Topic I: Addressing and Improving the Education of Refugees and Internally Displaced Children

Topic II: Combating the Spread of Disease through Developed Systems for Sanitation and Immunization
Dear Delegates,

Welcome to the 2017 Florida Model United Nations and the United Nations Children's Fund (UNICEF). My name is Hannah Cake, and I will be serving as the Director of UNICEF. This is my third year being involved with Model UN, but my first time staffing FMUN. Previously, I have directed UNICEF at IMUN, and I have directed the WFP at TSMUN as well as serving as the current Director General of TSMUN 2018 and the present Assistant Director of the CSW at SRMUN 2017 Atlanta. I hold an Associates of Arts degree from Tallahassee Community College, and I currently attend Florida State University, and I am double majoring in Political Science and International Affairs. The Assistant Director of UNICEF will be Jermaine Evans.

The United Nations Children's Fund was established to protect and promote the rights of children and to ensure their well-being, regardless of the circumstances they are born into. UNICEF focuses specifically on the most disadvantaged children in the world, such as the impoverished and disabled, to provide a better future for generations to come. UNICEF promotes these goals in more than 190 countries. Throughout this conference, we will be discussing the topics at hand with these goals and values in mind in the hopes of creating a better future for our children.

This background guide will serve as a starting point for each delegates' research and provide delegates with a greater understanding of the topics at hand and their implications. This guide should not, however, become a sole resource for research. We hope that through this guide we can lay a strong foundation of information about the topics the committee with be discussing and that this guide will assist delegates in their independent research.

Jermaine and I are very excited to have you in our committee this year and wish you all the success!

Sincerely,

Hannah Cake  
Director  

Jermaine Evans  
Assistant Director

John Griffin  
Undersecretary General
Committee History of The United Nations Children’s Fund

The United Nations Children’s Fund (UNICEF) a programme of the United Nations devoted to humanitarian assistance to children and mothers in developing nations. UNICEF is a subcategory of the United Nations Development Group that was created by the General Assembly December 11th, 1946 under resolution 57 (I). UNICEF was intended to provide emergency food and healthcare to children in areas devastated by World War II.\textsuperscript{1} UNICEF was expanded to incorporate long-term needs of children and women in 1950. When the Sustainable Development Goals (SDGs) were implemented in 2015, the focus of UNICEF was shifted to ensuring that children were a priority in all of the 17 goals.\textsuperscript{2} While UNICEF has an executive board that ensures the programme stays on track, the main body of the committee is comprised of 36 member states. The 36 members are elected to 3-year terms by the United Nations Economic and Social Council. Seats are assigned by region. Eight seats are given to Africa, seven to Asia, four to Eastern Europe, five to Latin America and the Caribbean, and twelve for Western Europe.\textsuperscript{3} UNICEF has broadened its reach to 190 of the countries through the 36 committees oriented towards fighting for children’s rights and establishing NGO partnerships.\textsuperscript{4}

All of the funding received by UNICEF is contributed by voluntary contributions from foundations, NGOs, private citizens, and corporations. UNICEF works under both the General Assembly and ECOSOC and reports to both for annual review of work and progress.\textsuperscript{5} Recently UNICEF has honed its focus on implementing actions in key areas such as advocating for education, gender equality, mental health, and protecting kids from violence and abuse. UNICEF is looking to promote initiatives that foster "safe, healthy, well-educated children."\textsuperscript{6} This is being done under the current 2014-2017 strategic plan that puts and emphasis on disadvantaged children especially in areas of conflict. The next strategic plan will be implemented in 2018 with UNICEFs cycle of 4 years per plan.\textsuperscript{7}

\textsuperscript{1} UN General Assembly, Establishment of an International Children’s Emergency Fund (A/RES/57 (I)), 1946, p. 1
\textsuperscript{2} UNICEF, The 2030 Agenda for Sustainable Development.
\textsuperscript{3} UNICEF, UNICEF Executive Board, 2016.
\textsuperscript{4} UNICEF, FAQ, 2015.
\textsuperscript{5} UNESCO, Guide to the Archives of Intergovernmental Organizations, 1999.
\textsuperscript{6} UNICEF, Thematic discussion on results and lessons learned in the medium-term strategic plan focus area 5: Policy advocacy and partnerships for children's rights, 2012.
\textsuperscript{7} UNICEF, Strategic Plan 2014-2017, 2014
I. Addressing and Improving the Education of Refugees and Internally Displaced Children

