

# **National Model United Nations**

## **Week A**

**March 17 – March 21, 2013**



**United Nations Children's Fund**

**Documentation**



## 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.

Code: UNICEF/1/1

Committee: United Nations Children's Fund

Subject: Working Towards MDG 5: Achieving Universal Access to Reproductive Health

- 1 *Recalling* the Convention on the Rights of the Child, The Universal Declaration of Human  
2 Rights and A/RES/66/141(2012) concerning the well-being and development of children,  
3  
4 *Raising* concern for the countries who continue to have increasing or stagnant maternal mortality  
5 rates above those set in Millennium Development Goal 5,  
6  
7 *Noting with satisfaction* the efforts initiated by non-governmental organizations (NGOs) and  
8 State programs to address the lack of access to reproductive health,  
9  
10 *Acknowledging* the importance of reproductive health to the United Nations Children's Fund  
11 (UNICEF) as it directly correlates to the well-being and ensured survival of children,  
12  
13 *Reaffirming* that access to reproductive health is globally recognized as a fundamental human  
14 right based on the Universal Declaration of Human Rights, in particular Article 25,  
15  
16 *Recognizing* prenatal and postnatal care as urgent topics needing to be addressed immediately by  
17 the international community,  
18  
19 *Also bearing in mind* the Monterrey Consensus and its Official Development Assistance (ODA)  
20 requirements which are not being met, affecting reproductive health systems in developing  
21 nations,  
22  
23 *Expressing concern* that funds from developed states are not allocated properly towards Non  
24 Governmental Organizations and United Nations programs, and recognizing the need for  
25 transparency with the use of these funds,  
26  
27 *The United Nations Children's Fund,*  
28  
29 1) *Urges* Member States to work with international bodies such as the United Nations  
30 Population Fund in conjunction with UNICEF, the Joint United Nations Programme on  
31 HIV/AIDS, United Nations Entity for Gender Equality and the Empowerment of Women,  
32 World Bank and the World Health Organization (WHO) known as H4+ to create family  
33 planning programs focusing on:  
34 a. Regional programs for reproductive health services, family planning  
35 education and educational pamphlets for the community;  
36  
37 b. Cooperation with local leadership to create plans respecting religious and  
38 cultural diversity;  
39  
40 c. Establishing mobile clinics to provide access to reproductive health services  
41 for rural communities funded by governments and NGOs and staffed locally

- 42 by trained specialists in countries with high population numbers in rural  
43 communities;
- 44
- 45 d. Providing multiple contraceptive methods for all people;
- 46
- 47 e. Benchmarks of three visits during the three stages of fetal development to a  
48 health professional per pregnancy;
- 49
- 50 f. Training programs, such as Accredited Social Activist (ASHA) emphasizing  
51 the cooperation between specialists and midwives to oversee every birth  
52 occurring within the region,
- 53
- 54 g. Same-sex peer-to-peer education and mentoring on reproductive health  
55 UNICEF assisted community centers;
- 56
- 57 2) *Encourages* Member States to cooperate with the WHO, the United Nations  
58 Development Fund, and the Primary Healthcare Programme and the Inter-Agency Task  
59 Team on HIV and Young People of UNICEF to create comprehensive programs for the:  
60
- 61 a. Education on the transfer of HIV/AIDS and other sexually transmitted infections  
62 (STIs) with the understanding that it will respect domestic policies;
- 63
- 64 b. Formation of prevention and treatment facilities for HIV/AIDS with an emphasis on  
65 mobile clinics to reach rural populations;
- 66
- 67 c. Implementation of HIV testing and basic vaccination for every pregnant woman  
68 through regional and local institutions;
- 69
- 70 d. Research looking into a possible cure for HIV/AIDS and the distribution of this  
71 information through reports accessible to each Member State;
- 72
- 73 3) *Supports* efforts geared towards long-term development as highlighted by NGO's work in  
74 developing countries such as:  
75
- 76 a. Increasing access to education for youth on contraceptives and other family planning  
77 methods through seminars and peer mentoring;
- 78
- 79 b. Providing localized solutions to encourage countries to build infrastructures and  
80 medical facilities including the institution of half way houses for expecting mothers to  
81 receive care when traveling to distant hospitals;
- 82
- 83 c. Including training for specialists dealing with psychiatric and family counseling and  
84 offering access to these services through community-run centers;
- 85
- 86 4) *Endorses* specialist training programs, such as ASHA and Community Midwifery  
87 Education Programme assisted by UNICEF, which focus on:

