Dear Delegates,

Welcome to the 2024 National Model United Nations New York Conference (NMUN•NY)! We are pleased to introduce to you our committee, the United Nations High Commissioner for Refugees, Office of the (UNHCR). Your committee’s work is facilitated by volunteer staffers. This year’s committee staff are: Director McKenzie Kelly and Assistant Director Theodore Christopher C. Alberto (Session 1), and Director Nada Nassereddin and Assistant Director Malana Homan-Hepner (Session 2). McKenzie Kelly holds Master’s degrees in Social Science and Globalization as well as Educational Leadership from California State University, San Bernardino. She currently works as an Assistant Principal in Southern California. Theodore Alberto studied Psychology and European Studies at De La Salle University-Manila. He currently works in the hospitality industry. Theodore plans to pursue graduate studies in the field of international relations by fall 2024. Nada recently completed her Master’s in Public Policy and works for an international NGO focused on international and leadership development. Malana Homan-Hepner is currently studying International Studies, Political Science, and History at Rowan University. The preparation of these materials was supported by Under-Secretaries-General Vikram Sakkia (Session 1) and Christopher Duggan (Session 2).

The topics on the agenda for this committee are:
1. Mental Health and Psychosocial Support for Refugees and Other Displaced People
2. Protecting Displaced and Refugee Children

This Background Guide serves as an introduction to the topics for this committee. However, it is not intended to replace individual research. We encourage you to explore your Member State’s policies in depth and use the bibliography to further your knowledge on these topics. In preparation for the conference, each delegation should submit a Position Paper by 11:59 p.m. ET on 1 March 2023 in accordance with the guidelines in the Position Paper Guide and the NMUN•NY Position Papers website.

Two resources, available to download from the NMUN website, serve as essential instruments in preparing for the Conference and as a reference during committee sessions:

- The NMUN Delegate Preparation Guide, which explains each step in the delegate process, from pre-conference research to the committee debate and resolution drafting processes. Please take note of the information on plagiarism, and the prohibition on pre-written working papers and resolutions.
- The NMUN Rules of Procedure, which includes the long and short form of the rules, as well as an explanatory narrative and example script of the flow of procedure.

In addition, please review the mandatory NMUN Conduct Expectations on the NMUN website. They include the conference dress code and other expectations of all attendees. We want to emphasize that any instances of sexual harassment or discrimination based on race, gender, sexual orientation, national origin, religion, age, or disability will not be tolerated. If you have any questions concerning your preparation for this committee, please contact the Deputy Secretaries-General at dsg.ny@nmun.org.

We wish you all the best in your preparations and look forward to seeing you at the Conference!

McKenzie Kelly, Director  
Nada Nassereddin, Director  
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Session 1  
Session 2

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This diagram illustrates the United Nations system simulated at NMUN•NY. It shows where each committee "sits" within the system to demonstrate the reportage and relationships between entities. Examine the diagram alongside the Committee Overview to gain a clear picture of the committee's position, purpose, and powers within the United Nations system.
Committee Overview

Introduction

The Office of the United Nations High Commissioner for Refugees (UNHCR) is the leading United Nations entity for the protection of the welfare and rights of refugees.\(^1\) The United Nations General Assembly established the body in 1950 to address the high number of displaced Europeans after World War II and initially gave the body a three-year mandate.\(^2\) After extending the mandate every five years until 2003, the General Assembly decided to prolong UNHCR’s mandate indefinitely.\(^3\)

Most of UNHCR’s resources are dedicated to field operations that address the needs of forcibly displaced persons, including 27.1 million refugees, 53.2 million internally displaced persons (IDPs), and 4.6 million asylum seekers.\(^4\) UNHCR is also mandated to identify and work to protect stateless people, of which there are estimated to be 10 million globally.\(^5\) UNHCR provides a variety of humanitarian aid, including food and nutritional supplements, basic and long-term shelter and housing, cash assistance, and legal services.\(^6\) While immediate assistance in crises constitutes a large portion of the body’s work, UNHCR’s larger goal is to help refugees find durable solutions to rebuild their lives.\(^7\)

Mandate, Function, and Powers

UNHCR’s mandate is to provide international protection and humanitarian assistance and seek permanent solutions for refugees, forcibly displaced communities, and stateless people.\(^8\) UNHCR reports annually to both the General Assembly and the Economic and Social Council (ECOSOC).\(^9\) In 2016, the General Assembly adopted the New York Declaration for Refugees and Migrants (New York Declaration), committing global support in dealing with the large numbers of forcibly displaced persons.\(^10\) The New York Declaration established the Comprehensive Refugee Response Framework (CRRF), which is a global plan to guarantee refugees’ rights that serves as the predominant framing tool for UNHCR’s Global Compact for Refugees (Global Compact).\(^11\) The Global Compact, which was drafted in 2018 and affirmed by the United Nations General Assembly in 2019, is the United Nations’s current agreement guiding the international approach to assisting refugees.\(^12\)

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While the following list is not exhaustive, the mandate of UNHCR can be summarized as:

- **UNHCR will generally**: provide international protection and humanitarian assistance in partnership with governments, other United Nations bodies, NGOs, and civil society organizations; supervise the implementation of refugee instruments; assist or make recommendations to Member States in enacting or revising national refugee legislation, including administrative procedures and operational guidelines; advocate for the creation of new measures against displacements and statelessness.\(^\text{13}\)

- **UNHCR will not generally**: unilaterally direct Member States, NGOs, and other United Nations bodies to implement actions; enforce the implementation of refugee instruments in Member States.\(^\text{14}\)