"Education is a human right with immense power to transform. On its foundation rest the cornerstones of freedom, democracy, and sustainable human development."8

-Kofi Annan, former U.N. Secretary-General

Introduction

It was reported that by the end of 2016, 65.5 million people had been forcibly displaced around the world, including 22.5 million refugees and 40.3 million internally displaced people (IDP). Not only is this the highest level of displacement to date, but according to the United Nations High Commissioner for Refugees (UNHCR), 51 percent of those refugees are children under that age of 18.9 With only 50 percent of these children formally enrolled in primary school, these numbers are drastically different compared to the 91 percent of non-refugee and IDP children that are enrolled worldwide. This is followed by a drop in secondary school retention that reaches only 22 percent of refugee children enrolled, compared to the 84 percent worldwide average. At the university level, only one percent of refugee youth attend university, compared to the 34 percent of youth that attends worldwide. Millions of displaced children are being deprived of education because of their circumstances and the instability and conflict in their home countries. Despite the benefits that an education offers to individuals, especially those that live in underserved areas, access to education has shown that it adds values to communities. According to UNHCR,

“In times of displacement, education is crucial. It can foster social cohesion, provide access to life-saving information, address psychosocial needs, and offer a stable and safe environment for those who need it most. It also helps people to rebuild their communities and pursue productive, meaningful lives.”10

The United Nations Children's Fund (UNICEF) has made a commitment to, “overcome the obstacles that poverty, violence, disease and discrimination place in a child’s path.”11 Through advocating proper care from the start of a child’s life, UNICEF has reinforced that investment in a child’s health and education from infancy is how to build the strongest foundation for a human being’s life.12 In addition, there is strong evidence that education reduces the amount of early forced marriages (EFM), child labor, and teenage pregnancy.13 Education is the foundation of our children’s future and a right which millions have been denied; it is the responsibility of this committee to mitigate this issue and to work towards a better future and the education of refugee and IDP children.

8 http://www.globalpartnership.org/blog/education-human-right
9 http://www.unhcr.org/5943e8a34
11 https://www.unicef.org/about/who/index_introduction.html
12 Ibid.
13 http://www.unhcr.org/57d9d01d0
Current Situation

During the last five years, a majority of refugees have been coming from three countries in conflict such as, Syria, Afghanistan, and South Sudan as of which are experiencing great conflict.\textsuperscript{14} Syrian people make up that largest population of refugees with 5.5 million refugees, 6.3 million IDPs, and 185,000 Syrians asylum-seekers.\textsuperscript{15} In South America, Colombians make up the second largest population of displaced people with 7.7 million forcibly displaced people, a majority of which are IDPs.\textsuperscript{16} In Afghanistan, 4.7 million people have been forcibly displaced, 1.8 million of which were IDPs and 2.9 refugees or asylum-seekers.\textsuperscript{17} Refugees and IDP populations continue to grow and flow out of, “Iraq (4.2 million), South Sudan (3.3 million), Sudan (2.9 million), the Democratic Republic of the Congo (2.9 million), Somalia (2.6 million), Nigeria (2.5 million), Ukraine (2.1 million), and Yemen (2.1 million).”\textsuperscript{18} This is a record-breaking number of refugees and IDPs from many different nations, but what is perhaps even more crucial to solving the education problem is knowing where refugees and IDP children are being forced to settle.

