8, 2012 from: <u>http://www.unicef.org/mdg/afghanistan_59870.html</u>

UNICEF. (2012). UNICEF and What We Do. Retrieved August 7, 2012 from: http://www.unicef.org/whatwedo/index.html

UNICEF. (2012). UNICEF and Civil Society Partnerships. Retrieved September 7, 2012 from: http://www.unicef.org/about/partnerships/index.html

UNICEF. (2012). UNICEF Executive Board. Retrieved September 7, 2012 from: http://www.unicef.org/about/execboard/index 42661.html

I. Gendered and Sexual Identities in Relation to Education

"Gender identities are not fixed but are continually developing according to the different ways in which individuals 'construct' or perceive themselves, and their collusion with or resistance to cultural norms and expectations."⁴⁷

Introduction

UNICEF has consistently promoted the importance of non-discrimination, "whether on the basis of sex, age, religion, race, ethnicity, economic status, caste, citizenship, sexual identity, ability/disability and urban/rural locality," in all facets of a child's life.⁴⁸ It has created programs and launched research initiatives so as to lessen the extent that boys and girls feel discrimination throughout their development. However, more work must be done in order to fully redress the discrimination currently present in society. In this respect, the *Convention on the Rights of the Child* (CRC) notes that children must be free to express themselves and free seek out information on topics of the child's choice (Article 13); they have the right to educate themselves and make use of the mass media to aid them in their quest for more knowledge (Article 17) and, most importantly, they have the right to be educated in a progressive manner and on an equal opportunity basis (Article 28).⁴⁹ The CRC thus highlights the importance of education in the development of the child and as a result, the importance of a balanced and non-discriminatory educational system for society in general.

Nonetheless, there remains a large gap between what is politically accepted and embraced internationally, and the reality of the situation on the ground. ⁵⁰ Intolerance and prejudice remain significant barriers for the equal treatment of all individuals, and necessitates a concerted effort for all individuals to be treated with both dignity and respect, as international law would dictate.⁵¹ This reality remains quite evident within educational systems worldwide. It is therefore the purpose of this guide to address one facet of this issue: the topic of gendered and sexual identities in relation to child education. First, a brief explanation and history of the topic will be explored, followed by a discussion of the limitations of gendered education, sexual minorities education and HIV/AIDS education, ending with an overview of advancements, setbacks and future endeavors in regards to this topic. Education within the international legal system and UNICEF: A short history

Countless children around the world are denied basic human rights, including the right to education.⁵² Nowhere is the importance of education more clearly stated than in the CRC. As such, it bears noting how the convention understands the term 'education' and what a 'good education' may entail. As stated in Article 29:

"States Parties agree that the education of the child shall be directed to: (a) The development of the child' personality, talents and mental and physical abilities to their fullest potential; (b) The development of respect for human rights and fundamental freedoms, and for the principles enshrined in the Charter of the United Nations; (c) The development of respect for the child's parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own; (d) The preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin; (e) The development of respect for the natural environment."

It is clear, at least in terms of international norms, that each child has the right to not only be educated, but to be taught in non-biased and open manner. This form of education should allow children to develop in a healthy psychosocial environment and become productive members of society.⁵³ For this to be the case, it is vital that each

⁴⁷ Pattman & Chege, Finding Our Voices: Gendered & Sexual Identities and HIV/AIDS and Education, 2003, p.15

⁴⁸ UNICEF, Working For an Equal Future: UNICEF Policy on Gender Equality and the Empowerment of Girls and Women, 2010.

⁴⁹ UNICEF, UNICEF, 2012.

⁵⁰ Forsythe, Human Rights in International Relations, 2006, p.6.

⁵¹ Donnelly, Universal Human Rights in Theory and Practice, 2003, p.206.

⁵² Amnesty International, *Children*, 2012.

⁵³ World Health Organization, Creating an Environment for Emotional and Social Well-being: An Important Responsibility of a Health-Promoting and Child-Friendly School, 2003.

school's environment promote cooperation and open communication among the students and teachers, provide equal opportunities for both boys and girls and seek to eliminate all forms of bullying and harassment within the school.⁵⁴ However, this remains a complex and multifaceted issue, one in which politics plays a determining role in whether change will occur within each Member State.⁵⁵

Several topics come into play when addressing the need for non-biased education, including the prevailing role of gender and gender norms in society. Research in the field stems from the feminist movement in which a clear distinction was established between sex and gender. Sex remains biological, while gender is a dominant social construction.⁵⁶ This social construct often characterizes women as inferior to men, and has had a lasting effect in terms of economic and political freedom, as well as educational and professional development.⁵⁷ Regardless of the economic status, or otherwise, of a country, no Member State has reached total equality between men and women, and only through education can one hope to change the status quo.⁵⁸

Moreover, these social constructs impede on other educational aspects, such as upon topics of sexuality and HIV/AIDS education.⁵⁹ Discrimination against sexual minorities is rampant in all areas of the world today.⁶⁰ This makes discussing one's gender or sexual orientation very difficult in many areas of the world and can negatively impact on a more balanced education in terms of means of contraception and sexual health in general, placing many youth at risk.⁶¹ Deep rooted prejudices and cultural legacies have often prevented progress in this area and remain the main obstacle for civil society actors to intervene in the educational sector.⁶² Likewise, stigmas associated with sexual minorities and HIV/AIDS infected persons, have also prevented effective educational programming from developing.⁶³ HIV/AIDS therefore continues to disproportionately affect children, as many become orphaned from parents afflicted with the disease and others become more vulnerable from contracting the disease due to poor sexual education in their communities.⁶⁴ The following sections will discuss limitations of traditional and often gendered education, so as to gain a better understanding of the issue at hand. Limitations of Gendered Education

Gendered education refers to a bias inherent in the educational system that either favors one gender over the other or develops educational programming based on stereotypical characteristics of one gender.⁶⁵ It has an important impact on the future development of boys and girls worldwide. This is a multifaceted problem in which the role of gender norms and stereotypes and the importance of men in addressing this issue come into play.

It is difficult to ignore that gender biases have played a huge role in the lives of many women when among the 1.3 billion people living in poverty worldwide, 70% are women.⁶⁶ What is more, a level of prejudice can be found in school systems worldwide, in which girls are systematically placed at a disadvantage and often removed from school at a young age, leaving these girls to become uneducated women who are unable to become socially or politically active in their communities and unable to support themselves economically.⁶⁷ Moreover, their lack of education can be felt in other aspects of their lives, leaving them vulnerable and often having a negative effect on their future children.⁶⁸ This creates a vicious cycle of poverty and sickness that can only be rectified by identifying the factors that cause girls and boys to be treated differently.⁶⁹

⁵⁴ World Health Organization, Creating an Environment for Emotional and Social Well-being: An Important Responsibility of a Health-Promoting and Child-Friendly School, 2003.

⁵⁵ Donnelly, Universal Human Rights in Theory and Practice, 2003, p.57.

⁵⁶ Baylis & Smith, The Globalization of World Politics: Introduction to International Relations, 2001.

⁵⁷ Black, Children First: The Story of UNICEF, Past and Present, 1996, p.184.

⁵⁸ Baylis & Smith, The Globalization of World Politics: Introduction to International Relations, 2001, p.676.

⁵⁹ Pattman & Chege, Finding Our Voices: Gendered & Sexual Identities and HIV/AIDS and Education, 2003, p.vii.

⁶⁰ Donnelly, Universal Human Rights in Theory and Practice, 2003, p.229.

⁶¹ UNESCO, International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers and Health Educators, 2009.

⁶² Donnelly, Universal Human Rights in Theory and Practice, 2003, p.232-233.

⁶³ UNICEF, Millennium Development Goals, 2012.

⁶⁴ UNICEF, Millennium Development Goals, 2012.

⁶⁵ Pattman & Chege, Finding Our Voices: Gendered & Sexual Identities and HIV/AIDS and Education, 2003, p.vii.

⁶⁶ UNGEI, United Nations Girl's Education Initiative, 2012.

⁶⁷ UNICEF, Millennium Development Goals, 2012.

⁶⁸ UNICEF, Millennium Development Goals, 2012.

⁶⁹ UNICEF, Millennium Development Goals, 2012.

By the 1980s, research was already underway on the topic of women in the developing world. At the 1980 World Conference on the United Nations Decade for Women: Equality, Development and Peace (also known as the mid-Decade Review Conference) in Copenhagen, UNICEF highlighted the multifaceted role that women play in society as "wives, mothers, economic providers, citizens and leaders" and new ideas began to emerge on the situation of women and the impact of gender.⁷⁰ As research progressed, the study of 'gender power relations' expanded and sought to include the role of education in the development of children and their views on the social roles of men and women.⁷¹ These social roles have been internalized by society and created norms of conduct for both sexes. The perception of one's identity as a woman/girl versus a man/boy is seen as both fixed and natural, leading women to be characterized as feminine and contrasted against the masculine.⁷² These classifications impact the development of children, as well as the treatment of children.⁷³ In fact, these gender stereotypes have caused a gender wage gap in many Member States, and remain a significant barrier that women must overcome.⁷⁴

In order to address these stereotypes, governments should adopt educational strategies that seek to rectify this gender bias and put in place training programs that promote gender equality amongst both children and the wider community.⁷⁵ Most importantly, these programs must engage both boys and men in the educational process. More focus must be placed on the stereotypes of men within society and the expectations that society imposes on men and in turn influence their actions and behavior towards women.⁷⁶ This fact was highlighted in the Beijing Declaration, adopted at the Fourth World Conference on Women in 1995, which noted that men must also participate in the fight for gender equality as part of a broader socialization process.⁷⁷ The focus placed on the social development of boys in respect to gender equality is vital in order to create a future in which women's rights are universally accepted and respected.⁷⁸

Several UN organizations have attempted to address the goal of gender equality, including UNICEF. In 1993, UNICEF began utilizing a women's empowerment framework in gender-focused workshops.⁷⁹ In 2000, the UN Secretary-General launched the United Nations Girls' Education Initiative (UNGEI), for which UNICEF remains the lead agency involved, so as to begin tackling gender equality through education.⁸⁰ This initiative not only seeks to address a gender gap in education, but also works to promote gender-related programming in schools, so as to diminish, and eventually abolish, the stereotypes that limit the lives of women.⁸¹ UNICEF also works in partnership with other organizations in regards to gender equality programming, as exemplified by the Girls Education Movement (GEM), which is an initiative launched in Uganda in 2001, and active throughout Africa, seeking to empower girls and women through educational programming.⁸²

Other organizations and actors, outside of the UN system, have also done their part in developing new means to address gender disparity through education, as is the case with the Academy for Educational Development (AED), the African Network Campaign on Education for all (ANCEFA), the Campaign for Female Education (CAMFED), the Commonwealth Secretariat, the International Labour Organization (ILO), the World Bank, World Vision International, and many others.⁸³ These initiatives vary in breath and scope depending on the mandate of the organization, although, all place a focus on educating girls and young women around the world. Yet, continued efforts are needed to expand the breath of these programs in more areas, so as to reach more people. Gender inequality affects all members of society and all facets of society, and hence developing educational tools that teach children the values of equality amongst genders is vital in ensuring a stronger more stable future for these children.⁸⁴

⁷⁰ Black, Children First: The Story of UNICEF, Past and Present, 1996, p.188.

⁷¹ Pattman & Chege, Finding Our Voices: Gendered & Sexual Identities and HIV/AIDS and Education, 2003, p.viii.

⁷² Pattman & Chege, Finding Our Voices: Gendered & Sexual Identities and HIV/AIDS and Education, 2003, p.viii.

⁷³ United Nations DESA News, Equal Rights and Equal Opportunities for Women, 2010.

⁷⁴ United Nations DESA News, Equal Rights and Equal Opportunities for Women, 2010.

⁷⁵ United Nations DESA News, *Equal Rights and Equal Opportunities for Women*, 2010.

⁷⁶ Division for the Advancement of Women, *The Role of Men and Boys in Achieving Gender Equality*, 2003.

⁷⁷ Division for the Advancement of Women, *The Role of Men and Boys in Achieving Gender Equality*, 2003.

⁷⁸ Division for the Advancement of Women, *The Role of Men and Boys in Achieving Gender Equality*, 2003.

⁷⁹ Division for the Advancement of Women, *The Role of Men and Boys in Achieving Gender Equality*, 2003.

⁸⁰ UNGEI, United Nations Girl's Education Initiative, 2012.

⁸¹ UNGEI, United Nations Girl's Education Initiative, 2012.

⁸² UNICEF, Millennium Development Goals, 2012.

⁸³ UNICEF, Basic Education and Gender Equality, 2012.

⁸⁴ United Nations News Center, Gender Stereotypes Continue to Limit Women's Progress, 2010.

Sexual Minorities Education

Sexual minority education is the study of lesbian, gay, bisexual or transgendered (LGBT) individuals within society. This topic is expanding and the need to address this issue in schools is becoming ever more important, as noted within the first United Nations resolution on human rights, sexual orientation and gender identity.⁸⁵ Every person has a sexual orientation and a gender identity, but not everyone conforms to the majority of the general population, these minorities are often discriminated against or harassed for being who they are, and this prejudice begins in the school systems.⁸⁶ This can be seen as a form of social domination, in which the "other" that presents characteristics different to our own is made to seem abnormal and unwanted in society.⁸⁷ This prejudice, known more generally as heterosexism, is found in almost all societies today and as such, has had a lasting effect on sexual minorities worldwide.⁸⁸ This prejudice is in large part a product of a biased educational system, that often provide minimal information to students on LGBT issues and often do not address the negative stereotypes surrounding gender and sexuality that pervades in society. According to UNESCO, "it is often in the primary school playground that boys deemed by others to be too effeminate or young girls seen as tomboys endure teasing and sometimes the first blows linked to their appearance and behaviour, perceived as failing to fit in with the heteronormative gender identity."⁸⁹

Tackling this issue remains complex, given the inherent link between addressing sexual minorities through educational programs and religious or moral arguments.⁹⁰ As noted by the Secretary-General in 2010: "As men and women of conscience, we reject discrimination in general, and in particular discrimination based on sexual orientation and gender identity ... Where there is a tension between cultural attitudes and universal human rights, rights must carry the day."⁹¹ However, it remains difficult to begin educating children on this topic when in many nations homosexuality remains illegal and strict gender norms are enforced. As such, addressing homophobia has not been met with the same effort as that of other prejudices such as racism and sexism, given its limited status as an acceptable lifestyle and places an additional burden on those attempting to put in place educational programs tackling this topic.⁹² This was particularly highlighted in UNESCO's 2012 review: Homophobic Bullying in Educational Institutions. This review noted the role of educational institutions in the social upbringing of children and the importance of both formal and informal curriculum, as well as the culture found in these institutions, as means of communication on topics of gender and sexuality.⁹³

However, this obstacle must be overcome so as to provide a safe, respectful and healthy learning environment, in which children can prosper and societies can begin deconstructing their perceived notions of gender and sexuality.⁹⁴ Educating youth on this topic begins with an understanding of heteronormativity. This term was first coined by Michael Warner in 1991 and can be characterized as:

"the pervasive but often invisible model of allegedly stable relations between chromosomal sex, performed gender, and sexual desire, which claims heterosexuality as its origin, when it is more properly its effect. In a heteronormative society, one of only two genders is assigned to an individual at birth depending on external genitalia. Based on that assignment, a certain range of behaviours and roles are deemed appropriate for that individual, complemented by the choice of sexual partners of the 'other' gender."⁹⁵

⁸⁵ United Nations Human Rights Office of the High Commissioner, Born Free and Equal, 2012, p.13.

⁸⁶ Amnesty International, Sexual Orientation and Gender Identity, 2012.

⁸⁷ Greene & Croom, Practice in Lesbian, Gay, Bisexual, and Transgendered Psychology: a Resource Manual. 2000, p.3 ⁸⁸ Otto, American Society of International Law, 2007, p.120.

⁸⁹ Human Rights Council, *Discriminatory Laws and Practices and Acts of Violence Against Individuals Based on Their Sexual* Orientation and Gender Identity, 2011, p.19.

⁹⁰ Rayside & Wilcox, Faith, Politics and Sexual Diversity in Canada and in the United States, 2011, p. 3.

⁹¹ Human Rights Council, *Discriminatory Laws and Practices and Acts of Violence Against Individuals Based on Their Sexual* Orientation and Gender Identity, 2011, p.3.

⁹² Fox, Gay & Lesbian Issues and Psychology Review, 2009.

⁹³ UNESCO, Review of Homophobic Bullying in Educational Institutions, 2012.

⁹⁴ World Health Organization, Creating an Environment for Emotional and Social Well-being: An Important Responsibility of a Health-Promoting and Child-Friendly School, 2003.

⁹⁵ Kentlyn, Gay & Lesbian Issues and Psychology Review, 2007.

Thus, when heteronormativity is seen as the norm, and anything beyond its limits is deemed abnormal, educating children on the topic remains difficult, if not impossible. Moreover, the stigmas associated with a heteronormative view of the world can be directly linked with homophobia, which in and of itself has had huge social implications for the development of youth (and adults) who identify as LGBT.⁹⁶ Addressing the root cause of not only homophobia and transphobia, but prejudice in general, begins with education and not addressing this topic puts children that may identify in LGBT at a great disadvantage, especially in terms of adequate sexual health information and the unique preventative measures that must be taken to avoid sexually transmitted diseases, like HIV.