To achieve its work, UNHCR collaborates with national governments, non-governmental organizations, community-based organizations, universities, and the private sector.\(^\text{15}\) UNHCR also partners with other United Nations organizations such as the World Food Programme (WFP), the United Nations Children’s Fund (UNICEF), the World Health Organization (WHO), the United Nations Development Programme (UNDP), the Office for the Coordination of Humanitarian Affairs (OCHA), the Office of the United Nations High Commissioner for Human Rights (OHCHR), and the Joint United Nations Programme on HIV/AIDS (UNAIDS).\(^\text{16}\)

The UNHCR Strategic Directions 2022-2026 (2022) guides the current work of UNHCR.\(^\text{17}\) In the document, UNHCR reaffirmed its commitment to achieving its five strategic directions (protect, respond, include, empower, and solve) and further identified eight areas for additional, accelerated, and targeted action in its pursuit to develop the comprehensive approaches outlined by the CRRF and the Global Compact.\(^\text{18}\)

**Governance, Funding and Structure**

UNHCR is governed by the Member States of the Executive Committee (ExCom).\(^\text{19}\) The ExCom approves the agency’s annual program priorities and budget.\(^\text{20}\) The ExCom meets every October to review financial matters for the coming year, advise the High Commissioner, authorize appeals for funds, and approve upcoming targets for UNHCR.\(^\text{21}\) ExCom members are elected by ECOSOC according to equitable geographical allocations and is now comprised of 106 Member States.\(^\text{22}\) The committee reports directly to the General Assembly Third Committee and follows directives issued by either the General Assembly or ECOSOC.\(^\text{23}\)

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\(^{14}\) Ibid.


\(^{18}\) Ibid. p. 4.


UNHCR’s funding comes almost entirely from the voluntary contributions of Member States, intergovernmental institutions, corporations, foundations, and individuals worldwide. To acquire these donations, UNHCR releases an annual Global Appeal that provides detailed information regarding significant areas of concern for UNHCR, as well as Supplementary Appeals that address specific situations. The budget also includes contributions from the United Nations Central Emergency Response Fund for situations requiring immediate response, such as a natural disaster or violent conflict.

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Bibliography


1. Mental Health and Psychosocial Support for Refugees and Other Displaced People

“Mental health is an integral part of our general health and well-being and a basic human right.”

Introduction

It is estimated that 274 million people were displaced in 2022, the highest number in the previous two decades, creating high stress situations from being placed in refugee camps, poor living conditions, discrimination, and immigration detention facilities. This leads to refugees not being able to have the basic physiological support to have a stable life, leading to mental and physical health issues. Estimates of the prevalence of mental health problems for refugees range from 20% to 80%, more particularly, from 4% to 40% for anxiety, 5% to 44% for depression, and 9% to 36% for post-traumatic stress disorder (PTSD). These statistics indicate that a majority of refugees experience some form of anxiety, depression, or PTSD due to the trauma and stress of leaving their home and community. PTSD, in this context, is defined as the chronic and prevalent trauma, distress, and emotional turmoil refugees experience from traumatic events when they are forced to migrate. Refugees are considered people who have left their home country due to fear of persecution for race, religion, or social groupings, and are either unable or unwilling to return to their country of origin. This differs from internally displaced persons (IDP), which refers to people that have been forced to flee their home, but do not cross an internationally recognized border.

In 2022, the World Health Organization (WHO) expanded on the definition of mental wellbeing to state that mental health is not the presence or absence of a mental disorder, but exists on a continuum with variability from individual to individual, even for those affected by the same experience. This included specific guidelines to address mental health and psychosocial support (MHPSS), which is defined as the procedures and activities that support people's overall wellness in their social environment, for the IDP and refugee population to encompass training for humanitarian workers to recognize symptoms of psychosis, PTSD, depression, or anxiety that can manifest after the trauma of forced relocation. MHPSS may also be referred to as a procedure that promotes resilience in people, families, and communities. Due to a lack of services and stigma associated with mental health treatment, refugees, asylum seekers, unaccompanied minors, and other survivors of forced relocation often do not receive the necessary care. Data from the Office of the United Nations High Commissioner for Refugees (UNHCR) found that the majority of the 65 million people who are now displaced due to war, hostilities, or persecution throughout the world live in low and lower-middle income nations.

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31 Ibid.
32 Ibid.
36 Ibid. p. 33.
The mental health vulnerability of children in refugee populations has also been examined. Studies indicate that refugee children experience restlessness, sleep disorders, loss of interests/motivation in life, and declining school performance on top of previously mentioned high rates of PTSD, anxiety, and depression. The other challenge with MHPSS is rooted in funding and logistics, which can only be addressed through effective capacity building measures. Currently, the international community has not enacted MHPSS reforms and programs to ensure that refugees have essential support during stressful instances of displacement.

**International and Regional Framework**

The 1948 *Universal Declaration of Human Rights* laid the foundation for establishing MHPSS for refugees as a recognized human right. Specifically, article 25 states that all human beings have the right to shelter, food, healthcare, and basic physiological support. The *International Covenant on Economic, Social and Cultural Rights* (1966) also established core facets for the right of refugees for MHPSS in article 12, specifically declaring that states respect the right of everyone to the enjoyment of the best achievable degree of physiological and mental health. As for the youth demographic specifically, article 25 of the *Convention on the Rights of the Child* (1989) affirmed the right of a child to receive treatment, security, or therapy to improve their mental or physical well-being.