- 88 a. Reproductive tracts, pregnancy, childbirth and postnatal care;  
89  
90 b. Providing doctors and nurses with the proper training techniques for overseeing every  
91 stage of pregnancy;  
92  
93 c. Promoting the importance of increased numbers of trained doctors and nurses;  
94  
95 d. Instituting a time frame of four months to a year of education for specialists;  
96  
97 5) *Calls upon* the international community to prioritize reproductive health services and  
98 access programs for rural communities;  
99  
100 6) *Requests* that States honor their ODA commitments, as outlined in the Monterrey  
101 Consensus, by creating a framework to meet the .7% GNI requirement within five years in  
102 order to fund reproductive health programs;  
103  
104 7) *Suggests* the monitoring and the evaluation of existing programs that focus on the  
105 improvement of reproductive health for mothers by extending the responsibilities and  
106 duties of Every Woman, Every Child, started by Secretary-General Ban Ki-Moon, and  
107 other programs to oversee the allocation of funds and distribution of information;  
108  
109 8) *Welcomes* the continuation of the successful national and international programs by  
110 ensuring that funds will be allocated properly, as well as continuing to strengthen  
111 existing agencies such as Every Woman, Every Child Initiative, Action Aid, Save the  
112 Children, Iranian Red Crescent Society, AIDS action Foundation, Qatar Foundation,  
113 Healing for Iran, the Russian Health Market Assessment, Cuba Medical Internationalism,  
114 and the Red Cross.

Code: UNICEF/1/2

Committee: United Nations Children's Fund

Subject: Working Towards MDG 5: Achieving Universal Access to Reproductive Health

NMUN NY

1 *Guided* by the principles of Millennium Development Goal 5,  
2

3 *Understanding* the existence and uniqueness of many cultures and religions of the world,  
4

5 *Reaffirming* article 10 of the Convention on the Elimination of All Forms of Discrimination  
6 against Women that declares that “women are entitled to the same quality of health care” and  
7 education, with an emphasis on family planning,  
8

9 *Acknowledging* that adequate prenatal care is not provided to many women, especially those in  
10 developing countries, during the developing stages of their pregnancies, as well as primary care  
11 for children during the critical growth years,  
12

13 *Having considered* the UN Secretary-General's Global Strategy for Women's and Children's  
14 Health's goal to prepare for 33 million expected unwanted pregnancies between 2011 and 2015,  
15

16 *Recalling* General Assembly resolutions A/RES/54/5 (2002) and A/RES/56/3 (2004) which  
17 target and enhance commitments regarding maternal mortality rates and universal access to  
18 productive health,  
19

20 *Deeply regretting* the connection between unwanted pregnancies and the mortality rate of these  
21 unborn babies and young mothers,  
22

23 *Noting with deep concern* that unsafe abortion, according to the 2012 World Health Organization  
24 (WHO) report, accounts for 13% of maternal deaths,  
25

26 *Having reviewed* the recent MDG 5 statistics published by the WHO that an estimated one third  
27 of maternal deaths could be prevented by proper family planning,  
28

29 *Recognizing* General Assembly resolutions A/RES/67/146 (2012) and its message that female  
30 genital mutilation is “irreparable, irreversible abuse of the human rights”,  
31

32 *Recognizing* Human Rights Council resolution A/HRC/15/L.27 (2010), which calls for improved  
33 methods of family planning and the success that various innovative approaches have been in  
34 family planning,  
35

