



HUMAN RIGHTS-BASED APPROACH TO FAMILY PLANNING

UNFPA Support Tool





Acknowledgements

Development of the *Human Rights-Based Approach to Family Planning: UNFPA Support Tool* was led by UNFPA, the United Nations Population Fund, under the direction of Naffisatou Diop, former Chief of the Gender and Human Rights Branch and Gifty Addico, former Chief of the Commodity and Security Branch of the Technical Division. Technical guidance was provided by Emilie Filmer-Wilson, Violeta Canaves and Benedict Light. This update includes humanitarian contexts.

UNFPA wishes to acknowledge What Works Association, including Jan Kumar, Karen Hardee, Lynn Bakamjian and Melanie Croce-Galis, for leading the writing of the document and for their substantive expertise. Additional input on humanitarian context was provided by Christina Zampas, UNFPA independent consultant.

A special word of thanks goes to UNFPA Regional Offices of East and Southern Africa and Asia and the Pacific for reviewing and contributing to the tool, as well as the UNFPA Country Office in Uganda for support in piloting the tool. Staff from Family Planning 2030 (FP2030) also provided helpful comments on this tool.

Suggested citation: UNFPA (2023, revised 2024). *Human Rights-Based Approach to Family Planning: UNFPA Support Tool*. New York: UNFPA.

United Nations Population Fund
605 Third Avenue
New York, NY 10158
www.unfpa.org
+1 (212) 297-5000

All photos: © UNFPA

© UNFPA December 2024

Contents

Section 1

What is HRBA to FP?..... 1

Definition 3

Principles and standards..... 4

Section 2

Background..... 5

Need for this tool 6

Section 3

Components..... 9

A. Holistic framework 11

B. Assessment and planning process 20

C. Programme assessment and planning package (stakeholder workshop)..... 23

References 22

Acronyms

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
FP	Family planning
GEWE	Gender equality and women's empowerment
HRBA	Human rights-based approach
HRBA to FP	Human rights-based approach to family planning
ICPD	International Conference on Population and Development
LNOB	Leave no one behind
M&E	Monitoring and evaluation
NGO	Non-governmental organization
NHRI	National human rights institution
Q&A	Questions and answers
SDG	Sustainable Development Goal
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
UNFPA	United Nations Population Fund
UHC	Universal health coverage
UPR	Universal Periodic Review
WHO	World Health Organization

SECTION 1

What is HRBA to FP?

Definition: human rights-based approach to family planning

The United Nations has developed a common understanding of the “human rights-based approach” over the past two decades, with a definition first published in 2003 (UNDG Human Rights Working Group). The Support Tool draws on this common understanding to elaborate a more specific definition of a human rights-based approach as applied to family planning. The definition draws on a range of sources.¹

This definition derives from international human rights law and further draws on UNFPA guidance on human rights-based approaches. **Duty-bearers** are State actors who have an obligation to respect, protect and fulfil human rights and can be held accountable for their actions. **Rights-holders** are every individual including every man, woman and child, of any race, ethnic group or social condition. It is important to keep in mind that human rights applies at all times, in all contexts, including in humanitarian contexts, even during armed conflict.

A human rights-based approach to family planning (HRBA to FP) is a conceptual framework and systematic process that:

- Ensures States meet their obligations under international human rights law to respect, protect and fulfil human rights
- Ensures family planning programmes maintain a focus on key human rights-related principles and standards that apply to family planning
- Applies these principles and standards in all phases of programming, and at all levels of the programme
- Enables duty-bearers to meet their obligations and rights-holders to claim their rights.

¹ UNDG Human Rights Working Group. 2003. The Human Rights Based Approach to Development Cooperation Towards a Common Understanding Among UN Agencies; World Health Organization (WHO). 2014. Ensuring Human Rights in the Provision of Contraceptive Information and Services. Geneva; UNFPA and Harvard. 2010. A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials. New York; FP2020. 2015. Rights and Empowerment Principles for Family Planning. Washington, DC; UN Economic and Social Council, 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; 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; Kumar, Jan, Bakamjian, Lynn, Hardee, Karen, Jurczynska, Kaja, and Jordan, Sandra. 2017. “What is a Human Rights-Based Approach to Family Planning?” In FP2020. 2018. Rights-Sizing Family Planning: A Toolkit for Designing Programs to Respect, Protect, and Fulfill the Rights of Girls and Women. Washington, DC; UNFPA. 2020.

Principles and standards

A number of human rights-related principles and standards² apply to family planning programmes. Applying a human rights-based approach ensures that people are at the centre of development programmes. The explicit goal of a family planning programme is to support the basic right of individuals to decide freely and responsibly the number and spacing of their children and to do so free of discrimination or coercion, as agreed in the Programme of Action of the International Conference on Population and Development (Principle 8 and para. 7.3).

People are at the centre rather than the programme's structure, systems, staff or numeric goals. The UNFPA Strategic Plan, 2022–2025 establishes the human rights-based approach as an accelerator for its three transformative results, one of which is ending the need for family planning by 2030.

The materials in the Support Tool build upon the definition of a human rights-based approach to family planning and key guidance documents from United Nations agencies including UNFPA and the World Health Organization for human rights-based programming in general and for family planning in particular.

KEY QUOTES:

UNFPA Strategy for Family Planning, 2022–2030

Vision

A world where every person is able to access quality family planning information and services delivered through approaches that empower women and girls, affirm individual human rights and leave no one behind.

This vision goes beyond contraception to encompass a range of issues – including infertility, bodily autonomy, agency, and engagement with men and boys. It calls for expanding beyond the health sector to change social and gender norms, laws and policies to uphold human rights that enable all individuals to realize their reproductive intentions, whether they wish to start a family, increase their family size, or delay, space or avoid pregnancy.

UNFPA will uphold and realize human rights including the right to decide the number, spacing and timing of children, the rights to health and life, the right to non-discrimination and the right to private life.

KEY QUOTES:

UNFPA Strategic Plan, 2022–2025

A development approach that is rooted in respect for fundamental human rights is essential. A human rights-based approach facilitates more effective and equitable responses to address barriers to achieving the transformative results.

The acceleration of the reduction in the unmet need for family planning will not occur unless the following pathways are prioritized: ...investments in human rights-based, people-centred, inclusive and integrated high-quality family-planning services, including products and services that are offered based on informed choice, free from constraints, coercion, discrimination and violence.

