Background:

By definition, an urban refugee is an internally displaced person that finds asylum in mainstream cities, as opposed to the traditional camp-based settlements along country borders.

In a survey conducted this year, by the United Nations High Commissioner for Refugees (UNHCR), more than half of the world’s 50 million refugees inhabit urban areas. These displaced persons transition into highly concentrated communities, straining the already scarce resource availability, which amplifies poverty and contributes to health code violations in the host nation. If a refugee “disappears in the urban mass,” it is difficult for the government and international aid workers to reach out to such “invisible individuals.”

When refugees migrate into the city, they are treated as the local poor, with little rights and harsh living conditions. Yet, they tend to face additional challenges due to their refugee status. With an unknown identity, these urban refugees uphold a low profile, living in fear of being arrested, detained, and forcibly returned to their home country. Consequently, they are denied access to education and health care, but are exposed to harassment, intimidation, and discrimination. As of March 2015, more than 1.2 million people fled their homes in Nigeria due to armed Boko Haram militants terrorizing local villages. Many families abandoned life in Nigeria to seek refuge in neighboring countries, while a large number of refugees fled to Yola, where shelter, water, and food were not provided. With little to no alternative options, the vulnerable refugees inhabiting unsustainable urban neighborhoods unwillingly face cases of poverty, crime, malnutrition, communicable diseases, and lack of vital resources for survival which include purified drinking water, waste disposal, secure utilities, and protection under governmental services. Overpopulation leads to the growth of urban slums, in which families narrow-mindedly focus on their daily necessities without concern for their future health.

According to the World Health Observatory (GHO), a third of the world’s population claims to reside in slums and research conducted predicts these statistics will double by the year 2030 if government interference is not called upon. Aid workers encourage refugees to speak up for themselves and advocate for their rights, including technical assistance and training, support in governance, fundraising, and communication mapping. The long-term goal of these refugees is to completely participate in the social and economic aspects of urban life. With the influx of refugees adopting city life, there comes the need to provide humanitarian aid and security under the law. In urban areas, these refugees solely depend on social networks, new relationships, and individual agencies to re-establish their identity. At times, they are left susceptible to exploitation and rely on their legal rights to protect them under the 1951 UN Refugee Convention.

The traditional image of sprawling tents filled with internally displaced families no longer tells the true story of refugee movements in the 21st century. Compared to camps on the borderline, cities present economic opportunities for a better future. With the understanding and tolerance of host communities, refugees will begin the process of integration until they are no longer hidden in the shadows of bustling, industrialized cities.

**UN Involvement:**

For decades, the United Nations has been deeply concerned by the increasing rates of urbanization. Over 50 million individuals worldwide seek asylum and 58% of the latter are currently concealed in cities. For the past 25 years, the World Bank has been constantly implementing international projects targeting the plight of refugees. In 2014, the UN World Urbanization Prospects initiated a humanitarian project in the overpopulated slums of Bangladesh, donating funds up to $50 million. By maximizing the effectiveness of this intervention, the World Bank ensured that the economic landslide was addressed due to the rates of heavy overpopulation. Health hazards have triggered the UN to approve resolutions that would slowly, and securely foster integration through the implement of stability in slums. In 2013, the General Assembly drafted and passed A/RES/67/164 solely focused on attaining goals set by the Habitat Agenda, which ensures that to this day human rights laws are enforced by regional government and extreme poverty is eradicated. Similarly, A/RES/66/217 was approved in 2012 to emphasize the demand for humanitarian resources in urban environments, including water filtration systems and medical kits. Without proper sanitation, these urban refugees will struggle to make the transition into the mainstream way of city society.

Established in 1978, the United Nations Human Settlement Program (UN HABITAT) is committed to the promotion of “socially and environmentally sustainable human settlements development and the achievement of adequate shelter for all.” This international organization places emphasis on the Millennium Development Goals/Sustainable Development Goals, which guide the program through the most efficient, population-based research. In conjunction, the UNHCR, with staff at the Geneva headquarters (over 9% of the total program), is actively impacting the livelihoods of thousands of refugees in 125 different countries. By decentralizing its efforts, the UNHCR strengthens connections with the internally displaced persons seeking assistance. Within the branch of the World Health Organization (WHO), the Global Health Observatory (GHO) has persistently worked to spread international awareness on the importance of availability of healthcare services. By exemplifying the value of personal health and the prevention of health determinants, the urban refugees residing in the slums will at least be informed and hopefully react to the unsanitary conditions. With
funding from the UN and cooperation from government systems across the board, the internally displaced individuals will begin to feel acknowledged, not condemned.