As is the case with many social issues, grass routes organizations have paved the way for concrete action to begin. Several LGBT organizations, Family Planning Associations and HIV/AIDS centers have begun working with youth, to fill the educational gap that exists on this topic.⁹⁷ More often then not these organizations work independently from educational institutions, to run seminars and educational campaigns for young people, as the topic itself remains taboo.⁹⁸ However, one must question if this is the best means to get the information to children in a systematic fashion and what role UNICEF should play in addressing sexual minority rights, as no concrete work has really been developed on this topic by UNICEF.

HIV/AIDS Education

"In Botswana, 1 in 3 young women and 1 in 7 young men aged 15 to 24 are infected with HIV, as are 1 in 4 young women and 1 in 10 young men in Lesotho, South Africa and Zimbabwe. In nine other countries in sub-Saharan Africa, more than 1 in 10 young women and 1 in 20 young men are infected."⁹⁹ These statistics compiled by UNICEF demonstrate a clear need for better preventative measures to help stem the HIV/AIDS epidemic and highlight the link between adequate sexual health education and the rate of HIV/AIDS infection. More must be done to teach boys and girls about HIV/AIDS, as well as the means they can use to avoid contracting this deadly disease, especially given the fact that over half of the newly reported cases of HIV-infection are among youth aged 15-24.¹⁰⁰ In fact, the UNAIDS 2008 Global Report on the AIDS Epidemic noted: "only 40% of young people aged 15-24 had accurate knowledge about HIV and transmission."¹⁰¹ This is due in part to the resistance among some communities to talk about issues of sexuality, therefore limiting the effectiveness of HIV/AIDS educational programs.¹⁰² Yet, it is within the right of the child to have access to health and sexuality education.¹⁰³ And, it remains vital in the effort to prevent future HIV infections that young people become engaged in health education programming.¹⁰⁴ Moreover. the United Nations Committee on the Rights of the Child, a commission of experts in charge of monitoring the implementation of the CRC, has also highlighted the unique characteristics of adolescent learning and their right to be provided with "adequate information and parental support to facilitate the development of a relationship of trust and confidence in which issues regarding, for example, sexuality and sexual behavior and risky lifestyles can be openly discussed and acceptable solutions found that respect the adolescent's rights."105

Some areas have begun targeting older youth through media campaigns, as was the case in Nairobi, Kenya, where a television program known as Shuga, introduced topics such as at risk sexual behavior and HIV/AIDS.¹⁰⁶ Yet, more creative programs that take a multifaceted approach to sexual health, including more detailed information, a counseling component and reproductive health services, need to be introduced.¹⁰⁷ Programs that emphasized the use of condoms and contraceptive measures, as well as abstinence, have already demonstrated success amongst young

⁹⁶ Fox, Gay & Lesbian Issues and Psychology Review, 2009.

⁹⁷ The Global Alliance for LGBT Education, GALE Calls States and NGOs to Monitor the Right to Education, 2012.

⁹⁸ The Global Alliance for LGBT Education, GALE Calls States and NGOs to Monitor the Right to Education, 2012.

⁹⁹ UNICEF, The Progress of Nations, 2000, p.4.

¹⁰⁰ Pattman & Chege, Finding Our Voices: Gendered & Sexual Identities and HIV/AIDS and Education, 2003, p.viii.

¹⁰¹ UNESCO, International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers and Health Educators, 2009.

¹⁰² Pattman & Chege, Finding Our Voices: Gendered & Sexual Identities and HIV/AIDS and Education, 2003, p.68.

¹⁰³ ECOSOC, Report on the Twenty-Second, Twenty-Third and Twenty-Fourth Sessions, 2001.

¹⁰⁴ Committee on the Rights of the Child, *33rd Session*, 2003.

¹⁰⁵ Committee on the Rights of the Child, *33rd Session*, 2003.

¹⁰⁶ UNICEF, The State of the World's Children 2012: Children in an Urban World, 2012.

¹⁰⁷ Committee on the Rights of the Child, *33rd Session*, 2003.

people, and should continue to be implemented.¹⁰⁸ Programs that target the role of men in both the family planning aspect of sexual health, as well as the preventative measures they can utilize to stem the transmission of certain diseases have also exemplified innovation in presenting these topics.¹⁰⁹ The goal of effective HIV/AIDS education must be to educate young people on the breath of the problem, on those that have been lost, as well as the means by which they can prevent infection themselves.¹¹⁰

UNICEF already works within communities on a wide variety of different programs. UNICEF has subdivided its work in four separate sections to tackle HIV/AIDS: prevention, care, treatment and protection. These aspects allow for programming to target women and children from the pregnancy stage, right through adolescence and young adulthood.¹¹¹ These programs are quite varied and include addressing social norms regarding sexual health, as it relates to the HIV/AIDS epidemic and increasing the amount of clinics wherein community members can be tested for HIV and other sexually transmitted diseases, as well as receive general sexual health information, which includes the use of contraceptive measures.¹¹² UNICEF also works in collaboration with a multitude of actors, including UNAIDS, to continue monitoring the epidemic and studying newly introduced programming, to evaluate its efficacy.¹¹³ However, new strategies continue to be needed, as youth from all over the world continue to engage in risky behavior that increases their chances of contracting this disease.

Conclusion

Effective HIV/AIDS education, gender-neutral education and LGBT education remains an issue that has yet to be tackled effectively. The role of stereotypes and norms in the way in which children are educated and the effects that these biases can have on youth in general cannot be overestimated, especially in the case of HIV/AIDS education. In fact, the stigma associated with HIV/AIDS remains one of the leading causes for ineffective programming on the topic, given the "widespread perception that such education violates traditional practices"¹¹⁴ Similarly, the effects of heteronormativity are widespread and go beyond simply biased education, significantly affecting the lives of LGBT individuals.¹¹⁵ Children have a natural ability to assimilate information, but this ability can sometimes be undermined if those educating children are not taught effective educational tools to address these topics.¹¹⁶ While more youth today have access to education than ever before, the quality of their education remains inconsistent and in many areas of the world it is of very poor quality.¹¹⁷ This has negative repercussions on the larger communities as well and perpetuates a cycle of not only poverty, but sickness as well. Children have the right to be educated, and this right must be addressed in a more substantial way, so as to effectively meet the needs of youth worldwide. But how does one begin addressing gender stereotypes in a global context? How does one go about educating youth on topics of sexuality, given the current problems in educational institutions worldwide? What role should grass routes organizations play in addressing this topic? And, how do these changes impact the larger international community?

¹⁰⁸ UNESCO, International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers and Health Educators, 2009.

¹⁰⁹ Committee on the Rights of the Child, *33rd Session*, 2003.

¹¹⁰ Pattman & Chege, Finding Our Voices: Gendered & Sexual Identities and HIV/AIDS and Education, 2003, p.69.

¹¹¹ UNICEF, HIV/AIDS and Children, 2012.

¹¹² UNICEF, *Millennium Development Goals*, 2012.

¹¹³ UNICEF, Millennium Development Goals, 2012.

¹¹⁴ Pattman & Chege, Finding Our Voices: Gendered & Sexual Identities and HIV/AIDS and Education, 2003, p.73.

¹¹⁵ Kentlyn, Gay & Lesbian Issues and Psychology Review, 2007.

¹¹⁶ World Health Organization, Creating an Environment for Emotional and Social Well-being: An Important Responsibility of a Health-Promoting and Child-Friendly School, 2003.

¹¹⁷ UNICEF, Arab Youth, Key Drivers of Arab Development and Democratization, 2011.

Annotated Bibliography

Division for the Advancement of Women. (2003, September 24). *The Role of Men and Boys in Achieving Gender Equality*. Retrieved August 8, 2012 from <u>http://www.un.org/womenwatch/daw/egm/men-boys2003/aide-memoire.html</u>

This site presents the discussion of an expert group meeting organized by the Division for the Advancement of Women. The topic itself places a unique focus on men and boys and the need to deconstruct the stereotypes present in society. It outlines educational tools that can be introduced into the educational system so as to help both men and boys understand gender equality and to begin impacting the way in which women and girls are treated internationally.

Farrior, S. (2009). Human Rights Advocacy on Gender Issues: Challenges and Opportunities. *Journal of Human Rights Practices*, volume 1: 83-100.

Farrior addresses the topic as a human rights issue and seeks to highlight the various challenges present in the international system in terms of addressing gender equality. Although not strictly linked to education, the focus on gender constructions and the need to break down these social norms remains important and is central for the current committee discussion. It also notes the difficulties in advancing women's rights in several aspects and could easily be applied to the case of sexual minorities as well.

Kentlyn, S. (2007). Heteronormativity: Psychology's New (Old) Str8jacket. *Gay & Lesbian Issues and Psychology Review*, Vol. 3, No.1.

Kentlyn provides a good starting off point in research on heteronormativity. It identifies key terms in the discussion, while explaining the ramifications of heteronormativity on government policies and in turn on the lives of LGBT individuals. It notes key issues, such as norms and values in society that prevent progress in terms of LGBT rights, which one can also attribute to the problems of LGBT education worldwide.

Pattman, R. & Chege, F. (2003). Finding Our Voices: Gendered & Sexual Identities and HIV/AIDS and Education. New York, New York: UNICEF.

Pattman and Chege place a particular focus on HIV/AIDS education in seven African countries: Botswana, Kenya, Rwanda, South Africa, Tanzania, Zambia and Zimbabwe. It outlines the impact of gendered education and the need to address both gender and one's sexual orientation in HIV/AIDS education. It attempts to empower youth by developing a life skills education programme, which provides interesting and innovative ways to address sexuality and HIV/AIDS in less developed nations. This book addresses a very important issue within the committee topic and should be utilized as a tool to address the problems inherent in many school systems.

UNESCO. (2009). International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers and Health Educators. Paris, France: United Nations Publications.

This UNESCO publication allows for a more in depth understanding of the topic of sexuality education. It defines the essential components of sexuality education that must be presented to youth in an age appropriate and culturally sensitive manner, through the means of already existing programs. It also highlights effective practices that have been put in place and presents a good base for understanding this topic in terms of child education and sexual health education more broadly.

UNESCO. (2012). *Sexuality Education*. Retrieved August 8, 2012 from <u>http://www.unesco.org/new/en/hiv-and-aids/our-priorities-in-hiv/sexuality-education/</u>

UNESCO's website provides detailed information on the topic of sexuality education, with a focus on HIV/AIDS and the programs that have been put in place to educate youth. It provides an excellent source to begin understanding educational programming on the topic of HIV/AIDS, while also highlighting the need for increased programming targeted at youth. It also provides several links to additional information on the topic and is an excellent starting point for research on HIV/AIDS education and UN work in this regard. UNICEF. (2003, November 17-20). *Summary Report of a Workshop on Girls' Education*. Retrieved August 7, 2012 from <u>http://www.unicef.org/education/files/UNICEF Mali Meeting Report Final.pdf</u>

This document presents the summary report from a workshop on girl's education. The first section highlights the importance of this topic for UNICEF and the need to address gender disparity in the educational system of many nations. It notes several different approaches that could be undertaken, as well as describing the work already being done by UNICEF and other UN bodies. Moreover, a regional separation is presented, so as to differentiate core problems from one region to the next. Overall it presents a good starting point for a discussion on gender in education.

UNICEF. (2012). *The State of the World's Children 2012: Children in an Urban World*. New York, New York: United Nations Publications.

This publication places a unique focus on children growing up in urban areas and the rise of educational facilities in these areas. The topic of HIV/AIDS and overall general health comes up in several chapters, but the main focus on education is found in chapter 4. This document is vital in order to understand the intricacies of education in most of the world's urban centers and should serve as a starting off point for research on the topic of education in impoverished areas.

UNICEF. (2010, May). Working For an Equal Future: UNICEF Policy on Gender Equality and the Empowerment of Girls and Women. Retrieved September 13, from

http://www.unicef.org/gender/files/UNICEF_Gender_Policy_2010.pdf

This document provides an excellent starting off point to understanding UNICEF's view of Gender Equality and the importance this topic has on the development of boys and girls. It provides a background on its policy goals in regards to empowering youth through educational programming, as well as other means that UNICEF has utilized to address gender inequality around the world.

United Nations News Center. (2010, March 29). *Gender Stereotypes Continue to Limit Women's Progress*. Retrieved August 8, 2012 from http://www.un.org/apps/news/story.asp?NewsID=34232&Cr=gender&Cr1=

This news article presents the view point of Deputy Secretary-General Asha Rose Migiro on the topic of gender inequality. She discusses the impact of gender stereotypes on women around the world and presents a good account as to why this topic remains of great importance for us today. Although not a very detailed article, it clearly presents the negative outcome of societies that view women as less than men and the need to address this disparity through social programming and educational based programming within schools.

Bibliography

Amnesty International. (2012). *Sexual Orientation and Gender Identity*. Retrieved August 6, 2012 from <u>http://www.amnesty.org/en/sexual-orientation-and-gender-identity</u>

Amnesty International. (2012). Children. Retrieved August 6, 2012 from http://www.amnesty.org/en/children

Baylis, J. & Smith, S. (2001). The Globalization of World Politics: Introduction to International Relations. Oxford: Oxford University Press.

Black, M. (1996). *Children First: The Story of UNICEF, Past and Present* (p.183-214). Oxford: Oxford University Press.

Committee on the Rights of the Child. (2003, May 19 to June 6). 33rd Session. Retrieved September 8, from <u>http://olddoc.ishr.ch/hrm/tmb/treaty/crc/reports/crc_23-41/CRC_33.pdf</u>

Division for the Advancement of Women. (2003, September 24). *The Role of Men and Boys in Achieving Gender Equality*. Retrieved August 8, 2012 from <u>http://www.un.org/womenwatch/daw/egm/men-boys2003/aide-memoire.html</u>

Donnelly, J. (2003). Universal Human Rights in Theory and Practice. Ithaca: Cornell University Press.

ECOSOC. (2001). *Report on the Twenty-Second, Twenty-Third and Twenty-Fourth Sessions*. Retrieved September 11, 2012 from: <u>http://www.un.org/documents/ecosoc/docs/2001/e2001-22.pdf</u>

Forsythe, D. (2006). Human Rights in International Relations. New York, New York: Cambridge University Press.

Fox, C. (2009). It's Hatred and Intolerance Not Fear. Gay & Lesbian Issues and Psychology Review, Vol. 5, No. 3.

Greene, B. & Croom, G. (2000). Practice in Lesbian, Gay, Bisexual, and Transgendered Psychology: a Resource Manual. Thousand Oaks, California: Sage Publications.

Human Rights Council (2011, November 17), Discriminatory Laws and Practices and Acts of Violence Against Individuals Based on Their Sexual Orientation and Gender Identity. Retrieved October 20, 2012 from http://www2.ohchr.org/english/bodies/hrcouncil/docs/19session/A.HRC.19.41 English.pdf

Kentlyn, S. (2007). Heteronormativity: Psychology's New (Old) Str8jacket. *Gay & Lesbian Issues and Psychology Review*, Vol. 3, No.1.

Otto, D. (2007). Taking a Break From Normal: Thinking Queer in the Contest of International Law. *American Society of International Law*. Vol. 101, p. 119-122.

Pattman, R. & Chege, F. (2003). Finding Our Voices: Gendered & Sexual Identities and HIV/AIDS and Education. New York, New York: UNICEF.

Rayside, D. & Wilcox, C. (2011). Faith, Politics and Sexual Diversity in Canada and in the United States. Toronto: UBC Press.

The Global Alliance for LGBT Education (2012). *GALE Calls States and NGOs to Monitor the Right to Education*. Retrieved October 4, 2012 from <u>http://www.lgbt-education.info/en/home</u>

UNESCO. (2009). International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers and Health Educators. Paris, France: United Nations Publications.

UNESCO. (2012). *Sexuality Education*. Retrieved August 8, 2012 from <u>http://www.unesco.org/new/en/hiv-and-aids/our-priorities-in-hiv/sexuality-education/</u>

UNESCO. (2012). Review of Homophobic Bullying in Educational Institutions. Retrieved October 4, 2012 from http://unesdoc.unesco.org/images/0021/002157/215708e.pdf

UNGEI. (2012). *United Nations Girl's Education Initiative*. Retrieved August 25, 2012 from <u>http://www.ungei.org/whatisungei/index_211.html</u>

United Nations Human Rights Office of the High Commissioner. (2012). *Born Free and Equal*. Retrieved October 20, 2012 from <u>http://www.ohchr.org/Documents/Publications/BornFreeAndEqualLowRes.pdf</u>

UNICEF. (2011). Annual Report 2011. Retrieved October 20, 2012 from http://www.unicef.org/publications/files/UNICEF_Annual_Report_2011_EN_060112.pdf

UNICEF. (2011, November 18). Arab Youth, Key Drivers of Arab Development and Democratization. Retrieved August 25, 2012 from: <u>http://www.unicef.org/media/media_60552.html</u>

UNICEF. (2012). *Basic Education and Gender Equality*. Retrieved September 13, 2012 from: http://www.unicef.org/education/bege_61667.html

UNICEF. (2012). HIV/AIDS and Children. Retrieved October 4, 2012 from: http://www.unicef.org/aids/index.html

UNICEF. (2012). *Millennium Development Goals*. Retrieved August 6, 2012 from: <u>http://www.unicef.org/mdg/index.html</u>

UNICEF. (2003, November 17-20). *Summary Report of a Workshop on Girls' Education*. Retrieved August 7, 2012 from <u>http://www.unicef.org/education/files/UNICEF_Mali_Meeting_Report_Final.pdf</u>

UNICEF. (2000). The Progress of Nations (p.1-6). New York, New York: United Nations Publications.