Unfpa.org

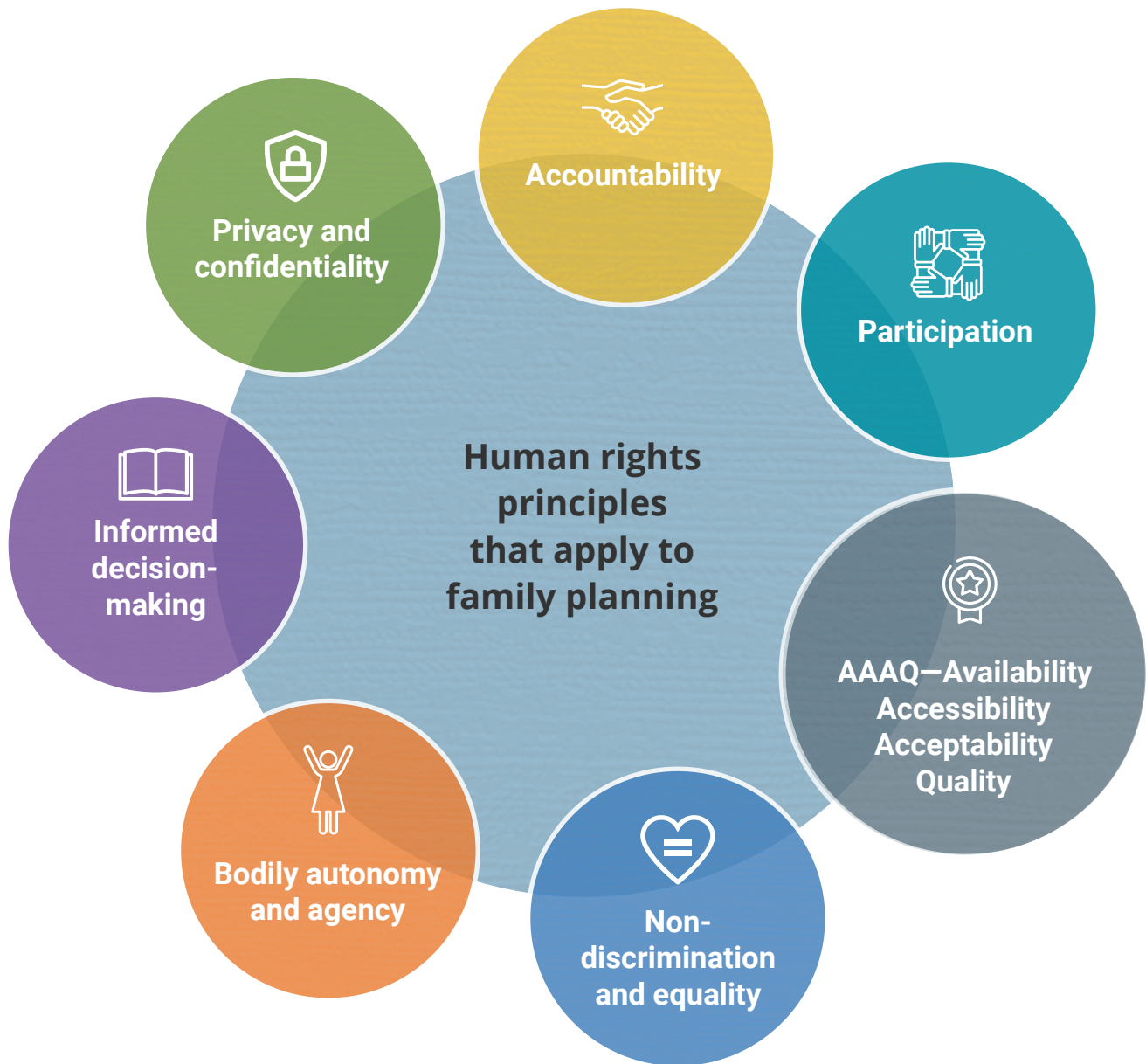
Accelerator: Human rights-based and gender-transformative approaches

Action is anchored in international human rights norms and standards. By focusing on equality, non-discrimination, quality and accountability, UNFPA is putting into motion the ICPD Programme of Action. UNFPA strives to change harmful gender norms and unjust distributions of resources and power that leave women and girls behind.

² CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12). General Comment No. 14 explains that the four elements of availability, accessibility, acceptability and quality (AAAQ) are essential to the enjoyment of the right to health by all. Available at: www.refworld.org/pdfid/4538838d0.pdf

FIGURE 1

Human rights principles that apply to family planning



SECTION 2

Background

Need for this tool

The Human Rights-Based Approach to Family Planning: UNFPA Support Tool provides practical guidance for assessing family planning programmes through a human rights lens. The tool creates a foundation for designing or improving family planning programmes that apply human rights principles and standards at all levels of the health care system, and in all contexts, including in humanitarian settings. It was developed in response to a 2020 UNFPA study that identified a need for such guidance. The tool comprises a framework depicting an ideal human rights-based programme, an eight-step assessment and planning process as well as an agenda and materials for a stakeholder workshop.

Expanding access to contraceptive services and improving health outcomes require services to be delivered in ways that respect, protect and fulfil the human rights of everyone who seeks or uses contraceptive information and services.

The Sustainable Development Goals (SDGs) have given high priority to achieving universal health care and empowering women and girls. This has galvanized global attention to the importance of protecting and fulfilling the rights of individuals to quality contraceptive information and services and full, free informed choice. The SDGs are grounded in human rights and place equality and non-discrimination at the centre. The global commitment to achieving the SDGs by 2030 provides a major opportunity to accelerate efforts to mainstream and promote human

rights throughout programming for sexual and reproductive health and rights. Many organizations have promoted rights-based family planning. Groups such as FP2020 (now FP2030), the Futures Group and EngenderHealth have issued guidance to explain and operationalize the approach. The Support Tool draws on this guidance, in particular a 2015 publication by UNFPA and the World Health Organization titled *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide*.

Purposes of the Support Tool

The Human Rights-Based Approach to Family Planning: UNFPA Support Tool provides a vision of an ideal rights-based family planning programme. It also provides materials to guide stakeholders in assessing their actual programmes in comparison with this vision, and to guide their development of a practical plan to strengthen human rights.

The Support Tool aims to foster a family planning mindset permeated by human rights principles. As noted by the United Nations Secretary-General in the *Call to Action on Human Rights*, a culture of human rights must permeate everything we do in the field, at regional level and in headquarters (United Nations, 2020). Taking a human rights-based approach is not meant to add additional work, but rather to ensure that consideration of human rights and related principles is **intentional, comprehensive and systematic** throughout the cycle of programme planning, implementation, evaluation and improvement. In humanitarian contexts, this means in

emergency preparedness, emergency response and recovery. If this seems complex, it is because good, comprehensive programming is complex, not because it is human rights-based.

The Support Tool provides a conceptual framework that shows what rights-based family planning looks like in practical programmatic terms. Please see Section A for the *Holistic Framework for Human Rights-Based Family Planning*. This framework can be introduced through a stakeholder workshop, and a detailed resource package for designing and conducting such a workshop is included in the Support Tool.

Stakeholder workshops establish a shared understanding of human rights and related principles that apply to family planning, and of States' obligations as duty-bearers under international human rights law. The aim is to heighten awareness of the factors that support and that hinder individuals' human rights, creating a shift in how people think about and go about their work. Learning in the workshop will enable participants to identify conditions or practices that create rights vulnerabilities, to get to their root causes and to plan how to remedy them.