Questions to Consider:

1. Specifically what rights are urban refugees denied in the modern world?

2. How does the UNHCR regulate the process of resettlement and how can it be improved?

3. How do you plan to make resources more accessible to the unidentified refugees seeking humanitarian aid and employment opportunities?

4. In what ways could the refugees inhabiting the urban slums be integrated back into mainstream society?

Works Cited:


Topic 2: Conflict in the Democratic Republic of Congo

Background:

Resulting from the Democratic Republic of the Congo (DRC) the country is now faced many harsh years of turmoil, from June 30\textsuperscript{th}, 1960 to November 25\textsuperscript{th}, 1965, also known as the “Congo Crisis”. The casualties are estimated to be 100,000 individuals due to this conflict, along with the assassination of Patrice Lumumba, the Prime Minister of the Congo. Before the civil war occurred (1971-1997) the DRA was actually named Zaire. After this time period, the DRC encountered seven years of civil wars (1996-2003). Due to the Rwandan Genocide (1994) approximately 800,00 Rwandan lives were taken as a result, along with two million Hutus fleeing to the eastern regions of Zaire, also known as modern day DRC. They then formed the Democratic Forces for the Liberation of Rwanda (FDLR), and led to numerous conflicts within the DRC.

Overall, around 5.4 million people were killed through this terrible time period, naming itself the second deadliest world war, coming after the Second World War. Sexual and Gender based violence (SBGV) was the main cause of death throughout those times, along with malnutrition, and other diseases such as malaria and pneumonia. Around 12\% of women residing in that area were raped, and the number is still rising to this day. Furthermore, it’s estimated that forty-eight women are raped per hour, which is twenty-six times the 16,000 rapes per year ratio. Kinshasa, the capital of the region, experienced these events the worst out of all other areas in the era. One of the other deadly killers, pneumonia, killed approximately two million children per year (1/3\textsuperscript{rd} of kids under 5 years of age). Due to this deadly infection, many households in the DRC needed cotton and polyester nets in order to protect their children from the mosquitoes. Statistically speaking, 20\% of the DRC’s population was killed through these methods, with children accounting for 47\% of them. Occuring on September 27\textsuperscript{th}, 2007 the Extractive Industries Transparency Initiative (EITI) along with the DRC formed contracts regarding natural resources. Also during that time, around 90\% of the DRC’s exports contained diamonds and many “base minerals” (copper, cobalt, tin, zinc). Moreover, oil was heavily exported with around 23,500 barrels per day being shipped off. Even though the DRC has come a long way in order to stabilize their country, it’ll still take a long time before they reach a strong, independent, stable state.

UN Involvement:

Throughout its many years of harsh times, UN organizations have taken part in the Democratic Republic of the Congo’s affairs and are still involved to this day. The World Health organization (WHO) has cooperated with the government of the DRC in order to assure that global health centers and professional doctors are

available to the people who reside in the area. This is a result from 98% of the deaths in the area occur from treatable diseases including malaria and polio.

The UN High Commissioner for Refugees (UNHCR) estimated approximately 101,000 refugees fleeing from Rwanda, Burundi, and Angola nearing the end of 2011. Moreover, the UNHCR coordinates basic services that can turn life threatening such as sanitation, water, shelter, and even basic health care. One of the main concerns of the UNHCR is Sex and Gender based violence, also known as SGBV. Since 2010, both the UNHCR and the Ministry of Social Affairs maintained a constant fight on combating the SGBV in the area, also known as the Comprehensive Strategy on Combating Sexual Violence. UNHCR also works with UN-AIDSS through the International Security and Stabilization Strategy (ISSSS) which reduces threats regarding life, freedom, and property, along with responding to victims of SGBV in the area. Occurring on April 25th, 2012 was World Malaria Day, a UNICEF run campaign against malaria which distributed approximately 14 million pesticide affected nets (LLINs) in order to stop the spread of the disease. This was funded by the World Bank and PMI-USAID, gaining about 25 million in support of the campaign. Furthermore, on April 12th, 2013, the WHO and UNICEF began the Integrated Global Action Plan for Pneumonia and Diarrhea (GAPPD), which planned to halt deaths from pneumonia and diarrhea in the area by around 2025.

Questions to Consider:

1. How does your country deal with refugees and internally displaced people during a time of conflict and when does it deem it time to send the people back, if at all?

2. What does your country propose be done to stimulate the economy of the DRC and promote jobs?

3. How does your country plan to punish crimes against humanity and determine who is deserves to be punished considering there is much debate and uprising could worse if not dealt with carefully?

Works Cited:


