

National Model United Nations

Week B

March 24 – March 28, 2013



United Nations Population Fund
Documentation

United Nations Population Fund

Committee Staff

Director Molly M. Deacon

Chair Seth McKinnis

Agenda

1. Improving Sexual and Reproductive Health in Sub-Saharan Africa
2. Correlations between Youth Poverty and the Prevalence of HIV/AIDS
3. Addressing the Custom of Child Marriage and Its Impact on Girls

Resolutions adopted by the committee

Document Code	Topic	Vote (Y/ N/ Abstention/ Non-Voting)
UNFPA/3/1	<i>Improving Sexual and Reproductive Health in Sub-Saharan Africa</i>	Acclamation
UNFPA/3/2	<i>Improving Sexual and Reproductive Health in Sub-Saharan Africa</i>	Acclamation
UNFPA/3/3	<i>Improving Sexual and Reproductive Health in Sub-Saharan Africa</i>	26/1/4
UNFPA/3/4	<i>Improving Sexual and Reproductive Health in Sub-Saharan Africa</i>	Acclamation
UNFPA/3/5	<i>Improving Sexual and Reproductive Health in Sub-Saharan Africa</i>	Acclamation
UNFPA/3/6	<i>Improving Sexual and Reproductive Health in Sub-Saharan Africa</i>	29/1/1

The United Nations Population Fund Summary Report

The United Nations Population Fund held its 2013 session to consider the following items of the agenda:

1.) Addressing the Custom of Child Marriage and Its Impact on Girls, 2.) Correlations between Youth Poverty and the Prevalence of HIV/AIDS, and 3.) Improving Sexual and Reproductive Health in Sub-Saharan Africa.

The session was attended by representatives of 33 States Members of the United Nations.

The session began with considerable substantive debate considering the adoption of the agenda. Before the end of the first meeting, the committee achieved consensus and adopted the procedural agenda 3-2-1 and subsequently moved to address its first topic, Improving Sexual and Reproductive Health in Sub-Saharan Africa.

The committee formed several working groups to foster a diversity of ideas and solutions to the issues of reproductive health. Delegates diligently worked during informal caucuses, creating consensus through the exchange of ideas and research.

Delegates presented speeches, which detailed the progress of working groups, and specifically addressed the issues surrounding sexual and reproductive health. The committee specifically addressed problems including but not limited to: rape culture, Female Genital Mutilation, maternal and infant health, gender discrimination, and cultural stigmatization.

The committee considered numerous working papers, which eventually became six Draft Resolutions. These documents recommended initiatives and programs including: encouraging both men and women to support gender equality and sexual reproductive health, supporting local midwifery initiatives through technical training and anti-stigmatization efforts, recommending triangular cooperation between state institutions, NGOs and local actors, including women and tribal leaders, creating an arts festival to educate and spread awareness concerning sexual and reproductive health, and suggesting a program called 9+ to provide medical support and multimedia outreach to pregnant mothers.

All six drafts were accepted by the committee and became Resolutions. In an unprecedented demonstration of international camaraderie and global cooperation, the United Nations Population Fund passed four of the six resolutions by acclamation: Resolutions 3/1, 3/2, 3/4, 3/5. Resolution 3/3 passed with 26 votes in favor, 1 against, and 4 abstentions. Resolution 3/6 passed with 29 votes in favor, 1 against, and 1 abstention.

The committee then formed working groups to discuss its second topic, Correlations between Youth Poverty and the Prevalence of HIV/AIDS. While no resolution was produced, the debate yielded productive discussion.

The 2013 session was productive, enabling effective international and interregional coordination and producing substantial Resolutions on population issues.