36 *The United Nations Children's Fund,*  
37

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

- 43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53
- a. Television;
  - b. Radio;
  - c. Social media;
  - d. SMS;
  - e. Flyers;
- 54 2. *Supports* the establishment of state-sponsored reproductive health clinics, including  
55 mobile units with the potential to reach isolated populations every two months, with  
56 programs such as:
- 57
- a. Innovative fertility treatments including, but not limited to:
    - 58 i. Abstention;
    - 59 ii. Fertility calendar;
    - 60 iii. Menstrual regulation;
  - 61
  - 62
  - 63 b. Reproductive health education to children and adolescents;
  - 64
  - 65 c. Education policies that include hormonal and natural methods of reproductive  
66 health care respecting countries' cultural beliefs;
  - 67
  - 68 d. Proper care of infants and women before, during, and after birth;
  - 69
  - 70 e. Methods on safe planning respecting cultural beliefs;
  - 71
  - 72 f. Providing rape kits and counseling to rape victims;
  - 73
  - 74 g. Specific education programs for boys and men to help understanding of the  
75 equality between genders;
  - 76
- 77 3. *Encourages* Member States to enact local and regional legislation and strategies to outlaw  
78 the practice of FGM and other harmful cultural practices that violate reproductive human  
79 rights, following the example of the United Nation Population Funds Joint Program on  
80 Female Genital Mutilation/Cutting to prevent negative cultural and physical  
81 consequences associated with the human rights violation;
- 82
- 83 4. *Emphasizes* the need for these reproductive health clinics to be maintained in a clean and  
84 secure environment, while also guaranteeing ethics of complete confidentiality between  
85 the patient and the facility;
- 86



- 87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100  
101  
102
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.

Code: UNICEF/1/3

Committee: United Nations Children's Fund

Subject: Working Towards MDG 5: Achieving Universal Access to Reproductive Health

1 *Recalling* the Universal Declaration of Human Rights (UDHR) Articles 25 and 26, the  
2 importance of the General Assembly Resolutions A/RES/66/216 (2012) and A/RES/S-27/2  
3 (2002), the Convention on the Elimination of All Discrimination against Women (CEDAW)  
4 Article 16, and the Convention on the Rights of the Child (CRC),  
5

6 *Highlighting* the lack of reproductive health worldwide, which transcends economic, social, and  
7 political boundaries,  
8

9 *Understanding that* reproductive health encompasses a variety of issues, including education,  
10 women's health, gender equality, access and distribution of necessary products and services,  
11 contraception, medical supplies, and others, which affects society as a whole,  
12

13 *Having devoted attention* to the upcoming Millennium Development Goal deadline of 2015  
14 regarding universal access to reproductive health,  
15

16 *Bearing in mind* reproductive health care is essential to achieving women's and children's rights  
17 and equality, and believing that health is both a right and a responsibility, further acknowledging  
18 the UDHR Article 25 and the CRC Article 3.3 and 24,  
19

20 *Recognizing* international support and cooperation as a necessary condition to address this issue,  
21 as this is a transnational problem,  
22

23 *Having examined* the success of programs utilizing information and communication technologies  
24 (ICT) as a means to disseminate information to persons,  
25

26 *Noting that* accountability is essential to the achievement of universal access to reproductive  
27 health as it ensures that all partners deliver on their financial, operational, political, and  
28 developmental commitments,  
29

30 *Noting* the importance of an unbiased education in childhood development in relation to  
31 reproductive health and awareness, acknowledging General Assembly Resolution A/RES/S-27/2  
32 (2002) A/RES/58/282 (2004) and A/RES/61/272 (2007), in which the Secretary-General reports  
33 on the Declaration and the Plan of Action in the annex to resolution S-27/22, "A World Fit for  
34 Children,"  
35