UNICEF. (2012). *The State of the World's Children 2012: Children in an Urban World*. New York, New York: United Nations Publications.

UNICEF. (2012). UNICEF. Retrieved August 7, 2012 from: http://www.unicef.org/

UNICEF. (2010, May). Working For an Equal Future: UNICEF Policy on Gender Equality and the Empowerment of Girls and Women. Retrieved September 13, from http://www.unicef.org/gender/files/UNICEF Gender Policy 2010.pdf

United Nations General Assembly (1990). *Convention on the Rights of the Child*. Retrieved August 28, 2012 from: <u>http://www2.ohchr.org/english/law/crc.htm</u>

United Nations News Center. (2010, March 29). *Gender Stereotypes Continue to Limit Women's Progress*. Retrieved August 8, 2012 from <u>http://www.un.org/apps/news/story.asp?NewsID=34232&Cr=gender&Cr1=</u>

United Nations News Center. (2011, December 15). UN Issues First Report on Human Rights of Gay and Lesbian People. Retrieved September 8, 2012 from http://www.un.org/apps/news/story.asp?NewsID=40743#.UE6FLc3QwYY

World Health Organization. (2003). Creating an Environment for Emotional and Social Well-being: An Important Responsibility of a Health-Promoting and Child-Friendly School. Retrieved August 7, 2012 from http://www.who.int/school_youth_health/media/en/sch_childfriendly_03.pdf

II. Rehabilitation and Reintegration of Children in Post-Conflict Societies

"The voices of these children constitute a cry for help on behalf of all child soldiers, a cry that we cannot afford to ignore. They provide compelling evidence on why children must not be allowed to become combatants and why every effort needs to be made to ensure that those still serving are demobilized and reintegrated into society." ¹¹⁸

Introduction

The protection of the rights of children has been a priority of the United Nations (UN) since its inception in 1945. As a fund created as early as in 1946 and dedicated to the protection of children's rights, the United Nations Children's Fund (UNICEF) has made the protection of children in conflict situations a principal mandate of the organization.¹¹⁹ Despite efforts by various UN bodies, state governments and non-governmental organizations (NGOs), millions of children are affected by conflict each year. Children in conflict zones are systematically denied their rights, through lack of education and adequate nutrition, forcible military recruitment, and injury and death.¹²⁰ Efforts to protect children from the horrific events of conflict and violence must continue, but the rehabilitation and reintegration of children who have experienced conflict first-hand must also be strengthened to reintegrate these children and to facilitate their safe and healthy development.¹²¹ Since the 1980s, UNICEF has been actively involved in Disarmament, Demobilization and Reintegration (DDR) efforts for children in conflict. UNICEF has partnered with UN bodies, NGOs, and community organizations to demobilize and reintegrate children in conflict zones around the world.¹²² UNICEF has provided knowledge, leadership, and technical capacity to these DDR programs, supporting communities rehabilitate and reintegrate affected children.¹²³ UNICEF has facilitated the creation of "child-friendly spaces" in many conflict zones including Albania, Angola, Chechnya, East Timor, and Liberia as a stepping-stone to support reintegration of these children.¹²⁴ Lastly, UNICEF works closely together with other UN bodies, including the Special Rapporteur for Children and Armed Conflict, and plays a crucial role in monitoring human rights violations committed against children in situations of armed conflict, a process initiated by the UN Security Council (SC) and last reaffirmed in its resolution 2068 of September 19, 2012.^{12:}

Disarmament, Demobilization and Reintegration

Disarmament, Demobilization and Reintegration (DDR) is one of the more important steps in the reconstruction and rehabilitation of post-conflict societies.¹²⁶ Most DDR programs have three main facets, represented by each component in the name: disarmament includes the collection and disposal of arms and ammunition from civilians and militias; demobilization involves the discharge of combatants; and reintegration reincorporates former combatants into civilian society by assisting with psychological, social, and economic transition.¹²⁷ Though all three components are essential in reconstructing a post-conflict society, the most complex process of the three is reintegration, job training, and community reconciliation.¹²⁸ Psychological trauma, community and national reconciliation, trust building, and other complex problems are some of the post-conflict effects that reintegration programs are meant to address.¹²⁹ While disarmament and demobilization can be extremely challenging, because of the complex nature of conflict and the varied experiences of those affected by it, reintegration can take decades after the conflict has ceased, and it is not always clear when the process has ended and/or been entirely successful in completely reintegrating a war-torn society.¹³⁰ In general, DDR programs have been successful in rehabilitating and

¹¹⁸ United Nations Children's Fund, UNICEF Urges Demobilization and Reintegration of Child Soldiers.

¹¹⁹ United Nations Children's Fund, Protecting Children from Violence, Exploitation and Abuse, 2011.

¹²⁰ United Nations Children's Fund, Protecting Children from Violence, Exploitation and Abuse, 2011.

¹²¹ Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict, 2000.

¹²² United Nations Children's Fund, *Children Affected by Armed Conflict: UNICEF Actions*, 2002, p.37.

¹²³ United Nations Children's Fund, Children Affected by Armed Conflict: UNICEF Actions, 2002, p.37.

¹²⁴ United Nations Children's Fund, Children Affected by Armed Conflict: UNICEF Actions, 2002, p.21.

¹²⁵ United Nations Security Council, *Resolution 2068 (2012) on Children and Armed Conflict*, 2012.

¹²⁶ United Nations Peacekeeping, *Disarmament*, *Demobilization and Reintegration*.

¹²⁷ United Nations Peacekeeping, *Disarmament, Demobilization and Reintegration*.

¹²⁸ Solomon and Ginifer, *Disarmament*, *Demobilization and Reintegration*, 2008.

¹²⁹ Solomon and Ginifer, *Disarmament*, *Demobilization and Reintegration*, 2008.

¹³⁰ Solomon and Ginifer, *Disarmament, Demobilization and Reintegration*, 2008.

reconstructing societies affected by conflict, especially those with high numbers of ex-combatants.¹³¹ However, success rates of DDR programs in post-conflict society focus on overall success rates and tend to ignore minority groups, including female and child combatants. Many DDR programs neglect to separate these minority groups and specialize their programming to tackle the particular issues facing these populations.¹³² The lack of specialized programming for children is especially alarming as children are more vulnerable to be victims of physical and sexual abuse, violence, and forced recruitment into military organizations.¹³³ The unique circumstances faced by children in post-conflict societies necessitate a new approach to DDR that protects child combatants and develops new reintegration mechanisms that are tailored to child combatant experiences.

United Nations peacekeeping operations began to employ DDR in earnest when initiating "second generation" peacekeeping missions.¹³⁴ Second generation peacekeeping marked the beginning of more engaged peacekeeping with an emphasis on civilian protection and post-conflict reconstruction; the impacts of second generation peacekeeping and the introduction of DDR programs in peacekeeping missions can be seen in current UN missions.¹³⁵ Recently, UN bodies involved in peacekeeping, peacebuilding and child protection programs have emphasized the need for changes in DDR for child combatants.¹³⁶ Children must be kept separate from adult combatants during DDR to prevent repeated violence and victimization of the children.¹³⁷ This separation will also facilitate tailored DDR programming under the supervision and involvement of specialized child protection agencies.¹³⁸ Traditionally, non-combatant civilians and children, meaning those not directly involved in fighting for any side, were not included in DDR measures. The exclusion of non-combatant children in conflict ignores the fact that many children are directly influenced and involved in conflict, though in a less visible way. These children must also be included in rehabilitation and reintegration efforts to provide resources for these impacted children, to avoid stigmatization of combatants and to prevent conflicts over resource allocation.¹³⁹

Access to Education in Post-Conflict Societies

According to the *Convention on the Rights of the Child*, every child is entitled to access to primary education, recognizing that education is one of the most important indicators for children's physical, social and economic wellbeing.¹⁴⁰ In conflict zones, however, children's rights to education are often not recognized and protected.¹⁴¹ Instead of having special protection, many schools and educational facilities are intentionally targeted by parties to the conflict, physically injuring teachers and educators and eliminating educational opportunities.¹⁴² Schools may be attacked because they act as symbols of the government, or because armed groups oppose educational content being taught.¹⁴³ School attacks infringe on children's rights to education, but they also make them more vulnerable to recruitment by armed forces.¹⁴⁴ Even the threat of attack on schools can prevent children from attending, further

¹³¹ United Nations Department of Peacekeeping Operations, DDR in Peace Operations: A Retrospective, 2010, p.13.

¹³² Pauletto and Patel, *Challenging Child Solider DDR Processes and Policies in the Eastern Democratic Republic of the Congo*, 2010, p.37.

¹³³ Pauletto and Patel, *Challenging Child Solider DDR Processes and Policies in the Eastern Democratic Republic of the Congo*, 2010, p.35.

¹³⁴ United Nations Department of Peacekeeping Operations, Second Generation Disarmament, Demobilization and Reintegration (DDR) Practices in Peace Operations, 2010, p.8.

¹³⁵ United Nations Department of Peacekeeping Operations, Second Generation Disarmament, Demobilization and Reintegration (DDR) Practices in Peace Operations, 2010, p.8.

¹³⁶ United Nations Department of Peacekeeping Operations, Second Generation Disarmament, Demobilization and Reintegration (DDR) Practices in Peace Operations, 2010, p.10.

¹³⁷ United Nations Department of Peacekeeping Operations, Integrated Disarmament, Demobilization and Reintegration Standards, 2006, p.3.

¹³⁸ United Nations Department of Peacekeeping Operations, Integrated Disarmament, Demobilization and Reintegration Standards, 2006, p.3.

¹³⁹ United Nations Department of Peacekeeping Operations, *Integrated Disarmament, Demobilization and Reintegration Standards*, 2006, p.3.

¹⁴⁰ Convention on the Rights of the Child, 1989, article 28.

¹⁴¹ Human Rights Watch, Education and Conflict: Attacks on Education, 2012.

¹⁴² Human Rights Watch, Education and Conflict: Attacks on Education, 2012.

¹⁴³ Human Right Watch, World Report: Events of 2010, 2011, p.38

¹⁴⁴ Human Right Watch, World Report: Events of 2010, 2011, p.39

increasing child vulnerability to violence, attack and recruitment.¹⁴⁵ Actors within conflict zones should recognize the importance of protecting child rights to education, and endeavor to protect this right whenever possible.¹⁴⁶

Demobilized children who have been removed from conflict should be offered education as a crucial first step in their reintegration. Education empowers children and enables individuals and communities to break cycles of poverty that can cripple the social and economic well-being of societies.¹⁴⁷ Education has also been shown to reduce gender inequality and increase the health and well-being of individuals and families. Specifically with children in conflict, educational communities can become protective "safe havens" for children at risk.¹⁴⁸ For children who are apart from their families and communities, educational communities can become stable, predictable environments where children can reconnect with others and begin emotional and psychological healing.¹⁴⁹ Schools and school staff can also offer children physical protection, supervising children and keeping them away from more dangerous areas where victimization and re-recruitment are common.¹⁵⁰ Finally, education provides children with essential knowledge and skills that may facilitate their reintegration into society. Essential skills including trades, conflict resolution, basic safety, and health and hygiene can allow children to become more self-sufficient and catalysts for peace and healing in their communities.¹⁵¹ Economic opportunities created through training and education also provide alternatives to violence, making it less likely that children will return to armed groups or criminal activity for survival.¹⁵²

Though education is central to rehabilitating children in conflict, there are challenges that prevent universal access. In many developing countries, and especially in conflict zones, there is lack of willing and qualified personnel to educate children. Attacks on schools and educated individuals may cause educators to flee, leaving few qualified replacements.¹⁵³ Even in cases where there are qualified educators, educators may not take teaching positions because of the insecurity and targeted attacks against schools.¹⁵⁴ According to the UNICEF Educational Strategy, funding should be prioritized to the regions most in need of support for educational programs.¹⁵⁵ UNICEF has used this guideline to build schools in safe communities within conflict zones to ensure some educational stability.¹⁵⁶ The strategy also emphasizes the importance of protecting these educational environments that support children in various ways to facilitate their learning; this includes health, nutrition, psychosocial support, and protection from violence and victimization.¹⁵⁷ UNICEF has been a leader in providing practical education to children and families in conflict zones, such as providing information on mines and safety procedures in mined areas.¹⁵⁸ Organizations that seek to develop educational programs should consult with local leaders to strengthen existing programs that fit local and cultural contexts.¹⁵⁹

Medical Attention to Restore Physical and Mental Health

Establishing good health and adequate health services is of utmost importance in development programs because health can affect every aspect of an individual's life, from income to education. Programs that seek to rehabilitate former child combatants must address physical and psychological health issues to move towards rehabilitation. Intense conflicts can have severe impacts on child nutrition due to the decrease in productive capacity of the area

¹⁴⁵ Human Right Watch, World Report: Events of 2010, 2011, p.39

¹⁴⁶ United Nations Children's Fund, Education in Emergencies and Post-Conflict Transition, 2012

¹⁴⁷ United Nations Children's Fund, *The Big Picture*, 2011.

¹⁴⁸ United Nations Children's Fund, Education in Emergencies and Post-Conflict Transition, 2012.

¹⁴⁹ United Nations Children's Fund, *Education in Emergencies and Post-Conflict Transition*, 2012.

¹⁵⁰ United Nations Children's Fund, *Education in Emergencies and Post-Conflict Transition*, 2012.

¹⁵¹ International Labour Organization, Socio-Economic Reintegration of Ex-Combatants, 2010, p.52.

¹⁵² Odeh and Sullivan, Recent Developments in International Rehabilitation of Child Soldiers, p.2.

¹⁵³ United Nations Educational, Scientific and Cultural Organization, *Children in Crisis: Education Rights for Children in Conflict Affected and Fragile States*, 2007, p.4.

¹⁵⁴ United Nations Educational, Scientific and Cultural Organization, *Children in Crisis: Education Rights for Children in Conflict Affected and Fragile States*, 2007, p.4.

¹⁵⁵ Mac-Ikemenjima, Youth Development, Reintegration, Reconciliation and Rehabilitation in Post-Conflict West Africa: A Framework for Sierra Leone, Liberia and Cote d'Ivoire, 2008, p.3.

¹⁵⁶ United Nations Children's Fund, In Mali, Mine Risk Education Targets Children Displaced by Conflict, 2012.

¹⁵⁷ Wright, UNICEF Education Strategy 2006-2015, p.5.

¹⁵⁸United Nations Children's Fund, In Mali, Mine Risk Education Targets Children Displaced by Conflict, 2012.

¹⁵⁹ United Nations Children's Fund, Children Affected by Armed Conflict: UNICEF Actions, 2002, p.76.

and overall economic deterioration.¹⁶⁰ Poor nutrition can lead to stunted growth and malnutrition.¹⁶¹ Though some nutrition can be restored later on, early nutrition is so integral to child development that a short period of poor nutrition can have negative impacts on educational performance and socioeconomic status later in life.¹⁶²

Conflict zones are extremely unstable, and flows of resources are often inconsistent due to safety risks, banditry, and decreased levels of production. Increased funding for food and nutrition delivery programs would temper some of the negative impacts of poor nutrition, particularly for children, who are especially vulnerable. In the short-term, medical attention should evaluate nutritional needs of children in conflict zones to best assess and meet their nutrition needs, offsetting the more severe effects of poor nutrition.¹⁶³ In the long-term, crop re-growth and infrastructure development supporting agricultural restoration will have a significant impact in the long-term nutrition of these children, especially after they leave the supervision of emergency medical facilities.¹⁶⁴

Conflict-induced displacement may also have severe health impacts on children due to unhygienic conditions and the spread of infectious diseases. Many individuals displaced by conflict are placed into internally displaced persons (IDP) and refugee camps, where a lack of clean water, sanitation, and adequate housing can lead to outbreaks of infectious diseases.¹⁶⁵ Respiratory infections and diarrheal diseases, among others, are the leading causes of death in these camps.¹⁶⁶ Children are especially vulnerable to these diseases because of lower immune function, and child mortality rates in these camps can be between 20-80% higher than child mortality rates outside of the camps.¹⁶⁷ The increased vulnerability of children to these diseases underscores the need to prioritize medical care for children in these conditions. UNICEF has shown commitment to protecting children in these conditions by providing sanitation, clean water, and education to allow camp communities to sustain their water access and prevent diseases.¹⁶⁸ Additional resources dedicated to hygiene campaigns will further improve the situation, and increased medical personnel and facilities will improve the mortality rates of those already infected and prevent large-scale outbreaks.¹⁶⁹

Physical attacks, group sexual assault and the use of controlled substances including drugs and alcohol are all tactics used by military leaders to bond and make combatants dependent on the military unit. Because of these methods, physical and sexual trauma, as well as substance abuse addictions, are common among children in conflict areas, particularly with ex-combatants.¹⁷⁰ In addition to typical combat injuries, including stab and gunshot wounds and blunt trauma, sexual abuse in and out of military groups is common against both boys and girls.¹⁷¹ The spread of sexually transmitted infections, most notably HIV/AIDS, can completely alter a child's future without proper treatment for these infections.¹⁷² Physical trauma from forced intercourse including ruptured tissue can cause serious physiological problems including infection, scar tissue, and can even affect girls' future pregnancies and deliveries.¹⁷³

Psychological and psychosocial trauma is another aspect of health and well-being damaged by children's involvement in conflict.¹⁷⁴ Psychological trauma is more difficult to diagnose, asses and treat than physical trauma, though poor psychological health can be equally as or more harmful to a child's long-term development and well-being.¹⁷⁵ Lack of attention and resources dedicated to supporting children to overcome their psychological challenges may perpetuate cycles of violence within youth ex-combatant communities, stigmatization due to mental

¹⁶⁰ Tamashiro, Impact of Conflict on Children's Health and Disability, 2010, p.2.

