

United Nations International
Children's Emergency Fund
(UNICEF)

Chair: Ritik Arya

Secretary: Katrina Murrell

Topic A: Female Genital Mutilation amongst Children in the
Developing World

Topic B: Children in Crisis from Boko Haram's Insurgency

Topic C: Maternal and Neonatal Care in Developing and
Impoverished Communities



Letter from the Chair

Welcome to LIMUN! Whether this is your first committee, or your tenth, I hope that you get everything you're looking for out of a MUN experience. My name is Ritik and I will be the chair of the United Nations International Children's Emergency Fund (UNICEF) at LIMUN 2019.

I am a passionate member of the LAMP family; yet, I am fairly new to the LAMP MUN experience as a whole. Yet, in the little time I have done MUN, I have come to greatly appreciate it, and I know exactly what I want my committee to accomplish by the commencement of LIMUN 2019. Ultimately, I want to create a dynamic and engaging committee for all of you. Of course, I can't run a committee on my own. A dedicated team is behind every committee and we've been working hard to create an inclusive environment for you to improve your debate skills. However, your MUN experience is ultimately what you make of it. Bring your ideas to the table, research your position and speak to your fellow delegates.

If you have any questions, please get in touch and I'd be happy to help. It's going to be a fantastic conference and my team and I look forward to meeting you all this January!

Committee History

The United Nations Children's Fund (UNICEF) is the only council within the United Nations that advocates for the rights of children and equates the rights of the child with sustainable development. As such, UNICEF provides on-the-ground support, research, long-term care, and emergency relief to marginalized populations, while collaborating with existing non-governmental organizations and other United Nations specialized committees to make positive steps forward. With the Millennium Development Goals drawing to a close and drafting of the post-2015 development agenda underway, UNICEF is uniquely positioned to influence policy over the future of children's rights.

Committee Session Format

1. **General Debate:** Delegates will give speeches in the character of their respective member states on the topic currently on table (delegates will vote by simple majority for the topic order).
2. **Thematic Discussions:** As the speakers list nears exhaustion or a disruptive level of redundancy, either a delegate will motion (“the chair would look favorably upon a motion”) for either a moderated or unmoderated caucus on a specified area of the current topic in addition to the appropriate time constraints.
3. **Actions on Drafts:** Any drafts, working papers that apply the subjects of the thematic discussions throughout general debate and any caucus, must be presented to the committee with the appropriate number of sponsors and signatories. The committee may then motion to suspend debate for further discussion of the paper and/or the initiation of voting procedures.

The format above will be used to progress debate throughout committee. If you seek consideration for awards, then you **MUST** submit a position paper by Wednesday January 24th.

If you have any questions, please feel free to contact me at aryabraj@live.com!

Topic 1: Female Genital Mutilation amongst Children in the Developing

Female Genital Mutilation Female genital mutilation (FGM) comprises all procedures that involve altering or injuring female genitalia for non-medical reasons and is recognized internationally as a violation of the human rights of girls and women. FGM causes severe bleeding and health issues including cysts, infections, infertility, and increased risk of infant mortality.

FGM reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women and girls. Globally, it is estimated that at least 200 million girls and women alive today have undergone some form of FGM. Girls 14 and younger represent 44 million of those who have been cut between infancy and adolescence, with the highest prevalence of FGM among this age in The Gambia at 56 per cent, Mauritania 54 per cent and Indonesia where about half of girls aged 11 and younger have undergone this procedure. Countries with the highest prevalence among girls and women aged 15 to 49 are Somalia 98 per cent, Guinea 97 per cent and Djibouti 93 per cent.

FGM is heavily practiced in low- and middle-income countries. However, countries around the world of all income levels are affected. Due to international migration, the practice is no longer restricted only to countries in which it has been traditionally practiced, but has become an issue of increasing concern also in western countries. Many developed nations such as the USA and several European countries have been increasingly confronted with FGM and its medical consequences. Attempts by immigrants to perpetuate the practice continue, regardless of existing legislation. The exact number of women and girls living with FGM in Europe is

unknown, but is estimated to be around 500,000, and 180,000 girls are estimated to be at risk of being subjected to the practice.

To promote the elimination of FGM practice, coordinated and systematic efforts are needed, and they must engage whole communities and focus on human rights and gender equality. These efforts should emphasize societal dialogue and the empowerment of communities to act collectively to end the practice. They must also address the sexual and reproductive health needs of women and especially young children who suffer from its consequences.