Code: UNFPA/3/1

Committee: United Nations Population Fund

Subject: Sexual and Reproductive Health in Sub-Saharan Africa



1 *Deeply concerned* that 140 million girls, 101 million of whom live in Africa, suffer the
2 consequences of Female Genital Mutilation (FGM),
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4 *Noting with regret* that FGM is a cultural practice with no health benefits, and that it can cause
5 fatal bleeding, infertility, cysts, complications in birth, and increased chances of contracting
6 sexually transmitted diseases, among other complications,
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8 *Concerned* that FGM and its consequences detract from Millennium Development Goals 3 and 5,
9

10 *Recalling* Articles 2, 3, and 5 of the Universal Declaration of Human Rights, Articles 19, 27, and
11 32, of the Convention on the Rights of the Child, the Convention on the Elimination of All
12 Forms of Against Women (CEDAW), Chapters 4 and 7 of the 1994 Programme of Action in
13 Cairo (ICPD, +5, +10, +15), the African Charter on the Rights and Welfare of the Child, and the
14 Maputo Protocol,
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16 *Recalling* resolutions condemning FGM, such as United Nations (UN) Resolution A/56/576,
17 Resolution WHA 61.16, UN Resolution A/C.3/67/L.21/Rev. 1, and UN Resolution
18 A/RES/48/104,
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20 *Realizing* that despite resolutions and charters, FGM still persists as a recurrent practice in some
21 areas and that a solution to FGM must include programs for the most vulnerable groups,
22

23 *Fully believing* that significant progress can be made toward improving reproductive health,
24 especially in Sub-Saharan Africa, by involving youth and women in international and national
25 policy making, by strengthening non governmental organization (NGO) and local agency
26 participation and by reiterating previous commitments towards the eradication of FGM,
27

28 *The United Nations Population Fund,*
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- 30 1) *Reiterates* the values put forward in the Universal Declaration of Human Rights,
31 Convention on the Rights of the Child, CEDAW, Maputo Protocol, Programme of Action
32 in Cairo, and the above mentioned resolutions as a means to combat FGM;
33
- 34 2) *Reminds* Member States of their commitment to MDGs 3 and 5 especially;
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- 36 3) *Encourages* Member States to put in place adequate laws against FGM if they do not
37 exist and to enforce existing ones;
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- 39 4) *Suggests* the establishment of African Youth Against Female Genital Mutilation Day, to
40 be held annually on September 13th, wherever the UNFPA deems appropriate, which
41 will:
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 - 43 a. Include and empower all African youth groups;

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- b. Be funded by voluntary contributions from Member States, relevant NGOs, local organizations in Africa, and UN-sponsored organizations;
 - c. Act as a forum for:
 - i. Discussing the involvement of youth in decision and policy-making;
 - ii. Sharing and reviewing effective measures that have implemented already;
 - iii. Encouraging gender equality;
 - iv. Sharing experiences related to FGM, and creating a support network for victims of FGM;
 - d. Seek to create new cultural attitudes and customs against FGM and violence against women within younger generations;
- 5) *Emphasizes* a triangular cooperation model as an effective tool to increase communication and cooperation between:
- a. Member States, which have control over resources and infrastructure;
 - b. NGOs, which are more integrated in communities, allowing them to obtain knowledge regarding local problems;
 - c. Individuals and leaders of local organizations, which possess interpersonal influence, especially in rural communities;
- 6) *Recommends* the creation of the Female Genital Mutilation Conference, to be held on October 8-10, 2013, in Kampala, Uganda, which will:
- a. Be funded by voluntary contributions from Member States, and relevant NGOs;
 - b. Invite representatives from all Member States, NGOs, and related civic organizations;
 - c. Discuss optional ways to dissuade health care professionals from performing FGM, such as:
 - i. Including human rights education in medical training;
 - ii. Monitoring clinics known to perform FGM;
 - iii. Subjecting health care professionals who perform FGM to the same criminal penalties as non-professional perpetrators;
 - d. Discuss ways to communicate with youth, such as:
 - i. Education campaigns;
 - ii. Radio and other media outlets;

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e. Adopt a univocal definition of the perpetrators of FGM;

f. Explore communication pathways between youth and women's organizations,
international organizations, and UN bodies;

7) *Suggests* compiling a framework for action regarding the decisions reached in the
discussions listed in clause 6(c-f).