The inclusion of mental health as a universal human right began in WHO’s *Comprehensive Mental Health Action Plan 2013-2030*. The action plan defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” The action plan sought to draw attention to the importance of identifying and assessing the mental health needs and determinants of various socio-demographic populations. The action plan also adheres to vulnerable groups who might not have access to assistance, such as IDPs, refugees, migrants, youth, and members of minority ethnic groups. The WHO Director-General report on promoting the health of refugees and migrants (A72/25), presenting the draft global action plan 2019-2023, highlighted the long-term need for the development of legal frameworks of MHPSS for refugees, guaranteeing that priorities like the immunization of children and adults, supply of health education, disease avoidance, effective evaluation and therapy, recovery, and hospice services for chronic, acute, and transmissible illnesses, complications, and mental illnesses, are addressed.

The United Nations Human Rights Council (HRC) resolution 26/21 (2014) on “Promotion of the right of migrants to the enjoyment of the highest attainable standard of physical and mental health” highlights the role of Member States to implement MHPSS programs for the well-being of any incoming refugees into

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41 Ibid. p. 367.
45 Ibid.
49 Ibid.
51 Ibid.
their respective nations.\textsuperscript{53} The resolution also calls on HRC Special Rapporteurs to continue to promote and support the growth of partnerships among Member States in order to strengthen cooperation and assistance for the protection of all migrants’ human rights, which includes their mental well-being and appropriate psychosocial support while also advancing their right to be relocated.\textsuperscript{54}

Mental healthcare and the right to MHPSS for refugees is emphasized in the \textit{2030 Agenda for Sustainable Development} (2030 Agenda) under Sustainable Development Goal (SDG) 3 (good health and well-being).\textsuperscript{55} SDG 3 highlights the need to include mental health services in universal health coverage.\textsuperscript{56} Specifically, Target 3.4 states that by 2030, one-third of all deaths caused by non-communicable diseases, such as depression, PTSD, and other mental disorders, should be prevented along with the promotion of mental health and well-being.\textsuperscript{57} Recommendations to accomplish Target 3.4 include investments in the care and treatment of disproportionately affected groups, including women, given the financial expenses and human suffering connected with mental illnesses among refugee women from caring for children while being displaced.\textsuperscript{58}

WHO released the \textit{Western Pacific Regional Framework for the Future of Mental Health 2023–2030} report in 2023, emphasizing prejudice and discrimination as a significant problem for MHPSS.\textsuperscript{59} The analysis examines an expanding list of vulnerable populations, including minorities of all genders and sexual orientations, post-conflict survivors, teenagers, elders, and displaced individuals who face extremely unique risks to their mental well-being.\textsuperscript{60} These people, according to the report, usually get left out of established care routes, but they typically require more outreach and individualized care.\textsuperscript{61} The report emphasizes that prejudice and discrimination create additional barriers for people seeking access to medical care, increasing the risk of psychological disorders and self-harming behavior.\textsuperscript{62} The report also highlights socioeconomic considerations in trying to get aid, assistance, and therapy.\textsuperscript{63} From this, the report recommended an anticipatory approach for locating these people should be devised so that organizations can provide them with services catered to their needs.\textsuperscript{64} Lastly, the report stresses the necessity of medical and social care professionals to advance their expertise in order to better comprehend the socioeconomic drivers of mental health, such as income disparity, prejudice, and physical/mental abuse to cater for these challenges when offering assistance and treatment.\textsuperscript{65}

\textbf{Role of the International System}

UNHCR is the main United Nations entity tasked with the coordination of care for refugees and IDP populations, including mental wellbeing.\textsuperscript{66} For example, UNHCR worked in conjunction with WHO to create the \textit{Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for humanitarian settings} (2012), providing a comprehensive guide to assessing and addressing MHPSS in humanitarian

\begin{footnotesize}
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\item \textsuperscript{54} Ibid. p. 3.
\item \textsuperscript{56} Ibid.
\item \textsuperscript{57} Ibid.
\item \textsuperscript{58} Ibid.
\item \textsuperscript{59} World Health Organization. \textit{Regional Framework for the Future of Mental Health in the Western Pacific 2023–2030 (WPR/RC73/7).} 2022. p.18.
\item \textsuperscript{60} Ibid.
\item \textsuperscript{61} Ibid.
\item \textsuperscript{62} Ibid.
\item \textsuperscript{63} Ibid. p. 59.
\item \textsuperscript{64} Ibid.
\item \textsuperscript{65} Ibid.
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responses, including refugee camps. The guide laid the foundation to include MHPSS in all current and future UNHCR missions. The guide also provided further resources for emergency MHPSS responses, including the mhGAP Humanitarian Intervention Guide (mhGAP-HIG). UNHCR further developed MHPSS programs that build the capacity of local health staff and communities, and support the management of mental, neurological, and substance use conditions in health facilities to provide follow-up to immediate response care. The management of mental, neurological, and drug use problems in healthcare institutions is highlighted and supported by UNHCR's MHPSS programs, which aims to increase awareness amongst local health workers and communities.

Prior to the formal shift to include mental health as a standard of wellness for all by WHO in 2012, humanitarian efforts to address MHPSS in crisis situations were guided by the Inter-Agency Standing Committee’s (IASC) IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, created in 2007. The guidelines were created through a global effort that included WHO, UNHCR, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), the United Nations Children's Fund (UNICEF), International Organization for Migration (IOM), medical non-governmental organizations (NGOs), and universities to set minimum guidelines for a multi-sectoral response to improve MHPSS for individuals during an emergency response. Each of these organizations assist in various aspects of refugee and IDP services, with UNICEF providing guidance to children, IOM providing guidelines for migration support, and UNOCHA mediating and coordinating response efforts. Based on these collaborative efforts and with guidance from the SDGs, IASC created the MHPSS Minimum Support Package (MSP) in 2022, a program to promote inter-agency coordination to assist in UNHCR camps and projects. The package highlights the steps of MHPSS responses in a humanitarian emergency, including assessing a needs gap, providing step-by-step guidance for coordination of support, and capacity building.

