



Stakeholder Workshop

# Introducing the human rights-based approach to family planning



## Session 1

# Opening and introduction

**Welcome!**



# Goals/outputs by the end of the workshop

- 1 Established a **common understanding** among stakeholders about the human rights-based approach to family planning and its added value
- 2 Carried out **assessment** of strengths, weaknesses and gaps in family planning programming and policies
- 3 Identified areas for improvement and **prioritized** them
- 4 Developed a multi-stakeholder **action plan**



## Session 2

Human rights  
and sexual and  
reproductive  
health, including  
family planning

# Human rights

Human rights are:

- Human rights are the rights of any individual as a human being.
- Human rights are fundamental to all societies, cultures and religions.
- They offer protections for persons to realize their rights and assist states in ensuring their obligations are met.



# Human rights founding principles

## **Charter of the United Nations** (1945) Article 1

“The Purpose of the United Nations is: to achieve international cooperation [...] and in promoting and encouraging respect for human rights and for fundamental freedoms for all without distinction”

## **Universal Declaration of Human Rights** (1948) Article 1

“All human beings are born free and equal in dignity and rights.”

## **ICPD Programme of Action** (1994)

The International Conference on Population and Development (ICPD) recognized that reproductive rights are human rights.

## **2030 Agenda for Sustainable Development**

The 2030 Agenda is grounded in human rights standards, and puts equality and non-discrimination at centre of efforts (leaving no one behind).



# Duty-bearers

- **Duty-bearers** are State actors who have an obligation to **respect, protect and fulfil** human rights and can be held accountable for their actions.
- Individuals and private entities (non-State actors) have generic responsibilities towards the community to respect the rights of others.

**Respect** = refrain from interfering with or curtailing the enjoyment of human rights

**Protect** = guard against human rights abuses

**Fulfil** = take action to facilitate and promote human rights

# Rights-holders

- **Rights-holders** are every individual including every man, woman and child, of any race, ethnic group or social condition.
- They may be to some extent *groups*, e.g. Indigenous Peoples entitled to collective rights.
- Every rights-holder can make legitimate claims of duty-bearers to meet their obligations.





# Duty-bearer human rights obligations

## Right to quality contraceptive services

### RESPECT

Remove legal barriers to contraception, including parental, spousal or other authorizations

*Refrain* from interfering with the enjoyment of rights

### PROTECT

Regulate and oversee the provision of services by state and non-state health workers according to international clinical standards

*Prevent* others from interfering with the enjoyment of rights

### FULFIL

Ensure, over time, that services are financially and physically accessible to all in a non-discriminatory manner

*Adopt* appropriate measures towards full realization of rights



# Obligation of “progressive realization”

International Covenant on Economic, Social and Cultural Rights, Article 2

## ***Immediate* action should be taken to:**

- Prioritize scarce resources to eliminate discrimination (maximum of available resources)
- Where needed, take action through international assistance and cooperation

## **States should *progressively realize* rights by:**

- Eliminating discrimination
- Ensuring rights that are not resource-dependent
- “Taking steps” and have targeted measures
- Avoiding retrogressive measures
- Undertaking “minimum core obligations”

**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.**



# What are reproductive rights?

Reproductive rights are a constellation of existing civil, political, economic, social and cultural rights contained in human rights instruments and in national laws and constitutions *as they relate to*:

1. Freedom to make **reproductive choices** (information and means to do so)
2. Right to the highest attainable standard of **sexual and reproductive health**
3. Freedom from **discrimination, coercion and violence**  
(1994 ICPD Programme of Action, para 7.3)

# Sexual and reproductive rights?

The human rights of women include their **right to have control over and decide freely and responsibly on matters related to their sexuality**, including sexual and reproductive health, **free of coercion, discrimination and violence**.

Beijing Platform of Action, 1995, para 96

# Reproductive and human rights related to family planning, an example:

The Maputo Protocol on the Rights of Women in Africa

Article 14 States Parties shall ensure that the right to health of women, including sexual and reproductive health, is respected and promoted.





