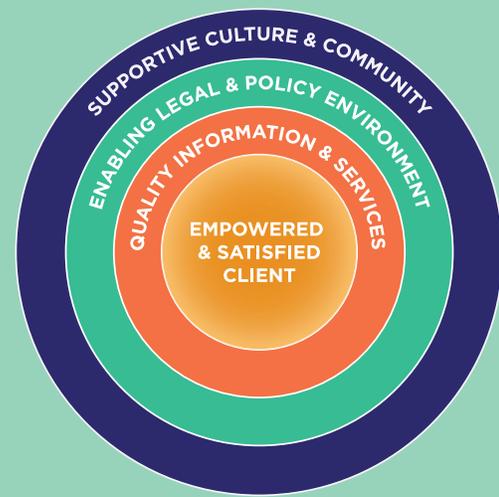


MAY 2021

The Comprehensive Human Rights-based, Voluntary Family Planning Program Framework

BRIEF



WHAT IS IT?

The *Comprehensive Human Rights-based Voluntary Family Planning Program Framework*, shown in Figure 1a-e, is a graphic depiction of the essential elements that should ideally be in place at the various levels in the healthcare system – policy, service delivery, community, individual. While such an ideal program does not yet exist, it provides a vision of what we collectively should aspire to. Every program is somewhere along the continuum that leads to this desired state. The framework is an aid to understanding the components of rights-based family planning as well as the centerpiece for an assessment and planning tool (UNFPA and What Works Association, 2021).

The framework consists of a visual overview of a whole program (Figure 1a), plus elaborations that detail what should be in place at each of four levels – supportive culture & community; enabling legal & policy environment; quality information & services; and empowered & satisfied client – to demonstrate that each of the human rights-related principles and standards articulated by WHO (2014) and FP2020 (2015) that pertain to contraceptive information and services are applied (Figures 1b-e).

It is important to note that the human rights-based approach to programming depicted in the framework is consistent with programming for any holistic, quality family planning program. While it makes a focus on human rights explicit, it builds upon familiar tenets of quality of care and routine programming processes. The framework supports programming to promote gender equality, which is a human right. It also promotes equity, which means treating everyone the same and leaving no one behind, a central tenet of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs), and a core component of rights-based programming.

WHAT PURPOSES DOES IT SERVE?

The main purpose of the framework is to foster understanding of what a holistic, human rights-based approach to voluntary family planning entails. It aims to shift the way people think about and go about their work, making human rights a more intentional, cross-cutting programmatic element. As a result, problems that might otherwise be overlooked are identified, and greater effort is invested in programmatic areas that might otherwise get insufficient attention. By providing a vision of the essentials of human rights-based family planning programs, the framework also provides a foundation for program assessment, planning, monitoring and evaluation, and promotes the ongoing process of progressive realization of human rights. It can also be used to frame accountability mechanisms, as a common vision for programming shared by those involved in the family planning program as duty bearers and the community and individuals as rights-holders.

WHAT IS IT BASED ON?

The *Comprehensive Human Rights-based Voluntary Family Planning Program Framework* synthesizes and builds upon previous work, largely done since 2012, to express the concept of a human rights-based approach to family planning in practical, programmatic terms. It shares the comprehensive program perspective captured in an earlier conceptual framework for human rights-based family planning that addresses all levels of the healthcare system (legal and policy, service delivery, community, and individual) (Hardee et al, 2014). The foundation of the framework is a composite definition of a human rights-based approach to family planning embraced by UNFPA:

“A human rights-based approach to family planning is a systematic process to ensure that attention to human rights principles related to FP is embedded in all programmatic phases, (i.e., needs assessment, programme design, workplan development, implementation, monitoring and evaluation) at all levels of the programme (i.e., policy, service delivery, community and individual).”

(UNFPA 2020)

This definition is consistent with the legal standards articulated in General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights) (UNCESCR, 2016).

The framework is structured around ten human rights-related principles and standards that pertain to contraceptive information and services articulated by WHO (2014) and elaborated further for family planning programming by UNFPA and WHO (2015), plus FP2020's *Rights and Empowerment Principles for Family*

Planning (FP2020, 2015). These principles come from international human rights standards established by human rights mechanisms and enshrined in international conventions that states have ratified.

Rights and Empowerment Principles and Standards

- Availability
- Accessibility
- Acceptability
- Quality
- Non-discrimination and Equality
- Informed decision-making
- Privacy and Confidentiality
- Participation
- Accountability
- Agency/autonomy/empowerment

(WHO (2014), FP2020 (2015), UNFPA (2020))

WHO IS IT FOR?

This framework applies to a national program, which takes a total market approach and includes the stewardship function of the government, and the services provided by the public sector, the private sector, and NGOs. However, it is equally applicable to programs that are more limited geographically or in programmatic scope, for example, those working in any of the four quadrants of the framework.