UNHCR, in collaboration with the IOM and Mental Health and Psychosocial Support Network (MHPSS.net), emphasized in their guidance note, entitled Mental Health and Psychosocial Support for Refugees, Asylum Seekers and Migrants on the Move in Europe, refugees must have access to telephones, information technology, and phone charging services in order to discover information and communicate with others. Specific measures include the regional initiatives of UNHCR’s Mediterranean Portal, which offers up-to-date information on the refugee and migrant emergency in Europe, and the MHPSS.net Mediterranean Migration Crisis online group, an online community for meeting people and finding services. Another initiative established by MHPSS.net was a self-help pamphlet for Syrian men to understand and manage their thoughts, feelings, and emotions during a crisis. Lastly, the Refugee Health Extension aims to address harmonization practices, outlined in World Health Assembly (WHA) resolution 75/11, and offers host nations direct operational help. Along with establishing interagency

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68 Ibid.
71 Ibid.
73 Ibid. p. 5.
74 Ibid. p. 13.
76 Ibid. p. 5.
78 Ibid.
79 Ibid.
data to guide health evaluations of refugees fleeing turmoil in Ukraine, the Refugee Health Extension also helps the multi-sectoral needs assessments of refugees all over the world in terms of physical, mental, and psychological well-being.81

The development of protocols to identify gaps and coordinate response efforts has increased access to MHPSS in humanitarian settings.82 However, there is a lack of harmonization policies and practices across international bodies and Member States, particularly in lack of recognition of need for MPHSS and recognition of mental illness as a disability.83 HRC highlighted the need for equal access to MHPSS amongst refugee and IDP populations, especially considering the lack of parity that already exists between support for physical and mental well-being in host countries.84 This has become more acute following the COVID-19 pandemic, leading to underfunding in prevention, adequate staffing, and community training.85

**Addressing Mental Health and Psychological Support for Forcibly Displaced Youth**

Current data indicates that youth are more vulnerable to psychological distress, with the prevalence of PTSD for refugee children ranging from 19 to 54%, along with an average of 36% for depression.86 There are almost 25 million refugees and 3.1 million asylum applicants, half of whom are under the age of 18.87 Almost 28 million children have been uprooted due to violence and war as of 2023.88 The reasons for psychological distress among forcibly displaced youth revolve around persistent widespread exposure to interpersonal and group violence, anxiety about their future, losing loved ones in violent ways, and an unstable environment.89 Some young people are drafted into the military as “child soldiers” from areas prone to armed conflict and war, while others choose to leave their families due to abuse or neglect.90 In response to the impact that displacement has on youth, the international community including UNHCR, UNICEF, and Save the Children, have worked to establish best practices in providing MHPSS care to displaced youth.91

In 2014, UNHCR launched the CONNECT Project to focus on identification and registration of children to provide legal assistance and essential resources, such as food or shelter.92 This project was successful, allowing some remote informational technology communications (ICT) to be established between young

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81 Ibid.
88 Ibid.
89 Ibid. p. 2.
90 Ibid.
refugees and their parents, along with relief organizations. UNHCR recommends that Member States expand and improve upon existing technologies and greater funding for research and development to support MHPSS. Save the Children currently provides psychosocial support for forcibly displaced youth through their Psychological First Aid (PFA) for Children initiative. There are, however, limitations in Psychological First Aid (PFA) services for the youth in the most impoverished areas.

UNICEF’s Humanitarian-Development Nexus report illustrates the financial ramifications of insufficient funding for MHPSS among children during humanitarian crises. According to the study, the "repercussions of delay" for failing to tackle the mental health needs of children and adolescents will amount to $203 billion in 2022 in 66 Member States who are at risk of catastrophic humanitarian events. The study notes that Member States most vulnerable to humanitarian emergencies would suffer the greatest financial losses, forfeiting prospective lifelong revenues worth $106 billion. In the absence of more assistance, it is projected that the 7.6 million youths affected by the crisis, who suffer from mental health conditions and were forcefully removed from their housing in 2022, will forfeit $52 billion in lifelong wages. According to these statistics, the funding and the development of educational initiatives may help young people become more employable, take them away from dangerous displacement situations, and ultimately enhance their mental health by providing them with an economically secure future.

Internally displaced and refugee youth are highly vulnerable demographics in terms of mental health issues in the context of forced displacement due to violence, climate change, poverty, and many more intersectional issues. Contemporary challenges mainly focus on the need for educational programs and humanitarian relief efforts. Hence, UNHCR believes it is imperative that both educational and humanitarian integration are expanded, so forcibly displaced youth can be integrated into the economy for their livelihood and well-being. There is a gap in terms of enacting quality and sustainable educational integration along with proper ICT infrastructure for the enrichment of refugee youth in conjunction with proper MHPSS and PFA services.

Capacity Building for Mental Health and Psychosocial Supports Among Refugees and Other Displaced Persons

Every year, millions of people are displaced, leading to high stress situations, poor living conditions, and increase in refugee camp populations. These high stress environments have contributed to the growing need for MHPSS services amongst refugee and IDP populations, without which they are subject to a

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93 Ibid. p. 6.
94 Ibid.
95 Ibid. p. 4.
96 Ibid.
98 Ibid. p. 4.
99 Ibid.
100 Ibid.
101 Ibid. p. 6.
generational cycle of disadvantage. Although mental health awareness has grown and effective treatments are more accessible, less than 10% of people in need are receiving adequate treatment. UNHCR’s Refugee Coordination Model highlights the coordination of efforts and care to address mental health treatment and prevention for refugee and IDP populations. These include resource mobilization and determining whether government-led initiatives can be adapted to cope with the influx of refugee populations during an emergency.