Code: UNFPA 3/2

Committee: United Nations Population Fund

Subject: Improving Sexual and Reproductive Health in Sub-Saharan Africa



1 *Alarmed* that 350,000 women die annually from pregnancy complications or childbirth, with
2 Sub-Saharan Africa being the most affected area,

3
4 *Bearing in mind* the upcoming deadline of Millennium Development Goals (MDG) 4 and 5,

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6 *Reaffirming* Article 14(b) of the Convention on Elimination of Discrimination Against Women
7 (CEDAW), and Article 14.2 of the Maputo Protocol,

8
9 *Recalling* the International Conference on Population and Development (ICPD), the Universal
10 Declaration of Human Rights, the African Charter on Human and People's Rights and United
11 Nations Resolution A/C.3.67/L.21.Rev.1,

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13 *Noting with satisfaction* UN agencies' past efforts in collaborating with local organizations,
14 hospitals, and civil societies,

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16 *Emphasizing* the success of the African Union's Commission of the Campaign on Accelerated
17 Reduction of Maternal Mortality in Africa (CARMMA), which has already been signed by 37
18 African countries,

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20 *Fully believing* that sexual and reproductive health will be improved by emphasizing the
21 importance of midwives and increasing their roles,

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23 *The United Nations Population Fund,*

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25 1) *Reminds* Member States of their commitment to MDGs 4 and 5;
- 26
27 2) *Encourages* Member States to promote the regional sharing of knowledge on maternal
28 health and care with the aim of training local midwives in rural areas by promoting
29 midwifery among communities;
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31 3) *Suggests* that Member States consider the implementation of a database concerning the
32 availability of medical supplies in developed countries for transfer to deprived regions;
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34 4) *Further encourages* Member States to establish specific regulations that reinforce
35 midwifery by:
- 36
37 a. Dividing the profession of midwifery from the profession of obstetrician by:
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39 i. Recognizing midwifery as a health care profession which provides care to
40 childbearing women during pregnancy, labor, birth, post-partum period,
41 health care for the newborn and assistance to breast-feeding mothers;

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- ii. Internationally emphasizing the importance of midwifery as a distinct profession in order to increase the number of midwives in the health system and make the system cost effective;
 - iii. Drawing attention to the positive impacts resulting from this distinction such as efficient inter-sectorial coordination, intervention care and diminution of maternal and infant mortality rates;
- b. Protecting the scope of the profession of midwifery by implementing local media campaigns to reinforce the importance of a midwife through the use of:
- i. Radio advertisements
 - ii. Television programs
 - iii. Billboard advertisements
- 5) *Invites* accredited colleges and universities of medicine to collaborate on an international level with UNFPA in the creation of a program that:
- a. Promotes international internships for midwives to travel to health clinics in rural areas;
 - b. Urges trained midwives to collaborate with local doctors;
- 6) *Calls upon* Governments to allocate sufficient financial and human resources to the health sector in order to effectively implement maternal and newborn health initiatives.

Code: UNFPA 3/3

Committee: United Nations Population Fund

Subject: Improving Sexual and Reproductive Health in sub-Saharan Africa



1 *Acknowledging* the Millennium Development Goals (MDGs) 3, 4 and 5, especially in light of the
2 time goal of 2015, which aim to promote gender equality, reduce child mortality, and improve
3 maternal health, especially in sub-Saharan Africa,
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5 *Recalling* the Convention on the Elimination of all forms of Discrimination Against Women
6 (CEDAW) and the importance of protecting women's right to health, especially reproductive
7 health,
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9 *Reaffirming* the right of access to medical care and services as defined in Article 25 in the
10 Universal Declaration of Human Rights,
11

12 *Supporting* the Convention of the Rights of the Child (CRC) and the importance of adequate
13 nutritional and health care at early stages in life,
14

15 *Recalling* the human rights issues in the sub-Saharan African region including violence,
16 inequality, and stigmatization which adversely affect women's health and create obstacles to the
17 provision of adequate care and nutrition,
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19 *Considering* that infants of mothers who have received prenatal care are significantly more likely
20 to survive the infancy period,
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22 *Further considering* that mothers receive proper education on self and child nutrition are better
23 equipped to raise healthy children,
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25 *The United Nations Population Fund,*
26