Questions to Consider

- What are the motivations for FGM? Consider the cultural, religious, traditional reasons for FGM and how they can be appropriately addressed.
- How does FGM affect your nation? Is your nation's healthcare system equipped to address this issue?
- Should medical doctors be encouraged to conduct the FGM procedure in order to prevent death in inevitable FGM operations?

Topic 2: Children in Crisis from Boko Haram's Insurgency

Terrorist organizations, including Boko Haram, Al-Shabaab, and the Lord's Resistance Army, have expanded in Africa to become key regional security threats. Boko Haram organized in northern Nigeria in 2002 and began carrying out attacks in 2009, which escalated to bombings. In 2014, Boko Haram switched tactics to holding territory after attacks instead of retreating. Boko Haram also garnered international condemnation 2014 for kidnapping 214 girls. Al-Shabaab emerged as a radical youth organization in 2006 and gained support by offering Somalis security in the absence of an effective national government. Al-Shabaab controls most of the rural areas in southern Somalia and frequently carries out attacks in Kenya. The Lord's Resistance Army (LRA) was founded in 1988 in Uganda and is known for kidnappings, especially of women and children. Although it has been greatly weakened and forced out of Uganda, the LRA continues to operate in neighboring Member States, and contribute to regional instability.

Although military operations have blunted the power of terrorist groups in some areas, they still hold and control large swaths of territory, which ignore international borders, and destabilize additional territory through asymmetric attacks. Porous borders also contribute to terrorist organizations' ability to function and hinder conflict resolution due to cross-border spillover of terrorist activities. For example, Boko Haram has exploited Nigeria's porous borders to conduct abductions and deliberately displace people, allowing terrorists to more easily cross borders, hiding within those displaced. The LRA also exploits regional instability in order to hide its operations and continue attacks and kidnappings. The World Customs Organization and other international actors have worked to help states secure their borders, but generally agree that

higher levels of regional cooperation are needed to counter terrorist organizations that transcend borders.

In every instance, the advance of terrorist groups has been coupled with attacks on the rights of women, girls, and younger children, specifically targeting them and differentially impacting their health, education, and participation in public life. Additionally, terrorist organizations exploit existing gender and societal inequalities, using unbalanced gendered dynamics to corrupt, convert, recruit, and control. Gender inequalities are also evident in the links between human trafficking, terrorism, and sexual and gender-based violence (SGBV). Trafficking in women and girls is a critical financial component of financial flows for terrorist groups and a driver for recruitment. Looking towards what has done already in regards to existing instances of terrorism in both Africa and other parts of the world, well-thought and innovative means of addressing the rise of Boko Haram and its effect on children is imperative.

Questions to Consider

- What has contributed to the rise of Boko Haram and other African terrorist groups?
Consider the cultural, religious, traditional reasons for Boko Haram's rise to power. How are children affected by this?
- How does Boko Haram affect your nation?
- Has your nation had experience with counterterrorism in the past? If so, then what insight could your situation give nations affected by Boko Haram?

Topic 3: Maternal and Neonatal Care in Developing and Impoverished Communities

The UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) was adopted in 1979, and ensures the human rights of all women, regardless of social, economic, religious, or cultural heritage. Though there has been extensive debate and adoption of law in individual countries, CEDAW is the only human rights treaty that upholds the reproductive rights of women in the context of their own culture and heritage. The UN recognizes the integral roles women take in shaping society domestically and intellectually. Ultimately, CEDAW retains a woman's right to control her own health and body, including the rights of her children. Today, we see these freedoms threatened by political and religious movements around the world.

The availability and access to birth control has been a widely debated issue since the affirmation of CEDAW. Only a handful of nations, mainly developed nations such as the US, Canada, and the EU nations show that contraception is available to 70% or more of women. Even though these nations provide birth control, access to it requires a prescription, to which many teens and impoverished women are not privileged. Additionally, many employer-based insurance companies do not cover birth control, leaving women to face payments they cannot afford. In other nations, birth control, oral contraceptives in particular, are allowed only on a serious medical basis, and the road to proving such a claim is difficult—nearly impossible for women without resources. Many countries that have outlawed birth control have done so on political order or by religious mandate and law. The greatest debates against allowing birth control are found in nations that do not practice the separation of church and state. Furthermore,

in many nations, not just the ones that outlaw contraceptives, women are frequently punished for seeking out birth control. By CEDAW and the United Nations Declaration of Human Rights (UNDHR), women cannot be persecuted for their individual beliefs relating to reproductive rights, and certainly cannot be treated with violence.