KEY CONCEPT:

Progressive realization

The holistic nature of the framework fosters the ongoing process of “progressive realization” of human rights. The concept was established by international human rights law.³ Progressive realization means that States have a specific and continuing obligation to move as expeditiously and effectively as possible towards the full realization of the right to health.⁴ It recognizes that the status of human rights varies within and among family planning programmes, and that there are multiple political, cultural and resource constraints that hinder elements of human rights-based programming. However, despite existing limitations, governments and programme 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 towards the ideal, and must always take immediate action to prevent and address discrimination.

3 The Committee on Economic, Social and Cultural Rights in General Comment No. 14 also defines the obligations that State parties have to fulfil in order to implement the right to health at the national level. Available at: <https://undocs.org/E/C.12/2000/4>.

4 United Nations Office of the High Commissioner, About the right to health and human rights (accessed 9 November 2023). Available at: www.ohchr.org/en/special-procedures/sr-health/about-right-health-and-human-rights

Intended users and uses

The intended users are stakeholders responsible for (i) designing family planning and broader reproductive health programmes; (ii) designing project proposals; (iii) strengthening existing programmes; and (iv) monitoring and evaluating programmes. This audience includes staff from development partners and technical assistance organizations and their national and subnational government counterparts, private sector partners, and civil society organizations and leaders at the community level. It will be of particular use to policymakers and managers.

This tool supports the following activities:

- Increasing human rights literacy to reach a shared understanding of human rights-based family planning
- Developing proposals and resource mobilization activities

- Conducting a desk review
- Planning for an existing programme or project team
- Conducting a programme assessment and planning workshop for stakeholders
- Developing a programme monitoring and evaluation plan

Components of the Support Tool may be used alone or in combination with other resources.

Whenever possible, incorporate the Support Tool into existing situation analysis processes, e.g. when developing national reproductive health and/or family planning strategies, family planning implementation plans costed and strategies for adolescent sexual and reproductive health, and in different phases of the humanitarian cycle.

SECTION 3

Components

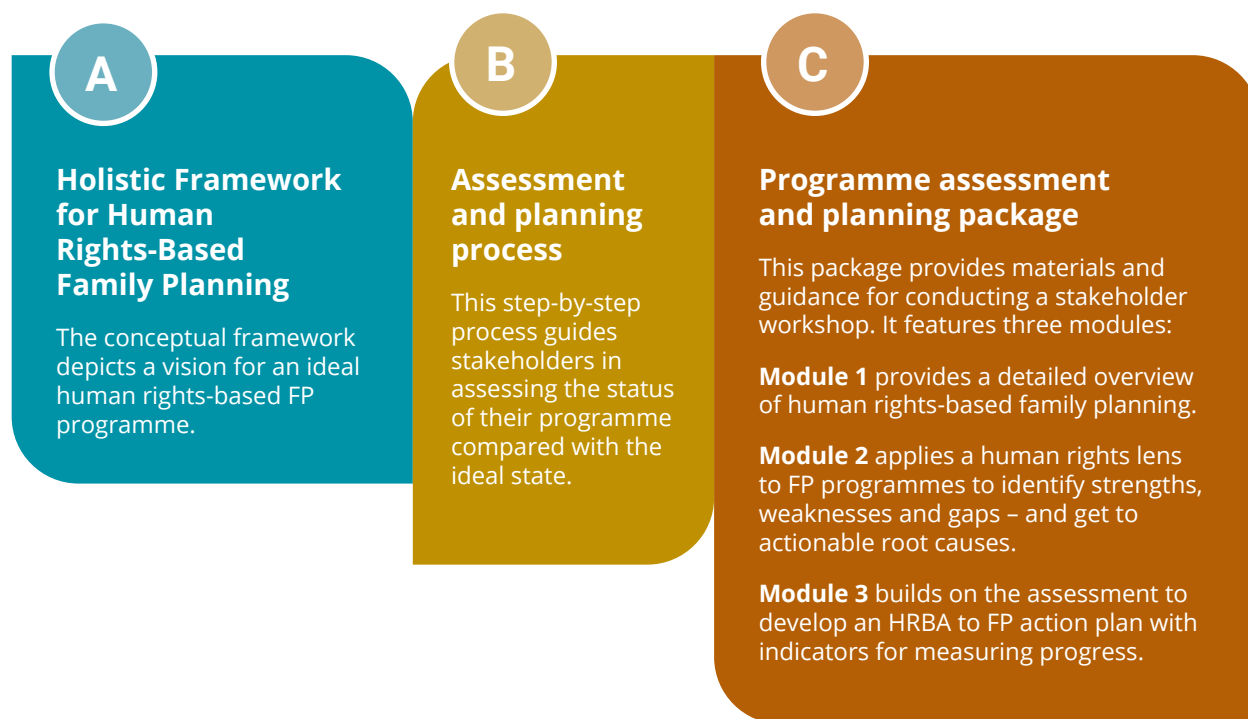
- A. Holistic framework for human rights-based family planning
- B. Assessment and planning process
- C. Programme assessment and planning package
(stakeholder workshop)

The Support Tool is unique in its holistic programme perspective and step-by-step approach, which considers all levels of the health care system and all applicable human rights principles. It is designed to identify key needs and recommended actions that could be incorporated into other plans (e.g. costed implementation plans) or strategies. The Support Tool includes three main components: a framework, a process and a workshop package.

The Support Tool has been incorporated into a toolkit on universal health coverage (UHC).⁵ The two tools are complementary: the present tool focuses on assessing and strengthening family planning programmes through a human rights lens while the UHC toolkit focuses on legal obligations on a range of SRHR topics, including family planning. The Support Tool also works well in combination with a 2020 resource from the Technical Division at UNFPA titled *Elevating Rights and Choices for All: Guidance Note for Applying a HRBA in UNFPA Programming*.⁶

FIGURE 2

Components of the Support Tool



5 UNFPA (2024). Toolkit on Attaining Sexual and Reproductive Health and Rights in Universal Health Coverage through a Human Rights-Based Approach. UNFPA and the Center for Reproductive Rights.

6 UNFPA (2020). *Elevating Rights and Choices for All: Guidance Note for Applying a Human Rights Based Approach to Programming*. Available at: www.unfpa.org/featured-publication/guidance-note-applying-HRBA-programming-unfpa



Holistic framework for human rights-based family planning

At the centre of this tool is the Holistic Framework for Human Rights-Based Family Planning. This framework defines the essential elements that should ideally be in place at the various levels in the health care system for a comprehensive family planning programme based in human rights. Such an ideal programme does not yet exist. It is an aspiration. Yet every programme is somewhere along the continuum that leads to this desired state.