- 27 1) *Suggests* a plan entitled 9+ (Pregnancy, Labor, Utilizing Safety) which should be divided
28 into three sections, including:
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- 30 a. The nine month prenatal period, to encompass;
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 - 32 i. Offering traveling medical clinics and the provision of prenatal and nutritional
33 care to mothers as well as the distribution of nutritional enhancements such as
34 prenatal vitamins;
 - 35 ii. Establishing permanent clinical facilities to provide continuing medical care to
36 women and children, especially in areas of high population density to maximize
37 outreach;
 - 38 iii. Creating a campaign for radio, to which significant parts of sub-Saharan Africa
39 have access, to reach out to women and raise awareness about nutrition and health
40 during and after pregnancy, which may include:
 - 41 (a) Opening a helpline to inquire about issues regarding maternal and infant
42 health;

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(b) Providing further information sessions and broadcast programs regarding child birth process and reproductive health;



- b. The 24-hour period of labor, to include:
 - i. Establishing skilled attendant training and retention in order to provide safer deliveries;
 - ii. Implementing programs to reduce maternal and child mortality through which:
 - (1) Skilled attendants are connected with health care systems, including the facilities, supplies, transport and professionals to provide emergency obstetric care when it is needed;
 - (2) Skilled attendants can:
 - (a) Provide adequate sanitation throughout the birth process;
 - (b) Recognize complications and perform essential interventions when required;
 - (c) Offer early diagnosis of curable and preventable diseases and start treatment, especially for diseases which must be recognized within the first 24 hours;
 - (d) Supervise the referral of mother and baby for interventions that are beyond their competence or not possible in the particular setting;
- c. The three month post-natal period of infancy, to include the creation of a program focused on mother and infant health and nutrition, including enhancing the availability of post natal care to:
 - i. Initiate programs which focus on early detection and the elimination of crucial diseases;
 - ii. Provide regular and necessary vaccinations to mother and baby;
 - iii. Ensure availability of trained staff for proper care;
 - iv. Offer information about proper nutrition for mother and child;
- 2) *Urges* Member States to enact measures that discourage female genital mutilation (FGM) and ensure education about the dangerous effects of FGM and its adverse effect on the health of babies as it violates girls' and women's human rights, in accordance with Articles 2, 3, and 5 of the Universal Declaration of Human Rights;
- 3) *Encourages* cooperation with local non-governmental organizations (NGOs) which are familiar with local cultures and which operate within communities to provide the services listed in clause 1;
- 4) *Suggests* developing a database program in coordination with the UNFPA mandate and The Division for Oversight Services (DOS) to annually track and evaluate results in lowering infant and pregnancy mortality rates in order to achieve maximum efficiency.

Code: UNFPA 3/4

Committee: United Nations Population Fund

Subject: Improving Sexual and Reproductive Health in Sub-Saharan Africa



1 *Recalling* the Universal Declaration of Human Rights, the Convention on the Elimination of All
2 Forms of Discrimination Against Women (CEDAW), the African Charter on the Rights and
3 Welfare of the Child Articles, the Maputo Protocol, Chapters 4 and 7 of the 1994 PoA in Cairo,
4 the United Nations General Assembly Resolution 56/128, the Solemn Declaration of Gender
5 Equality in Africa,

6
7 *Deeply concerned* that rape is still prevalent in Sub-Saharan Africa, and that rape can be
8 exacerbated by cultural indifference, because it diminishes progressive action,
9

10 *Noting* that rape is highly detrimental to women's reproductive health and empowerment, as it
11 can result in unwanted pregnancies, the spread of infectious diseases, physical reproductive
12 harm, and psychological trauma,
13

14 *Deeply concerned* that rape is detrimental to Millennium Development Goals 3 and 5,
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16 *Noting* that media has the potential to be an important influence in shaping societal values,
17 because of its accessibility to all individuals,
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19 *Noting further* that boys and men, and religious and cultural leaders have the potential to play an
20 influential role in shaping norms and customs as well as societal views on law, as highlighted in
21 the State of the World Population report,
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23 *Fully believing* media, religious and cultural leaders must have a role in improving sexual and
24 reproductive health and elevating the status of women in society,
25