Refugees are being forced to flee their homes, and a majority are moving to neighboring countries such as Chad, the Democratic Republic of the Congo, Ethiopia, Kenya, Lebanon, Pakistan, and Turkey.\textsuperscript{19} More importantly, 86 percent of these host countries are in developing regions. The number of refugees flowing into host countries would undoubtedly be difficult for any nation to properly accommodate, let alone a developing nation which may even be struggling to provide the same accommodations to its own citizens. The availability of resources is the primary challenge to educating refugee and IDP children. Beyond scarcity of resources, refugee children face many other barriers to their education; geographical accessibility, curriculum differences, language barriers are some of the challenges children must face upon reenter school. Additionally, refugee children are out of school for an average of three to four years putting them well behind the rest of their host country's children.\textsuperscript{20} The influx of refugee populations has only made it more difficult to enroll children in school; enrolment rates have been decreasing in the past years despite the efforts of host countries.\textsuperscript{21}

Refugee education is primarily funded through emergency funds despite the longevity of these issues with refugees possibly being displaced for decades at a time.\textsuperscript{22} This makes it difficult to plant and fund long-term provision for the education of refugee youth. "Refugee education does not feature in national development plans or in education sector planning, but a few of the largest

\begin{itemize}
  \item \textsuperscript{14} http://www.unhcr.org/5943e8a34
  \item \textsuperscript{15} Ibid.
  \item \textsuperscript{16} Ibid.
  \item \textsuperscript{17} Ibid.
  \item \textsuperscript{18} Ibid.
  \item \textsuperscript{19} http://www.unhcr.org/57d9d01d0
  \item \textsuperscript{20} Ibid.
  \item \textsuperscript{21} Ibid.
  \item \textsuperscript{22} Ibid.
\end{itemize}
refugee-hosting countries are taking steps to correct this."\(^\text{23}\) Additionally, refugee education is often viewed as a luxury rather than a necessity and a human right. For this reason, education is least prioritized compared to providing shelter, food, water, and medicine. When the resources of host countries are spread thin by refugee populations and access to proper funding decreases, education spending often suffers.

Education systems that provide secondary education are particularly challenging to provide compared to primary education; this is because it is more expensive and requires more equipment, more highly qualified teachers, and higher costs to families.\(^\text{24}\) Secondary education is crucial not only because of the benefits to the students but because of the benefits to their community and families. According to the UNHCR, "Building on the foundations of primary school, secondary education promotes social cohesion, gender equality, and better health."\(^\text{25}\) Receiving secondary education grants youths and adolescents access to new opportunities including continuing education at the university level, vocational training, and improved employment prospects. Additionally, the denial of secondary education to adolescent refugees and IDPs can cause them to become even more vulnerable to child labor, EFM, teen pregnancy, or sexual exploitation.\(^\text{26}\)

**Case Study: South Sudan**

South Sudan is the youngest country in the World, forming on July 9th of 2011 and becoming an independent and autonomous region of Sudan; nevertheless, it has immediately inherited a slew of conflicts that could lead to ethnic cleansing and genocide.\(^\text{27}\) The civil war in South Sudan began in December of 2013 between the two predominant ethnic groups in South Sudan, the Dinka, and the Nuer.\(^\text{28}\) When the government of South Sudan was formed, President Salva Kiir, a Dinka, and Vice President Riek Machar, a Nuer, took office. This was done to promote peace and stability in the new country, but political tension and violence ensued. Soldiers loyal to either President Kiir or Vice President Machar fought in streets of Juba, the capital of South Sudan. Following this conflict, President Kiir dissolved the ten regional states into 28 new states, only furthering the extent and devastating effects of the conflict.\(^\text{29}\) As a result of the bloody ethnopolitical conflict, approximately 2,058,594 refugees and asylum seekers have fled South Sudan, 1,872,176 have been internally displaced, and at least 50,000 people have been killed since the beginning of the conflict in 2013 alone.\(^\text{30}\) Additionally, a majority of refugee and asylum seekers are under the age of 18.\(^\text{31}\)

\(^{23}\) [http://www.globalpartnership.org/blog/education-human-right](http://www.globalpartnership.org/blog/education-human-right)

\(^{24}\) [http://www.unhcr.org/57d9d01d0](http://www.unhcr.org/57d9d01d0)


\(^{26}\) Ibid.


\(^{29}\) Ibid.