The framework includes a visual overview of a holistic programme presented in four programmatic levels:

- **Supportive community and social and gender norms** (community level)
- **Enabling legal and policy environment** (laws & policy level)
- **Quality information and services** (service delivery level)
- **Empowered and satisfied client** (individual level)

This comprehensive framework addresses both the supply side and demand side of programmes. It also covers both the responsibilities of duty-bearers and the entitlements and protections of rights-holders. These levels do not operate in isolation but reinforce and contribute to each other.

The human rights-based approach to family planning is consistent with programming best practices, such as supporting participation, ensuring quality of services and so on. It makes a focus on human rights intentional in how people go about their work. It builds on familiar tenets of quality of care but does not entail different programming processes.

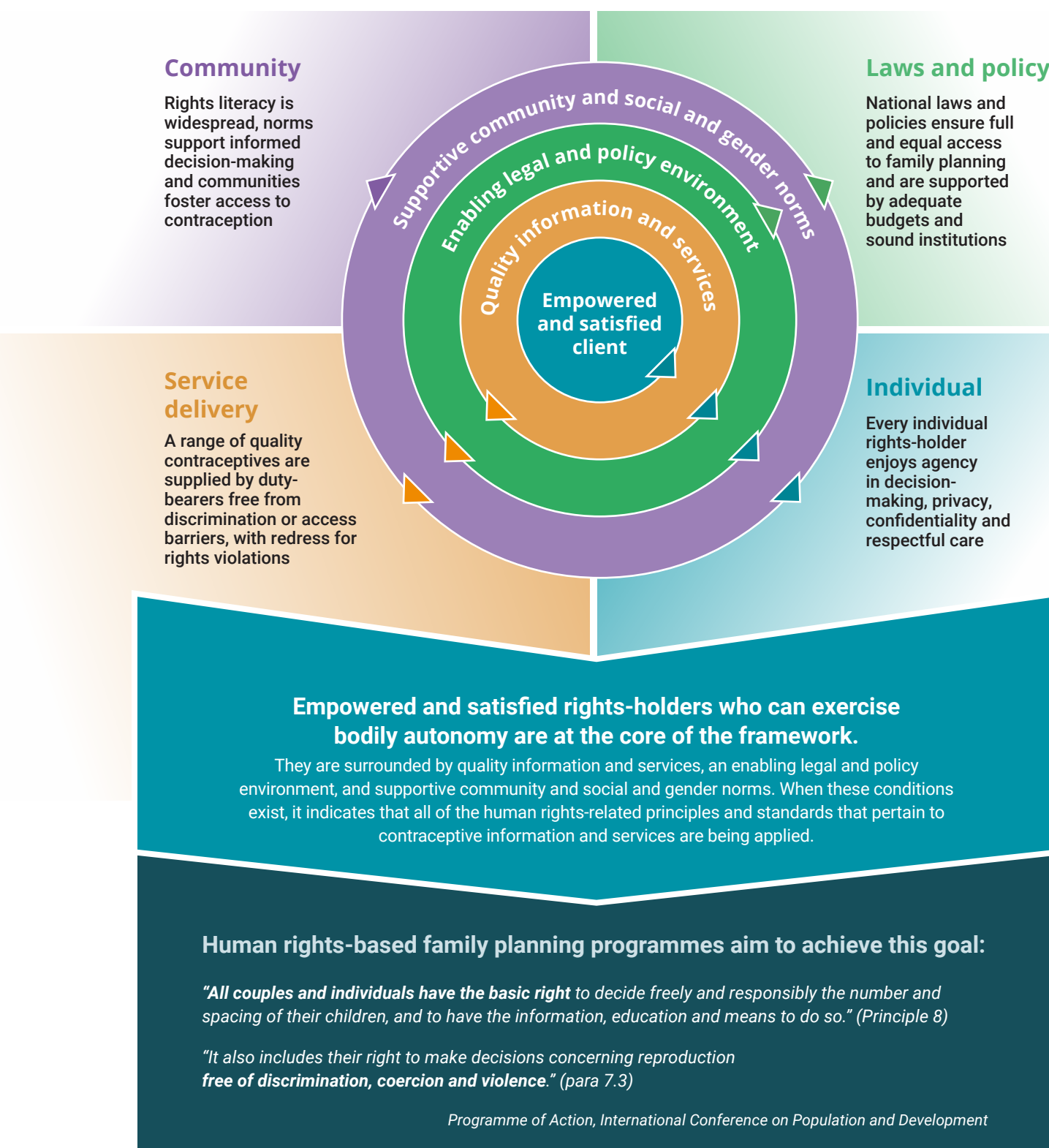
Any family planning programme, in all contexts, including in humanitarian contexts, can take the human rights-based approach. The framework applies to national programmes where governments have adopted total market approaches (TMA) to maximize market efficiency, equity and sustainability through the coordination of the public, social marketing and commercial sectors. The framework also applies to programmes that are more limited in scope or geographic coverage.

FACILITATOR NOTE

The framework can stand on its own. It may be used as a stand-alone programmatic job aid. It serves as a conceptual resource to establish a shared understanding of human rights-based family planning among a variety of stakeholders. Consider incorporating the graphic into presentations or guidance documents for family planning programming. Consider referring to the graphic during the development of a project proposal or funding proposal for a human rights-based family planning intervention or broader sexual and reproductive health programme. In addition, the framework serves as the foundation of the stakeholder workshop.

FIGURE 3

Holistic framework for human rights-based family planning



EXPANDED FRAMEWORK EXPLANATION

Supportive community and social and gender norms



AGENCY/AUTONOMY/EMPOWERMENT

- Rights literacy is widespread
- Communities recognize that all people, everywhere, are entitled to human rights
- Marginalized individuals and communities, in particular women, adolescents and youth, including those in humanitarian settings, are empowered to realize their sexual and reproductive health and rights
- Women, men and young people have knowledge of family planning
- Gender norms support women, adolescents and youth in making and acting upon their own informed family planning decisions; understand how crisis can exacerbate existing gender inequalities and harmful norms, this includes addressing the increased risk of gender based violence.
- The community supports healthy transitions from adolescence to adulthood
- Civil society is mobilized to advocate for policies, funding and programmes that support equitable access to quality family planning services



ACCESSIBILITY

- Affordable transportation links individuals to service delivery points
- Community-based distribution of contraceptives, mobile clinics enhances access, including in temporary settlements and camps



ACCEPTABILITY

- The use of family planning 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 family planning service delivery and in monitoring programmes
- Health committees comprising community volunteers provide a critical link between service facilities and communities



ACCOUNTABILITY

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

Enabling legal and policy environment



NON-DISCRIMINATION AND EQUALITY

- Laws and policies promote and protect access to quality contraceptive information and services and equal treatment for all, including displaced populations, and those affected by conflict, ensuring equal treatment for all, regardless of their legal status.
- The State guarantees that reproductive rights are respected, protected and fulfilled for all without discrimination of any kind