26 *The United Nations Population Fund,*
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- 28 1) *Reaffirms* the values set in the Universal Declaration of Human Rights, CEDAW, Maputo
29 Protocol, and relevant resolutions;
30
- 31 2) *Reminds* Member States of their commitment to MDGs 3 and 5;
32
- 33 3) *Recommends* the creation of the Conference on Combatting Rape Through Media to be
34 held on the November 22nd-24th 2013, in Cape Town, South Africa, and attended by any
35 interested Member State or non-governmental organization (NGO) and that this
36 conference:
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 - 38 a. Be funded by voluntary contributions from Member States and relevant NGOs;
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 - 40 b. Invite major media organizations from attending Member States, which will
41 participate in the conference's discussions and offer an outside perspective;
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- c. Discuss which modes of media are most effective to reach rural areas, including, but not limited to:
 - i. Radio advertisements;
 - ii. Television programming;
 - iii. Social networking;
 - iv. Printed advertisements;
 - d. Discuss which aspects of rape culture that the forms of media listed in clause 3(c) should focus on, including, but not limited to:
 - i. Legal framework surrounding rape;
 - ii. Health and psychological care for rape survivors;
 - iii. Testimony from rape survivors;
 - iv. The role of men in combatting rape;
 - e. Encourage the development of local media networks to address cultural stigma;
 - f. Produce a compilation of suggested actions based on the discussions held in clauses 3(c-d) for Member States wishing to combat rape through methods other than stricter law enforcement;
- 4) *Encourages* Member States to work with religious and cultural leaders to:
- a. Emphasize religious and moral condemnation of rape;
 - b. Implement culturally relevant programs addressing rape;
- 5) *Urges* Member States to increase funding for physical and psychological health care for rape survivors;
- 6) *Encourages* Member States to collaborate with NGOs regarding funding for the projects and recommendations listed in clause 3(c-e) and in clause 5.



Code: UNFPA/3/5

Committee: United Nations Population Fund

Subject: Improving Sexual and Reproductive Health in Sub-Saharan Africa



1 *Deeply concerned* that maternal mortality and sexual and reproductive health are major problems
2 especially in developing Member States,

3
4 *Emphasizing* MDG 5, which is to improve maternal health, specifically by cutting maternal
5 mortality rates by 75% and by providing universal access to contraceptives,

6
7 *Noting with concern* that reproductive health services and education are scarce in many Member
8 States facing conflict and political instability, and consequentially, rural areas have fewer
9 resources allocated to them,

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11 *Recalling* the Universal Declaration of Human Rights, Chapters 4 and 7 of the 1994 Programme
12 of Action of the International Conference in Population and Development (ICPD), the
13 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW),
14 United Nations Resolution A/HRC/15/L.28, UN Resolution 66/155, and the Maputo Protocol,

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16 *Acknowledging* the significant effects that entertainment and media have in disseminating
17 information, particularly for youth and young adults, and the power of the arts to transcend
18 cultural, religious, and societal barriers,

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20 *Recalling* effective outreach campaigns, such as the Campaign on Accelerated Reduction of
21 Maternal Mortality (CARMMA), the REACH campaign in Uganda, the Pokot Zonal Integrated
22 Development Programme (POZIDEP), and the United Nations Population Fund's
23 CONDOMIZE! Campaign,

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25 *Emphasizing* the WE CARE Solar Suitcase program, which provides midwives with solar-
26 powered tools in order to work in rural areas that lack access to energy,

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28 *Drawing attention to* the economic and health benefit of teaching men and women in rural areas
29 about safe sexual practices, health care, and midwifery skills by creating jobs to stimulate local
30 economies,

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32 *Fully believing* that it is necessary to increase communication between Member States by
33 initiating annual informational art festivals, and establishing a platform for discussing mobile
34 health and education efforts,

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36 *The United Nations Population Fund,*

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38 1) *Requests* the creation of an annual arts festival, to be called the Annual UNFPA
39 Community Arts Festival, the purpose of which is to educate and spread awareness
40 concerning sexual and reproductive health, and:

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42 a) Participants of this festival shall be between the ages of 15-25, and they will submit
43 artistic works concerning the topic of sexual and reproductive health;