South Sudanese refugees have mostly fled to Uganda, where they have been met with open arms and even given plots of land to settle on alongside refugees from the Democratic Republic of the Congo and Burundi. These refugee children “may suffer from trauma induced by their displacement, their presence in a foreign and sometimes xenophobic environment, and their lack of financial resources.” Refugees have little to no access to education once they reach Uganda. Despite Uganda’s successful universal primary and secondary education system, less than 10 percent of refugee students are enrolled in secondary education. As for IDP children, “During the conflict, 70 percent of schools in Jonglei, Upper Nile, and Unity states were closed for months, resulting in some 413,000 children having no access to schooling.” According to UNICEF, education indicators for South Sudan are among the lowest worldwide and, "It is estimated that more than one million primary school-aged children, mostly from rural areas, are not in school, while the few schools that do exist are not conducive to learning." Education is highly valued in South Sudan and remains one of its main priorities, and it is essential to the continued development and eventual conflict resolution of South Sudan.

Conclusion

Education is an essential right of all children regardless where they live or the political and economic situation in their home countries. Education mitigates many issues refugee children face and lessens many of the difficulties that face as they integrate into their host country's society. Lack of education contribute to a variety of pressing issues such as child labor, EFM, teen pregnancy, and sexual exploitation, and by addressing education, these issues lose prevalence.

Committee Directive

This committee should work towards solutions to this issues and prioritize the education of refugee and IDP youth. In conducting research, delegates should consider the following questions: Does your Member State currently host any refugee populations and what is the policy regarding these populations? Does your member state have internally displaced populations? Does your Member State make contributions to aid the education of refugees? Additionally, delegates are urged to consider the education policies and infrastructure currently in place regarding refugee and IDP children, as well as their Member States positions on existing resolutions regarding the topic at hand.

32 http://reporting.unhcr.org/sites/default/files/UNHCR%20Education%202020160810.pdf
34 Ibid.
36 https://www.unicef.org/southsudan/education.html
37 Ibid.
II. Combating the Spread of Disease through Developed Systems for Sanitation and Immunization

Introduction

The United Nations has been combating infectious diseases since the establishment of the World Health Assembly in 1948. Composed of 194-Member States, the WHA is the world’s highest governing body in concerns of health policy and directives. The organization was the driving force that eradicated smallpox in 1980 and continues to be one of the strongest forces in battling diseases today. UNICEF has committed itself to combating many diseases that claim the lives of children from infancy until maturation. Every year, nearly 11 million children that are under the age of five die from preventable diseases such as diarrheal dehydration, acute respiratory infections (ARI), and malaria.\(^\text{38}\) It has been shown that with more resources being directed towards improved medical treatment, and great access to developed systems of sanitation that many of these children can be saved.

History

The UN has increasingly prioritized stabilizing and establishing dependable systems of sanitation as a major initiative the global health. The UN has defined proper sanitation as facilities that “ensure hygienic separation of human excreta from human contact, which include -but not limited to: flush or pour-flush toilet/latrine to a piped sewer system, a septic tank or pit latrine, ventilated facilities, etc.”\(^\text{39}\) Through the sixth Sustainable Development Goal (SDG6), the UN has set out “to ensure availability and sustainable management of water and sanitation for all.”\(^\text{40}\) In regions such as Central and South America, Sub-Saharan Africa, East and Southeast Asia access to safe water is a pressing issue due to its scarcity and ineffective water sanitation management systems. Since 2011, 41 Member States have been documented as having a lack of adequate water sources, and ten of those “are close to depleting their supply of renewable freshwater.”\(^\text{41}\) Although the UN has made strides in the past three decades; since 1990, 2.1 billion people have gained access to improved water sanitation, and it continually improves.\(^\text{42}\) This was followed by the passage of General Assembly Resolution 64/292 which declared water

\(^{38}\) https://www.unicef.org/health/index_imcd.html
\(^{39}\) http://www.un.org/waterforlifedecade/sanitation.shtml
\(^{40}\) https://sustainabledevelopment.un.org/sdg6
\(^{41}\) http://www.undp.org/content/undp/en/home/sustainable-development-goals/goal-6-clean-water-and-sanitation.html
\(^{42}\) http://www.oecd.org/environment/resources/Session%204%20Sanitation%20and%20water%20for%20all%20-priority%20actions%20for%20financing.pdf
and sanitation a human right showed the UN's commitment to giving people a healthier life.\(^{43}\)

The Resolution noted that there were over eight hundred million people lacked access to safe drinking water and that 2.6 billion people do not have access to basic sanitation systems.\(^{44}\) Its implementation has resulted in movements known as the International Decade of Action, "Water for Life," Resolution 59/228.\(^{45}\) During this time, the development of the World Health Organization (WHO) and United Nations Children's Fund Joint Monitoring Programme (JMP) for Water Supply and Sanitation was created during the Millennium Development Goal (MDG) period. The information is gathered by the Inter-Agency Expert Group on SDG Indicators (IAEG-SDGs) under the United Nations Statistical Commission, and it has a rotational membership to ensure "equitable regional representation and technical expertise."\(^{46}\) These strides have given global agencies to monitor progress and setbacks in improving these systems.

