

UPR 41 Report

Building Capacity of Youth-Led and Youth-Serving Organizations to document and report Human Right Issues of YKPs



The PACT

Introduction

The Universal Periodic Review (UPR) is a procedure that involves an evaluation of all United Nations Member States' human rights records. Under the aegis of the Human Rights Council, each state is given the chance to declare what efforts they have taken to improve human rights circumstances in their countries and to fulfill their responsibilities. The Universal Periodic Review (UPR), one of the Council's fundamental components, is intended to ensure that all citizens of countries are treated fairly when their human rights situations are evaluated. The ultimate purpose of this mechanism is to improve living circumstances in all countries while also addressing human rights violations wherever they occur.

In its capacity as a youth-led coalition, The PACT has a strong interest in developing the capacity of youth-led organizations to participate in the UN Human Rights Council's Universal Periodic Review (UPR) as aligned in our 5 years Strategic Plan . The PACT is expanding its work in the UPR and human rights spheres by supporting more global youth-led organizations in contributing to the UPR process, catalyzing national-level advocacy through step-down training, and supporting member organizations in submitting a report to the UPR as a civil society stakeholder for review by the Human Rights Council.



The UPR Process & Youth Engagement: *Focus on The PACT partner organizations in South Africa & India*

As a youth-focused organization working collaboratively and strategically with youth-led and youth-focused organizations in the global AIDS response, the UPR process was positioned on documenting and reporting Human rights issues affecting young people in South Africa and India.

Capacity Building: The UPR Process and Youth Engagement started with a Global training



for our member organization in South Africa and India about the UPR Process, gathering evidence and documenting reports of Human Right Issues affecting YKPs and PLHIV in their respective countries. This process further extends to an in-country step-down and consultative meeting led by The

PACT member organization in South and India, respectively. This activity provided strong underpinnings for the UPR 41 development in South Africa and India.

UPR 41 Report Development: Upon completing the capacity development activities, The PACT member organization in South Africa & India led in-country UPR Report development through consultative sessions, research, and documentation. This process was closely monitored and reviewed through virtual sessions and technical support from The PACT Coordinating team and The Sexual Rights Initiative. The report went through 3 review sessions before final approval by The Sexual Rights Initiative.



Dissemination: Upon completing the review process, The PACT proceeded to develop the report into a publishable format for online dissemination.

In-Country UPR Development

South Africa

The PACT, through its in-country member organization SRHR AFRICA TRUST, led a development process in South Africa with 15 youth-driven, service-oriented groups.

They met in person and electronically to discuss the impact of COVID-19 on the HIV, SRHR, and GBV/F outcomes of adolescents and young people from diverse backgrounds.



In addition, they evaluated the South African government's human rights record since its third universal periodic review (UPR) in 2017. Specifically, they evaluate the government's fulfillment of the sexual reproductive health and rights of adolescents and young adults.

At the conclusion, they present detailed, action-oriented follow-up recommendations based on an analysis of South Africa's execution of recommendations received pertaining to these topics.

India

Human Touch Foundation, a PACT member organization, directed the UPR development in India. Throughout the process, they addressed a variety of Human Rights and other political and civil rights issues facing the nation's youth. The research offered evidence that the government has not only failed to protect the fundamental rights of the nation's

children, but has also flagrantly violated these rights and repeatedly silenced those who speak up against these breaches.

During their consultations and documentation process, they found that India has enacted more stringent FCRA rules, limiting the ability of civil society organizations to assist youth and their challenges in this country. The passage of laws and regulations safeguarding the

LGBTQ community has significantly aided the youth, but there are still obstacles which are unfair to them and which contribute to the stigmatization and discrimination of the transgender population.