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- b) It shall include at least three categories for submission: short film, music, and 2-D art;
 - c) Funding shall be provided through donations from NGOs, the African Union, various multinational corporations, and Member States seeking to host this festival;
 - d) The festival will occur simultaneously on the 31st of March each year, and:
 - i. It will be held in all states in Sub-Saharan Africa that wish to host this event;
 - ii. It can be held in no fewer than two areas within each participating Member State, one rural area and one urban area, to be decided by each participating Member State;
- 2) *Requests* the creation of an administrative committee established to oversee the day to day operations of the Annual UNFPA Community Arts Festival, and:
- a) This committee shall be funded by voluntary contributions from Member States and relevant NGOs;
 - b) This committee shall consist of a 12 member board, applicants shall be elected by the current Member States of the UNFPA;
 - c) The members shall meet at the United Nations office in Nairobi, Kenya on the 1st Tuesday of every month;
 - d) They shall be divided into subcommittees, as deemed necessary to carry out the financing and operations of this festival;
- 3) *Recommends* the creation of an African Mobile Health Forum, which would include interested Member States and non-governmental organizations (NGOs) to promote effective ideas for achieving MDG 5; that this forum:
- a) Be funded by voluntary contributions from Member States and NGOs
 - b) Meet bi-annually until maternal mortality decreases by 75% as stated in MDG 5;
 - c) Discuss, suggest, and review effective measures, including, but not limited to:
 - i. Mobile education curricula, including but not limited to, culturally sensitive education concerning family planning, negative impacts of rape or other sexual violence, and HIV/AIDS prevention;
 - ii. Mobile health clinics that include midwives who will teach safe and effective medical practices and procedures to locals in rural areas;
 - iii. Solar-powered suitcase containing medical tools, which will facilitate the birthing process in areas that lack power;

- 89 iv. Cooperation with religious and cultural leaders in enhancing the programs
90 mentioned above;
- 91 v. Other innovative technologies, such as satellite-enhanced telemedicine and the
92 eHealth for Sub-Saharan Africa Programme;
- 93
- 94 d) Discuss ways to fund the projects listed in clause 3(d), in coordination with NGO
95 efforts.

Code: UNFPA/3/6

Committee: United Nations Population Fund

Subject: Improving Sexual and Reproductive Health in Sub-Saharan Africa

- 1 *Recalling* United Nations Resolution A/RES/65/1 Keeping the Promise: United to Achieve the
2 Millennium Development Goals (MDGs),
3
4 *Fully aware* of the importance of triangular cooperation in increasing the efficiency of resource
5 allocation,
6
7 *Reaffirming* the goals of the Campaign on Accelerated Reduction of Maternal Mortality in Africa
8 (CARMMA),
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10 *Keeping in mind* the positive outcome of education with the aim of improving sexual and
11 reproductive health in Sub-Saharan Africa,
12
13 *Noting* A/HRC/RES/15/17 on preventable maternal mortality and morbidity and human rights as
14 well as the 2012 report of the United Nations Population Fund (UNFPA),
15
16 *Taking into account* cultural and religious traditions during the implementation of sexual and
17 reproductive health education programs,
18
19 *Further noting* that gender equality and sexual reproductive health cannot be achieved without
20 the participation and support of men, especially in patriarchal societies located in Sub-Saharan
21 Africa,
22
23 *Reminding* Member States that as many as three in five of the total unemployed population in
24 Sub-Saharan Africa are youth, which if addressed could be seen as an opportunity for economic
25 growth,
26
27 *Noting further* that the youth in Africa are primarily engaged in agriculture, comprising 65% of
28 the total employment,
29
30 *Further recognizing* the efforts of states through the ratification of Convention on Elimination of
31 all Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the
32 Child and United Nations Resolution A/RES/60/210 Women in Development,
33
34 *Reaffirming* the Beijing Declaration and Plan of Action, which establishes the International Day
35 for Women and reiterates the definition of rights to family planning as well as the Maputo Plan
36 of Action which encourages the development of Africa,
37
38 *The United Nations Population Fund,*
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40 1. *Welcomes* the use of triangular cooperation between state institutions because of their
41 extensive resources and administrative capabilities, non-governmental organizations
42 (NGOs) because of their ability to direct aid to individual areas, and local actors,
43 specifically local women, because of their unique cultural insight;