¹⁶¹ Tamashiro, Impact of Conflict on Children's Health and Disability, 2010, p.2.

¹⁶² Akresh, Bundervoet, and Verwimp, The Impact of Violent Conflict On Child Health, 2010.

¹⁶³ Akresh, Bundervoet, and Verwimp, *The Impact of Violent Conflict On Child Health*, 2010.

¹⁶⁴ Akresh, Bundervoet, and Verwimp, *The Impact of Violent Conflict On Child Health*, 2010.

¹⁶⁵ Tamashiro, Impact of Conflict on Children's Health and Disability, 2010, p.2.

¹⁶⁶ Tamashiro, Impact of Conflict on Children's Health and Disability, 2010, p.3.

¹⁶⁷ Tamashiro, Impact of Conflict on Children's Health and Disability, 2010, p.3.

¹⁶⁸ Delgado, Managing Water, Preventing Disease and Improving Lives.

¹⁶⁹ World Health Organization, *Outbreak Surveillance and Response in Humanitarian Emergencies*, 2012, p.7.

¹⁷⁰ World Health Organization, *Healing Child Soldiers*, 2009, p.328.

¹⁷¹ World Health Organization, *Healing Child Soldiers*, 2009, p.330.

¹⁷² World Health Organization, *Healing Child Soldiers*, 2009, p.330.

¹⁷³ World Health Organization, *Healing Child Soldiers*, 2009, p.330.

¹⁷⁴ Moro, E. et al., *Post Traumatic Stress Disorder Among Former Child Soldiers Attending a Rehabilitative Service and Primary* School Education in Northern Uganda.

¹⁷⁵ Odeh and Sullivan, Recent Developments in International Rehabilitation of Child Soldiers, p.2.

disorders, and challenges in social and economic independence.¹⁷⁶ Improving ex-combatants' psychological health will facilitate smoother reintegration into their communities. UNICEF operates transitory care centers in some post-conflict regions where children are introduced to holistic healing programs that address physical and psychological needs.¹⁷⁷ Though these supportive care centers are helpful, there are far too few currently operating, and many children and youth do not receive adequate medical and psychological care.¹⁷⁸ Introducing psychological professionals in medical treatment centers would increase the number of children assessed and treated.¹⁷⁹

Reconciliation and Reintegration

Reintegration is extremely complex because full and stable reintegration requires community involvement and reconciliation for atrocities committed during wartime. Children recruited into armed groups or used as slaves during the conflict must be rehabilitated and reintegrated separately from adult combatants.¹⁸⁰ Incomplete or poor reintegration efforts can lead to ostracized and stigmatized children forced to leave their communities, increasing their vulnerability to violence, re-recruitment, and victimization.¹⁸¹ Community involvement is especially important for child combatant reintegration as some children may require outside supervision by other community members.¹⁸² Involvement in the DDR process allows children to advocate for themselves and their needs. While peace processes cannot account for child soldiers as actors within military groups, advocacy for child reintegration including educational opportunities, funding and protection can be facilitated by local actors and partners by raising awareness and community dialogue.¹⁸³ Advocacy movements to promote the needs of children in post-conflict societies will ensure that education and training are important aspects of child reintegration.¹⁸⁴ It is also important that children with disabilities are not discriminated against or ignored during the peace process and program development; exclusion of physically and/or mentally disabled children may contribute to stigmatization of these individuals and prevent holistic reintegration.¹⁸⁵

Community and group-based reconciliation is critical to ensuring long-term success of reintegration. Military groups often capitalize on ideas of family and solidarity to intimidate and indoctrinate new military recruits, especially children.¹⁸⁶ Feelings of loneliness and "otherness" may hinder rehabilitation and reintegration efforts and encourage children to return to violence.¹⁸⁷ Integrating combatants with other children through educational and recreational activities may create an alternative community connected by safe and comforting experiences.¹⁸⁸ Introducing combatants into civilian children groups also reduces stigmatization and the appearance of favoritism for excombatants in the form of additional services and funding.¹⁸⁹ Community engagement may also offer opportunities for healing and reconciliation. In some conflicts, children are forced to commit atrocities against their own community and family members to demonstrate their allegiance to the cause and their new military group.¹⁹⁰

¹⁷⁶ Odeh and Sullivan, Recent Developments in International Rehabilitation of Child Soldiers, p.2.

¹⁷⁷ World Health Organization, *Healing Child Soldiers*, 2009, p.330.

¹⁷⁸ World Health Organization, *Healing Child Soldiers*, 2009, p.330.

¹⁷⁹ World Health Organization, *Healing Child Soldiers*, 2009, p.331.

¹⁸⁰ United Nations Department for Peacekeeping Operations, *Integrated Disarmament, Demobilization and Reintegration Standards*, 2006, p.3.

¹⁸¹ Awodola, Comparative International Experience with Reintegration Programmes for Child Soldiers: The Liberian Experience, 2009, p.4.

¹⁸² United Nations Department for Peacekeeping Operations, Integrated Disarmament, Demobilization and Reintegration Standards, 2006, p.3.

¹⁸³ United Nations Department for Peacekeeping Operations, Integrated Disarmament, Demobilization and Reintegration Standards, 2006, p.8.

¹⁸⁴ United Nations Children's Fund, Basic Education and Gender Equality: The Big Picture, 2011.

¹⁸⁵ United Nations Children's Fund, Basic Education and Gender Equality: The Big Picture, 2011.

¹⁸⁶ United Nations Children's Fund, Children as Soldiers, 1996.

¹⁸⁷ Awodola, Comparative International Experience with Reintegration Programmes for Child Soldiers: The Liberian Experience, 2009, p.4.

¹⁸⁸ United Nations Department for Peacekeeping Operations, Integrated Disarmament, Demobilization and Reintegration Standards, 2006, p.26.

¹⁸⁹ United Nations Department for Peacekeeping Operations, Integrated Disarmament, Demobilization and Reintegration Standards, 2006, p.26.

¹⁹⁰ Awodola, Comparative International Experience with Reintegration Programmes for Child Soldiers: The Liberian Experience, 2009, p.4.

community-wide reconciliation to occur.¹⁹¹ Traditional and cultural ceremonies can play a crucial role in "cleansing" former combatants of their transgressions, and allowing the community to openly accept these children.¹⁹² Community-based practices may also change prevailing assumptions and harmful mindsets about child combatants, and prevent social stigmatization of these individuals.¹⁹³ Community support and supervision for integrated children will also increase their personal security, decreasing the likelihood of re-victimization.¹⁹⁴

Gender and Reintegration of Girls

In many DDR programs, ex-combatants have been treated as a homogenous group, which excludes the specific needs of children, and also the unique experience of girls in conflict. Women and girls involved with armed groups are often perceived to hold support positions in the groups, thereby being excluded from important components of DRR. In fact, girls and women can make up between 15-40% of total combatants in armed groups, but underestimation of their involvement or their less-visible roles may exclude them from traditional DDR.¹⁹⁵ Many girls are also disproportionately targeted in civilian attacks that are unique from attacks on boys and men. Lack of proper DDR for girl combatants and civilians in conflict zones can lead to repeated victimization and stigmatization of female victims and combatants, contributing to community breakdowns.¹⁹⁶

Women in armed groups may adopt a variety of roles; some may serve as regular combatants, while others may be military wives and sex slaves.¹⁹⁷ The breadth and scope of girls' roles in armed groups emphasizes the distinctions between girls and boys in combat. While some boys also experience sexual abuse and rape in conflict situations, the vast majority of girls in armed groups experience some form of violent sexual assault.¹⁹⁸ Girls' increased risk of sexual assault also increases the likelihood that women in conflict situations with contract sexually transmitted infections, including HIV.¹⁹⁹ Physical scars of sexual abuse can also lead to future reproductive complications if not properly diagnosed and treated.²⁰⁰ Sex slaves, military wives and female civilians can also become pregnant in the course of sexual exploitation and rape. Young girls who become pregnant may not be physically developed enough to safely undergo pregnancy and delivery, thereby increasing child and maternal mortality rates.²⁰¹ Rape is also considered to be a tool of war by some armed forces, meant to demoralize a population by exploiting women and girls and mixing bloodlines.²⁰² After the conflict has subsided, some communities ostracize and reject girls who have been raped by enemy and friendly forces alike, as well as their children.²⁰³ This is especially the case for girls and women who have been impregnated by their rapists. In many instances, parents, husbands, and community members may ostracize both the woman or girl, and the child born of rape because the child is seen as the manifestation of their perceived enemy.²⁰⁴ This separation from their communities and families can lead to lack of reintegration, reduced economic opportunities, and severe psychological trauma for these girls.²⁰⁵

DDR staff should assume the presence of girls in armed forces, even when they not clearly visible, to ensure they receive proper care.²⁰⁶ According to the *United Nation's Integrated Disarmament, Demobilization and Reintegration Standards*, to best serve the needs of girls in post-conflict societies, DDR programs for girls should be

¹⁹⁸ Creative Associates International. (*Planning Educational Response Strategies for the Reintegration of Demobilized Child* Soldiers in the Democratic Republic of the Congo, 2001, p.24

¹⁹⁹ Creative Associates International. (*Planning Educational Response Strategies for the Reintegration of Demobilized Child Soldiers in the Democratic Republic of the Congo*, 2001, p.24

¹⁹¹ United Nations Department for Peacekeeping Operations, Integrated Disarmament, Demobilization and Reintegration Standards, 2006, p.26.

¹⁹² Coalition to Stop the Use of Child Soldiers, Child Soldiers and Disarmament, Demobilization, Rehabilitation and Reintegration in West Africa, p.20

¹⁹³ United Nations, Integrated Disarmament, Demobilization and Reintegration Standards, 2006, p.26

¹⁹⁴ United Nations Children's Fund, Machel Study 10-Year Strategic Review, 2009, p.146

¹⁹⁵ Pathak, Women and DDR – Disarmament, Demobilization and Reintegration, 2011

¹⁹⁶ Pathak, Women and DDR – Disarmament, Demobilization and Reintegration, 2011

¹⁹⁷ United Nations Children's Fund, The Impact of Conflict on Women and Children in West and Central Africa, 2005, p.3

²⁰⁰ United Nations Children's Fund, The Impact of Conflict on Women and Children in West and Central Africa, 2005, p.4

²⁰¹ United Nations Children's Fund, The Impact of Conflict on Women and Children in West and Central Africa, 2005, p.5

²⁰² United Nations Children's Fund, The Impact of Conflict on Women and Children in West and Central Africa, 2005, p.9

²⁰³ United Nations Children's Fund, The Impact of Conflict on Women and Children in West and Central Africa, 2005, p.9

²⁰⁴ United Nations Children's Fund, The Impact of Conflict on Women and Children in West and Central Africa, 2005, p.9

²⁰⁵ United Nations, Gender Perspectives on Disarmament, Demobilization and Reintegration (DDR), 2001, p.2

²⁰⁶ United Nations, Integrated Disarmament, Demobilization and Reintegration Standards, 2006, p.10

directed separately from DDR for men and boys.²⁰⁷ Mixed-gender DDR facilities makes girls in the program vulnerable to rape and violence by male participants in DDR.²⁰⁸ Gender separation in these facilities will also provide women with a sense of confidentiality and security in which experiences can be openly shared and understood as a first step in reconciliation and healing.

Education for girls and communities will increase the success of reintegration efforts. Education and awareness campaigns about rape and women's roles in conflict may decrease stigmatization and psychological trauma experienced by girls when returning to their families and communities.²⁰⁹ Confidential and long-term medical care, including treatment for HIV/AIDS and other scars of sexual abuse will also facilitate reintegration and may remove some stigma associated with rape and HIV. Education and training programs can also provide increased economic and social opportunities for girls once they are reintegrated.²¹⁰

Conclusion

The successful rehabilitation and reintegration of children in conflict zones is a long and complex process that requires collaboration and dialogue between individuals, community partners and engaged organizations. The separation of children from adults and special attention for the most vulnerable children may prevent children from re-victimization. This environmental change alone can have a significant impact on the success of these rehabilitation programs. Education, physical and psychological health care and reconciliation must be addressed within unified programs. Collaboration between partners to unify programs will support the rehabilitation of children and their successful reintegration into accepting communities. In analyzing this complex issue, there are many questions to be considered. How can societies protect the right to education and educational facilities without military force? In what ways could educational programs adapt to situations of instability and conflict? How can UNICEF play a key role in supporting children in DDR programs? Given the difficulty in reintegrating women and girls due to cultural and societal norms, how might UNICEF support social reintegration for these girls?

²⁰⁷ United Nations, Integrated Disarmament, Demobilization and Reintegration Standards, 2006, p.11

²⁰⁸ United Nations, Integrated Disarmament, Demobilization and Reintegration Standards, 2006, p.11

²⁰⁹ United Nations, Integrated Disarmament, Demobilization and Reintegration Standards, 2006, p.12

²¹⁰ United Nations Children's Fund, The Impact of Conflict on Women and Children in West and Central Africa, 2005, p.22

Annotated Bibliography

Bird, Lyndsay. (2007). *Children in Crisis: Education Rights for Children in Conflict Affected and Fragile States*. Retrieved August 24, 2012 from: <u>http://unesdoc.unesco.org/images/0015/001555/155578e.pdf</u>

This report for UNESCO affirms the right to education for children in conflict zones, and emphasizes the practical benefits of education in conflict. Bird points out the challenges of providing education in conflict zones, including lack of funding and safety concerns, and provides some short-term solutions to address these issues. Bird also uses case studies to demonstrate how education can affect child reintegration after the conflict and the types of programs that may facilitate best outcomes.

Creative Associates International. (October 31, 2001). *Planning Educational Response Strategies for the Reintegration of Demobilized Child Soldiers in the Democratic Republic of the Congo*. Retrieved on August 8, 2012 from: <u>http://www.beps.net/publications/DEMOBILIZED%20CHILD%20SOLDIERS.PDF</u>

This report addresses the importance of various forms of education in the DDR process. Most importantly, the document provides real strategies for educating recently demobilized child soldiers, including the unique needs of children into this planning. Because this report is based on a specific case, this report may provide a framework for the tailored response required of this approaches, while providing a wide overarching framework for delivering these services.

International Labour Organization. (2010). Socio-Economic Reintegration of Ex-Combatants. Retrieved on August 6, 2012 from:

http://www.ilo.org/wcmsp5/groups/public/@ed_emp/documents/instructionalmaterial/wcms_141276.pdf This document from the ILO highlights the importance of full reintegration of combatants, including socio-economic reintegration. This is poignant as a lack of other opportunities can contribute to ex-combatants returning to violent and/or criminal activities. This is especially important in the reintegration of child combatants and education and vocational training can provide strong alternatives to violence and contribute to a stronger society with a productive excombatant population.

Mac-Ikemenjima, D. (September 3, 2008). Youth Development, Reintegration, Reconciliation and Rehabilitation in Post-Conflict West Africa: A Framework for Sierra Leone, Liberia and Cote d'Ivoire. Retrieved on August 8, 2012 from: http://academicjournals.org/ingoj/PDF/Pdf2008/September/Mac-Ikemenjima.pdf

This report provides information on DDR programs for youth in post-conflict societies in West Africa. This report includes all the main DDR components addressed in the background guide, providing a comprehensive analysis of a robust program. The analysis of particular programs also places the various projects and programs into context, giving a better picture of how these programs might be executed on the ground. The analysis of existing programs may produce more practical solutions to improving and building upon these models.

Pathak, B. (2011). Women and DDR – Disarmament, Demobilization and Reintegration. Retrieved August 23, 2012 from: <u>http://www.transcend.org/tms/2011/09/women-and-ddr-disarmament-demobilization-reintegration/</u>

Pathak's article on women and DDR highlights some of the key problems in how current DDR programs seek to rehabilitate and reintegrate women in conflict. The article also provides historical context on the gradual inclusion of women and women's needs in post-conflict DDR. Finally, the article provides analysis of women's inclusion in peacebuilding and DDR programs through some conflicts over the past three decades.

United Nations. (2006). *Integrated Disarmament, Demobilization and Reintegration Standards*. Retrieved August 24, 2012 from: <u>http://www.unddr.org/iddrs/05/download/IDDRS_530.pdf</u>

This report details key standards and recommendations for conducting DDR programs in waraffected communities. The report explains the intricacies of DDR while recommending solutions to tackling some of the main challenges that arise in these environments. The report also includes a section that deals specifically with children's reintegration and identifies children's reintegration needs as a central component of new DDR programming. United Nations Children's Fund. (2002). *Children Affected by Armed Conflict: UNICEF Actions*. Retrieved August 26, 2012 from: <u>http://reliefweb.int/sites/reliefweb.int/files/resources/893C5BFA8D01FF3CC1256E85004A7F86-Child-Armed.UNICEFAct.pdf</u>

This report by UNICEF focuses entirely on children in conflict, and pays a great deal of attention to reintegration efforts being made. The report emphasizes the work UNICEF has done to assist in child rehabilitation, including providing education, psychological support, and advocacy for children. The report provides a background into the past work of UNICEF in this field and may provide a framework for future UNICEF action.