In addition, UNICEF has advocated for an initiative called "Water, Sanitation, and Hygiene."\(^{47}\) Known as WASH, it has produced programs ensured the delivery of water and sanitation services to millions of people in cities, refugee camps, and those outside of them. It also focuses on incorporating education, by adding programs such as Advancing WASH in Schools Monitoring, 2015, called WASH in Schools (WinS).\(^{48}\) The program which has been surveyed over 140 countries, has analyzed the data from the nations and came up with points of action for WinS to further healthier environment under WASH. This sanitary step of properly disposing of excreta reduces overall child mortality rates by almost a third, but detrimentally 1.8 billion people use a source of drinking water contaminated feces which promotes these diseases.\(^{49}\) Children are the main target of this WASH programme because of their higher risk of illness. An estimated 801,000 children younger than five years of age perish from diarrhea each year, mostly in developing countries. This amounts to 11% of the 7.6 million deaths of children under the age of five and means that about 2,200 children are dying every day as a result of diarrheal diseases.\(^{50}\)

Immunization is another factor in dealing with transmittable diseases, going together with sanitation efforts. The UN has been at the forefront of the effort to vaccinate citizens around the globe to counter this, with policies such as the Global Vaccine Action Plan (GVAP), particularly the immunization of infants and children.\(^{51}\) Vaccinations don through the GVAP have led to policies such as this save 2.5 million lives each year, and it falls in line with resolution WHA 61.15 which outlines the global immunization strategy.\(^{52}\) This combined with the previous resolution WHA 27.57, Expanded Programme on Immunization (EPI), there is a solid foundation

\(^{44}\) Ibid
\(^{47}\) https://www.unicef.org/wash/
\(^{48}\) https://www.unicef.org/wash/schools/files/Advancing_WASH_in_Schools_Monitoring(1).pdf
\(^{49}\) Ibid
\(^{50}\) https://www.cdc.gov/healthywater/global/wash_statistics.html
\(^{52}\) http://www.who.int/immunization/sage/3_A61_R15_WHA_resolution_en.pdf?ua=1
in which the battle against infectious diseases can be seen. UNICEF and the WHO created the Joint Reporting Process which allows transparency between the two organizations and several national health ministries. It has provided concise indicators of immunization system performances, and their effectiveness to reach universal immunization. It gathers information via questionnaires, the Joint Reporting Form, which is sent to the Member States. This mutual consensus is formed by these organizations before being distributed to national organizations of health in which they analyze the data. UNICEF’s utilization of the JRF has focused on accumulating the data that has been provided and analyze the performance of programs in use, such as the GVAP and Regional Vaccine Action Plans (RVAPs). Without monitoring, these immunizations strategies would be without guidance on how to progress in assisting the many children that depend on them.

Even with a large dating gathering mechanisms in place and solutions readily available, there is still room for improvement. Immunization programs have continuously had to go against psychological barriers, such as the culture of the region and lack of support for said programs. UNICEF must promote the building of trust and breaking down the barriers that may prevent vaccination efforts. In addition, those programs focus on inoculating citizens in the most remote regions face unique struggles of trying to communicate and start initiatives. While there have been many concepts that have been discussed and some even put into fruition, none have been universally conclusive while achieving some success. These accomplishments were have been credited with helping more than three million children each year, and in 2015 it was reported that the number of children dropped to 19.4 million from 33.8 million in 2000.