Member States hold the responsibility for emergency preparedness and incorporation of MHPSS into emergency response plans. Prior to 2020, care for mental health in UNHCR missions was underfunded, resulting in MHPSS needs going unmet. The last three years have seen a drastic increase in the number of forcibly displaced persons, going from 21.1 to 35.3 million people from 2021 to 2022. Currently, 20 million people, or 84% of the world’s refugee population, that were displaced due to the COVID-19 pandemic are housed and supported by developing countries with limited medical and mental health capacity. The influx of refugees due to the COVID-19 pandemic has strained current MHPSS programs provided by UNHCR. Recognizing the increase in forced displacement of populations and the increased strain on UNHCR’s MHPSS programs, the General Assembly recommends Member States and relevant actors invest in Community-Based Protection (CBP) to integrate into a longer-term solution for resilient mental health systems, in accordance with WHO’s Comprehensive Mental Health Action Plan 2013-2030 recommendations. CBP empowers communities to practice their rights without interference or retribution. In conjunction with UNHCR’s MHPSS programs, CBP helps to assess, evaluate, and implement programmes and plans of action to best support the community.

Inclusion of refugee and IDP community members in building and facilitating MHPSS programs can help UNHCR and its partners reach more members of the community, while respecting cultural norms and practices. Capacity building for MHPSS CBP among refugee and IDP populations helps shift away from institutionalization and towards inclusion for those suffering from mental illness. An example of this community-based approach to MHPSS can be seen in Ukraine, who have enabled more streamlined multi-sectoral actions, including strengthened referral pathways enabling a quicker response for treatment. CBP strengthens mutually-supportive community relationships that promote mental health

108 Doctors without Borders. MSF responds to mental health needs around the world. 2021.
110 Ibid.
115 Q&A: ‘Before the pandemic, refugee mental health was extremely overlooked. Now it’s a full blown crisis’. United Nations, High Commissioner for Refugees. 2020.
118 Ibid.
119 Ibid. p. 8.
and psychosocial well-being.\textsuperscript{122} Although CBP MHPSS is affordable and sustainable, MHPSS is considered less of a concern than physical well being by Member States and can often become a lesser priority.\textsuperscript{123} Training for CBP is not currently widely in practice amongst refugee and IDP populations due to stigma in social structures and lack of refugee community member volunteers in the MHPSS programs.\textsuperscript{124}

**Conclusion**

While many people affected by an emergency situation will have some degree of psychological distress that improves over time, some will continue to have long lasting mental health impacts, with one in three displaced people developing a mental disorder in the ten years following conflict.\textsuperscript{125} The impact of inadequate mental health care for displaced youth is creating a long-term issue and will impact the economic well being of individuals in crisis and host Member States.\textsuperscript{126} With resources not currently meeting the mental health care needs of IDPs and refugees, UNHCR response teams are beginning to develop CBP to support meeting the 2013 WHO action plan.\textsuperscript{127} In response to this growing crisis, WHO, UNHCR, HRC, and IASC have urged for multi-sectoral action, calling for entities across multiple disciplines to come together to create comprehensive solutions for treatment, causes, and prevention for mental well being.\textsuperscript{128}

**Further Research**

As delegates conduct further research and consider how to address this topic, they should consider: How can UNHCR promote access to sustainable MHPSS services for refugees, especially those in remote and impoverished areas? How can UNHCR empower and support mental health professionals to have the necessary resources to commit their services to refugees? How can UNHCR encourage and incentivize Member States to adopt laws, social programs, and agendas that recognize mental health and the essential psychosocial support for refugees as universal human rights? How can UNHCR properly empower humanitarian workers with the necessary skills and qualifications to provide MHPSS (such as Psychological First Aid) to refugees? How can UNHCR create and support MHPSS services, education, and ICT structure for the youth demographic?

\textsuperscript{122} Ibid.
Bibliography


2. Protecting Displaced and Refugee Children

“A child is a child, no matter why she leaves home, where she comes from, where she is, or how she got there. Every child has the right to protection, care and all the support and services they need to thrive.”

Introduction

According to the Office of the United Nations High Commissioner for Refugees (UNHCR), an estimated 43.3 million children below the age of 18 were forcibly displaced in 2022, comprising 40% of all displaced people. Between 2018 and 2022, there were an average of 385,000 children born as refugees each year. Refugee and displaced children often do not have access to quality food, water, or health care, putting their lives at further risk. With the lack of access to basic services, there is a greater risk for displaced children to experience abuse, neglect, violence, labor exploitation, trafficking, or military recruitment.

As defined by the 1951 Convention Relating to the Status of Refugees, the term refugee applies to any person who has crossed an international border due to fear of persecution for reasons of race, religion, nationality, membership of a particular social group, or political opinions. Internally displaced persons (IDPs) are those who have been forced to flee their homes, typically under the same circumstances as refugees, but have remained within their country's borders. Due to different economic, financial, socio-cultural, and demographic conditions across the world, there is no universally accepted definition of the term "refugee children." UNHCR uses the term “refugee children” to describe refugees, asylum-seekers, and displaced persons who are under the age of 18 unless, under applicable national law, the age of majority is less. UNHCR also defines youth, including refugee youth, as any person between the ages of 15 and 24 years. Thus, displaced and refugee children and youth, according to UNHCR, are those under the age of 24, with significance placed on the need to protect individuals under 18 years of age.