United Nations Children's Fund. (February, 2005). *The Impact of Conflict on Women and Girls in West and Central Africa and the UNICEF Response*. Retrieved on August 6, 2012 from: http://www.unicef.org/emerg/files/Impact conflict women.pdf

This document provides a strong overview of the role women and girls play in conflict situations. This document addresses the roles of women and girls in conflict as both combatants and as civilians, and highlights the different and similar experiences between the two populations. Finally, the report provides proposals on the rehabilitation of these women and girls, drawing attention to the success of specific projects that may serve as models for future rehabilitation programs.

United Nations Human Rights Council. (May 25, 2000). Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict. Retrieved on August 7, 2012 from: http://www2.ohchr.org/english/law/crc-conflict.htm

This document, adopted by the General Assembly, establishes the rights of the child in conflict situations. As UNICEF's mandate is to protect the rights of the child, this document provides the basis for a rights-based approach to children in conflict situations. This document should be the basis upon which Member States approach child engagement in conflict, but also a guiding document for the rights that must be protected in post-conflict societies as well.

World Health Organization. (2009). *Healing Child Soldiers*. Retrieved August 26, 2012 from: http://www.who.int/bulletin/volumes/87/5/09-020509.pdf

This WHO report gives some background to the possible health impacts that may be suffered by child combatants, as well as child civilians in war zones. The report emphasizes that children should receive different treatment and care than adults do in similar situations. The report also highlights positive work being done to assist children, including UNICEF's rehabilitation and reintegration efforts.

Bibliography

Akresh, R., T. Bundervoet, and P. Verwimp. (2010). *The Impact of Violent Conflict On Child Health*. Retrieved August 24, 2012 from: <u>http://www.microconflict.eu/publications/PB6_PV_TB_RA.pdf</u>

Awodola, B. (2009). Comparative International Experience with Reintegration Programmes for Child Soldiers: The Liberian Experience, *Peace and Conflict Review* 4(1): 1-10

Bird, Lyndsay. (2007). *Children in Crisis: Education Rights for Children in Conflict Affected and Fragile States*. Retrieved August 24, 2012 from: <u>http://unesdoc.unesco.org/images/0015/001555/155578e.pdf</u>

Bouta, T. (March, 2005). *Gender, Disarmament, Demobilization and Reintegration*. Retrieved on August 7, 2012 from: <u>http://www.oecd.org/derec/netherlands/35112187.pdf</u>

Coalition to Stop the Use of Child Soldiers (n.d.). *Child Soldiers and Disarmament, Demobilization, Rehabilitation and Reintegration in West Africa*. Retrieved on August 6, 2012 from: http://www.ssrnetwork.net/uploaded_files/4225.pdf Creative Associates International. (October 31, 2001). *Planning Educational Response Strategies for the Reintegration of Demobilized Child Soldiers in the Democratic Republic of the Congo*. Retrieved on August 8, 2012 from: <u>http://www.beps.net/publications/DEMOBILIZED%20CHILD%20SOLDIERS.PDF</u>

Delgado, E. N.D. *Managing Water, Preventing Disease and Improving Lives*. Retrieved August 22, 2012 from: <u>http://www.unicef.org/sudan/reallives_6250.html</u>

Human Rights Watch. (2012). *Education and Conflict: Attacks on Education*. Retrieved August 23, 2012 from: http://www.hrw.org/topic/childrens-rights/education-and-conflict

Human Right Watch. (2011). *World Report: Events of 2010*. Retrieved August 26, 2012 from: http://www.hrw.org/sites/default/files/reports/wr2011.pdf

International Labour Organization. (2010). *Socio-Economic Reintegration of Ex-Combatants*. Retrieved on August 6, 2012 from: http://www.ilo.org/wcmsp5/groups/public/@ed_emp/documents/instructionalmaterial/wcms_141276.pdf

Mac-Ikemenjima, D. (September 3, 2008). Youth Development, Reintegration, Reconciliation and Rehabilitation in Post-Conflict West Africa: A Framework for Sierra Leone, Liberia and Cote d'Ivoire. Retrieved on August 8, 2012 from: http://academicjournals.org/ingoj/PDF/Pdf2008/September/Mac-Ikemenjima.pdf

Moro, E. et al. (September 2008). *Post Traumatic Stress Disorder Among Former Child Soldiers Attending a Rehabilitative Service and Primary School Education in Northern Uganda*. Retrieved on August 7 from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2583264/

Odeh, M. and C. Sullivan. N.D. *Recent Developments in International Rehabilitation of Child Soldiers*. Retrieved August 22, 2012 from: <u>http://www.yapi.org/rpchildsoldierrehab.pdf</u>

Patel, P. and E. Pauletto. (2010). Challenging Child Solider DDR Processes and Policies in the Eastern Democratic Republic of the Congo, *Journal of Peace, Conflict and Development* 16: 35-57.

Pathak, B. (2011). *Women and DDR – Disarmament, Demobilization and Reintegration*. Retrieved August 23, 2012 from: <u>http://www.transcend.org/tms/2011/09/women-and-ddr-disarmament-demobilization-reintegration/</u>

Solomon, C. and J. Ginifer. (2008). *Disarmament, Demobilization and Reintegration*. Retrieved on August 20, 2012 from:

http://www.operationspaix.net/DATA/DOCUMENT/4024~v~Disarmament_Demobilisation_and_Reintegration_in_Sierra_Leone.pdf

Tamashiro, T. (2010). *Impact of Conflict on Children's Health and Disability*. Retrieved August 22, 2012 from: http://unesdoc.unesco.org/images/0019/001907/190712e.pdf

United Nations. (2006). *Integrated Disarmament, Demobilization and Reintegration Standards*. Retrieved August 24, 2012 from: http://www.unddr.org/iddrs/05/download/IDDRS_530.pdf

United Nations. (2010). Second Generation Disarmament, Demobilization and Reintegration (DDR) Practices in Peace Operations. Retrieved August 25, 2012 from: http://www.un.org/en/peacekeeping/documents/2GDDR_ENG_WITH_COVER.pdf

United Nations Children's Fund. (2011). *The Big Picture*. Retrieved October 6, 2012 from: http://www.unicef.org/education/bege 59826.html

United Nations Children's Fund. (2002). *Children Affected by Armed Conflict: UNICEF Actions*. Retrieved August 26, 2012 from: <u>http://reliefweb.int/sites/reliefweb.int/files/resources/893C5BFA8D01FF3CC1256E85004A7F86-Child-Armed.UNICEFAct.pdf</u>

United Nations Children's Fund. (1996). *Children as Soldiers*. Retrieved October 6, 2012 from: http://www.unicef.org/sowc96/2csoldrs.htm

United Nations Children's Fund. (2012). *Education in Emergencies and Post-Conflict Transition*. Retrieved August 22, 2012 from: <u>http://www.unicef.org/education/bege_61685.html</u>

United Nations Children's Fund. (2012). *In Mali, Mine Risk Education Targets Children Displaced by Conflict*. Retrieved October 6, 2012 from: <u>http://www.unicef.org/infobycountry/mali_65985.html</u>

United Nations Children's Fund. (February, 2005). *The Impact of Conflict on Women and Girls in West and Central Africa and the UNICEF Response*. Retrieved on August 6, 2012 from: http://www.unicef.org/emerg/files/Impact conflict women.pdf

United Nations Children's Fund. (2009). *Machel Study 10-Year Strategic Review: Children and Conflict in a Changing World*. Retrieved August 25, 2012 from: http://www.unicef.org/publications/files/Machel Study 10 Year Strategic Review EN 030909.pdf

United Nations Children's Fund. (2011). *Protecting Children from Violence, Exploitation and Abuse*. Retrieved August 27, 2012 from: <u>http://www.unicef.org/protection/57929_57972.html</u>

United Nations Children's Fund. N.D. UNICEF Urges Demobilization and Reintegration of Child Soldiers. Retrieved August 23, 2012 from: <u>http://www.unicef.org/newsline/02pr58soldiers.htm</u>

United Nations Department of Peacekeeping Operations. (2010). *DDR in Peace Operations: A Retrospective*. Retrieved August 25, 2012 from: <u>http://www.un.org/en/peacekeeping/documents/DDR_retrospective.pdf</u>

United Nations General Assembly. (1989). *Convention on the Rights of the Child*. Retrieved August 25, 2012 from: <u>http://www2.ohchr.org/english/law/crc.htm</u>

United Nations Human Rights Council. (May 25, 2000). Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict. Retrieved on August 7, 2012 from: http://www2.ohchr.org/english/law/crc-conflict.htm

United Nations Peacekeeping. N.D. *Disarmament, Demobilization and Reintegration*. Retrieved August 20, 2012 from: <u>http://www.un.org/en/peacekeeping/issues/ddr.shtml</u>

United Nations Security Council. (2012). *Resolution 2068 (2012) on Children and Armed Conflict*. Retrieved October 31, 2012, from: <u>http://www.un.org/ga/search/view_doc.asp?symbol=S/RES/2068(2012</u>

World Health Organization. (2009). *Healing Child Soldiers*. Retrieved August 26, 2012 from: http://www.who.int/bulletin/volumes/87/5/09-020509.pdf

World Health Organization. (2012). *Outbreak Surveillance and Response in Humanitarian Emergencies*. Retrieved August 24, 2012 from: <u>http://whqlibdoc.who.int/hq/2012/WHO_HSE_GAR_DCE_2012_1_eng.pdf</u>

Wright, C. N.D. UNICEF Education Strategy 2006-2015. Retrieved August 25, 2012 from: http://www.fmreview.org/sites/fmr/files/FMRdownloads/en/FMRpdfs/EducationSupplement/02.pdf

III. Working Towards MDG 5: Achieving Universal Access to Reproductive Health

"The international community has long recognized that all couples and individuals have a right to decide whether and when to have children. Yet, hundreds of millions of people worldwide who want to space their families lack access to modern contraceptive methods. This is a violation of their human rights, and the consequences are appalling: millions of unintended pregnancies, often resulting in unsafe abortion or maternal or infant death; and continuing rapid population growth in the world's poorest countries."²¹¹

Introduction

The Millennium Development Goals (MDGs) were introduced in the 55th session of the United Nations (UN) General Assembly (GA) through the Millennium Declaration in 2000.²¹² Eight goals were created with the view of advancing development around the world. Goal 5: Improve Maternal Health, is made up of two separate targets. Target 5.A focuses on reducing maternal mortality, while Target 5.B focuses on achieving universal access to reproductive health by 2015.²¹³ Reproductive health is a broad term that can cover a wide variety of services, including prenatal and antenatal care, reproductive education, and access to contraception.²¹⁴

Article 25 of the *Universal Declaration of Human Rights* states that "every individual has the right to medical care and necessary social services."²¹⁵ For girls and women across the world, access to reproductive heath is one of the most essential medical services; access to these services can determine a woman's life span, social and economic opportunities, and overall health and well-being.²¹⁶ Without access to reproductive and sexual health services, women experience barriers in exercising their other basic human rights, such as the right to education. UNICEF is the central children's protection agency of the UN, and the basic right to access reproductive health and the long-term effects reproductive health can have on development and health make this topic a key aspect of UNICEF's current programming. UNICEF seeks to promote healthy development for children during pregnancy and early life through reproductive health access for their mothers, while also promoting reproductive health for youth and children.

International Framework

Since the introduction of the Universal Declaration of Human Rights in 1948, the right to health has been recognized as a human right through several international human rights treaties, most prominently the International Covenant on Economic, Social and Cultural Rights (Article 12), the Convention on the Elimination of All Forms of Discrimination against Women (Article 12) and the Convention on the Rights of the Child (Article 24). The right to access reproductive and sexual health has transformed and gained support over the last few decades.²¹⁷ Article 25 of the Universal Declaration of Human Rights is vague and does not define medical care, nor does it define what type of special care mothers are entitled to, but it is a critical first step in identifying these rights.²¹⁸ The 1968 Tehran Human Rights Conference enshrined the right of individuals to choose and conduct their own family planning, whereby individuals are entitled to access of information related to family planning.²¹⁹ At the 1994 International Conference on Population and Development held in Cairo, Member States agreed to a more explicit and robust definition of reproductive health and asserted that access to reproductive health is a fundamental human right. The Cairo Programme of Action states that it is the right of "men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility, which are not against the law, and the right of access to health-care services that will enable women to go safely through pregnancy and childbirth."²²⁰ The Cairo Programme also draws special

²¹³ United Nations Department of Public Information, Goal 5: Fact Sheet, 2010.

²¹¹ Obaid, Human Rights.

²¹² United Nations General Assembly, United Nations Millennium Declaration, 2000.

²¹⁴ United Nations, Goal 5: Improve Maternal Health.

²¹⁵ United Nations General Assembly, The Universal Declaration of Human Rights, 1948, article 25

²¹⁶ United Nations Department of Public Information, Women: The Right to Reproductive and Sexual Health, 1997.

²¹⁷ United Nations Department of Public Information, Women: The Right to Reproductive and Sexual Health, 1997.

²¹⁸ United Nations, *The Universal Declaration of Human Rights*, 1948, article 25.

²¹⁹ United Nations, Final Act of the International Conference on Human Rights, 1968, article 18.

²²⁰ United Nations Department of Public Information, International Conference on Population and Development: Summary of the Programme of Action, 1994, article 7.

attention to the reproductive rights of adolescents, which requires that age-appropriate education and medical services be freely available.²²¹ The 1995 Fourth World Conference on Women in Beijing reaffirmed the right to reproductive health and freedom, and called upon state governments to implement programs and facilities to educate populations on reproductive health and remove barriers to access for reproductive services.²²² These two conferences advanced the status of reproductive health access, emphasizing state and international responsibility to provide reproductive services, and facilitated the creation of important international bodies for reproductive health, including the United Nations Population Fund (UNFPA).²²³ The right to reproductive health has been emphasized and declared in a variety of international documents and forums, but barriers to access and problems of implementation must be addressed to allow all to fully realize this right.

UNICEF Involvement

The Millennium Development Goals are a UN-wide initiative that continues to involve many UN bodies and agencies towards achievement of the goals by the 2015 deadline. As the central children's protection agency, UNICEF has dedicated programs and resources to expanding reproductive health for children and adolescents.²²⁴ Recognizing the important role that education can play in expanding young people's reproductive health options, UNICEF launched the School Fee Abolition Initiative with the World Bank in 2005 to remove financial barriers to education.²²⁵ UNICEF has also emphasized the importance of maternal health services to decrease infant mortality rates and give young children a better start to their lives.²²⁶ UNICEF supports the training of skilled birth attendants to increase the number of medical professionals to help manage risk of complications and mortality for both mothers and children.²²⁷ UNICEF has also partnered with other UN agencies including the Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNFPA in the creation of the Inter-Agency Task Team (IATT) on HIV and Young People.²²⁸ This initiative is dedicated to providing education and health services to prevent adolescent exposure and infection of HIV, and to support treatment for those already infected.²²⁹ IATT on HIV and young people have also partnered with governments and local NGOs to provide these services and remove central barriers to access by providing confidential service and subsidizing care.²³⁰ UNICEF, WHO, UNFPA, UNAIDS, UN Women and the World Bank have also partnered with member states on the "H4+" initiative on improving women's and children's health under the Secretary-General's direction.²³¹ Specifically, the initiative seeks to accelerate current progress on achieving MDGs 4 and 5 on reducing child mortality and improving maternal health.²³² The H4+ initiative has implemented its mission to accomplish MDGs 4 and 5 by supporting the development of new federal health plans in Afghanistan, Bangladesh, the Democratic Republic of the Congo, and Ethiopia.²³³

Financial and Cultural Barriers to Access

Though many states in the international community have committed to increasing access to reproductive health, health services remain out of reach for many young women because of inadequate funding and poverty. Poverty and poor reproductive health access have a cyclical relationship of cause and effect. Fertility rates are tied to wealth, where poorer women have more children and begin childbearing much earlier in their lives.²³⁴ The lack of education and poor access to contraceptives led to more adolescent pregnancies, often due to inadequate social services and financial constraints of individuals.²³⁵ Pregnancy and delivery during adolescent years can interrupt education,

²²¹ United Nations Department of Public Information, *International Conference on Population and Development: Summary of the Programme of Action*, 1994, article 7.

²²² United Nations, Report of the Fourth World Conference on Women, 1995, p.31.

²²³ United Nations Department of Public Information, Women: The Right to Reproductive and Sexual Health, 1997.

²²⁴ United Nations Children's Fund, United Nations Population Fund and World Health Organization, Addressing the Human Rights Dimension of Preventing Maternal Mortality and Morbidity.

²²⁵ United Nations Children's Fund, *Basic Education: School Fee Abolition*, 2012.

²²⁶ United Nations Children's Fund, Maternal and Newborn Health, 2003.

²²⁷ United Nations Children's Fund, Maternal and Newborn Health, 2003.

²²⁸ United Nations Population Fund, Global Guidance Briefs: HIV Interventions for Young People, 2008, p.6.

²²⁹ United Nations Population Fund, Global Guidance Briefs: HIV Interventions for Young People, 2008, p.6.

²³⁰ United Nations Population Fund, Global Guidance Briefs: HIV Interventions for Young People, 2008, p.7.

²³¹ United Nations Foundation, *Background*, 2012.

²³² United Nations Foundation, *Background*, 2012.

²³³ United Nations Foundation, *Background*, 2012.

²³⁴ Greene, Poor Health, Poor Women: How Reproductive Health Affects Poverty, 2008, p.5.