The intended users of the framework are stakeholders responsible for designing, implementing, and strengthening family planning programs. These include national and sub-national government representatives, staff from development partners and technical assistance organizations, private sector partners, civil society and representatives of the community.

THE FRAMEWORK

THE SUMMARY FRAMEWORK

The graphic framework in Figure 1a is a vision of what an ideal human rights-based voluntary family planning program looks like. The overarching goal of such a program, taken from the

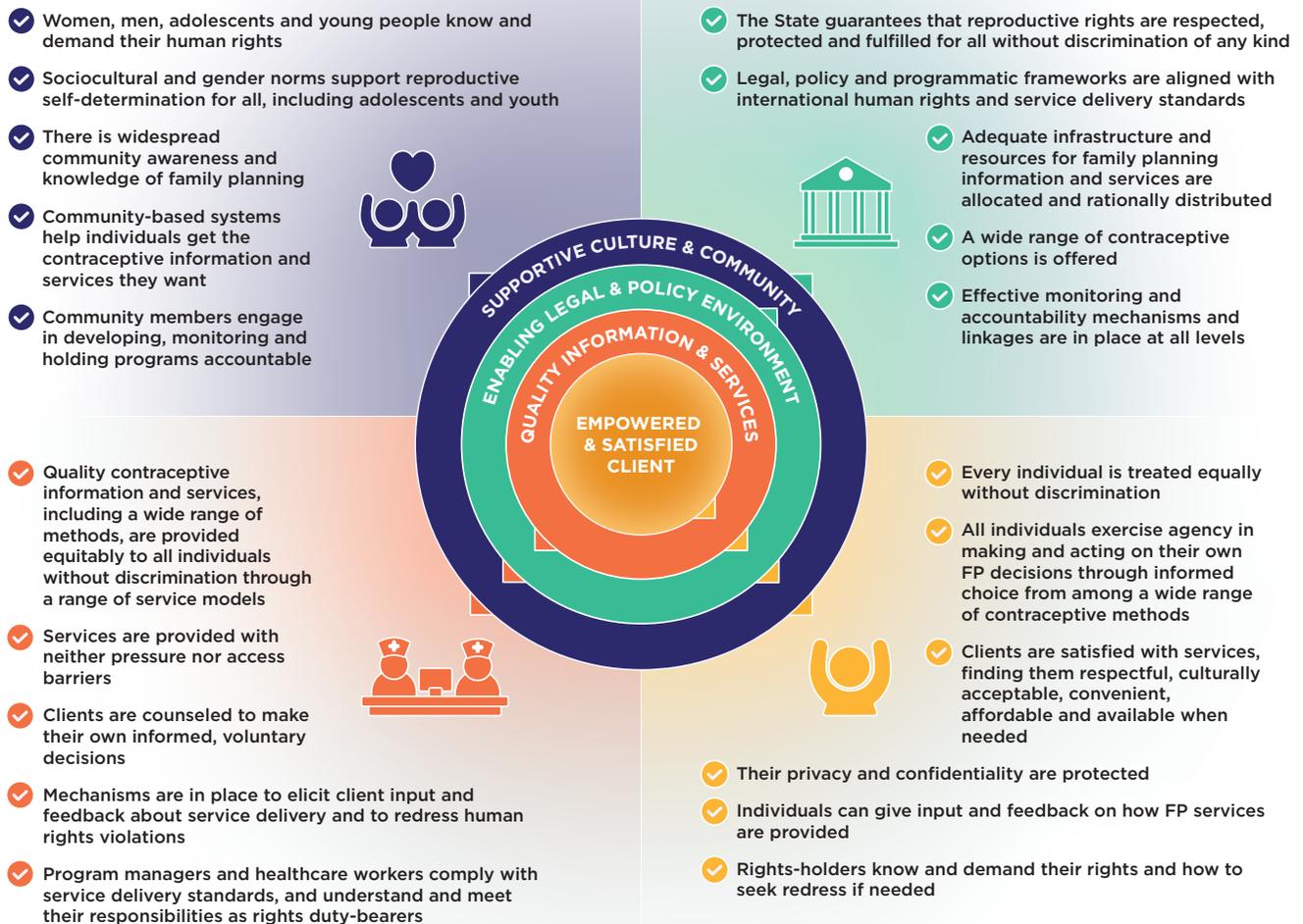
ICPD Programme of Action (1994), is that: All couples and individuals can decide freely and responsibly the number, spacing and timing of their children, and have the information and means they need to do so, free from discrimination and coercion. To support this goal, the framework takes a comprehensive program perspective, depicting the four levels of a healthcare system: the community, policy, service delivery and individual levels. And it represents the desired state for each of these levels. Empowered

and satisfied clients who can exercise their right to bodily autonomy are at the core. They are surrounded by quality information and services, an enabling legal and policy environment, and a supportive culture and community.