Learnings

South Africa

- South Africa received 2 recommendations for Comprehensive Sexuality Education
- 4 recommendations pertaining to its health system, HIV and broader SRH issues
- Adolescent girls and young women continue to face difficulties accessing safe abortion services and therefore resort to illegal and unsafe abortion services.
- There is a myriad of reasons why adolescent girls cannot access safe abortion in South Africa. These include shortages of designated facilities that offer safe abortion, shortages of abortion drugs, conscientious objection from healthcare providers, lack of information about services, among many others.
- South Africa received and supported 18 recommendations pertaining to gender-based violence, discrimination and the eradication of harmful practices

India

- India did not receive recommendations on abortion in the third cycle of UPR
- The new Medical Termination of Pregnancy Act (MTPA) 2021 expands access to safe and legal abortion services on therapeutic, eugenic, humanitarian and social grounds to ensure universal access to comprehensive care
- There is a disconnect between MTPA and the Indian Penal Code. Under the Indian Penal Code, abortion is still criminalised and makes it a criminal offence under the section 312
- The law doesn't address the complexity of gender non-conforming people.
- Women lack the autonomy to make informed decisions about abortion in India as the decision is given to a doctor to make.
- 60-70,000 providers can legally provide abortions under the MTPA despite having about 15 million abortions in India annually.
- Adolescents who choose to engage in consensual sexual relationships with themselves may be criminalised rather than protected
- India has no recommendation on HIV/AIDS in the third cycle of the UPR
- Current AIDS response in India is not sufficient to meet the sexual and reproductive health needs of adolescents
- India received and accepted two recommendations on sexual and reproductive health as a broad category
- India received and accepted the two recommendations on advancing access to health for persons with disabilities

Call to Action

South Africa

- Fast-track the establishment of the national coordinating structure on GBV/F and ensure that it is given adequate financial resources to deliver on the aspirational outcomes of the NSP in line with all resolutions, as well as commitments to the Nairobi Summit on ICPD @25 and the Generation Equality Forum.
- Designate more safe abortion facilities (especially second-trimester abortion facilities) and monitor designated facilities to ensure that they are continuing to provide such services; there needs to be a network of designated abortion facilities and an efficient referral system in place to provide for a mechanism to refer women to alternative public abortion facilities.
- Enforce stricter measures to address conscientious objection of a healthcare provider: provide nurses and doctors with regular values clarification & attitudes clarification sessions so that they are aware of their ethical duties to women and girls, to prevent abortion stigma from undermining the quality of the services they provide and the experiences of women and girls who receive those services.
- Digitize information on the side effects and benefits of modern contraceptives and HIV prevention interventions for adolescents and young people to access freely, especially the promotion of pre-exposure prophylaxis and post-exposure prophylaxis.
- Intensify collaborations with youth-led & serving organizations (and broader civil society) to generate demand for adolescent & youth-friendly SRH services in innovative, youth responsive ways.
- Report on the status of implementation of in-school CSE in 2023 at the global review of the SDGs and thematic indicator 4.7.2: percentage of schools that provided life skills-based HIV and sexuality education within the previous academic year.
- Prioritize the predictable and accessible supply of modern contraceptive commodities to ensure that adolescent & youth-friendly services are fully implemented and realised.
- Meaningfully engage with youth-led and serving organizations on the compilation of national reports on global, continental and sub-regional population & development

processes over the next 5 years, including but not limited to, the 10-year review of the Addis Ababa declaration on population & development, the International conference on population & development @30, UN high-level meeting on universal health coverage and the global review of the sustainable development goals 2023.

India

- The Indian government must use a more rights-based approach by giving women greater autonomy and choice
- The amendment of the Protection of Children from Sexual Offences Act, 2012 (POCSO Act) decriminalises adolescents' consensual sexual curiosity.
- Allocate resources for the implementation of the HIV and AIDS (Prevention and Control) Act, 2017.

Conclusion

Building young people's capacity to lead the UPR reporting and documentation process is unquestionable, as it provides a youth perspective on human rights issues affecting YKPs and PLHIVs. Furthermore, recommendations are made, as is the need for active assistance for young people to lead the monitoring and assessment process of these proposals' implementation.