²³⁵ Greene, Poor Health, Poor Women: How Reproductive Health Affects Poverty, 2008, p.5.

thereby lowering young womens' future employment and earning opportunities.²³⁶ At the same time, some young women engage in sexual relationships and become pregnant in part because education is inaccessible due to high school fees. In patriarchal societies, families that are unable to send all of their children to school privilege boys' education over that of girls because of traditional gender roles and differences in the perceived value of educating boys versus girls.²³⁷ This preference for educating boys over girls may contribute to adolescent motherhood as it severely limits employment opportunities and may force young women into unsafe environments and early marriage and motherhood.

Poverty can also influence adolescent motherhood and high fertility rates in more intentional ways. In developing countries, especially those with large agricultural and physical labor sectors, families intentionally have many children.²³⁸ Children can be seen as potential earners or domestic helpers, lightening financial burdens for their families.²³⁹ In developing countries with high infant mortality rates, more children are seen as beneficial in case other children in the family die early. Rampant poverty and many children can also move some parents to desperation, marrying off adolescent children for money or other materials with monetary value.²⁴⁰ Forced or arranged marriages for adolescents not only violate children's rights, but they also expose adolescent girls to the many risks associated with young motherhood.²⁴¹

Cultural and/or religious perspectives can also block access to reproductive health services. In some patriarchal countries, a woman's primary role is as a mother, nurturer, and domestic worker. The idea that women may control fertility on their own is unsettling and can be seen as indecent or wrong.²⁴² Some religions also discourage the use of any contraception that would prevent conception during intercourse.²⁴³ This may not only prevent some religious believers from using contraception, but may also prevent contraceptives from being available in an entire region or country, because of the power religious leaders may have over the government or because of personal beliefs of leaders themselves.²⁴⁴ Access to other reproductive services including abortion is subject to the same cultural and religious values and beliefs, which can prevent access for millions of women.²⁴⁵ Abortion itself is a particularly controversial subject and remains illegal in many countries around the world. Approximately half of all abortions are performed illegally, and 98% of unsafe abortions take place in developing countries.²⁴⁶ The proportion of abortions in the developing world as compared to the developing world increased 8% from 1995-2008, which can be partially credited to the inaccessibility and lack of education surrounding contraceptives.²⁴⁷

Overall Health and Reproductive Access

Lack of access to reproductive health, especially for adolescents and children, can lead to many serious health problems immediately and into the future. Adolescent pregnancy and motherhood carry a number of serious health risks and long-term complications. Adolescent mothers in developing countries are twice as likely to die from pregnancy and childbirth than are older mothers.²⁴⁸ Poor nutrition and inadequate pre-natal care can increase risks of pregnancy-related complications.²⁴⁹ Physical development is the primary cause of these increased risks, which can necessitate more dangerous procedures, including caesarean births.²⁵⁰ Children born to adolescent mothers are also more likely to be born prematurely, which can affect the child's overall health and future development, increasing their likelihood of dying within the first five years of life.²⁵¹

²³⁶ Greene, Poor Health, Poor Women: How Reproductive Health Affects Poverty, 2008, p.5.

²³⁷ United Nations Educational, Scientific and Cultural Organization, UNESCO Report Shows Less Than 40% of Countries Provide Girls and Boys Equal Access to Education, 2010.

²³⁸ International Labour Organization, *Domestic Labour*.

²³⁹ International Labour Organization, *Domestic Labour*.

²⁴⁰ International Centre for Research on Women, *Child Marriage and Poverty*, 2006.

²⁴¹ International Centre for Research on Women, *Child Marriage and Poverty*, 2006.

²⁴² Reid and Srikanthan, *Religious and Cultural Influences on Contraception*, 2008, p.130.

²⁴³ Reid and Srikanthan, *Religious and Cultural Influences on Contraception*, 2008, p.131.

²⁴⁴ Reid and Srikanthan, *Religious and Cultural Influences on Contraception*, 2008, p.131.

²⁴⁵ Reid and Srikanthan, *Religious and Cultural Influences on Contraception*, 2008, p.131.

²⁴⁶ Guttmacher Institute, *Facts on Induced Abortion Worldwide*, 2012.

²⁴⁷ Guttmacher Institute, Facts on Induced Abortion Worldwide, 2012.

²⁴⁸ Greene, Poor Health, Poor Women: How Reproductive Health Affects Poverty, 2008, p.5.

²⁴⁹ United Nations Population Fund, UNFPA and Adolescents.

²⁵⁰ Yadav, et al. Adverse Reproductive Outcomes Associated with Teenage Pregnancy, 2008.

²⁵¹ Greene, Poor Health, Poor Women: How Reproductive Health Affects Poverty, 2008, p.5.

Inadequate access to reproductive health can also lead to increased risk and incidence of sexually transmitted infections (STIs). STIs pose a particularly dangerous threat to sexually active adolescents who generally have less education about how to protect themselves from STIs. While both men and women are vulnerable to contracting STIs, adolescents are the most physically susceptible to contracting STIs.²⁵² The risk of contracting HIV/AIDS is perhaps the most serious health implication of unprotected sex.²⁵³ As with other STIs, adolescents and youth are particularly vulnerable; in 2009, adolescents and youth aged 15-24 accounted for 41% of new HIV infections.²⁵⁴ As an auto-immune disorder, HIV/AIDS has no known cure at this point in time. HIV/AIDS can completely debilitate individuals, eliminating their economic opportunities.²⁵⁵ HIV/AIDS also carries heavy social stigma in many countries, where infection is synonymous with sexual promiscuity.²⁵⁶ Inadequate testing facilities for HIV and other STIs can prevent infected individuals from being properly diagnosed, preventing proper treatment and risking a worsening condition or even death.²⁵⁷

Success in Improving Access in East and Southeast Asia

Progress assessments for MDG 5 show that countries within East and Southeast Asia are making significant progress towards this goal. Economic prosperity in parts of East and Southeast Asia beginning in the 1990s fueled a host of social and economic developments. Most countries in East Asia have achieved gender parity in primary and secondary education, which is a critical first step as education for young women is both a strong determinant and cause of access to reproductive services and safe sexual practices.²⁵⁸ Many states in East and Southeast Asia have increased access of reproductive health services such as prenatal and antenatal care.²⁵⁹ The increase in care for pregnant women and the presence of trained health professionals during delivery has reduced maternal mortality rates in the region by half between 1990 and 2008.²⁶⁰ This development is especially important for adolescent mothers due to their increased risks of complications during pregnancy and delivery. Access to other reproductive services has also improved in East and Southeast Asia are using some form of contraception.²⁶¹ Many Member States in East and Southeast Asia have supported increased access through national policies on sex education.²⁶² Most countries also have sex educational programs targeted specifically to adolescents.²⁶³

Despite progress in expanding access to reproductive health, more work must be done to make reproductive health access truly universal in East and Southeast Asia. Though rates of contraceptive use are high, use is disproportionately concentrated in wealthier, urban areas. Individuals living in rural areas still experience significant gaps in access.²⁶⁴ Furthermore, some statistical success in contraceptive access and better care for pregnant women may be accredited to controversial policies, such as China's one-child policy, which is not synonymous with universal reproductive health access.²⁶⁵

Remaining Challenges in Sub-Saharan Africa

²⁶⁴ World Health Organization, Progress Report: Reproductive Health Strategy, 2010, p.3.

²⁵² Dehne and Riedner, Sexually Transmitted Infections Among Adolescents, 2005, p.xi.

²⁵³ Dehne and Riedner, Sexually Transmitted Infections Among Adolescents, 2005, p.6.

²⁵⁴ United Nations Children's Fund, *Opportunity in Crisis*, 2011, p.1.

²⁵⁵ United Nations Children's Fund, United Nations Population Fund, World Health Organization, the Joint United Nations Programme for HIV/AIDS, *Linking Sexual, Reproductive, Maternal and Newborn Health – The Circle of Life.*

²⁵⁶ Dehne and Riedner, Sexually Transmitted Infections Among Adolescents, 2005, p.22.

²⁵⁷ United Nations Children's Fund, *Opportunity in Crisis*, 2011, p.2.

²⁵⁸ United Nations Development Group, Thematic Paper on MDG 3: Promote Gender Equality and Empower Women, 2010, p.13.

 ²⁵⁹ United Nations Economic and Social Commission for Asia and the Pacific, Statistical Yearbook for Asia and the Pacific 2011, 2011.

²⁶⁰ United Nations Economic and Social Commission for Asia and the Pacific, Statistical Yearbook for Asia and the Pacific 2011, 2011.

²⁶¹ United Nations, *The Millennium Development Goals Report 2012*, 2012, p.35.

²⁶² United Nations Educational, Scientific and Cultural Organization, Sexuality Education in Asia and the Pacific, 2012, p.14.

²⁶³ United Nations Educational, Scientific and Cultural Organization, Sexuality Education in Asia and the Pacific, 2012, p.14.

²⁶⁵ Al-Hamad, Brown and Nieves, *Gender Equality in East Asia*, p.63.

When the Millennium Development Goals were introduced in 2000, sub-Saharan Africa had the least amount of progress among almost all of the MDGs. Though progress in some areas has been significant, expanding access to reproductive health has fallen behind MDG targets. MDG 5 has seen progress overall, but sub-Saharan Africa has disproportionately lower progress than in other regions. Antenatal care in sub-Saharan Africa has improved, but the 8% increase in care between 1990 and 2010 is the lowest proportional change for regions with less than 90% of women receiving antenatal care.²⁶⁶ Within Africa, southern and central Africa have accounted for a large proportion of maternal care improvements, while west and north Africa lag behind with only 67% and 71% of women receiving professional care during pregnancy, respectively.²⁶⁷ Adolescent pregnancies have remained almost static since 1990, contributing to the high maternal mortality rate given the danger of adolescent motherhood.²⁶⁸ Contraceptive usage in sub-Saharan Africa has doubled since the 1990s, but the overall number of women using contraception is still extremely low; only 25% of women aged 15 to 49 are using contraceptives in the region.²⁶⁹ Low usage of contraception may be partly attributed to cultural or religious beliefs that reject contraceptive use. However, a large proportion of women in sub-Saharan Africa are without contraceptives because of limited access; 25% of women have an unmet need for contraceptives in sub-Saharan Africa, the highest regional unmet need in the world.²⁷⁰

High STI and HIV prevalence rates also point to a significant gap in access to reproductive health. Sub-Saharan Africa has the largest HIV prevalence rate as compared to all other regions.²⁷¹ HIV infection rates have decreased due to increased use of barrier contraceptives and educational initiatives, but the number of those living with HIV has continued to increase. HIV transmission in sub-Saharan Africa is also disproportionately affecting women; 59% of individuals with HIV are women, significantly higher than the global average of 50%.²⁷² As with maternal care, there is a great deal of regional variation in the use of contraceptives and the success of educational programs. Most countries in Sub-Saharan Africa have seen an increase in HIV transmission knowledge among adolescents between 2005 and 2010.²⁷³ However, condom use among adolescents with multiple sexual partners remains low, despite increased education about transmission.²⁷⁴ This signals a serious gap between education and contraceptive access. "In Sub-Saharan Africa, only eight condoms are available per adult male per year."²⁷⁵ Without increased contraceptive access, educational programs have only very limited impacts on reducing STI and HIV transmission.

Addressing the shortfalls in access for reproductive health in Sub-Saharan Africa will take commitment from member states, UN agencies, and local organizations to speed up progress in anticipation of the approaching MDG deadline. Firstly, education of young children and adolescents must continue; closing the gender gap for girls' education is especially important in preventing adolescent motherhood.²⁷⁶ While sex education programs must also continue to expand, contraceptive access must increase to meet new demand.²⁷⁷ Because of poverty and financial crises in many Sub-Saharan Africa countries, partnerships between NGOs, local governments, and foreign governments should consider strategic partnerships to address gaps in care through increased funding and technical transfer.²⁷⁸ Cultural and religious norms that may encourage early marriage and motherhood or discourage contraceptive use should also be dealt with sensitively to encourage reproductive health services but avoid backlashes and cultural and religious persecution.²⁷⁹

Future Action and Conclusion

Though some progress has been made in increasing access to reproductive health, large gaps in service remain. Adolescents require more direct and tailored service given the serious risks of adolescent motherhood and STI

²⁶⁶ United Nations, The Millennium Development Goals Report 2012, 2012, p.32.

²⁶⁷ United Nations, *The Millennium Development Goals Report 2012*, 2012, p.32.

²⁶⁸ United Nations, The Millennium Development Goals Report 2012, 2012, p.34.

²⁶⁹ United Nations, The Millennium Development Goals Report 2012, 2012, p.35.

²⁷⁰ United Nations, The Millennium Development Goals Report 2012, 2012, p.36.

²⁷¹ United Nations, *The Millennium Development Goals Report 2012*, 2012, p.38.

²⁷² United Nations, The Millennium Development Goals Report 2012, 2012, p.39.

²⁷³ United Nations, The Millennium Development Goals Report 2012, 2012, p.40.

²⁷⁴ United Nations, *The Millennium Development Goals Report 2012*, 2012, p.40.

²⁷⁵ United Nations, The Millennium Development Goals Report 2012, 2012, p.40.

²⁷⁶ World Health Organization, Universal Access to Reproductive Health, 2011, p.9.

²⁷⁷ World Health Organization, Universal Access to Reproductive Health, 2011, p.9.

²⁷⁸ World Health Organization, *Universal Access to Reproductive Health*, 2011, p.9.

²⁷⁹ Partners in Population and Development Africa Regional Office, *Reproductive Health in Millennium Development Goals*, p.2.

transmission. Addressing reproductive health cannot be done independently; reproductive health both affects and is affected by other critical development and child protection issues including education, poverty and gender equality. Barriers to education including school fees, proximity to schools and disruptions due to conflict must be overcome through UN partnerships with local governments.²⁸⁰ Funding towards education will increase access, but human capital and technical capacity should also be exchanged as necessary. Schools' curricula should include sex education to inform adolescents about safe sex and reproductive health. Reproductive heath professionals in schools providing tailored, confidential information and care to adolescents and children would provide a safe environment for adolescents and youth to learn about reproductive health and get access to necessary treatments and/or procedures.²⁸¹

Financial constraints must also be considered in the movement to expand reproductive health access. Those living in poverty in the developing world are unable to pay for contraceptives, prenatal and antenatal care, STI testing and treatment, and other reproductive health services.²⁸² Subsidization of these essential services would increase access, especially for low-income individuals and families. In general, governments are expected to spend a certain proportion of the national budget towards health expenditures.²⁸³ However, highly indebted poor countries (HIPC) may not have the necessary funding and may rely on external aid to make up this shortfall.²⁸⁴ Increased Member State contributions for countries most in need may alleviate some of the financial need.²⁸⁵ Increasing accountability and transparency mechanisms for earmarked funding may also support the proper transfer and allocation of these funds.²⁸⁶

Government examination of various barriers to access including religious beliefs, age-restricted access, and other factors that may prevent individuals from receiving proper care may facilitate more universal access. Religious convictions may interfere with each individual's right to reproductive access; increased dialogue and debate about types of legislation to expand access may lead to changes where the public as well as responsible public officials deem it necessary.²⁸⁷ Other reproductive services that may be outlawed in certain countries including abortion should be re-evaluated to determine how legal, safe abortions may support overall reproductive health.²⁸⁸ Re-evaluating age restrictions on certain procedures and services also has the potential to increase awareness that adolescents have the same right to reproductive health as mature adults, and may expand access to adolescents without fear of persecution by family or community members by requiring guardian consent.²⁸⁹

Finally, gender equality must continue to be pursued through legal, economic, and cultural means to ensure women are given fair and equal access to reproductive health. While some services such as prenatal care are *de facto* geared towards women, other reproductive services such as contraception may be more difficult for women to obtain than men.²⁹⁰ Continuing to advance gender equality, education and women's rights may lead to more women being trusted with control over their own reproduction, which may further remove personal and legislative barriers to access.²⁹¹ With that in mind, it is important to provide information and health services for men who want to exercise control over their own reproductive health by providing male contraceptives and STI testing.²⁹² Both men and women should have equal access to reproductive health services particular to their circumstances and needs.

²⁸⁰ United Nations Educational, Scientific and Cultural Organization, International Technical Guidance on Sexuality Education, 2009, p.6.

²⁸¹ Hock-Long, L. et al., Access to Adolescent Reproductive Health Services: Financial and Structural Barriers to Care, 2003, p.145.

²⁸² United Nations Population Fund, The Global Programme to Enhance Reproductive Health Commodity Security, 2011.

²⁸³ World Health Organization, Universal Access to Reproductive Health, 2011, p.9.

²⁸⁴ World Health Organization, Universal Access to Reproductive Health, 2011, p.9.

²⁸⁵ World Health Organization, Universal Access to Reproductive Health, 2011, p.9.

²⁸⁶ World Health Organization, Universal Access to Reproductive Health, 2011, p.9.

²⁸⁷ United Nations General Assembly, Several Aspects of Sexual, Reproductive Health – Providing Information, Using Contraception, Abortion – Should Be "Decriminalized," Third Committee Told, 2011.

²⁸⁸ United Nations General Assembly, Several Aspects of Sexual, Reproductive Health – Providing Information, Using Contraception, Abortion – Should Be "Decriminalized," Third Committee Told, 2011.

²⁸⁹ United Nations General Assembly, Several Aspects of Sexual, Reproductive Health – Providing Information, Using Contraception, Abortion – Should Be "Decriminalized," Third Committee Told, 2011.

²⁹⁰ United Nations Population Fund, *Reproductive Health*.

²⁹¹ United Nations Population Fund, *Reproductive Health*.

²⁹² United Nations Population Fund, Reproductive Health.