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2. *Regrets* that small local NGOs often lack the necessary funding to fully accomplish their goals and thus encourages Member States to expand programs such as CARMMA by:
 - a. Encouraging the review of current legislation with the overall goal of amending laws and regulations that are contradictory to the MDGs and CARMMA;
 - b. Utilizing NGOs and regional United Nations bodies such as United Nations Children Fund (UNICEF), UNFPA, World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS) to assist with the provision of services;
 - c. Developing and/or implementing policies that respect cultural and gender differences, with the help of local and national leaders to ensure universal access to appropriate services;
 - d. Conducting semester reports which will guarantee accountability of educational policies by:
 - i. Conducting comprehensive assessments of health care delivery systems that will assess management, infrastructure, and the resources needed for an effective implementation of sexual health and reproductive services;
 - ii. Reviewing the training for health care providers and incorporating sexual and reproductive health counseling and education in their curriculum;
3. *Urges* decentralized cooperation largely facilitated by NGOs involving the empowerment of local leaders and entities by:
 - a. Emphasizing the importance of Member States to provide technical training for nurses, midwives, and doctors;
 - b. Incorporating sexual and reproductive health lessons into the curriculum;
 - c. Meeting with cultural and/or religious leaders and exchanging information regarding proper sexual and reproductive health practices;
 - d. Encouraging healthcare professionals to use simplistic language when working with patients;
 - e. Expanding prenatal and maternal health clinics by utilizing Compact Mobile Units (CMUs) which will:
 - i. Provide education and contraception to women in rural areas
 - ii. Cooperate with regional NGOs and international organizations such as UNICEF and WHO;



- 89 f. Recommends the use of the Mobile Technology for Community Health platform
90 (MOTECH), in order to:
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 - 92 i. Facilitate communication between patients and medical staff;
 - 93 ii. Collaborate with the local NGOs and the United Nations Capital Development
94 Fund (UNCDF);
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- 96 g. Educates workers and their families in companies, civil society, NGOs, and hospitals;
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- 98 h. Recommends the use of MOTTECH and CMUs to inform women on the best and
99 safest practices during pregnancy and childbirth;
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- 101 4. *Emphasizes* the importance of considering local context as well as cultural norms and
102 values in addressing issues of sexual and reproductive health by:
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 - 104 a. Affirming that those most acquainted with the local culture will be best suited to
105 elicit positive change;
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 - 107 b. Recommending that educators originate from or become a part of the
108 communities they work to:
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 - 110 i. Emphasizes the importance of education through the UNICEF program Tell Me
111 More in which local celebrities will visit local primary and secondary schools to
112 advise young people on issues regarding sexual and reproductive health;
 - 113 ii. Increase triangular cooperation between Member States, NGOs, and local
114 actors will be utilized;
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- 116 5. *Recognizes* that education encourages civic engagement, which promotes a stronger and
117 healthier community by:
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 - 119 a. Endorsing family planning as an integral part of sexual and reproductive health
120 practices;
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 - 122 b. Encouraging the participation of men by ensuring the success of gender equality
123 and the implementation of sexual and reproductive health programs;
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 - 125 c. Emphasizing the importance of sexual education for mothers;
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 - 127 d. Acknowledging the dangers of frequent pregnancies for mothers and children;
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 - 129 e. Highlighting the advantages of peer-to-peer education through stationary and
130 mobile facilities;
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 - 132 f. Recommending that reproductive health education programs begin at age seven in
133 order to inform girls about the biological changes that will take place during their
134 adolescence;

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g. Emphasizing the need for health education through media such as radio, festivals, and television to:

- i. Promote the advantages of multimedia sexual education programs for youth;
- ii. Utilize radio as the most effective way to reach rural areas;

6. *Affirms* the need to implement self-sufficient schools for Learning While Earning by:

- a. Transforming youth in Sub-Saharan Africa into rural entrepreneurs;
- b. Integrating the teaching of traditional high school subjects with sexual and reproductive health education;

7. *Further recognizes* the importance of empowering women by:

- a. Encouraging states to educate women in regards to their sexual and reproductive rights through the implementation of CEDAW, particularly articles 10, 12, and 14;
- b. Including the program Learn For The Future in which women will receive lectures on entrepreneurship aiming to provide them with information on local opportunities.