Refugee and displaced children are often forced to remain separated from their family members and may go years without being reunited with them again. Within a family unit, children exhibit feelings of support and safety, but children separated from their families do not experience this same security. However, those who receive early support in tracing their family are more likely to be reunified with their unit in a shorter amount of time. Furthermore, displaced and refugee children experience unmet educational needs due to economic, social, or cultural obstacles; as of 2022, only 68% of refugee children had access...
to primary education, as opposed to 90% of children globally. The COVID-19 pandemic resulted in challenges for refugees and displaced children even further, endangering their health, safety, and access to education. These experiences can have a profound effect on displaced and refugee children’s psychological and physical well-being, their ability to integrate into a new society, and their future quality of life.

**International and Regional Framework**

Under its *Framework for the Protection of Children* adopted in 2012, UNHCR committed to ensuring that displaced and refugee children receive psychosocial support and have access to programs targeted to protect them from harm and foster their developmental needs. One of the most notable documents that outlines the fundamental human rights of refugees and displaced children is the *Universal Declaration of Human Rights (UDHR)* (1948). Article 14 of the UDHR ensures that everyone has a right to seek asylum in other countries to flee persecution. This emphasizes that when risking their lives and fleeing their homes, refugee children need to be granted asylum with proper access to basic necessities, including education. Furthermore, the *Convention Relating to the Status of Refugees* (1951) works to define who legally falls under the term “refugee,” and outlines the rights granted to refugees internationally. The *Protocol Relating to the Status of Refugees* (1967) attempts to clarify further the scope of who is a refugee beyond the initial limitations of the 1951 convention. The Protocol calls for refugee children to access quality elementary education in the country in which they are residing.

The *Convention on the Rights of the Child (CRC)* (1989) states that Member States should ensure children will not be separated from their parents against their will unless it is determined that the separation is in the best interests of the child. If any separation occurs, the Member State shall, if requested, provide information on the location of the absent family member. Article 10 of the CRC notes that if an application were to be made by a family member to either enter or leave a Member State, the Member State should handle the process humanely and quickly. This affirms that family tracing and reunification services for refugee children should be executed in a way that is handled timely and sensitively for the best interest of the family. Article 28 also outlines the rights of every child, including their right to access free primary education, and emphasizes the importance of developing differing forms of secondary education, such as general and vocational, which the Member State should make either free or offer financial aid. General Assembly resolution 64/142 on “Guidelines for the Alternative Care of Children” (2009) further highlights the importance of keeping children with their families and making

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148 Ibid.
149 Ibid.
154 Ibid.
155 Ibid.
156 Ibid.
157 Ibid.
attempts to trace familial ties. General Assembly resolution 71/177 on “Rights of the Child” (2016) highlights the need to use special measures to meet the best interest of refugee and displaced children regarding equal access to services, gender-specific needs, and children with special needs. In addition, General Assembly resolution 73/195 on “Global Compact for Safe, Orderly and Regular Migration” (2018) re-emphasizes the need for equal human rights for all migrants, including that of the right to family life.

The 2030 Agenda for Sustainable Development (2030 Agenda) (2015) aims to reach a more equitable and sustainable world by 2030 and outlines approaches to promote the rights of displaced and refugee children. For example, Sustainable Development Goal (SDG) 4 (quality education) looks to decrease disparities in educational access and ensure that refugee and displaced children, as well as children whose education has been compromised by war and insecurity, have the same right to education. SDG 5 (gender equality) aims to end discrimination against women in all areas of life, which can be tied to a girl’s right to education when internally displaced or considered a refugee. Furthermore, SDG 10 (reduced inequalities) works to reduce all areas of inequality internationally, including those of refugees and displaced people.

Role of the International System

Since its creation in 1950, UNHCR has been committed to protecting and supporting refugees rights, including those of displaced and refugee children. Some of their work includes strengthening national refugee child protection systems; rebuilding their lives through psychosocial support and education; providing a safe space for them to live, learn, and play; creating access to family tracing and reunification services; and providing support to be reintegrated into new communities. For example, through the Refugee Education 2030: A Strategy for Refugee Inclusion (Refugee Education 2030), UNHCR envisions the inclusion of refugee children in equal and quality education through partnership, capacity development, and innovation. The main goal of the strategy is to decrease the enrollment gap between displaced children and the rest of the population by 2030, which will be assessed through a country-by-country approach.

UNHCR works closely with the United Nations Children’s Fund (UNICEF), which partners with bodies in the United Nations and governments to promote policies that protect children. Through their collaboration in 2023, UNHCR and UNICEF signed a new Strategic Collaboration Framework, outlining shared goals of inclusion in access to education for all refugee and stateless children, in addition to aiming to increase access to water, sanitation, and hygiene. UNHCR also partnered with UNICEF, along with the International Committee of the Red Cross (ICRC), International Rescue Committee, Save the Children United Kingdom, and World Vision International, to publish the Inter-agency Guiding

162 Ibid.
163 Ibid.
164 Ibid.
166 Ibid.
168 Ibid.
This publication outlines guidance on how national, international, and non-governmental organizations (NGOs) take action in any way for unaccompanied and separated children, as per international standards. It also outlines the importance for children's best interests to always be taken into account while allowing the separated children to make decisions regarding their future. Furthermore, the guidelines discuss the principle of family unity, which states there must be services in place provided to all children separated from their families to bring the familial unit back together. Although there have not been any conventions specifically targeting family tracing and reunification services or access to education for displaced and refugee children, UNHCR and UNICEF have partnered together many times to address child protection in broader frameworks.