Subtopic: Yemeni Civil War

The most prolific example of the lack of sanitation and immunization can be seen in the Yemen cholera outbreak that began in March 2016. The crisis started during the Yemeni Civil War in May 2015 and was spurred by the Saudi-led intervention which followed in March of the same year. Starting in the nation’s capital of Sana’a, it managed to spread throughout most of Yemen’s regions. Infecting at least five hundred thousand people and has killed an estimated 1,817 individuals as of July 2017, with a quarter of them being children. As of January, the WHO, along with partners in UNICEF and other organizations has quickly noted that the “current outbreak is unusual because of its vast geographical spread within a short period of

53 http://apps.who.int/iris/bitstream/10665/95566/1/WHA27.57_fre.pdf
54 http://www.who.int/immunization/monitoring_surveillance/routine/reporting/reporting/en/
55 Ibid
56 http://www.who.int/immunization/monitoring_surveillance/routine/reporting/reporting/en/
57 https://www.unicef.org/immunization/23244_communities.html
58 https://www.unicef.org/immunization/index_communities.html
60 http://applications.emro.who.int/docs/EMROPub_2017_EN_19878.pdf?ua=1
63 http://www.emro.who.int/images/stories/20170719_WHO_cholera_SitRep_4_v2.pdf?ua=1
time” and it has “disproportionally affected young children below five years of age as compared to other age groups.”

This is one of the worst outbreaks ever recorded. Since June 2017, cases have increased at a rate of 5,000 a day.\textsuperscript{65} This situation can be attributed to the failure of health management systems, the collapsing sanitation systems, and widespread malnutrition. The situation is further exasperated by indiscriminate airstrikes that hit residential portions of cities, killing many civilians and damaging infrastructure that is key for medical assistance. According to the International Committee of the Red Cross (ICRC) only “45% of hospitals are operational,” and “only 30 percent of the country’s needed medicines and medical supplies are getting in.”\textsuperscript{66} Even with this limited assistance from outside organizations, the ICRC has been able to provide a sufficient portion of assistance, with one in five cases being treated by their organization, and their health staff and engineers “are supporting 17 cholera treatment facilities around the country.”\textsuperscript{67} The UN has provided the principal relief efforts in the nation. UNICEF has utilized its cholera/AWD response plan, consisting of “Health, WASH, C4D sectors” which aims at minimizing the fatality of whatever diseases may appear.\textsuperscript{68} Currently, it has deployed over one hundred thousand basic hygiene kits for self-protection, the UN has provided over five million people with safe drinking water, and operating 62 out of the planned 75 Functional Diarrhea Treatment Centres (DTCs). \textsuperscript{69} These are a few of the basic efforts that are being deployed by the international community, and it shows the level of commitment given to such outbreaks. It also reveals the limitations of giving relief to disease-stricken zones in times of war and conflict where constant threats of attack are immanent.

\textit{Committee Directive}

The committee is tasked with improving current methods of limiting the spread of diseases through sanitation and immunization. Member states must review current UN efforts in this objective as well as including their national commitment to combating any infectious viruses. They must also continue to seek out advanced treatment from private corporations, IGOs and NGOs to ensure that the committee is doing the full extent in protecting and treating such cases.

\textsuperscript{66} http://cityatwar.icrc.org/
\textsuperscript{67} https://www.icrc.org/en/document/yemen-war-time-cholera
\textsuperscript{68} https://www.unicef.org/cholera/Cholera-Toolkit-2013.pdf
\textsuperscript{69} http://www.who.int/maternal_child_adolescent/documents/statement_child_services_access_whounicef.pdf
\textsuperscript{70} http://www.who.int/emergencies/yemen/en/
Conclusion

The topics of this committee are not mutually exclusive but should be addressed in unison. The members of the committee must remember that it is up to them to discover how to utilize their nation’s efforts and solutions, adapting them for use on the international scale and melding them with other nations’ resolutions. Also, delegates should consider: What evaluations can be made of the global framework regarding global sanitation systems? What tools can be developed to facilitate further North-South and South-South cooperation to combat the spread of diseases further? How can UNICEF further educate the youths around the world, utilizing programs such as WASH, about the importance of sanitation? How should the Global Alliance for Vaccines and Immunization involve communities to decrease in child mortality and demonstrate greater recognition of the effectiveness of vaccination? Considering these questions will allow the committee to come up with useful and impactful, holistic results.