The text in each quadrant summarizes the essential conditions or inputs needed to support the rights-related principles at that level in order to ensure that individuals' human rights are respected, protected and fulfilled.

Figure 1a

THE COMPREHENSIVE HUMAN RIGHTS-BASED, VOLUNTARY FAMILY PLANNING PROGRAM FRAMEWORK



“ All couples and individuals can decide freely and responsibly the number, spacing and timing of their children, and have the information and means they need to do so, free from discrimination or coercion. ”

ICPD, 1994

DETAILED RIGHTS STANDARDS AND PRINCIPLES RELATED TO THE FOUR QUADRANTS

Figures 1b-e contain added detail about the rights standards and principles related to each quadrant. This additional detail is a synthesis of the elements that pertain to each level drawn from descriptions of each principle as articulated

by WHO (2014), UNFPA and WHO (2015), FP2020's Rights and Empowerment Principles for Family Planning (2015), and Comment 22, Article 12 on the right to the highest attainable standard of sexual and reproductive health (UNCESCR, 2016). Some details from the Voluntary Human Rights-based Family Planning Conceptual Framework (Hardee et al., 2014) have been incorporated.

Figure 1b

EXPANDED FRAMEWORK EXPLANATION

SUPPORTIVE CULTURE & COMMUNITY

AGENCY/EMPOWERMENT

- Rights literacy is widespread
- Communities recognize that all people, everywhere, are entitled to human rights
- Marginalized groups, in particular women, adolescents and youth, are empowered to realize their sexual and reproductive health and rights
- Women, men and young people have knowledge of FP
- Gender norms support women, adolescents and youth in making and acting upon their own informed FP decisions
- The community supports healthy transitions from adolescence to adulthood
- Civil society is mobilized to advocate for policies, funding and programs that support equitable access to quality FP services

ACCESSIBILITY

- Affordable transportation links individuals to service delivery points
- Community-based distribution of contraceptives enhances access

ACCEPTABILITY

- The use of FP by all population groups, including unmarried youth, is culturally acceptable and supported by community and religious leaders

PARTICIPATION

- Community members, including women from marginalized populations, adolescents and youth, are fully engaged in the formulation of policy affecting FP service delivery and in monitoring programs
- Health committees comprised of community volunteers provide a critical link between service facilities and communities

ACCOUNTABILITY

- Community members, including adolescents and youth, participate in program development and monitoring
- Social accountability mechanisms are in place, as are robust means of redress for rights violations

Figure 1c



ENABLING LEGAL & POLICY ENVIRONMENT

NON-DISCRIMINATION AND EQUALITY

- Laws and policies promote and protect access to quality contraceptive information and services for all and equal treatment of all individuals
- The State guarantees that human rights are exercised without discrimination of any kind

AVAILABILITY

- Adequate resources are allocated
- Functioning healthcare facilities, commodities and services exist in sufficient quantity, and are well distributed, offering a wide range of contraceptive options, including client-controlled methods
- Follow-up and removal services exist in both the public and private sectors

ACCESSIBILITY

- Information and services are physically and economically within reach
- Comprehensive sexuality education is provided
- No third-party authorization, unjustifiable medical barriers or other restrictions exist
- Contraceptive security is assured
- The widest range of service providers who can safely provide services is trained and authorized to do so
- Mobile services, community-based distribution and service integration expand access
- Special efforts are made to reach displaced populations and those in crisis settings

ACCEPTABILITY

- A gender perspective is at the center of all policies, programs and services affecting women's health
- Services are culturally appropriate and sensitive to life cycle requirements

QUALITY

- Service delivery standards meet international norms
- Effective training and HMIS systems are in place
- Healthcare facilities, commodities and services (including skilled medical personnel) are medically appropriate, respectful and comply with approved service standards

INFORMED DECISION-MAKING

- The principle of autonomy, expressed through voluntary, informed decision-making, is embodied in human rights law and protected by client counseling
- Individuals are not subjected to incentives or policies that foster coercive provider practices, nor to non-medical eligibility criteria that create barriers to access

PRIVACY AND CONFIDENTIALITY

- The privacy of individuals' health information enjoys legal protection

PARTICIPATION

- Women and youth participate fully and are informed and represented in the planning, implementation and monitoring of FP-related policies, programs and services

ACCOUNTABILITY

- The State embraces its role as duty-bearer
- Its legal, policy and programmatic frameworks are aligned with international human rights standards
- Effective monitoring and accountability mechanisms are in place at all levels to ensure that individuals' agency and choices are respected, protected and fulfilled and to redress rights violations
- Measures of program success are rights-supportive
- Rights-related indicators are included in routine program monitoring
- Systems and structures engage with national human rights institutions (NHRIs) to monitor state human rights obligations, oversee law enforcement, and engage with international human rights mechanisms to strengthen accountability for SRHR, including engaging in the Universal Periodic Review (UPR) and treaty bodies
- Individuals from all groups, including marginalized populations, are made aware of their rights