The General Assembly has also worked with UNHCR to achieve proper protection of refugee and displaced children, including in General Assembly resolution 73/195 on “Global Compact for Safe, Orderly and Regular Migration” (2018). This resolution focuses on bettering access to basic services, ensuring access to education to all refugee children, keeping refugee families together whenever possible, and providing fast reunification services. In 2016, the General Assembly also adopted the New York Declaration for Refugees and Migrants, committing to protecting the human rights of refugee and displaced children, especially in terms of access to safety and education.

The World Health Organization (WHO) has also taken steps in conjunction with UNHCR, creating the Refugee and Migrant Health Toolkit in 2023. This resource guide provides Member States, regional organizations, the International Organization for Migration, and UNHCR with a framework to better understand and advocate for refugee and migrant health needs, including mental health issues due to the stress factors refugees and migrants encounter. These stressors can also affect refugee children who may not have the tools to understand or process what they are going through mentally, so mental health resources may be vital to their development. WHO also authored the Health of refugee and migrant children: technical guidance (2018), emphasizing that healthcare interventions for refugee children need to account for children's diverse backgrounds and whether they are separated from their families or not. WHO also noted that national and local governments have a vital role to play in enhancing conditions for these children regarding housing, increasing access to mental and physical health care, and providing equal opportunities in education.

There have also been strides made around the protection of refugee children on the national level due to the efforts of NGOs, such as the Bonyan Organization, which aims to improve education quality for children, socially empower, and make an impact on people affected by conflict in Turkey and Spain. On a regional level, the European Council on Refugees and Exiles, a pan-European alliance of 117 NGOs in 40 countries, works to promote humane policies that advance the rights of refugees, asylum seekers, and

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172 Ibid.
173 Ibid.
174 Ibid.
177 Ibid.
181 Ibid.
183 Ibid
displaced persons, as per international human rights standards. In 2016, they led a project entitled “Upholding Legal Rights for Unaccompanied Children,” which aimed to ensure that all children will have full access to their rights during the asylum procedure. On an international level, efforts from global networks, such as the International Federation of Red Cross and Red Crescent Societies (IFRC), help protect refugee children by initiating activities that focus on unaccompanied children that allow them to regain access to education and reunite with their families.

**Family Tracing and Reunification Services**

When fleeing conflict or persecution, many refugees leave behind their spouses, children, parents, and other family members. The risk of fleeing, coupled with financial instability, makes it particularly difficult for families to stay together or reunite amid conflict and persecution. With legal obstacles restricting family reunification, many refugee children resort to taking dangerous irregular routes and rely on smugglers to unite with their families. To allow refugee children to reunite with their families safely, UNHCR recommends expanding the focus of family tracing and reunification by utilizing a broader definition of family and making dependency the primary criteria for unaccompanied refugee children.

UNHCR defines family reunification as the bringing of families who are separated together, especially children with their dependents, to establish long-term care for the family. The Conclusion on Local Integration No. 104 (2005), adopted by the Executive Committee of UNHCR, refers to the significance of family tracing and reunification in protecting refugee children under the guardianship of parents or adult relatives. Practical and legal barriers continue to prevent family reunification, including refugee families lacking access to reliable information in their first language and experiencing difficulty in accessing a child’s birth certificate or the parent’s marriage certificate. Financial barriers to family tracing mechanisms also exist, such as Member States imposing high application fees for family tracing or setting strict income requirements for refugees to demonstrate their ability to support their families.

UNHCR supports the reunification of refugee families by acting as the Secretariat of the Family Reunification Network (FRUN), the first international platform devoted to family reunification for refugees. FRUN allows experts in the realm of family reunification to promote and facilitate greater access to family reunification procedures. An example of a family reunification mechanism conducted by UNHCR, ICRC, and the Sudanese Red Crescent Society (SRCS) involves setting up a restoring family links antenna service in reception centers near the Sudanese border to help child refugees from Ethiopia.

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189 Ibid.
195 Ibid.
196 Ibid.
197 Ibid.
locate family members by calling relevant parties or writing letters. In cases where contact is not guaranteed with the families of refugee children, ICRC and SRCS initiate tracing requests and conduct active searches for family members across the border. Through the Central Tracing Agency (CTA), a permanent structure within ICRC, ICRC also assists refugees of international armed conflict by collecting and transmitting information as a neutral intermediary for family reunification. CTA activities include tracing persons who are unaccounted for and registering displaced children who have been separated from their families or held in detention.

Furthermore, UNHCR supports children refugees’ right to family unity by counseling children, supporting exit and departure procedures, and providing emergency financial assistance to cover travel-related costs. While many Member States have legal frameworks that include refugee family reunification and offer specific protections and waivers, UNHCR remains concerned that many child refugees still encounter barriers in realizing their international right to family unity.

Access to Education for Displaced and Refugee Children

UNHCR estimates that 48% of refugee children remain out of school. Based on data collected by UNHCR from over 70 countries across the world, for the 2020-2021 academic year, the average gross enrollment rates for refugee children was 42% for pre-primary school, 68% for primary school, 37% for secondary school, and 6% for tertiary level school. Refugee children and youth are left out of educational opportunities for several reasons, including not having a school to go to, families being unable to afford the costs of books and stationaries, and children being involved in forms of child labor. The New York Declaration reaffirms the importance of education as a critical element of the international displaced and refugee response. Access to inclusive and equitable quality education in national systems allows displaced and refugee children to learn, develop their potential, build individual and collective resilience, and contribute to their societies.