In preparing to address this issue, there are a number of questions delegates should consider. How can financial barriers to access be removed, especially without sufficient additional funding? Access to basic education has increased, but there are still significant gaps in child and adolescent sexual education and awareness; what mechanisms can best address this gap? What underlying gaps in infrastructure and social services must be addressed in order to make a lasting change, and how might UNICEF assist? How can UNICEF best assist with the implementation and expanding of existing programs?

Annotated Bibliography

Dehne, K. and G. Riedner. (2005). *Sexually Transmitted Infections Among Adolescents*. Retrieved August 29, 2012 from: <u>http://whqlibdoc.who.int/publications/2005/9241562889.pdf</u>

This report details the types and severity of sexually transmitted infections in adolescents. Dehne and Riedner emphasize the variety of STIs adolescents may encounter, and suggest that one type of reproductive health service may not be equipped to deal with all the variations; a multipronged approach may be more effective in many cases. Finally, the report touches on the effects STIs can have on adolescents, specifically on their well-being, growth and development.

Greene, M. (2008). *Poor Health, Poor Women: How Reproductive Health Affects Poverty*. Retrieved August 30, 2012 from: <u>http://www.wilsoncenter.org/sites/default/files/ECSP_Focus_Greene_web.pdf</u>

Green's article on reproductive health and poverty highlights one of the main issues that must be addressed when promoting and achieving universal access to reproductive health. While poverty can act as a barrier to health access, the lack of reproductive health access has an arguably more significant impact on poverty. The report evaluates the various effects of inadequate access to reproductive health, including increased fertility rates and disease, and link them to poverty and overall well-being of individuals and families. By doing so, the report underlines the widereaching impacts of reproductive health access beyond those who directly use it.

Reid R. and A. Srikanthan. (2008). Religious and Cultural Influences on Contraception, *Women's Health*. 129-136. Retrieved August 28, 2012 from: <u>http://www.sogc.org/jogc/abstracts/full/200802_WomensHealth_1.pdf</u>

This article by Reid and Srikanthan introduces the complex relationship between cultural and religious views and reproductive health, especially in regards to women. Reid and Srikanthan summarize different views religious and cultural on reproductive health, and how these views have restricted access both directly and indirectly. The breakdown of these views provides insight on the assumptions they rely upon, offering opportunities to respectfully engage with these views and communities to increase reproductive health access.

United Nations. (n.d.). *Goal 5: Improve Maternal Health*. Retrieved on August 8, 2012 from: http://www.un.org/millenniumgoals/maternal.shtml

The summary of MDG 5 on Improving Maternal Health establishes clear guidelines for any action to be taken to increase access to reproductive health. Because it communicates a set of internationally agreed upon goals, the framework of MDG 5 must be considered and included in any and all decisions, programs and institutions designed to increase access to reproductive health. It also shows Target 5.B within the larger overarching goal of Improving Maternal Health.

United Nations, (2012). *The Millennium Development Goals Report 2012*. Retrieved August 29, 2012 from: <u>http://mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2012/English2012.pdf</u>

The Millennium Development Goals Report 2012 evaluates progress from the last year and from the beginning of the Millennium Project across all goals, but also across specific categories within each goal. Specifically for reproductive health access progress, the MDG report provides detailed progress reports that draws attention to the most critical issue areas requiring attention. The report also provides recommendations that may support delegates in researching and evaluating possible responses.

United Nations Children's Fund, United Nations Population Fund and World Health Organization. (n.d.) Addressing the Human Rights Dimension of Preventing Maternal Mortality and Morbidity. Retrieved on August 7, 2012 from: www2.ohchr.org/.../JointUNFPA-UNICEF-WHOResponse.doc

This joint statement by UNICEF, UNFPA and the WHO draws attention to the urgency of increasing access to reproductive health by framing the issue as a rights concern. The document states that as reproductive health access is a result of other gender inequalities, lack of access to these services continues to exacerbate these inequalities and prevents women from having control over themselves and their decisions. In order to achieve free access regardless of gender, three pillars of reproduction must be pursued: health including family planning, skilled birth attendance, and emergency obstetric and newborn care.

United Nations Children's Fund, United Nations Population Fund, World Health Organization, the Joint United Nations Programme for HIV/AIDS. (n.d.). *Linking Sexual, Reproductive, Maternal and Newborn Health – The Circle of Life.* Retrieved on August 6, 2012 from: http://www.unicef.org/eapro/AsiaPIntegrationFramework.pdf

This report highlights the importance of access to reproductive health services for the entire human life cycle. It highlights the importance of these services and their effects on the general health and wellbeing of adults as well as infants and children. Though there is some analysis included in this document, the report focuses on applicable strategies focusing on local community engagement, including greater integration of programs, increasing training and support for medical professionals, and the general strengthening of health and medical infrastructure and capital.

United Nations Educational, Scientific and Cultural Organization. (2012). *Sexuality Education in Asia and the Pacific*. Retrieved October 3, 2012 from: <u>http://unesdoc.unesco.org/images/0021/002150/215091e.pdf</u>

This UNESCO report details the improvements recently made in sex education in the Asia-Pacific region. The report not only details specific policies and programs, but provides information on specific initiatives launched in different countries within the region. The document emphasizes certain aspects of sex education that were seen as most essential, and provides information on changes resulting from these programs, providing a basic framework for other organizations and member states to improve sexual education.

United Nations Population Fund. (2011). *The Global Programme to Enhance Reproductive Health Commodity* Security. Retrieved on August 7, 2012 from: http://www.unfpa.org/webday/site/global/shared/documents/publications/2012/GPRHCS_Appual%20Report%2

http://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/GPRHCS_Annual%20Report%2020_11_Print.pdf

This annual report from the UNFPA provides a clear background to some of the most pertinent issues surrounding access to reproductive health. More importantly, it provides a clear assessment of access to reproductive care and services to date, as well as strategies that have assisted in this process. In its conclusion, the report identifies key issue areas that need to be addressed in future programmes, which may guide delegates in selecting and developing mechanisms to assist with increasing access for the services.

World Health Organization. (2011). Universal Access to Reproductive Health. Retrieved on August 7, 2012 from: http://whqlibdoc.who.int/hq/2011/WHO_RHR_HRP_11.02_eng.pdf

This report by the World Health Organization assess the current state of access to reproductive health services worldwide, and the current needs to continue increasing access to this care. The report also includes a clear progressive plan to develop and execute new reproductive health programs worldwide that can be tailored to best suit the needs of each country and community. The report combines practical, bottom-up approaches to increasing reproductive health access as well as policy decisions governments can make domestically and internationally to increase access to reproductive health services.

Bibliography

Al-Hamad, L., G. Brown and C. Nieves. N.D. *Gender Equality in East Asia*. Retrieved August 30, 2012 from: <u>http://siteresources.worldbank.org/INTEAPHALFYEARLYUPDATE/Resources/genderequality.pdf</u>

Dehne, K. and G. Riedner. (2005). *Sexually Transmitted Infections Among Adolescents*. Retrieved August 29, 2012 from: <u>http://whqlibdoc.who.int/publications/2005/9241562889.pdf</u>

Greene, M. (2008). *Poor Health, Poor Women: How Reproductive Health Affects Poverty*. Retrieved August 30, 2012 from: <u>http://www.wilsoncenter.org/sites/default/files/ECSP Focus Greene web.pdf</u>

Guttmacher Institute. (2012). *Facts on Induced Abortion Worldwide*. Retrieved October 3, 2012 from: http://www.guttmacher.org/pubs/fb_IAW.html Hock-Long, L. et al. (2003). Access to Adolescent Reproductive Health Services: Financial and Structural Barriers to Care. Retrieved on August 8, 2012 from: <u>http://www.guttmacher.org/pubs/journals/3514403.pdf</u>

International Centre for Research on Women. (2006). *Child Marriage and Poverty*. Retrieved August 28, 2012 from: <u>http://www.icrw.org/files/images/Child-Marriage-Fact-Sheet-Poverty.pdf</u>

International Labour Organization. N.D. *Domestic Labour*. Retrieved August 24, 2012 from: <u>http://www.ilo.org/ipec/areas/Childdomesticlabour/lang--en/index.htm</u>

Obaid, T. Human Rights. N.D. Retrieved August 29, 2012 from: http://www.unfpa.org/rights/quotes.htm

Partners in Population and Development Africa Regional Office. N.D. *Reproductive Health in Millennium Development Goals*. Retrieved August 29, 2012 from: <u>http://ppdafrica.org/docs/RH-MDGs.pdf</u>

Reid R. and A. Srikanthan. (2008). Religious and Cultural Influences on Contraception, *Women's Health*. 129-136. Retrieved August 28, 2012 from: <u>http://www.sogc.org/jogc/abstracts/full/200802_WomensHealth_1.pdf</u>

United Nations. (1948). The Universal Declaration of Human Rights. Retrieved August 27, 2012 from: <u>http://www.un.org/en/documents/udhr/index.shtml</u>

United Nations. (1968). *Final Act of the International Conference on Human Rights*. Retrieved August 25, 2012 from: <u>http://untreaty.un.org/cod/avl/pdf/ha/fatchr/Final_Act_of_TehranConf.pdf</u>

United Nations. N.D. *Goal 5: Improve Maternal Health*. Retrieved August 26, 2012 from: http://www.un.org/millenniumgoals/maternal.shtml

United Nations, (2012). *The Millennium Development Goals Report 2012*. Retrieved August 29, 2012 from: <u>http://mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2012/English2012.pdf</u>

United Nations. (1995). *Report of the Fourth World Conference on Women*. Retrieved August 27, 2012 from: http://www.un.org/womenwatch/daw/beijing/pdf/Beijing%20full%20report%20E.pdf

United Nations Children's Fund. (2012). *Basic Education: School Fee Abolition*. Retrieved August 26, 2012 from: http://www.unicef.org/education/bege_61665.html

United Nations Children's Fund. (2003). *Maternal and Newborn Health. Retrieved August 29, 2012 from:* <u>http://www.unicef.org/health/index_maternalhealth.html</u>

United Nations Children's Fund, United Nations Population Fund and World Health Organization. (n.d.) Addressing the Human Rights Dimension of Preventing Maternal Mortality and Morbidity. Retrieved on August 7, 2012 from: http://www.google.de/url?sa=t&rct=j&q=united%20nations%20children's%20fund%2C%20united%20nations%20 population%20fund%20and%20world%20health%20organization.%20(n.d.)%20addressing%20the%20human%20r ights%20dimension%20of%20preventing%20maternal%20mortality%20and%20morbidity.&source=web&cd=1&v ed=0CCIQFjAA&url=http%3A%2F%2Fwww2.ohchr.org%2Fenglish%2Fissues%2Fwomen%2Fdocs%2Fresponses%2FJointUNFPA-UNICEF-WHOResponse.doc&ei=YPGfUNmDM87asgb5-AE&usg=AFQjCNHFTjhQ75Apak7QUxR6v2liPbg0aw&sig2=q4fcr3galFJBc5B07oGIUg&cad=rja

United Nations Children's Fund, United Nations Population Fund, World Health Organization, the Joint United Nations Programme for HIV/AIDS. (n.d.). *Linking Sexual, Reproductive, Maternal and Newborn Health – The Circle of Life*. Retrieved on August 6, 2012 from: <u>http://www.unicef.org/eapro/AsiaPIntegrationFramework.pdf</u>

United Nations Department of Public Information. (2010). *Goal 5: Fact Sheet*. Retrieved August 27, 2012 from: http://www.un.org/millenniumgoals/pdf/MDG_FS_5_EN_new.pdf United Nations Department of Public Information. (1994). *International Conference on Population and Development: Summary of the Programme of Action*. Retrieved August 25, 2012 from: http://www.un.org/ecosocdev/geninfo/populatin/icpd.htm

United Nations Department of Public Information. (1997). *Women: The Right to Reproductive and Sexual Health*. Retrieved August 25, 2012 from: <u>http://www.un.org/ecosocdev/geninfo/women/womrepro.htm</u>

United Nations Development Group. (2010). *Thematic Paper on MDG 3: Promote Gender Equality and Empower Women*. Retrieved August 29, 2012 from: <u>http://www.oecd.org/social/genderequalityanddevelopment/45341361.pdf</u>

United Nations Economic and Social Commission for Asia and the Pacific. (2011). *Statistical Yearbook for Asia and the Pacific 2011*. Retrieved October 3, 2012 from: <u>http://www.unescap.org/stat/data/syb2011/I-People/Maternal-and-reproductive-health.asp</u>

United Nations Educational, Scientific and Cultural Organization. (2009). *International Technical Guidance on Sexuality Education*. Retrieved August 28, 2012 from: <u>http://data.unaids.org/pub/ExternalDocument/2009/20091210_international_guidance_sexuality_education_vol_1_en.pdf</u>

United Nations Educational, Scientific and Cultural Organization. (2012). *Sexuality Education in Asia and the Pacific*. Retrieved October 3, 2012 from: <u>http://unesdoc.unesco.org/images/0021/002150/215091e.pdf</u>

United Nations Educational, Scientific and Cultural Organization. (2010). UNESCO Report Shows Less Than 40% of Countries Provide Girls and Boys Equal Access to Education. Retrieved August 27, 2012 from: http://www.unesco.org/new/en/media-services/singleview/news/unesco_report_shows_less_than_40_of_countries_provide_girls_and_boys_equal_access_to_education/

United Nations Foundation. (2012). *Background*, 2012. Retrieved October 3, 2012 from: <u>http://www.everywomaneverychild.org/resources/h4</u>

United Nations General Assembly. (2011). Several Aspects of Sexual, Reproductive Health – Providing Information, Using Contraception, Abortion – Should Be "Decriminalized," Third Committee Told. Retrieved August 30, 2012 from: http://www.un.org/News/Press/docs/2011/gashc4018.doc.htm

United Nations General Assembly. (2000, September 8). *United Nations Millennium Declaration*. Retrieved August 29, 2012 from: <u>http://www.un.org/millennium/declaration/ares552e.htm</u>

United Nations Population Fund. (2008). *Global Guidance Briefs: HIV Interventions for Young People*. Retrieved August 28, 2012 from: <u>http://www.unfpa.org/webdav/site/global/shared/iattyp/docs/EN-GlobalGuidance-kit.pdf</u>

United Nations Population Fund. (2011). *The Global Programme to Enhance Reproductive Health Commodity Security*. Retrieved on August 7, 2012 from: <u>http://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/GPRHCS_Annual%20Report%2020</u> <u>11</u> Print.pdf

United Nations Population Fund. N.D. *Reproductive Health*. Retrieved August 30, 2012 from: <u>http://www.unfpa.org/rh/planning.htm</u>

United Nations Population Fund. N.D. UNFPA and Adolescents. Retrieved August 27, 2012 from: http://www.unfpa.org/public/home/sitemap/icpd/International-Conference-on-Population-and-Development/unfpa and adolescents#teen pregnancy

World Health Organization. (2010). *Progress Report: Reproductive Health Strategy*. Retrieved August 30, 2012 from: <u>http://whqlibdoc.who.int/hq/2010/WHO_RHR_10.14_eng.pdf</u>

World Health Organization. (2011). *Universal Access to Reproductive Health*. Retrieved August 29, 2012 from: <u>http://whqlibdoc.who.int/hq/2011/WHO_RHR_HRP_11.02_eng.pdf</u>

Yadav, et al. (2008). Adverse Reproductive Outcomes Associated with Teenage Pregnancy, *McGill Journal of Medicine*, 11 (2): 141-144.

Rules of Procedure United Nations Children's Fund Executive Board

Introduction

- 1. These rules shall be the only rules which apply to the Executive Board of the United Nations Children's Fund (hereinafter referred to as "the Board") and shall be considered adopted by the Board prior to its first meeting.
- 2. For purposes of these rules, the Plenary Director, the Assistant Director(s), the Under-Secretaries-General, and the Assistant Secretaries-General, are designates and agents of the Secretary-General and Director-General, and are collectively referred to as the "Secretariat."
- 3. Interpretation of the rules shall be reserved exclusively to the Director-General or her or his designate. Such interpretation shall be in accordance with the philosophy and principles of the National Model United Nations and in furtherance of the educational mission of that organization.
- 4. All substantive decisions taken by the Executive Board shall be transmitted to the Economic and Social Council Plenary Session for review and consideration.

I. SESSIONS

Rule 1 - Dates of convening and adjournment

The Executive Board shall meet in regular session, commencing and closing on the dates designated by the Secretary-General.

Rule 2 - Place of sessions

The Executive Board shall meet at a location designated by the Secretary-General.

II. AGENDA

Rule 3 - Provisional agenda

The provisional agenda shall be drawn up by the Director-General and communicated to the Members of the Executive Board at least sixty days before the opening of the session.

Rule 4 - Adoption of the agenda

The agenda provided by the Director-General shall be considered adopted as of the beginning of the session. The order of the agenda items shall be determined by a majority vote of those present and voting.

The vote described in this rule is a procedural vote and, as such, every member is required to vote. For purposes of this rule, those present and voting means those Member States and observers, in attendance at the meeting during which this motion comes to a vote. Should the Executive Board not reach a decision by conclusion of the first night's meeting, the agenda will be automatically set in the order in which it was first communicated.

Rule 5 – Supplementary items

Any member of the Executive Board, the General Assembly or the Economic and Social Council may propose the inclusion of supplementary items in the agenda. Only important and urgent items shall be added to the agenda during a session. Debate on the inclusion of an item in the agenda shall be limited to three speakers in favor of, and three against, the inclusion. Supplementary items of an important and urgent character, proposed for inclusion in the agenda less than thirty days before the opening of a session, may be placed on the agenda if the Executive Board so decides by a two-thirds majority of the members present and voting. No additional item may, unless the Executive Board decides otherwise by a two-thirds majority of the members present and voting, be considered until a committee has reported on the question concerned.