AVAILABILITY

- A national strategy and action plan on sexual and reproductive health and rights exist, and include specific provisions for humanitarian contexts including the Minimum Initial Service Package (MISP) for SRH⁷; the strategy is adequately resourced and are periodically reviewed and monitored through a participatory and transparent process
- Policy and legal frameworks facilitate regulated, quality self-care interventions, including in contexts where access to health facilities may be limited⁸



ACCESSIBILITY

- No laws, policies or practices criminalize, obstruct or undermine access by individuals or a particular group to sexual and reproductive health facilities, services, goods and information, including those living in camps or informal settlements
- Universal and equitable access to affordable, acceptable and quality sexual and reproductive health services, goods and facilities, is guaranteed, in particular for women and disadvantaged and marginalized individuals and communities, such as people with disabilities and those living in humanitarian settings
- Information and services are physically and economically within reach
- Comprehensive sexuality education is provided, and adapted to specific needs and vulnerabilities of people in humanitarian settings
- No third-party authorization, unjustifiable medical barriers or other restrictions exist
- Contraceptive security is assured, even in challenging logistical environments, ensuring the MISP for humanitarian contexts is accessible
- Special efforts are made to reach displaced populations and those in crisis settings
- Post-abortion care and counselling are available for those who need it, and recognizing the increased risk of unsafe abortion in humanitarian settings

7 The Minimum Initial Service Package for Reproductive Health (2020) <https://www.unfpa.org/resources/minimum-initial-service-package-misp-srh-crisis-situations>

8 Self-care interventions for sexual and reproductive health and rights to advance universal health coverage: 2023 joint statement by HRP, WHO, UNDP, UNFPA and the World Bank. Available at: www.unfpa.org/sites/default/files/resource-pdf/JointStatement_SelfCareInterventions-EN_0.pdf



ACCEPTABILITY

- A gender perspective is at the centre of all policies, programmes and services affecting women's health
- Services are culturally appropriate, youth-friendly and sensitive to gender and life cycle requirements, and the unique needs of diverse populations, including those affected by conflict and displacement, who may be experiencing heightened stress and trauma



QUALITY

- State policies, programmes and practices regarding contraceptive goods and services are evidence-based, scientifically and medically appropriate, and in line with recent technological advances and innovations
- Facilities, services and commodities are medically appropriate and comply with approved service standards
- Medicines, equipment and technologies essential to sexual and reproductive health are provided, even in resource strained environments, based on the WHO Model List of Essential Medicines



INFORMED DECISION-MAKING

- The State has taken effective measures to prevent or eliminate laws, practices and policies that promote involuntary, coercive or forced contraception
- Individuals are empowered to make free, informed and responsible decisions without barriers, coercion or discrimination, even in emergency situations
- The principle of autonomy is protected by client counselling; by removing all third-party authorization requirements (e.g. parental, spousal or partner); and by eliminating non-medical eligibility criteria that create access barriers (e.g. minimum number of children required to obtain sterilization or IUD, or age or marital status requirements)
- Individuals are not subjected to incentives or policies that foster coercive provider practices, nor to non-medical eligibility criteria that create barriers to access
- All individuals and groups have access to comprehensive education and information on sexual and reproductive health that are non-discriminatory, non-biased and evidence-based, and that take into account the evolving capacities of children and adolescents



PRIVACY AND CONFIDENTIALITY

- Legal and professional regulations have been adopted to guarantee the confidentiality and privacy of individuals seeking contraceptive information and services, including in crowded and insecure environments



PARTICIPATION

- Women and youth participate fully and are informed and represented in the planning, implementation and monitoring of policies, programmes and services related to family planning



ACCOUNTABILITY

- 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
- Accountability mechanisms exist to monitor and address human right violations related to SRH in humanitarian settings
- Measures of programme success are rights-supportive and rights-related indicators are routinely monitored
- 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
- The State has ensured administrative or judicial safeguards in instances where an individual is impermissibly denied access to a particular contraceptive method (including emergency contraceptives) or experiences violations of informed consent and other abuses around contraceptive access and use
- The State ensures access to effective and transparent remedies and redress, including administrative and judicial safeguards, for any violations of the right to sexual and reproductive health

Quality information and services



NON-DISCRIMINATION AND EQUALITY

- Quality information and services are provided equitably to all individuals without discrimination of any kind, including in humanitarian settings



AVAILABILITY

- A wide range of contraceptive methods is offered
- All contraceptives included in the National Essential Medicines List are made available, including male condoms, female condoms, oral contraception, injectable contraception, emergency contraception, IUDs (insertion and removal) and implants (insertion and removal); MISP is available in humanitarian settings.
- Both insertion and 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, especially in contexts with limited access to supplies



ACCESSIBILITY

- All people have access to comprehensive, unbiased, scientifically accurate information on sexual and reproductive health, including information regarding the full range of contraceptives, delivered

in a manner that is understandable to all (considering age, language, age, ability, etc.), including public health campaigns

- Equitable service access is assured for all through various service models (self-care, static, mobile, integrated and youth-friendly models as well as effective referral) and convenient service delivery points (“leave no one behind”), including in temporary settlements and conflict zones
- All contraceptive services are affordable
- No non-medical eligibility or third party consent requirements exist
- The widest range of service providers who can safely provide services is trained and authorized to do so
- Measures are in place to ensure sufficient numbers of trained and competent service providers in a range of settings (facility-based, community-based, mobile), including in areas with limited health infrastructure



ACCEPTABILITY

- Facilities, commodities and services are acceptable to intended beneficiaries
- Services are provided in an ethical, culturally respectful, confidential manner that includes being respectful of the culture of individuals, minorities, people and communities, and considering the emotional needs of individuals you may have experienced trauma
- 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
- Services and commodities are medically safe and provided respectfully in a clean and comfortable environment
- Special measures are taken to ensure that contraceptive information and services are provided in compliance with the human rights of marginalized groups, including adolescents, individuals with disabilities, sex workers, individuals living in remote areas, and individuals living in humanitarian settings
- Effective monitoring, supervision, quality improvement and health management information systems and logistics management information systems (HMIS/LMIS) systems are in place and supported by training



INFORMED DECISION-MAKING

- Individuals can choose from a wide range of contraceptive options

- All clients are informed and counselled 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 and other sexually transmitted infections (STIs)
- Clients' right and ability to make their own choices is respected, protected and fulfilled
- Neither providers nor clients receive incentives for accepting or providing family planning or particular methods



PRIVACY AND CONFIDENTIALITY

- Providers protect individuals' privacy and confidentiality, including by not disclosing any personal or medical information they receive from clients, particular attention should be paid in settings where privacy may be compromised



PARTICIPATION

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



ACCOUNTABILITY

- Programme managers and health care workers have rights literacy on the delivery of information and services, and as duty-bearers, they respect, protect and fulfil individuals' human rights
- Managers routinely monitor human rights in their programmes
- Effective mechanisms are in place to manage alleged and confirmed rights violations, including in humanitarian settings

Empowered and satisfied client



NON-DISCRIMINATION AND EQUALITY

- Every individual is treated the same without discrimination based on who they are, their age or their circumstances, or their sexual orientation or gender identity



AGENCY/AUTONOMY/EMPOWERMENT

- Every individual can make and act on their own family planning decisions in consultation with whomever they choose, without pressure or obstacles from the health care system, their partner or family. This is particularly important in humanitarian settings where individuals may be more vulnerable to exploitation and abuse.