36 *Deeply concerned* by the lack of midwives in rural areas of both underdeveloped and developed  
37 nations, taking the UN News Centre 2011 report that more than 1 in 3 women in developing  
38 countries give birth alone, and in some of the poorest countries as few as 13 per cent of all  
39 deliveries are assisted by a midwife or a health worker with midwifery skills and more recently  
40 2012 statistics by the United Nations Population Fund (UNFPA) report that the least developed  
41 countries have just 17 per cent of the world's midwives, nurses, and physicians,

42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85

*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;

- 86  
87  
88  
89  
90  
91  
92  
93  
94
- 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;
- 95  
96  
97  
98  
99
- 100  
101  
102  
103  
104  
105
- 106  
107  
108  
109
- 110  
111  
112  
113  
114  
115  
116  
117  
118  
119
- 120  
121  
122  
123  
124  
125  
126  
127  
128  
129
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;

- 130 10. *Emphasizes* the focus on “Pro-Poor development programs,” endorsed by the  
131 Organization for Economic Cooperation and Development (OECD), in order to reduce  
132 economic inequities by:  
133
- 134 a. Reaching out to the private sector, such as the Pharmaceutical Manufacturing Plan  
135 for Africa (PMPA), and the Better Access to Safe and Effective Contraception  
136 with Bayer Health Care;  
137
  - 138 b. Accessing essential but underutilized supplies of maternal and child health;  
139
  - 140 c. Emphasizing social protection in human capital, women empowerment, and  
141 strengthening of the state through enforcement of policy;  
142
- 143 11. *Endorses* the necessity of benchmarks to observe the improvement on the issues  
144 concerned, the following goals should be met in the near future:  
145
- 146 a. Multiple visits to ensure professional guidance of pregnant women through all  
147 stages of their pregnancy;  
148
  - 149 b. HIV/AIDS testing for every pregnant woman to tackle the issue of mother-child  
150 transmission;  
151
- 152 12. *Further* recommends closer collaboration and open dialogues between governments,  
153 grass root organizations, NGOs, community religious and cultural leaders with UNICEF  
154 to help facilitate country-specific healthcare plans to more efficiently address root causes  
155 that hinder the goals of MDG5;  
156
- 157 13. *Considers* universal access to healthcare as the ultimate goal for developing nations,  
158 ensuring reproductive health care remains affordable for all, regardless of socioeconomic  
159 status;  
160
- 161 14. *Further endorses* a follow-up on the millennium summit regarding the Post-2015  
162 Development Agenda to investigate the continued efforts for future implementation of  
163 the MDGs, guided by the high-level panel, stressing increased effort on MDG 5.

1 Code: UNICEF/1/4  
2 Committee: United Nations Children's Fund  
3 Subject: Working Towards MDG 5: Achieving Universal Access to Reproductive Health  
4

5 *Keeping in mind* the right to a quality standard of living as granted by the Universal  
6 Declaration of Human Rights (UDHR),  
7

8 *Concerned by* the high mortality and complications rate from adolescent girls giving birth  
9 at a young age as stated in A/HRC/RES/15/17 (2010),  
10

11 *Taking into account* the need to involve both men and women in the empowerment of  
12 girls and boys to avoid teenage pregnancies,  
13

14 *Recognizing* the rights granted to all people to consent to marriage as outlined in the  
15 UDHR,  
16

17 *Further recognizing* the prior commitments of Member States in terms of Official  
18 Development Assistance,  
19

20 *Drawing attention* to the dangers of teenage pregnancies noted by the United Nations  
21 Population Fund,  
22

23 *Deeply regretting* the existence of forced marriages, especially those including children,  
24 as this practice is directly against article 12 of the Convention on the Rights of the Child  
25 (CRC) and leads to very young mothers,  
26

27 *Reaffirming* the Human Rights Council resolution A/HRC/RES/15/4 (2010) the right to  
28 education for all children,  
29

30 *Having determined* that many countries will not be able to meet Goal 5 of the Millennium  
31 Development Goals before the 2015 deadline,  
32

33 *The United Nations Children's Fund,*  
34

35 1) *Calls upon* the international community to overcome social barriers faced by girls  
36 and boys by utilizing family planning methods through educational and  
37 informative programs as outlined in the European Union's Strategy for Equality  
38 between Men and Women;  
39