For purposes of this rule, the determination of an item of an important and urgent character is subject to the discretion of the Director-General, or his or her designate, and any such determination is final. If an item is determined to be of such a character, then it requires a two-thirds vote of the Executive Board to be placed on the agenda. The votes described in this rule are substantive votes, and, as such, observers are not permitted to cast a vote. For purposes of this rule, the members present and voting means members (not including observers) in

attendance at the session during which this motion comes to vote.

Rule 6 - Explanatory memorandum

Any item proposed for inclusion in the agenda shall be accompanied by an explanatory memorandum and, if possible, by basic documents.

III. SECRETARIAT

Rule 7 - Duties of the Secretary-General

- 1. The Secretary-General or her/his designate shall act in this capacity in all meetings of the Executive Board.
- 2. The Secretary-General, in cooperation with the Director-General, shall provide and direct the staff required by the Executive Board and be responsible for all the arrangements that may be necessary for its meetings.

Rule 8 - Duties of the Secretariat

The Secretariat shall receive, print, and distribute documents, reports, and resolutions of the Executive Board, and shall distribute documents of the Executive Board to the Members, and generally perform all other work which the Executive Board may require.

Rule 9 - Statements by the Secretariat

The Secretary-General, or her/his representative, may make oral as well as written statements to the Executive Board concerning any question under consideration.

Rule 10 - Selection of the President

The Secretary-General or her/his designate shall appoint, from applications received by the Secretariat, a President who shall hold office and, *inter alia*, chair the Executive Board for the duration of the session, unless otherwise decided by the Secretary-General.

Rule 11 - Replacement of the President

If the President is unable to perform her/his functions, a new President shall be appointed for the unexpired term at the discretion of the Secretary-General.

IV. LANGUAGE

Rule 12 - Official and working language

English shall be the official and working language of the Executive Board.

Rule 13 - Interpretation (oral) or translation (written)

Any representative wishing to address any body or submit a document in a language other than English shall provide interpretation or translation into English.

This rule does not affect the total speaking time allotted to those representatives wishing to address the body in a language other than English. As such, both the speech and the interpretation must be within the set time limit.

V. CONDUCT OF BUSINESS

Rule 14 – Quorum

The President may declare a meeting open and permit debate to proceed when representatives of at least one third of the members of the Executive Board are present. The presence of representatives of a majority of the members of the Executive Board shall be required for any decision to be taken.

For purposes of this rule, members of the Executive Board means the total number of members (not including observers) in attendance at the first night's meeting.

Rule 15 - General powers of the President

In addition to exercising the powers conferred upon him or her elsewhere by these rules, the President shall declare the opening and closing of each meeting of the Executive Board, direct the discussions, ensure observance of these rules, accord the right to speak, put questions to the vote and announce decisions. The President, subject to these rules, shall have complete control of the proceedings of the Executive Board and over the maintenance of order at its meetings. He or she shall rule on points of order. He or she may propose to the Executive Board the closure of the list of speakers, a limitation on the time to be allowed to speakers and on the number of times the representative of each member may speak on an item, the adjournment or closure of the debate, and the suspension or adjournment of a meeting.

Included in these enumerated powers is the President's power to assign speaking times for all speeches incidental to motions and amendment. Further, the President is to use her/his discretion, upon the advice and at the consent of the Secretariat, to determine whether to entertain a particular motion based on the philosophy and principles of the NMUN. Such discretion should be used on a limited basis and only under circumstances where it is necessary to advance the educational mission of the Conference and is limited to entertaining motions.

Rule 16 – Authority of the Executive Board

The President, in the exercise of her or his functions, remains under the authority of the Executive Board.

Rule 17 – Voting rights on procedural matters

Unless otherwise stated, all votes pertaining to the conduct of business shall require a majority of the members present and voting in order to pass.

For purposes of this rule, the members present and voting mean those members (including observers) in attendance at the meeting during which this rule is applied. There is no possibility to abstain on procedural votes.

Rule 18 - Points of order

During the discussion of any matter, a representative may rise to a point of order, and the point of order shall be immediately decided by the President in accordance with the rules of procedure. A representative may appeal against the ruling of the President. The appeal shall be immediately put to the vote, and the President's ruling shall stand unless overruled by a majority of the members present and voting. A representative rising to a point of order may not speak on the substance of the matter under discussion.

Such points of order should not under any circumstances interrupt the speech of a fellow representative. They should be used exclusively to correct an error in procedure. Any questions on order arising during a speech made by a representative should be raised at the conclusion of the speech, or can be addressed by the President, sua sponte, during the speech. For purposes of this rule, the members present and voting mean those members (including observers) in attendance at the meeting during which this motion comes to vote.

Rule 19 - Speeches

No representative may address the Executive Board without having previously obtained the permission of the President. The President shall call upon speakers in the order in which they signify their desire to speak. The President may call a speaker to order if his remarks are not relevant to the subject under discussion.

In line with the philosophy and principles of the NMUN, in furtherance of its educational mission, and for the purpose of facilitating debate, the Secretariat will set a time limit for all speeches which may be amended by the President at his/her discretion. Consequently, motions to alter the speaker's time will not be entertained by the President.

Rule 20 - Closing of list of speakers

Members may only be on the list of speakers once but may be added again after having spoken. During the course of a debate, the President may announce the list of speakers and, with the consent of the Executive Board, declare the list closed. When there are no more speakers, the President shall declare the debate closed. Such closure shall have the same effect as closure by decision of the Executive Board.

The decision to announce the list of speakers is within the discretion of the President and should not be the subject

of a motion by the Executive Board. A motion to close the speakers list is within the purview of the Executive Board and the President should not act on her/his own motion.

Rule 21 - Right of reply

If a remark impugns the integrity of a representative's State, the President may permit that representative to exercise her/his right of reply following the conclusion of the controversial speech, and shall determine an appropriate time limit for the reply. No ruling on this question shall be subject to appeal.

For purposes of this rule, a remark that impugns the integrity of a representative's State is one directed at the governing authority of that State and/or one that puts into question that State's sovereignty or a portion thereof. All interventions in the exercise of the right of reply shall be addressed in writing to the Secretariat and shall not be raised as a point of order or motion. The reply shall be read to the Executive Board by the representative only upon approval of the Secretariat, and in no case after voting has concluded on all matters relating to the agenda topic, during the discussion of which, the right arose.

Rule 22 - Suspension of the meeting

During the discussion of any matter, a representative may move the suspension of the meeting, specifying a time for reconvening. Such motions shall not be debated but shall be put to a vote immediately, requiring the support of a majority of the members present and voting to pass.

Rule 23 - Adjournment of the meeting

During the discussion of any matter, a representative may move to the adjournment of the meeting. Such motions shall not be debated but shall be put to the vote immediately, requiring the support of a majority of the members present and voting to pass. After adjournment, the Executive Board shall reconvene at its next regularly scheduled meeting time.

As this motion, if successful, would end the meeting until the Executive Board's next regularly scheduled session the following year, and in accordance with the philosophy and principles of the NMUN and in furtherance of its educational mission, the President will not entertain such a motion until the end of the last meeting of the Executive Board.

Rule 24 - Adjournment of debate

During the discussion of any matter, a representative may move the adjournment of the debate on the item under discussion. Two representatives may speak in favor of, and two against, the motion, after which the motion shall be immediately put to the vote. The President may limit the time to be allowed to speakers under this rule.

Rule 25 - Closure of debate

A representative may at any time move the closure of debate on the item under discussion, whether or not any other representative has signified her/his wish to speak. Permission to speak on the motion shall be accorded only to two representatives opposing the closure, after which the motion shall be put to the vote immediately. Closure of debate shall require a two-thirds majority of the members present and voting. If the Executive Board favors the closure of debate, the Executive Board shall immediately move to vote on all proposals introduced under that agenda item.

Rule 26 - Order of motions

Subject to rule 18, the motions indicated below shall have precedence in the following order over all proposals or other motions before the meeting:

- a) To suspend the meeting;
- b) To adjourn the meeting;
- c) To adjourn the debate on the item under discussion;
- d) To close the debate on the item under discussion.

Rule 27 - Proposals and amendments

Proposals and amendments shall normally be submitted in writing to the Secretariat. Any proposal or amendment that relates to the substance of any matter under discussion shall require the signature of twenty percent of the members of the Executive Board [sponsors]. The Secretariat may, at its discretion, approve the proposal or amendment for circulation among the delegations. As a general rule, no proposal shall be put to the vote at any

meeting of the Executive Board unless copies of it have been circulated to all delegations. The President may, however, permit the discussion and consideration of amendments or of motions as to procedure, even though such amendments and motions have not been circulated. If the sponsors agree to the adoption of a proposed amendment, the proposal shall be modified accordingly and no vote shall be taken on the proposed amendment. A document modified in this manner shall be considered as the proposal pending before the Executive Board for all purposes, including subsequent amendments.

For purposes of this rule, all proposals shall be in the form of working papers prior to their approval by the Secretariat. Working papers will not be copied, or in any other way distributed, to the Executive Board by the Secretariat. The distribution of such working papers is solely the responsibility of the sponsors of the working papers. Along these lines, and in furtherance of the philosophy and principles of the NMUN and for the purpose of advancing its educational mission, representatives should not directly refer to the substance of a working paper that has not yet been accepted as a draft resolution during formal speeches. After approval of a working paper, the proposal becomes a draft resolution and will be copied by the Secretariat for distribution to the Executive Board. These draft resolutions are the collective property of the Executive Board and, as such, the names of the original sponsors will be removed. The copying and distribution of amendments is at the discretion of the Secretariat, but the substance of all such amendments will be made available to all representatives in some form.

Rule 28 - Withdrawal of motions

A motion may be withdrawn by its proposer at any time before voting has commenced, provided that the motion has not been amended. A motion thus withdrawn may be reintroduced by any member.

Rule 29 - Reconsideration of a topic

When a topic has been adjourned, it may not be reconsidered at the same session unless the Executive Board, by a two-thirds majority of those present and voting, so decides. Reconsideration can only be moved by a representative who voted on the prevailing side of the original motion to adjourn. Permission to speak on a motion to reconsider shall be accorded only to two speakers opposing the motion, after which it shall be put to the vote immediately.

VI. VOTING

Rule 30 - Voting rights

Each member of the Executive Board shall have one vote.

This rule applies to substantive voting on amendments, draft resolutions, and portions of draft resolutions divided out by motion. As such, all references to member(s) do not include observers, who are not permitted to cast votes on substantive matters.

Rule 31 - Request for a vote

A proposal or motion before the Executive Board for decision shall be voted upon if any member so requests. Where no member requests a vote, the Executive Board may adopt proposals or motions without a vote.

For purposes of this rule, proposal means any draft resolution, an amendment thereto, or a portion of a draft resolution divided out by motion. Just prior to a vote on a particular proposal or motion, the President may ask if there are any objections to passing the proposal or motion by acclamation, or a member may move to accept the proposal or motion by acclamation. If there are no objections to the proposal or motion, then it is adopted without a vote.

Rule 32 – Majority required

- 1. Decisions of the Executive Board shall be made by a majority of the members present and voting, unless specified otherwise in these rules.
- 2. For the purpose of tabulation, the phrase "members present and voting" means members casting an affirmative or negative vote. Members which abstain from voting are considered as not voting.
- 3. If a vote is equally divided on a matter other than an election, a second vote shall be taken. If the vote is then again equally divided, the proposal or motion shall be regarded as rejected.

All members declaring their representative States as "present and voting" during the attendance roll call for the

meeting during which the substantive voting occurs, must cast an affirmative or negative vote, and cannot abstain on substantive votes.

Rule 33 - Method of voting

1. The Executive Board shall normally vote by a show of placards, except that a representative may request a roll call, which shall be taken in the English alphabetical order of the names of the members, beginning with the member whose name is randomly selected by the President. The name of each member shall be called in any roll call, and one of its representatives shall reply "yes," "no," "abstention," or "pass."

Only those members who designate themselves as present or present and voting during the attendance roll call, or in some other manner communicate their attendance to the President and/or Secretariat, are permitted to vote and, as such, no others will be called during a roll-call vote. Any representatives replying pass must, on the second time through, respond with either a yes or no vote. A pass cannot be followed by a second pass for the same proposal or amendment, nor can it be followed by an abstention on that same proposal or amendment.

- 2. When the Executive Board votes by mechanical means, a non-recorded vote shall replace a vote by show of placards and a recorded vote shall replace a roll-call vote. A representative may request a recorded vote. In the case of a recorded vote, the Executive Board shall dispense with the procedure of calling out the names of the members.
- 3. The vote of each member participating in a roll call or a recorded vote shall be inserted in the record.

Rule 34 - Explanations of vote

Representatives may make brief statements consisting solely of explanation of their votes after the voting has been completed. The representatives of a member sponsoring a proposal or motion shall not speak in explanation of vote thereon, except if it has been amended, and the member has voted against the proposal or motion.

All explanations of vote must be submitted to the President in writing before debate on the topic is closed, except where the representative is of a member sponsoring the proposal, as described in the second clause, in which case the explanation of vote must be submitted to the President in writing immediately after voting on the topic ends.

Rule 35 - Conduct during voting

After the President has announced the commencement of voting, no representatives shall interrupt the voting except on a point of order in connection with the actual process of voting.

For purposes of this rule, there shall be no communication amongst delegates, and if any delegate leaves the *Executive Board room during voting procedure, they will not be allowed back into the room until the Executive Board has convened voting procedure.*

Rule 36 - Division of proposals and amendments

Immediately before a proposal or amendment comes to a vote, a representative may move that parts of a proposal or of an amendment should be voted on separately. If there are calls for multiple divisions, those shall be voted upon in an order to be set by the President where the most radical division will be voted upon first. If objection is made to the motion for division, the request for division shall be voted upon, requiring the support of a majority of those present and voting to pass. Permission to speak on the motion for division shall be given only to two speakers in favor and two speakers against. If the motion for division is carried, those parts of the proposal or of the amendment which are approved shall then be put to a vote. If all operative parts of the proposal or of the amendment have been rejected, the proposal or the amendment shall be considered to have been rejected as a whole.

For purposes of this rule, most radical division means the division that will remove the greatest substance from the draft resolution, but not necessarily the one that will remove the most words or clauses. The determination of which division is most radical is subject to the discretion of the Secretariat, and any such determination is final.

Rule 37 - Amendments

An amendment is a proposal that does no more than add to, delete from, or revise part of another proposal.

An amendment can add, amend, or delete operative clauses, but cannot in any manner add, amend, delete, or otherwise affect preambulatory clauses.

Rule 38 - Voting on amendments

When an amendment is moved to a proposal, the amendment shall be voted on first. When two or more amendments are moved to a proposal, the amendment furthest removed in substance from the original proposal shall be voted on first and then the amendment next furthest removed there from, and so on until all the amendments have been put to the vote. Where, however, the adoption of one amendment necessarily implies the rejection of another amendment, the latter shall not be put to the vote. If one or more amendments are adopted, the amended proposal shall then be voted on.

For purposes of this rule, furthest removed in substance means the amendment that will have the most significant impact on the draft resolution. The determination of which amendment is furthest removed in substance is subject to the discretion of the Secretariat, and any such determination is final.

Rule 39 - Order of voting on proposals

If two or more proposals, other than amendments, relate to the same question, they shall, unless the Executive Board decides otherwise, be voted on in the order in which they were submitted.

Rule 40 - The President shall not vote

The President shall not vote but may designate another member of her/his delegation to vote in her/his place.

VII. SUBSIDIARY MACHINERY

Rule 41 – Establishment

The Executive Board may establish committees of the whole, open-ended committees, committees of limited membership or ad hoc working groups as and when it deems necessary. It shall define their functions and may also refer to them any questions for study and report. The Board may authorize such committees of working groups to meet inter-sessionally.

Rule 42 – Membership

Unless the Executive Board decides otherwise, the members of committees of limited membership shall be elected by the Board.

VIII. CREDENTIALS

Rule 43 - Credentials

The credentials of representatives and the names of members of a delegation shall be submitted to the Secretary-General prior to the opening of a session.

Rule 44 – Authority of the General Assembly

The Executive Board shall be bound by the actions of the General Assembly in all credentials matters and shall take no action regarding the credentials of any member.

IX. PARTICIPATION OF NON-MEMBERS OF THE EXECUTIVE BOARD

Rule 45 - Participation of non-Member States

Right to participation in the deliberations of the Executive Board meetings, without the right to vote, shall be reserved to a State when its country programme is under consideration. The Board may also invite States and participants who manifest a special interest in the item or items under consideration to participate in the deliberations without the right to vote.

If the Executive Board considers that the presence of a Member invited according to this rule is no longer necessary, it may withdraw the invitation. Delegates invited to the Executive Board according to this rule should also keep in mind their role and obligations in the Executive Board that they were originally assigned to. For educational purposes of the NMUN Conference, the Secretariat may thus ask a delegate to return to his or her Executive Board when his or her presence in the Executive Board is no longer required.

Rule 46 - Participation of non-governmental organization and intergovernmental organizations The Executive Board may invite, when it considers it appropriate, intergovernmental organizations and nongovernmental organizations in consultative status with the Economic and Social Council to participate in its deliberations for questions that relate to their activities.