National Model United Nations

Week A

March 17 – March 21, 2013

United Nations Children’s Fund

Documentation
United Nations Children’s Fund

Committee Staff

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Agenda

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

Resolutions adopted by the committee

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Summary Report

The Executive Board of the United Nations Children’s Fund held its annual session to consider the following agenda items: (I) Gendered and Sexual Identities in Relation to Education, (II) Rehabilitation and Reintegration of Children in Post-Conflict Societies, as well as (III) Working Towards MDG 5: Achieving Universal Access to Reproductive Health. The session was attended by representatives of 31 Member States.

The first session on Sunday evening started with intensive debates regarding the setting of the agenda. By the end of the evening session on Sunday, the Executive Board decided to adopt the agenda as follows: III, I, II.

Over the next several sessions, the Executive Board decided to split up in three different working groups in order to work on specific thematic blocs. The issues of concern varied from education and professional training in reproductive health matters, accessibility to health care services, Non Governmental Organization support and culturally sensitive family planning, to funding issues, sustainability, and government accountability to strengthen reproductive health services. By the end of Monday’s evening session, three different working papers had been submitted.

During the next session on Tuesday morning, most delegations were relentlessly working on the respective edits of their working papers, while another working group emerged and handed in a new working paper dealing with child marriage and the dangers of adolescent motherhood.

The afternoon session was used by the different working groups to promote their respective working papers, especially the sponsors of working paper on adolescent pregnancy, were eager to gain support for their working paper which was submitted relatively late. By the end of the sixth session, two working papers were accepted as DR/1/1 and DR/1/2 respectively. Shortly before the session was suspended for the day, a motion to close the Speaker’s List failed.

The next morning, a motion to close the speaker’s list eventually passed, while the two remaining working papers were accepted as DR/1/3 and DR/1/4. Altogether, four draft resolutions were accepted by the dais. Six friendly amendments were submitted, while the only unfriendly amendment to DR/1/1 was rejected by the body during voting. Finally, the speaker’s list exhausted and the committee adopted all four draft resolutions, including one by acclamation, while two others were accepted by roll call vote.

The next session, the delegations started working on the next topic on the Agenda: Gendered and Sexual Identities in Relation Education. Despite time constraints, the delegates worked in a diligent and efficient manner and handed in three working papers in the same session. The working papers deal with the empowerment of women, and women’s education in a post-conflict societies, and providing opportunities to women through career-oriented education. The WPs were accepted as DR/2/1, DR/2/2, and DR/2/3. DR/2/1 failed, while DR2/2 and DR/2/3 both passed.

Raising concern for the countries who continue to have increasing or stagnant maternal mortality rates above those set in Millennium Development Goal 5,

Noting with satisfaction the efforts initiated by non-governmental organizations (NGOs) and State programs to address the lack of access to reproductive health,

Acknowledging the importance of reproductive health to the United Nations Children’s Fund (UNICEF) as it directly correlates to the well-being and ensured survival of children,

Reaffirming that access to reproductive health is globally recognized as a fundamental human right based on the Universal Declaration of Human Rights, in particular Article 25,

Recognizing prenatal and postnatal care as urgent topics needing to be addressed immediately by the international community,

Also bearing in mind the Monterrey Consensus and its Official Development Assistance (ODA) requirements which are not being met, affecting reproductive health systems in developing nations,

Expressing concern that funds from developed states are not allocated properly towards Non Governmental Organizations and United Nations programs, and recognizing the need for transparency with the use of these funds,

The United Nations Children’s Fund,

1) Urges Member States to work with international bodies such as the United Nations Population Fund in conjunction with UNICEF, the Joint United Nations Programme on HIV/AIDS, United Nations Entity for Gender Equality and the Empowerment of Women, World Bank and the World Health Organization (WHO) known as H4+ to create family planning programs focusing on:
   a. Regional programs for reproductive health services, family planning education and educational pamphlets for the community;

   b. Cooperation with local leadership to create plans respecting religious and cultural diversity;

   c. Establishing mobile clinics to provide access to reproductive health services for rural communities funded by governments and NGOs and staffed locally
by trained specialists in countries with high population numbers in rural communities;

d. Providing multiple contraceptive methods for all people;

e. Benchmarks of three visits during the three stages of fetal development to a health professional per pregnancy;

f. Training programs, such as Accredited Social Activist (ASHA) emphasizing the cooperation between specialists and midwives to oversee every birth occurring within the region,

g. Same-sex peer-to-peer education and mentoring on reproductive health UNICEF assisted community centers;