40 2) *Invites* Member States to work with local communities, non-governmental  
41 organizations, religious leaders and local governments that aim at encouraging  
42 preventative family planning measures aimed at delaying the creation of a family  
43 unit to allow girls to fully physically develop by:  
44

- 45 a) Establishing and strengthening legislation defining a minimum age for  
46 marriage until the age of adulthood as defined in the United Nation  
47 Convention on the Consent to Marriage;
- 48 b) Implementing information campaigns to alleviate the adolescence pregnancy  
49 rates of underdeveloped girls designed to educate girls on their reproductive  
50 rights, similarly to UNICEF’s International Day of the Girl Child;  
51
- 52 c) Forming educational campaigns to teach girls and boys about the hazards of  
53 child pregnancy exemplified by the United Nations Girl’s Education  
54 Initiative;  
55
- 56 d) Creating gender-based programs that focus on teaching boys and girls about  
57 their own reproductive rights through international collaboration such as the  
58 European Union’s Boys and Girls – An Interactive Web-Based Series to  
59 Promote Healthy Lifestyles among European Adolescents;  
60
- 61 3) *Urges* States to encourage the delay of starting a family by increasing incentives  
62 for girls and their families that encourages them to finish primary and secondary  
63 schooling, particularly in developing States and rural areas where girls have a  
64 lower retention rate, exemplified by Italy’s Retaining Girls in Lower Secondary  
65 Schools and Increasing their Learning Outcomes in Ethiopia;  
66
- 67 4) *Calls Upon Member* States to implement age-appropriate reproductive education  
68 for both boys and girls into the primary and secondary curricula, as well as  
69 alternative educational programs that respect cultural and religious differences,  
70 focusing on:  
71
- 72 a) The promotion of healthy relationships and respect of reproductive rights of  
73 both boys and girls;  
74
- 75 b) The implementation of educational programs focused on alleviating  
76 misconceptions surrounding reproductive systems;  
77
- 78 c) The establishment of initiatives based on teaching children how to recognize  
79 and prevent unsafe or dangerous situations;  
80
- 81 5) *Supports* the strengthening or creation of programs and initiatives, in agreement  
82 with governments, that focus on the psychological aspect of reproductive  
83 healthcare by:  
84
- 85 a) Reintegrating girls who have been socially excluded from society due to  
86 adolescent pregnancy;  
87
- 88 b) Working with communities and societies to alleviate social stigmas and  
89 discrimination associated with adolescent pregnancy through community  
90 based dialogue;

- 91  
92 6) *Encourages* Member States to continue to work toward the Post 2015  
93 Development Agenda for the possibility of extending or retooling the MDGs after  
94 their expiration in 2015.



Code: UNICEF/2/1

Committee: United Nations Children's Fund

Subject: Gendered and Sexual Identities in Relation to Education

1 *Recalling* resolutions A/RES/63/241, (2009) A/RES/66/141, (2012) Articles 2 and 26  
2 of the Universal Declaration of Human Rights, education is guaranteed on the basis of  
3 non-discrimination and education should be free and compulsory at the fundamental  
4 stages of development, Article 2 of the Convention of the Rights of the Child, which  
5 calls upon Member States to take appropriate measures to ensure that the child is  
6 protected against all forms of discrimination,  
7

8 *Noting with concern* the fact that levels of teen suicide rates are far greater amongst  
9 those who identify themselves as LGBT according to the Trevor Project,  
10

11 *Bearing in mind* that barriers to education disproportionately affect girls,  
12

13 *Keeping in mind* the objectives regarding access to education for women as set out in  
14 article 10 of the CEDAW,  
15

16 *Noting with regret* the limited budget of The United Nations Girl's Education  
17 Initiative, restricting implementation of UNGEI in different countries,  
18

19 *Fully aware* of UNGEI vision to empower girls and boys all over the world through  
20 quality education,  
21