EXPANDED FRAMEWORK EXPLANATION



Figure 1d



QUALITY INFORMATION AND SERVICES

NON-DISCRIMINATION AND EQUALITY

- Quality information and services are provided equitably to all individuals without discrimination of any kind

AVAILABILITY

- The full range of contraceptive methods offered plus removal services for IUDs and implants are supported by adequate supply of commodities and equipment, competent staff and infrastructure
- An effective contraceptive security system prevents stock-outs

ACCESSIBILITY

- Equitable service access is assured for all through various service models (static, mobile, integrated, youth-friendly, plus effective referral) and convenient service delivery points (“leave no one behind”)
- All contraceptive services are affordable
- No non-medical eligibility or third party consent requirements exist

ACCEPTABILITY

- Facilities, commodities and services are acceptable to intended beneficiaries
- Services are provided in an ethical, culturally respectful, confidential manner
- Individual preferences are respected

QUALITY

- Skilled medical personnel:
 - Provide safe and appropriate services that meet accepted standards
 - Provide approved and unexpired commodities and equipment
 - Provide clear and medically accurate information
 - Maintain infection protection and adequate sanitation
 - Protect all clients’ dignity and treat all clients with respect

- Effective monitoring, supervision, quality improvement and HMIS systems are in place

INFORMED CHOICE/ DECISION-MAKING

- Individuals can choose from a wide range of contraceptive options
- All clients are informed and counseled to ensure they have accurate, unbiased and comprehensible information that includes common side effects, possible risks and whether or not the method protects against HIV/AIDS
- Clients’ right and ability to make their own choices is respected, protected and fulfilled
- Neither providers nor clients receive incentives for accepting or providing FP or particular methods

PRIVACY AND CONFIDENTIALITY

- Providers protect individuals’ privacy and do not disclose any personal or medical information they receive from clients

PARTICIPATION

- Mechanisms are in place to elicit input and feedback from clients and community members about service delivery

ACCOUNTABILITY

- Program managers and healthcare workers have rights literacy
- As duty-bearers, they respect, protect and fulfill individuals’ human rights
- Managers routinely monitor human rights in their program
- Effective mechanisms are in place to manage alleged and confirmed rights violations

EXPANDED FRAMEWORK EXPLANATION

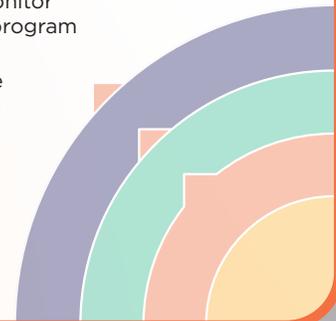


Figure 1e



PROGRESSIVE REALIZATION OF RIGHTS

The concept of “progressive realization” recognizes that the status of human rights varies within and among family planning programs, and that there are multiple political, cultural and resource constraints that hinder elements of human rights-based programming. However, governments and program implementers (i.e., duty-bearers) have an obligation to take any action they can to continuously advance the protection and fulfillment of individuals’ human rights toward the ideal. This framework gives them a vision to aspire to.

References

FP2020. 2015. Rights and Empowerment Principles for Family Planning. Washington, DC.

Hardee, K, J Kumar, K Newman, L Bakamjian, S Harris, M Rodriguez, and W Brown. 2014. "Voluntary, Human Rights-based Family Planning: A Conceptual Framework." *Studies in Family Planning*. 45(1): 1-18.

United Nations Committee on Economic, Social and Cultural Rights (UNCESCR). 2016. General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights). E/C.12/GC/22. 2016.

WHO. 2014. *Ensuring Human Rights in the Provision of Contraceptive Information and Services*.

UNFPA. 2020. *Strengthening the Human Rights-based Approach to Family Planning at UNFPA. An Assessment*. New York: UNFPA.

UNFPA and WWA. 2021. Programme Assessment Tool for a Human Rights-based Approach to Voluntary Family Planning. New York: UNFPA

UNFPA and WHO. 2015. *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide*. New York: UNFPA, and Geneva: WHO.

UNFPA. 2020. *Elevating Rights and Choices for All. Guidance Note for Applying a Human Rights Based Approach to Programming in UNFPA*. New York: UNFPA.

This brief was written by Jan Kumar and Karen Hardee of the What Works Association, in collaboration with FP2030 and UNFPA.

Suggested citation:

FP2030, UNFPA and What Works Association. 2021. The Comprehensive Human Rights-based Voluntary Family Planning Program Framework: Brief. Washington, DC: FP2030.