2) Encourages Member States to cooperate with the WHO, the United Nations Development Fund, and the Primary Healthcare Programme and the Inter-Agency Task Team on HIV and Young People of UNICEF to create comprehensive programs for the:

a. Education on the transfer of HIV/AIDS and other sexually transmitted infections (STIs) with the understanding that it will respect domestic policies;

b. Formation of prevention and treatment facilities for HIV/AIDS with an emphasis on mobile clinics to reach rural populations;

c. Implementation of HIV testing and basic vaccination for every pregnant woman through regional and local institutions;

d. Research looking into a possible cure for HIV/AIDS and the distribution of this information through reports accessible to each Member State;

3) Supports efforts geared towards long-term development as highlighted by NGO’s work in developing countries such as:

a. Increasing access to education for youth on contraceptives and other family planning methods through seminars and peer mentoring;

b. Providing localized solutions to encourage countries to build infrastructures and medical facilities including the institution of half way houses for expecting mothers to receive care when traveling to distant hospitals;

c. Including training for specialists dealing with psychiatric and family counseling and offering access to these services through community-run centers;

4) Endorses specialist training programs, such as ASHA and Community Midwifery Education Programme assisted by UNICEF, which focus on:
a. Reproductive tracts, pregnancy, childbirth and postnatal care;

b. Providing doctors and nurses with the proper training techniques for overseeing every stage of pregnancy;

c. Promoting the importance of increased numbers of trained doctors and nurses;

d. Instituting a time frame of four months to a year of education for specialists;

5) *Calls upon* the international community to prioritize reproductive health services and access programs for rural communities;

6) *Requests* that States honor their ODA commitments, as outlined in the Monterrey Consensus, by creating a framework to meet the .7% GNI requirement within five years in order to fund reproductive health programs;

7) *Suggests* the monitoring and the evaluation of existing programs that focus on the improvement of reproductive health for mothers by extending the responsibilities and duties of Every Woman, Every Child, started by Secretary-General Ban Ki-Moon, and other programs to oversee the allocation of funds and distribution of information;

8) *Welcomes* the continuation of the successful national and international programs by ensuring that funds will be allocated properly, as well as continuing to strengthen existing agencies such as Every Woman, Every Child Initiative, Action Aid, Save the Children, Iranian Red Crescent Society, AIDS action Foundation, Qatar Foundation, Healing for Iran, the Russian Health Market Assessment, Cuba Medical Internationalism, and the Red Cross.
Guided by the principles of Millennium Development Goal 5,

Understanding the existence and uniqueness of many cultures and religions of the world,

Reaffirming article 10 of the Convention on the Elimination of All Forms of Discrimination against Women that declares that “women are entitled to the same quality of health care” and education, with an emphasis on family planning,

Acknowledging that adequate prenatal care is not provided to many women, especially those in developing countries, during the developing stages of their pregnancies, as well as primary care for children during the critical growth years,

Having considered the UN Secretary-General’s Global Strategy for Women’s and Children’s Health’s goal to prepare for 33 million expected unwanted pregnancies between 2011 and 2015,

Recalling General Assembly resolutions A/RES/54/5 (2002) and A/RES/56/3 (2004) which target and enhance commitments regarding maternal mortality rates and universal access to productive health,

Deeply regretting the connection between unwanted pregnancies and the mortality rate of these unborn babies and young mothers,

Noting with deep concern that unsafe abortion, according the 2012 World Health Organization (WHO) report, accounts for 13% of maternal deaths,