AVAILABILITY

- Every individual is offered a broad range of methods and services to choose from, including emergency contraception.



ACCESSIBILITY

- Every individual has correct and understandable contraceptive information and can get services that are physically convenient (through self-care, static or mobile services, community- based distribution or effective referral), affordable and available when needed



ACCEPTABILITY

- Methods offered suit the individual's needs and preferences
- Services are respectful and culturally appropriate, and take into account the needs of individuals who may have experienced trauma or loss



INFORMED DECISION-MAKING

- Every individual can decide whether or not to use family planning and what method to use, based on accurate and complete information, including benefits and side effects



PRIVACY AND CONFIDENTIALITY

- Every individual receives information and services in a setting where no one can hear or observe client-provider interactions; records and information are not shared with anyone



PARTICIPATION

- Every individual can provide input and feedback regarding how information and services are provided



ACCOUNTABILITY

- As rights-holders, individuals know and claim their human rights
- As rights-holders, individuals speak up if any of their rights are violated, and have access to responsive mechanisms for redress

B

Assessment and planning process

The process of applying the Holistic Framework for Human Rights-Based Family Planning is captured in the following eight steps. The objective is to assess, plan or strengthen family planning programmes.

Eight-step assessment and planning process

1

Compile key documents: Compile a list of ratified treaties; recent concluding observations and recommendations made by rights bodies (UPR, CEDAW, etc.)*; and laws, policies, strategies, standards, results frameworks and essential data related to human rights and family planning programmes, including in humanitarian settings.

2

Convene representative stakeholders: Convene community leaders, women (including from marginalized populations), youth, policymakers, human rights staff (e.g. NHRIs), programme managers, service providers and clients. Engage them in participatory programme assessment and planning.

3

Establish a shared understanding: Use this HRBA to FP Support Tool to establish a human rights-based approach to family planning.

4

Compare the existing programme to the desired state: Articulate a vision of the desired state. Refer to the Support Tool documents as needed. Go systematically, point by point, to identify programme strengths, weaknesses and gaps from a human rights perspective.

5

Identify the challenges: Identify the challenges for each desired programme element that is weak or lacking. Conduct a root cause analysis. Identify actionable areas and impediments and tensions that could block necessary action.

6

Set parameters of a plan: Prioritize what programme strengths to expand and what areas to improve. Determine at what level (or levels) action is required and which actors have authority to act. Identify desired strategic partners.

7

Formulate an action plan: Detail actions, responsible parties, timeframe and monitoring indicators.

8

Link the action plan: Link the plan to existing monitoring, evaluation and accountability processes and mechanisms.

* Universal Human Rights Index (UHRI) allows you to explore observations and recommendations made by the international human rights protection system. <https://uhri.ohchr.org/en>

The eight-step assessment and planning process guides users towards creating an action plan based on the Holistic Framework for Human Rights-Based Family Planning.

STEP 1

Compile key documents

The first step in the assessment process is to gather key documents.* This may include a list of ratified treaties and conventions as well as concluding observations and recommendations made by United Nations human rights mechanisms such as the Universal Periodic Review (UPR) and Treaty Bodies, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Key documents may also include laws, policies, strategies, results frameworks, and guidelines and standards that govern human rights and family planning programming and accountability, including in humanitarian settings.

The key documents will be reviewed by stakeholders at the workshop. They will provide a picture of the current status of the legal and policy environment that governs family planning and human rights in the country, and the status of the government's compliance with its human rights obligations. Such documents are often listed in existing family planning or reproductive health strategies, e.g. family planning costed implementation plans or national reproductive health policies and strategies. For the most recent recommendations by United Nations human rights mechanisms, visit the Universal Human Rights Index website at <https://uhri.ohchr.org/en/>.

The collection of documents can be undertaken by someone from an organization who is involved in family planning or by a consultant who is knowledgeable about the family planning programme and human rights.

A country's recent recommendations from human rights bodies can be found at the Universal Human Rights Index site, searchable by key theme, including contraception: <https://uhri.ohchr.org/en/>. A country's laws on sexual and reproductive health, including family planning, is available under SDG 5.6.2. This includes a specific focus on laws for family planning, including requirements for third party consent: www.unfpa.org/sdg-5-6

FACILITATOR NOTE

This process can be adapted for a desk review in the absence of a workshop. **For a desk review, omit Step 2.**

Additional guidance for this step can be found in the 2024 toolkit from UNFPA and the Center for Reproductive Rights⁹ and also in the 2020 toolkit from the UNFPA Technical Division titled Advancing SRH in UHC through a human rights-based approach.

⁹ <https://www.unfpa.org/HRSRHcalculator>

STEP 2

Convene representative stakeholders

The next step is to select a manageable number of individuals who can represent the diverse perspectives of the community, law and policy, service delivery and individual programme beneficiaries. A number from 30 to 40 participants is recommended. These individuals should include community leaders, women's and rights activists, members of NHRIs, women (including from marginalized populations), youth, policymakers, programme managers, service providers, clients and journalists and a range of stakeholders engaging in humanitarian settings, where relevant. It is also advisable to include donor representatives. This group will bring their different perspectives to bear in a joint programme analysis and planning process that will be facilitated in the three-day stakeholder workshop.

STEP 3

Establish a shared understanding

Human rights is a common theme in development discourse and in health care strategies; however, there is not a common understanding of what a human rights-based approach means in actual practice in the area of sexual and reproductive health, including family planning. Therefore, to increase rights literacy and to create a foundation for programme assessment and planning, the first half of the workshop is dedicated to establishing a common understanding among all participants. Participants review the following information:

- What human rights are and which rights apply to sexual and reproductive health
- How to define/explain HRBA to FP information and services, how this differs from quality of care, and what specific rights and related principles and standards apply to family planning
- The rationale for applying HRBA to FP, the value it adds, and the consequences of not respecting and not protecting human rights
- Factors that support and factors that hinder human rights in family planning programmes, as well as common challenges and tensions, including in humanitarian settings, and drawn from a range of country examples
- The key elements of a comprehensive programme approach that supports the HRBA to FP

STEP 4

Compare the existing programme to the desired state

What is the desired programmatic state we are all striving for? A vision of this state is depicted in the Holistic Framework for Human Rights-Based Family Planning. This provides a basis of comparison between the ideal and the status of the family planning programme under review. The framework details what should ideally be in place for each human rights-related principle that applies to family planning programmes at each level of the health care system. Ask participants to work in small groups that represent the different perspectives of those levels. They can go point by point to contrast their reality to the ideal to identify strengths, weaknesses and gaps in their programme from a human rights perspective. To support this activity, refer to the key documents compiled in advance of the workshop.