As outlined in the Refugee Education 2030, UNHCR’s vision for education is fostering the conditions, partnerships, collaboration, and approaches that lead refugees to access education that enables them to thrive. With the support of UNHCR, in 2030, pre-primary, primary, secondary, and tertiary education enrolment targets will be measured by ministries of education at a national level and disaggregated by gender to ensure the visibility of girls and young women refugees. This national approach allows UNHCR and other organizations to monitor trends in countries and regions with refugee populations to use the data to address the particular needs of both refugee and host communities. One objective of the strategy is for displaced refugee youth to access formal and non-formal education in national

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199 Ibid.


201 Ibid.


205 Ibid.


209 Ibid.

210 Ibid.

211 Ibid.
education systems and under equal conditions as nationals.\textsuperscript{212} For example, to ensure access to education for all, the Jordanian government uses a double-shift school system, with Jordanian children attending in the morning and Syrian children attending in the afternoon.\textsuperscript{213}

While some Member States have fully embedded young refugees in their national education systems, UNHCR highlights that others still need to develop strong policies that ensure the inclusion of young refugees in their education systems.\textsuperscript{214} Newly arrived refugee teachers in Chad are immediately trained to teach the Chadian curriculum to refugee children, enabling the immediate inclusion of refugees in the national education system.\textsuperscript{215} Similarly, in Pakistan, the government prioritizes customs training and resources for teachers in areas with refugee children to help with the transition to a single national curriculum for all students.\textsuperscript{216} UNHCR also collaborates with governments and international organizations to ensure quality education for refugee children worldwide.\textsuperscript{217} For example, in 2015, UNHCR partnered with Educate a Child (EAC), a global program of the Education Above All Foundation, to implement the UNHCR–EAC Programme in 14 different locations in 12 countries across Africa, Asia, and the Middle East.\textsuperscript{218} The UNHCR-EAC Programme helped just under 950,000 out-of-school refugees and internally displaced children access primary education by constructing new schools, providing transportation services to and from school, training educational personnel on psychosocial support, and supporting students through the payment of school.\textsuperscript{219}

The United Nations defines the digital divide as the inequalities in accessibility to information and communication technologies, where a more significant digital divide prevents refugees from meaningful participation through digital learning opportunities.\textsuperscript{220} Given that about 78\% of school-age refugee children had little to no access to learning during the COVID-19 pandemic, the extent of the digital divide for refugee students has shown the need to ensure they are not left behind.\textsuperscript{221} Host communities that have not included refugees in their national education system can lack the digital resources, skills, and knowledge that refugee children need to access education.\textsuperscript{222} This includes the lack of infrastructure, including investments in connectivity and broadcast signals, the unavailability of digital devices to secure internet access, and the lower level of digital literacy of educators, refugees, and guardians.\textsuperscript{223} Building on SDG 4, UNHCR states “it is vital that greater digital investments are made within refugee-hosting communities to mitigate the significant learning loss experienced by these learners.”\textsuperscript{224} UNHCR has launched the Refugee Connected Education Challenge, calling on United Nations partners and other relevant organizations to commit to closing the digital divide to allow for high-quality connected education.

\begin{footnotesize}
\begin{itemize}
\item \textsuperscript{212} United Nations Educational, Scientific and Cultural Organization. \textit{The Jordan Ministry of Education’s response to the Syria refugee crisis: Case study}. 2021.
\item \textsuperscript{213} Ibid.
\item \textsuperscript{214} Office of the United Nations High Commissioner for Refugees. \textit{All Inclusive: The Campaign for Refugee Education}. 2022.
\item \textsuperscript{215} Ibid.
\item \textsuperscript{216} Ibid.
\item \textsuperscript{222} Ibid.
\item \textsuperscript{223} Ibid.
\item \textsuperscript{224} Ibid.
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for refugees, including children, on par with national citizens by 2030. An example of a current initiative that leverages innovative technology in education programs for children refugees is Thaki, supported by Spain’s Telefónica Foundation, which provides digital educational devices and multilingual content to refugee children that they can use for their education. The Thaki initiative also provides a digital toolkit for teachers on how to better integrate technology into their classrooms. While such efforts provide essential groundwork for digital learning, there is a need to greatly increase all forms of initiatives and investments in learning to ensure the inclusion of all refugees and their host communities.

**Conclusion**

It is the duty of UNHCR to promote and protect the rights of displaced and refugee children, not only as a moral imperative, but also to ensure a better future for children, their families, and communities. While progress in different areas relating to child protection remains consistent, UNHCR suggests that United Nations organizations and Member States must pursue partnerships with host communities to develop comprehensive strategies and action plans that ensure the protection of child refugees. To ensure the preservation of family unity, UNHCR emphasizes the need for Member States to ease restrictions on family reunification requirements. Similarly, through the support of UNHCR and other relevant organizations, host governments should facilitate access to education by including refugee children and youth in effective formal education systems. To carry out UNHCR’s mandate and achieve meeting the SDGs, the international community should work together to find inclusive and innovative solutions to ensure the protection of refugee children, particularly in the areas of educational accessibility and family reunification. This requires the involvement of greater collaboration and engagements with Member States, United Nations organizations, NGOs, and other relevant actors.

**Further Research**

As delegates conduct further research and consider how to address this topic, they should consider the following: What roles do local communities, civil society organizations, and NGOs play in protecting refugee children? What can be done to prevent children from being separated from their families and to facilitate the reunification of families? How can UNHCR and Member States ensure that refugee children born into refugee status are properly registered to help with family tracing services? How can UNHCR help Member States achieve the goals of Refugee Education 2030: A Strategy for Refugee Inclusion? How can Member States develop strong policies that ensure the inclusion of young refugees in their education systems? How can United Nations organizations support the ease of access to education for refugees, particularly with digital educational tools?

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225 Ibid.
227 Ibid.
230 Ibid.
Bibliography