Having reviewed the recent MDG 5 statistics published by the WHO that an estimated one third of maternal deaths could be prevented by proper family planning,

Recognizing General Assembly resolutions A/RES/67/146 (2012) and its message that female genital mutilation is “irreparable, irreversible abuse of the human rights”,

Recognizing Human Rights Council resolution A/HRC/15/L.27 (2010), which calls for improved methods of family planning and the success that various innovative approaches have been in family planning,

The United Nations Children’s Fund,

1. Calls upon Member States and non-governmental organizations (NGOs) to increase awareness among their own populations regarding the dangers of unsafe, unlicensed abortions and unwanted pregnancies through informal means of communication focused on adolescents with an emphasis on the involvement of UNICEF in guiding the programming of:
a. Television;

b. Radio;

c. Social media;

d. SMS;

e. Flyers;

2. **Supports** the establishment of state-sponsored reproductive health clinics, including mobile units with the potential to reach isolated populations every two months, with programs such as:

   a. Innovative fertility treatments including, but not limited to:
      i. Abstention;
      ii. Fertility calendar;
      iii. Menstrual regulation;

   b. Reproductive health education to children and adolescents;

   c. Education policies that include hormonal and natural methods of reproductive health care respecting countries’ cultural beliefs;

   d. Proper care of infants and women before, during, and after birth;

   e. Methods on safe planning respecting cultural beliefs;

   f. Providing rape kits and counseling to rape victims;

   g. Specific education programs for boys and men to help understanding of the equality between genders;

3. **Encourages** Member States to enact local and regional legislation and strategies to outlaw the practice of FGM and other harmful cultural practices that violate reproductive human rights, following the example of the United Nation Population Funds Joint Program on Female Genital Mutilation/Cutting to prevent negative cultural and physical consequences associated with the human rights violation;

4. **Emphasizes** the need for these reproductive health clinics to be maintained in a clean and secure environment, while also guaranteeing ethics of complete confidentiality between the patient and the facility;
5. *Suggests* the creation of a fund known as the “Fundamental Rights of Children” (FRC) fund that would exist in order to finance the programs created in clause 1 and 2 under the direction of UNICEF;

6. *Invites* corporations to provide donations to the suggested FRC fund;

7. *Appeals* to NGOs and Member States to finance, build, and maintain both new and existing facilities that would be able to handle the procedural needs, with an emphasis on adapting existing facilities and updating them through the guidance of UNICEF;

8. *Expressing* hope that all money used through the FRC fund and the programs in clauses 1 and 2 will be tracked with complete transparency and reported to UNICEF;

9. *Further encourages* all Member States to contribute information to the Gender-Based Violence Information System in order to provide more developed methods of tracking patterns in sexual violence.

Highlighting the lack of reproductive health worldwide, which transcends economic, social, and political boundaries,

Understanding that reproductive health encompasses a variety of issues, including education, women’s health, gender equality, access and distribution of necessary products and services, contraception, medical supplies, and others, which affects society as a whole,

Having devoted attention to the upcoming Millennium Development Goal deadline of 2015 regarding universal access to reproductive health,

Bearing in mind reproductive health care is essential to achieving women’s and children’s rights and equality, and believing that health is both a right and a responsibility, further acknowledging the UDHR Article 25 and the CRC Article 3.3 and 24,

Recognizing international support and cooperation as a necessary condition to address this issue, as this is a transnational problem,

Having examined the success of programs utilizing information and communication technologies (ICT) as a means to disseminate information to persons,

Noting that accountability is essential to the achievement of universal access to reproductive health as it ensures that all partners deliver on their financial, operational, political, and developmental commitments,


Deeply concerned by the lack of midwives in rural areas of both underdeveloped and developed nations, taking the UN News Centre 2011 report that more than 1 in 3 women in developing countries give birth alone, and in some of the poorest countries as few as 13 per cent of all deliveries are assisted by a midwife or a health worker with midwifery skills and more recently 2012 statistics by the United Nations Population Fund (UNFPA) report that the least developed countries have just 17 per cent of the world’s midwives, nurses, and physicians,
Recognizing the Cairo Program of Action, which states that affordable and acceptable methods of family planning of the individual’s choice are vital to their livelihood,