22 Emphasizing the UNESCO anti-bullying campaign as a method of increasing  
23 awareness towards sexual minorities and their liberty to decide their sexual  
24 orientation,  
25

26 The United Nations Children's Fund,  
27

28 1. *Calls upon* the United Nations Girls Education Initiative to expand the School Fee  
29 Abolition Initiative (SFAI) in order to decrease the gender disparity that exists,  
30 through the:  
31

32 Breakthrough of the financial barrier that exists for families and boost  
33 enrollment for children in families that live in poverty, particularly those  
34 living in rural areas;  
35

36 Use of knowledge in order to further support, provide guidance, and selecting  
37 countries in order to further abolish school fees;  
38

39 2. Encourages governments, Non Governmental Organizations (NGOs) and  
40 other stakeholders involved to continue efforts to decrease obstacles that are  
41 currently preventing girls from attending schools by:  
42

43 Providing separate gender specific sanitary facilities at schools including  
44 sanitary towels;  
45

46            Establishing successful programs such as the “Girls Camps” education project  
47            in India, funded by UNICEF Switzerland, in more countries in order to  
48            promote gender equality;  
49

50    3. *Calls upon* the G20 and to the World Bank to take into consideration in their  
51    financial budget (UNGEI) considering the support of the European Union through the  
52    process of expanding UNGEI;  
53

54    4. *Expresses its hope* that Member States promote tolerance and acceptance in  
55    education for children towards sexual minorities as it is a fundamental right  
56    established by international law such as the CRC,  
57

58    5. *Emphasizes* the need for increased awareness for LGBT rights through  
59    Education which promotes diversity of ideas and fosters the development of  
60    personalities in children, because understanding of social constructs begins in early  
61    education and familial interactions.

Code: UNICEF/2/2  
Committee: United Nations Children's Fund  
Subject: Gendered and Sexual Identities in Relation to Education

1 *Recognizing* the need for anti-discrimination policies to allow all children to attend  
2 school outlined in Human Rights Council resolution A/HRC/RES/14/12 (2009),  
3

4 *Guided by* the rights provided by the Second Optional Protocol to the Convention on the  
5 Rights of the Child that ensure protection and education in conflict situations, given that  
6 women do not have equal opportunity to receive education as men in post-conflict  
7 societies,  
8

9 *Noting further* the special educational needs of children, especially girls, within post  
10 conflict situations as highlighted by Security Council resolution S/RES/1820 (2008),  
11

12 *Guided by* the principles of the Security Council resolution S/RES/1325 (2000), in  
13 particular the use of gender mainstreaming and its relation to education,  
14

15 *Taking into consideration* the UNICEF report "Addressing the Needs of Women  
16 Affected by Armed Conflict" that emphasizes the role that educated women play in  
17 establishing peace,  
18

19 *Having reviewed* the Education in Emergencies and Post-Crisis Transition (EEPCT)  
20 program that stated the importance of education in post-conflict scenarios,  
21

22 *The United Nations Children's Fund,*  
23

- 24 1. *Calls upon* Member States to ensure gender equality within post-conflict and  
25 refugee stricken areas through educational programs that focus on ensuring peace  
26 similar to the Italian Cooperation's Advancing the Implementation of the  
27 Recommendations of the Truth and Reconciliation Commission in Sierra Leone on  
28 Gender Equality;  
29
- 30 2. *Encourages* the creation of guidelines and plans of action aimed at providing quick  
31 and substantial educational programs within post conflict situations, with an  
32 emphasis on gender neutral education, extolled by the Italian Cooperation on the  
33 Children and Adolescent Issues and the European Union's Guidelines on Children  
34 and Armed Conflict;  
35
- 36 3. *Suggests* the expansion of programs such as UNICEF's Early Childhood  
37 Development Kit and School-in-a-Box that offers easy education access to  
38 children without proper schooling infrastructure;  
39
- 40 4. *Requests* that NGOs enter potential conflict areas with the intention of educating  
41 populations to the equality of genders while working with community leaders.