STEP 5

Identify the challenges

By this step, the programme has been interrogated through a human rights lens, and programme weaknesses and gaps with respect to human rights have been identified. It is now necessary to drill down to the underlying root causes of conditions or practices that require improvement. This can be accomplished through a simple **root cause analysis**. Ask “Why?” each identified factor or condition exists, then ask “Why?” again to get closer to the root of the problem, and then repeat the question at least once more to reach the fundamental issue that must be tackled to enable the desired programme change. To ensure a feasible plan, it is also important to consider the reality of the context in which programmes and plans exist, and to identify impediments and tensions that are likely to challenge required action. Common challenges include cultural and/or political sensitivity over human rights, lack of support for the rights of certain groups such as adolescents and youth, limited resources, the tension between striving for numerical goals versus respecting and protecting individuals’ human rights, balancing cost efficiency with equitable access, and the need to offer the widest possible range choice of contraceptive methods.

STEP 6

Set parameters of a plan

Comprehensive programming is complex and resource constraints affect most programmes. Therefore, it is necessary to prioritize issues and determine what can and cannot be done in the near term. Progress towards the ideal is an ongoing process over time. Before formulating recommended actions, the planning group needs to set parameters for their plan:

- Prioritize what programme strengths to expand and what elements to improve or add.
- Determine at what level(s) action is required.
- Identify what actors have authority to act.
- Clarify what is within and what is beyond their own mandate and capability, how this fits into the big picture, and where strategic partners may be needed.
- Identify what resources are required and what resources can be mobilized.
- Identify desired strategic partners who can contribute resources and expertise either through joint action or complementary efforts.
- Define the timeline for the group's action plan, e.g. one to two years is reasonable, with some quick-wins within the first six months.

STEP 7

Formulate an action plan

Building upon the previous steps, stakeholders can formulate an **HRBA to FP action plan**. The plan will detail concrete tasks and steps to be taken, specify who is responsible for each step, specify the target date for completing each action, and establish which monitoring indicators will be tracked to measure progress towards completion. Actions recommended by young people and actions that can be carried out by young people should be given serious consideration and support, as feasible. Regarding recommended actions, stakeholders need to determine whether the action entails modifying ongoing activities or adding new interventions, and whether they can be conducted within existing resources or if additional resources will be required (what type? how much?). Advocacy efforts to mobilize the political and financial support needed to carry out priority actions should be built into the plan.

STEP 8

Link the action plan to existing M&E and accountability mechanisms

The stakeholder workshop will include a facilitated discussion to identify existing processes and mechanisms for monitoring and evaluation (M&E) and accountability that the plan should be linked to – as well as the actions and actors to make the necessary links. Those identified as responsible for making these links will be asked to take necessary action after the workshop.

The HRBA to FP action plan is not intended to operate separately from existing or planned family planning strategies and plans.

Link the process indicators identified in the HRBA to FP action plan with **existing indicators** (e.g. in the Family Planning Costed Implementation Plan). Integrate the HRBA to FP action plan into **existing M&E systems**. They should be linked and/or cross-referenced. These systems will range from routine health information systems to specialized studies, including, for example, Performance Monitoring for Action (PMA) studies (www.pmadata.org).

Integrate the HRBA to FP action plan into **existing accountability systems**. It should include plans for a means to monitor rights-based programming and to identify rights violations and redress them. If relevant accountability mechanisms are not in place, they should be developed as part of implementation of the HRBA to FP action plan. Robust accountability mechanisms may include, for example: (i) social accountability to ensure that communities can hold local authorities and programmes accountable for services (Boydell et al. 2020; Squires et al., 2020) and (ii) monitoring through National Human Rights Institutions for reporting to the Universal Periodic Review of the human rights records of all United Nations Member States. UNFPA has been actively involved in working with National Human Rights Institutions and should be involved in this aspect of accountability for HRBA to FP.



Programme assessment and planning package (stakeholder workshop)

The third component of this Tool is a comprehensive package of materials for conducting a stakeholder assessment and planning workshop. The workshop consists of three modules with a total of 14 sessions.

Materials

The package itself provides all necessary materials, although facilitators are encouraged to adapt them to meet their local context and needs. The following materials are provided:

- Session plan and facilitation guide (agenda)
- Handouts
- Illustrative slides meant for adaptation to country context

Duration

The workshop is two and a half days in duration. It leads stakeholders through a human rights literacy overview plus the assessment and planning process.

Outcomes

At its completion, participants will be able to take a number of actions:

- Participants will be able to define and explain human rights and HRBA to FP. This explanation will include how HRBA to FP differs from and relates to other concepts such as leaving no one behind (LNOB), gender equality and women's empowerment (GEWE) and quality of care. It will address specific rights and related principles and standards that apply to family planning and what value is added by HRBA to FP.
- Participants will have completed an assessment of the family planning programme they support. They will be able to identify the status of the country's human rights obligations and the programmatic weaknesses and gaps from a human rights perspective.
- Participants will have developed an HRBA to FP action plan to address the identified weaknesses and gaps in order to strengthen human rights in the family planning programme they support.

FACILITATOR NOTE

The three workshop modules can be broken apart. Module 1 can stand on its own. It can be used to guide a one-day orientation workshop on human rights and related principles as they pertain to family planning. It introduces the framework. Modules 2 and 3 can be used together. They can be used by a programme planning and management team as a desk review in a work setting or as part of a stakeholder workshop. Modules 2 and 3 guide users in how to assess an existing programme and develop an action plan, using the framework as a reference point.

Advance preparation

Before the workshop, please take the following steps:

- Fully orient the workshop facilitators and presenters regarding the Support Tool and process prior to leading their first workshop.
- Arrange all meeting logistics, e.g. selecting and inviting participants, setting the date and securing a venue.
- Compile key documents for background and reference.
- Finalize the workshop agenda, methodologies and PowerPoint presentations.
- Identify and prepare guest speakers.
- Prepare a workshop evaluation.
- Prepare and photocopy presentations and handouts.

Follow-up

After completing the workshop, several steps are required:

- Document and share the HRBA to FP action plan and other workshop outputs with participants.
- Follow-up and support the implementation and monitoring of the action plan.