The United Nation Children’s Fund,

1. Reminds states of the importance of the Millennium Development Goals and the approaching deadline of 2015;

2. Encourages the usage of the UNICEF mandate regarding the protection of children’s rights and the mobilization of resources to facilitate partnerships with governments, grassroots organizations, and Non Governmental Organizations, to incorporate all levels of society in the creation of sustainable health care systems in the following areas:
   a. Education and training programs for local health care professionals;
   b. Incentives for trained health professionals to remain within the community for extended periods of time in order to promote long term sustainability;
   c. The improvement of both health facilities already in place, and those newly constructed, in order to further improve accessibility and capacity;
   d. The creation of a clear mechanism for the reliability and the transparency of the fund;
   e. Increase the availability of medical supplies with the focus of technology and infrastructure development;

3. Declares accordingly the importance of the G8 Muskoka Initiative, with emphasis on MDG 5, reaffirmed in 2010 by participatory members, in terms of creating country led health policies that ensure sustainability, strengthening of reports, ensuring the effectiveness of new approaches, and utilizing a joint platform;

4. Calls for the implementation of reproductive health programs within secondary schools to remove stigma against HIV/AIDS through factual and age appropriate curriculum on reproductive healthcare;

5. Encourages the use of alternative methods of reproductive health education, such as the Italian Development Cooperation’s WaWanet program, as well as similar initiatives that utilize ICTs and any other accessible technologies within developing states to:
   a. Create education media and information in efforts to increase awareness of reproductive health;
b. Advocate for the creation of a reproductive health campaign led by UNICEF designed to implement more efficient use of contraception in developing countries in cooperation with existing programs of the World Health Organization (WHO);

c. Provide easily accessible technologies such as, but not limited to, radios, DVD/VCR players, and similar technologies throughout UNICEF’s network to increase the outreach and scope, through awareness campaigns on reproductive health;

6. **Further Requests** accountability through ongoing monitoring and tracking using existing international mechanisms at local and national levels to track progress on all commitments made, including those of donor states, and to ensure that all funding is used in a transparent manner;

7. **Recommends** UNICEF, in coordination with the H4+ Initiative and NGO’s, include family planning as a key element in achieving reproductive health goals, underlining the importance of UNICEF thematic funding (2012), as a means to increase financial support for specific regions and issues, as a tool to tackle problems with distribution of and access to health care necessities;

8. **Recommends** the inclusion of rural areas, which have suffered from a lack of support, with the establishment of mobile health care clinics, which should be instituted by the governments of individual states:

   a. To emphasize the necessity of promoting safe reproductive practices, including dispersion of information and accessibility for adolescents;

   b. Utilizing mobile health care clinics should provide men and women in rural areas with contraceptives, family planning advice, testing, treatment, and preventive measures for sexually transmitted diseases;

   c. These clinics should be conducted by trained health care professionals, especially skilled birth attendants and midwives;

9. **Strongly endorses** the inclusion and further expansion of midwives services in order to achieve MDG 5, and therefore a focus on:

   a. Increasing their training and skills in birth, while focusing on their inherent qualifications as health professionals;

   b. Furthering their education on contraceptive use, and working with UNICEF members to facilitate their needs as they reach out to all communities, including indigenous communities;
10. **Emphasizes** the focus on “Pro-Poor development programs,” endorsed by the Organization for Economic Cooperation and Development (OECD), in order to reduce economic inequities by:

a. Reaching out to the private sector, such as the Pharmaceutical Manufacturing Plan for Africa (PMPA), and the Better Access to Safe and Effective Contraception with Bayer Health Care;

b. Accessing essential but underutilized supplies of maternal and child health;

c. Emphasizing social protection in human capital, women empowerment, and strengthening of the state through enforcement of policy;

11. **Endorses** the necessity of benchmarks to observe the improvement on the issues concerned, the following goals should be met in the near future:

a. Multiple visits to ensure professional guidance of pregnant women through all stages of their pregnancy;

b. HIV/AIDS testing for every pregnant woman to tackle the issue of mother-child transmission;