Another major issue concerning women's reproductive rights is maternal health, and with this, abortion. In the United States of America, one of the most liberal nations with abortion internationally, 87% of counties do not offer an abortion provider. These figures are from 2012, and with the rise of stricter state legislation from Indiana, Mississippi, and Texas in recent years, this percentage has only gone up. Unfortunately, what is seen in the United States, and is reciprocated internationally, is that women who are unable to procure safe and medically sound abortions from legitimate and legal providers turn to illegal means, and sometimes turn to dangerous forms of self-induced abortion. Unsafe abortions cause around 25-50% of maternal deaths. In nations where women face persistent poverty and disease runs rampant, abortion is a safer option for both mother and child. Improving maternal health is a Millennium Development Goal for the UN. Around 140 million women worldwide who are married or in union say that they would like to delay or avoid pregnancy, but lack the proper family planning resources. Pregnant women also face problems with prenatal nutrition and care. This issue also indicates that pregnant women are not able to detect problems with their pregnancies, such as fetal defects that can pose a risk to both the child and the mother. Furthermore, complications with pregnancy and childbirth are a leading cause of death among teens worldwide.

Women's rights to family planning, including contraception and abortion are protected by both CEDAW and UNDHR. Cultural and religious traditions and beliefs play a large role in

many nations that deny these rights to women. However, the systematic oppression of women can be combated through activism, education, and most fundamentally, acknowledgement of the issue. Politics and government do not prioritize the issue of women's health, perpetuating the oppression of women. As noted by Nancy Northup, President and CEO of Center for Reproductive Rights, "women's fundamental human rights should never be treated as political spoils to be won or lost."

Questions to Consider

- How can technology impact society's views towards abortion? What might these technological advancements do to help/hinder the argument for or against abortion?
- How, if at all, can world superpowers influence developing nations rights for women?
- What can international bodies, such as the UN, do to provide women reproductive rights?
How can these bodies empower women to recognize their rights?
- Do countries that abide by cultural and/or religious laws have an obligation to abide by these same standards?

Helpful Links

There are tons of video resources on the UNICEF YouTube Page. They for sure can help set the mood and give you a better picture of each issue we are tackling in committee. These stories really inspire me and fire me up a good bit. There is much more than this out there, but here's a sample:

- <https://www.youtube.com/watch?v=K6Jlahc1HQw>
- <https://www.youtube.com/watch?v=RHzCFmpvyEY>
- https://www.youtube.com/watch?v=QtV4h8u_Em8
- <https://www.youtube.com/watch?v=I6nFMTaeY90>
- <https://www.youtube.com/watch?v=FEB8z46ywx4>
- <https://www.youtube.com/watch?v=1t4apTbqAmY>
- https://www.youtube.com/watch?v=jf_JJaibSbE
- <https://www.youtube.com/watch?v=HNCxGq3lBKs>
- <https://www.youtube.com/watch?v=0VktQZjzkcY&t=1s>
- <https://www.youtube.com/watch?v=6yBmOG8Megc>
- <https://www.youtube.com/watch?v=a3WJsNBaT98>
- https://www.youtube.com/watch?v=Tt8_TVH14Qg
- <https://www.youtube.com/watch?v=EeDuYrKkFkM>

Here are some other resources that may assist you in your research. I will remind you, however, that further research beyond these sources may be of benefit to developing your position during committee. The following are credible sources that I have used in my own research:

- <https://www.aljazeera.com/topics/organisations/boko-haram.html>
- <https://www.theguardian.com/world/boko-haram>
- <https://www.unicefusa.org/mission/emergencies/conflict/boko-haram-crisis>
- <https://www.unicef.org/press-releases/boko-haram-violence-lake-chad-region-leaves-children-displaced-and-trapped>
- <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>
- <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>
- https://www.unicef.org/protection/57929_endFGM.html
- <https://www.unicef.org/sowc09/docs/SOWC09-FullReport-EN.pdf>
- <https://www.unicef.org/sowc09/docs/SOWC09-FullReport-EN.pdf>
- https://www.unicef.org/health/files/Innovative_Approaches_MNH_CaseStudies-2013.pdf
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5804037/>