Workshop resources

All materials for the stakeholder workshop are available online, including the session agenda in Annex 1, slides and more than a dozen handouts. Please see the UNFPA website publications page or contact us at familyplanning@unfpa.org

TABLE 1

Elements of the stakeholder workshop

Workshop module	Objective	Sessions (see Annex 1)
Module 1	Module 1 provides a detailed overview of human rights-based family planning.	Sessions 1 to 6
Module 2	The step-by-step process in Module 2 is designed to engage stakeholders in the process of assessing the status of their programme compared with the ideal state. It can also be used to help stakeholders develop an action plan to strengthen human rights in family planning including in humanitarian settings.	Sessions 7 and 8
Module 3	Module 3 builds upon the outputs of the assessment to develop an action plan that details recommended actions, lead actors, partners and monitoring indicators to better protect and fulfil individuals' human rights. In the action plan process, workshop participants consider indicators that could be used to monitor progress on human rights, and to identify existing monitoring and accountability systems to which the action plan could be linked.	Sessions 9 to 14

HANDOUTS: STAKEHOLDER WORKSHOP

LIST OF MATERIALS BY SESSION

Session 1	Agenda
Session 2	Matching Game
	Matching Game Answer Key
Session 3	Power Walk Character Cards
	Power Walk Facilitator Guide
	FP Vulnerabilities Grid Exercise
Session 4	Case Studies
	Case Studies Facilitator Guide
Session 6	Brief: The Holistic Framework for Human Rights-Based Family Planning
Session 7	Brief: The Holistic Framework for Human Rights-Based Family Planning
	Worksheet #1: Assessment Questionnaire: Identifying programmatic strengths, weaknesses and gaps from a human rights perspective
Session 8	Brief: The Holistic Framework for Human Rights-Based Family Planning
	Worksheet #2: Prioritizing Challenges and Identifying Actions: Analysis of root causes of weaknesses, gaps and impediments
Session 11	Worksheet #3: Developing an Action Plan
Session 14	Resources List

References

- Boydell, V, N Nulu, K Hardee and J Gay (2020). "Implementing social accountability for contraceptive services: Lessons from Uganda." *BMC Women's Health*. 20:228 <https://doi.org/10.1186/s12905-020-01072-9>
- The RESPOND Project (2014). Checkpoints for choice: An orientation and resource package. New York: EngenderHealth/The RESPOND Project.
- FP2020 (2015). Rights and Empowerment Principles for Family Planning. Washington, DC.
- FP2020 (2018). *Rights-Sizing Family Planning: A Toolkit for Designing Programs to Respect, Protect, and Fulfill the Rights of Girls and Women*. Washington, DC. www.familyplanning2020.org/sites/default/files/Rights-sizing_Family_Planning_Toolkit_EN.pdf.
- FP2030, UNFPA and What Works Association (2021). The Comprehensive Human Rights-based, Voluntary Family Planning Program Framework: Brief. Washington, DC: FP2030. https://commitments.fp2030.org/sites/default/files/06.25.21_Framework_Brief.pdf
- Hardee, K, and J Kumar (2020). Assessment for Strengthening the UNFPA Human Rights-Based Approach to Family Planning. Morristown, NJ: What Works Association. Unpublished.
- Hardee, K, I Askew, R Gomez, E Houghtaling, B Maggwa, S Malarcher, S Stratton and CM Venkatraman (2019). "Discussion Paper on Equity for the HIP Initiative." USAID: Family Planning High Impact Practice Initiative.
- 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.
- High-Impact Practices in Family Planning (HIPs) (2020). Family Planning in Humanitarian Settings: a Strategic Planning Guide. Washington, DC: Family Planning <https://www.fphighimpactpractices.org/guides/family-planning-in-humanitarian-settings/> accessed 25 November 2024.
- Inter-Agency Working Group on Reproductive Health in Crises (2020) Minimum Initial Service Package (MISP) for SRH in Crisis Situations. <https://www.unfpa.org/resources/minimum-initial-service-package-misp-srh-crisis-situations>, accessed 25 November 2024.
- Kumar, J, L Bakamjian, K Hardee, K Jurczynska and S Jordan (2017). "What is a Human Rights-Based Approach to Family Planning?" In FP2020. 2018. Rights-Sizing Family Planning: A Toolkit for Designing Programs to Respect, Protect, and Fulfill the Rights of Girls and Women. Washington, DC.
- Kumar, J, L Bakamjian, S Harris, M Rodriguez, N Yinger, C Shannon and K Hardee (2014). *Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights: Conceptual Framework Users' Guide*. Washington, DC: Futures Group.
- Palladium Group and What Works Association. Forthcoming. *Training Curricula for Rights-based Family Planning*. Washington, DC: Palladium.
- Squires F, A Martin Hilber, JP Cordero, V Boydell, A Portela, M Lewis Sabin, et al (2020). Social accountability for reproductive, maternal, newborn, child and adolescent health: A review of reviews. *PLoS ONE* 15(10): e0238776. <https://doi.org/10.1371/journal.pone.0238776>
- Stratton, S, K Hardee, S Malarcher, I Askew, M Carrasco, V Chandra-Mouli, R Gomez Ponce de Leon, J Greaney, B Maggwa, D McCarragher, JM Peterson and L Raney (2021). "Achieving Equity in Family Planning: Expanding Measurement and Action Beyond Wealth Status and Contraceptive Use." *Bulletin of the World Health Organization*.
- United Nations (1968). *Final Act of the International Conference on Human Rights*. Teheran. 22 April–13 May 1968.

United Nations (2020). The Highest Aspiration: A Call to Action for Human Rights: www.un.org/peacebuilding/sites/www.un.org/peacebuilding/files/documents/2020_sg_call_to_action_for_hr_the_highest_aspiration.pdf

UNDG Human Rights Working Group (2003). *The Human Rights Based Approach to Development Cooperation Towards a Common Understanding Among UN Agencies*. United Nations.

UN Economic and Social Council, 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.

UNFPA. ND. *Lessons From the First Cycle of the Universal Periodic Review*. New York: UNFPA. https://hrbaportal.undg.org/wp-content/files/Final_UNFPA-UPR-ASSESSMENT_270814.pdf

UNFPA. ND. *Lessons From the Second Cycle of the Universal Periodic Review*. New York: UNFPA. www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2019_EN_Lessons_from_the_second_cycle_of_the_universal_periodic_review.pdf

UNFPA (2019). *A Guide in Support of National Human Rights Institutions Country Assessments and National Inquiries on Human Rights in the Context of Sexual and Reproductive Health and Well-being*. New York: UNFPA.

UNFPA (2020). *Elevating Rights and Choices for All. Guidance Note for Applying a Human Rights Based Approach to Programming in UNFPA*. www.unfpa.org/sites/default/files/pub-pdf/2020_HRBA_guidance.pdf

UNFPA (forthcoming). *Toolkit on Attaining Sexual and Reproductive Health and Rights in Universal Health Coverage through a Human Rights-Based Approach*. Available in 2023 from UNFPA and the Center for Reproductive Rights.

UNFPA and Harvard (2010). *A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials*. New York.

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

World Health Organization (WHO) (2014). *Ensuring Human Rights in the Provision of Contraceptive Information and Services*.



United Nations Population Fund
605 Third Avenue
New York, NY 10158
+1 (212) 297-5000
www.unfpa.org
@UNFPA

© UNFPA December 2024

For additional information on
UNFPA's family planning work,
please contact us at
familyplanning@unfpa.org