12. **Further** recommends closer collaboration and open dialogues between governments, grass root organizations, NGOs, community religious and cultural leaders with UNICEF to help facilitate country-specific healthcare plans to more efficiently address root causes that hinder the goals of MDG5;

13. **Considers** universal access to healthcare as the ultimate goal for developing nations, ensuring reproductive health care remains affordable for all, regardless of socioeconomic status;

14. **Further endorses** a follow-up on the millennium summit regarding the Post-2015 Development Agenda to investigate the continued efforts for future implementation of the MDGs, guided by the high-level panel, stressing increased effort on MDG 5.
Keeping in mind the right to a quality standard of living as granted by the Universal Declaration of Human Rights (UDHR),

Concerned by the high mortality and complications rate from adolescent girls giving birth at a young age as stated in A/HRC/RES/15/17 (2010),

Taking into account the need to involve both men and women in the empowerment of girls and boys to avoid teenage pregnancies,

Recognizing the rights granted to all people to consent to marriage as outlined in the UDHR,

Further recognizing the prior commitments of Member States in terms of Official Development Assistance,

Drawing attention to the dangers of teenage pregnancies noted by the United Nations Population Fund,

Deeply regretting the existence of forced marriages, especially those including children, as this practice is directly against article 12 of the Convention on the Rights of the Child (CRC) and leads to very young mothers,

Reaffirming the Human Rights Council resolution A/HRC/RES/15/4 (2010) the right to education for all children,

Having determined that many countries will not be able to meet Goal 5 of the Millennium Development Goals before the 2015 deadline,

The United Nations Children’s Fund,

1) Calls upon the international community to overcome social barriers faced by girls and boys by utilizing family planning methods through educational and informative programs as outlined in the European Union’s Strategy for Equality between Men and Women;

2) Invites Member States to work with local communities, non-governmental organizations, religious leaders and local governments that aim at encouraging preventative family planning measures aimed at delaying the creation of a family unit to allow girls to fully physically develop by:
a) Establishing and strengthening legislation defining a minimum age for marriage until the age of adulthood as defined in the United Nation Convention on the Consent to Marriage;
b) Implementing information campaigns to alleviate the adolescence pregnancy rates of underdeveloped girls designed to educate girls on their reproductive rights, similarly to UNICEF’s International Day of the Girl Child;
c) Forming educational campaigns to teach girls and boys about the hazards of child pregnancy exemplified by the United Nations Girl’s Education Initiative;
d) Creating gender-based programs that focus on teaching boys and girls about their own reproductive rights through international collaboration such as the European Union’s Boys and Girls – An Interactive Web-Based Series to Promote Healthy Lifestyles among European Adolescents;

3) **Urges** States to encourage the delay of starting a family by increasing incentives for girls and their families that encourages them to finish primary and secondary schooling, particularly in developing States and rural areas where girls have a lower retention rate, exemplified by Italy’s Retaining Girls in Lower Secondary Schools and Increasing their Learning Outcomes in Ethiopia;

4) **Calls Upon Member** States to implement age-appropriate reproductive education for both boys and girls into the primary and secondary curricula, as well as alternative educational programs that respect cultural and religious differences, focusing on:
   a) The promotion of healthy relationships and respect of reproductive rights of both boys and girls;
   b) The implementation of educational programs focused on alleviating misconceptions surrounding reproductive systems;
   c) The establishment of initiatives based on teaching children how to recognize and prevent unsafe or dangerous situations;

5) **Supports** the strengthening or creation of programs and initiatives, in agreement with governments, that focus on the psychological aspect of reproductive healthcare by:
   a) Reintegrating girls who have been socially excluded from society due to adolescent pregnancy;
   b) Working with communities and societies to alleviate social stigmas and discrimination associated with adolescent pregnancy through community based dialogue;
6) *Encourages* Member States to continue to work toward the Post 2015 Development Agenda for the possibility of extending or retooling the MDGs after their expiration in 2015.
Recalling resolutions A/RES/63/241, (2009) A/RES/66/141, (2012) Articles 2 and 26 of the Universal Declaration of Human Rights, education is guaranteed on the basis of non-discrimination and education should be free and compulsory at the fundamental stages of development, Article 2 of the Convention of the Rights of the Child, which calls upon Member States to take appropriate measures to ensure that the child is protected against all forms of discrimination,

Noting with concern the fact that levels of teen suicide rates are far greater amongst those who identify themselves as LGBT according to the Trevor Project,

Bearing in mind that barriers to education disproportionately affect girls,

Keeping in mind the objectives regarding access to education for women as set out in article 10 of the CEDAW,

Noting with regret the limited budget of The United Nations Girl’s Education Initiative, restricting implementation of UNGEI in different countries,

Fully aware of UNGEI vision to empower girls and boys all over the world through quality education,

Emphasizing the UNESCO anti-bullying campaign as a method of increasing awareness towards sexual minorities and their liberty to decide their sexual orientation,

The United Nations Children’s Fund,

1. Calls upon the United Nations Girls Education Initiative to expand the School Fee Abolition Initiative (SFAI) in order to decrease the gender disparity that exists, through the:

   Breakthrough of the financial barrier that exists for families and boost enrollment for children in families that live in poverty, particularly those living in rural areas;

   Use of knowledge in order to further support, provide guidance, and selecting countries in order to further abolish school fees;

2. Encourages governments, Non Governmental Organizations (NGOs) and other stakeholders involved to continue efforts to decrease obstacles that are currently preventing girls from attending schools by:

   Providing separate gender specific sanitary facilities at schools including sanitary towels;
Establishing successful programs such as the “Girls Camps” education project in India, funded by UNICEF Switzerland, in more countries in order to promote gender equality;

3. **Calls upon** the G20 and to the World Bank to take into consideration in their financial budget (UNGEI) considering the support of the European Union through the process of expanding UNGEI;

4. **Expresses its hope** that Member States promote tolerance and acceptance in education for children towards sexual minorities as it is a fundamental right established by international law such as the CRC,

5. **Emphasizes** the need for increased awareness for LGBT rights through Education which promotes diversity of ideas and fosters the development of personalities in children, because understanding of social constructs begins in early education and familial interactions.
Recognizing the need for anti-discrimination policies to allow all children to attend school outlined in Human Rights Council resolution A/HRC/RES/14/12 (2009), Guided by the rights provided by the Second Optional Protocol to the Convention on the Rights of the Child that ensure protection and education in conflict situations, given that women do not have equal opportunity to receive education as men in post-conflict societies, Noting further the special educational needs of children, especially girls, within post conflict situations as highlighted by Security Council resolution S/RES/1820 (2008), Guided by the principles of the Security Council resolution S/RES/1325 (2000), in particular the use of gender mainstreaming and its relation to education, Taking into consideration the UNICEF report “Addressing the Needs of Women Affected by Armed Conflict” that emphasizes the role that educated women play in establishing peace, Having reviewed the Education in Emergencies and Post-Crisis Transition (EEPCT) program that stated the importance of education in post-conflict scenarios, The United Nations Children’s Fund,

1. Calls upon Member States to ensure gender equality within post-conflict and refugee stricken areas through educational programs that focus on ensuring peace similar to the Italian Cooperation’s Advancing the Implementation of the Recommendations of the Truth and Reconciliation Commission in Sierra Leone on Gender Equality;

2. Encourages the creation of guidelines and plans of action aimed at providing quick and substantial educational programs within post conflict situations, with an emphasis on gender neutral education, extolled by the Italian Cooperation on the Children and Adolescent Issues and the European Union’s Guidelines on Children and Armed Conflict;

3. Suggests the expansion of programs such as UNICEF’s Early Childhood Development Kit and School-in-a-Box that offers easy education access to children without proper schooling infrastructure;

4. Requests that NGOs enter potential conflict areas with the intention of educating populations to the equality of genders while working with community leaders.