# Reproductive and human rights related to family planning, an example:

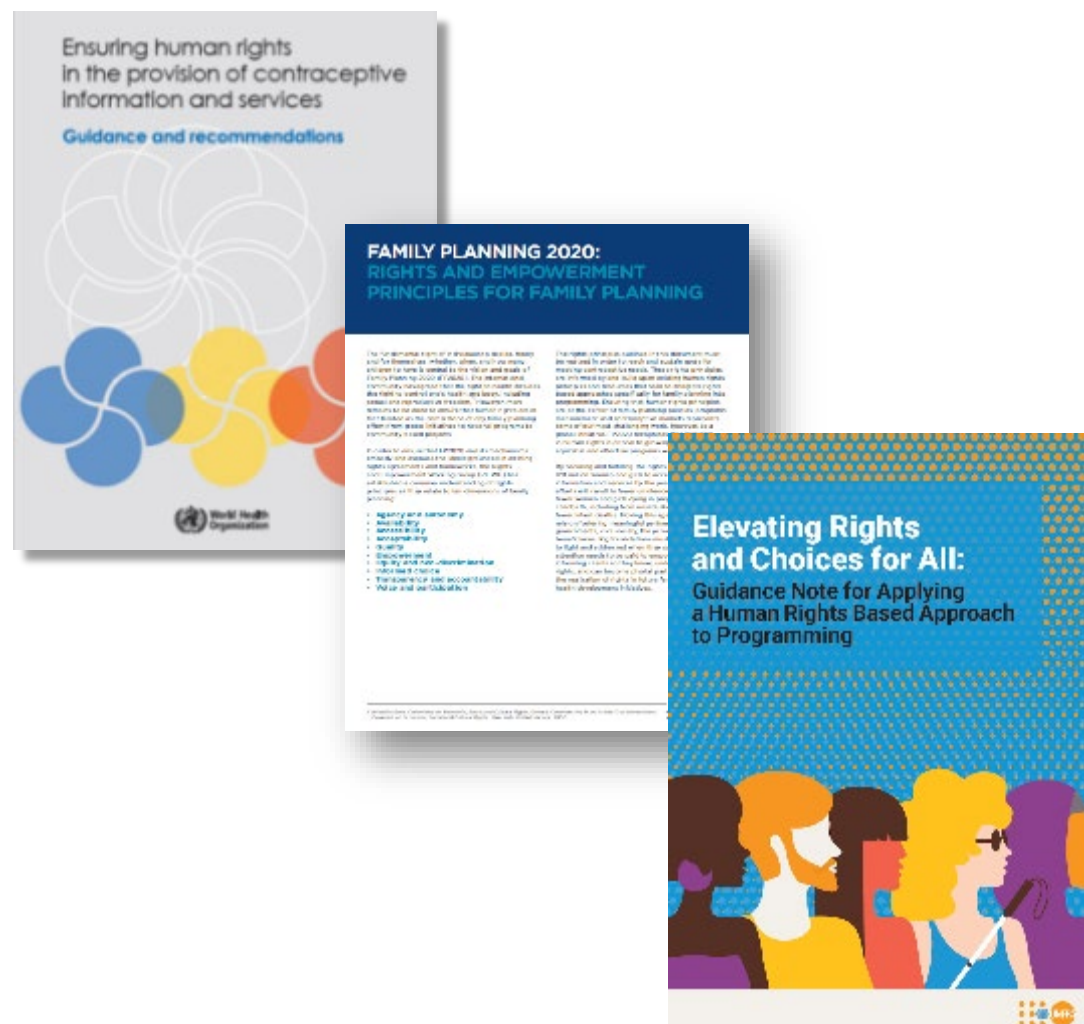
## The Maputo Protocol on the Rights of Women in Africa

*This includes*

- The right to control fertility
- The right to decide whether to have children, and the number of and spacing of children
- The right to choose any method of contraception
- The right to self-protection and to be protected against STIs and HIV and AIDS
- The right to be informed on one's health status and the health status of one's partner
- The right to family planning education
- States responsible for taking all appropriate measures to provide adequate services and information.



# Human rights and related principles and standards that apply to family planning



# Gender transformative approaches (GTA)

GTAs seek to challenge gender inequality by transforming harmful gender norms, roles and relations through programmes and strategies that foster progressive changes in power relationships between women and men. It is about the equal distribution of power, resources and opportunities/services between women and men.



Harmful gender norms,  
role and relations


**Programmes  
and strategies**

*Equal distribution  
of resources*

Transform relations  
between men and women

GTAs are based on human rights-based approaches. GTAs:

- Facilitate the empowerment of women and girls as “rights holders”
- Strengthen the capacity of government institutions to promote and protect as “duty bearers”
- Operationalize the LNOB principle (leave no one behind)



# Definitions of rights principles related to non-discrimination and equality

## Rights principle

### Non-discrimination and equality

## Programme implications

- Equal access to quality information and services for everyone (inclusive for age, ethnicity, class, caste, urban/rural/economic/marital status and for other vulnerable groups) without bias.
- Fairness, using an intersectional approach to leave no one behind.
- Address the underlying causes of discrimination, including harmful gender stereotypes and norms.





# Definitions of rights principles related to SRH services, information and education (AAAQ+)

Rights principle	Programme implications
Availability	<ul style="list-style-type: none"><li>▪ Broad choice of FP methods offered</li><li>▪ Sufficient number and needs-based distribution of functioning service delivery points</li></ul>
Accessibility	<ul style="list-style-type: none"><li>▪ FP information available in language/terms people can understand</li><li>▪ Geographic access, financial access, policy access</li><li>▪ Continuous contraceptive security; convenient service hours; service integration increases access</li></ul>
Acceptability	<ul style="list-style-type: none"><li>▪ Cultural acceptability of FP and specific methods</li><li>▪ Community/family supports women's right to choose</li><li>▪ Tolerance of side effects</li><li>▪ Client satisfaction with services</li></ul>





# Definitions of rights principles related to SRH services, information and education (AAAQ+)

Rights principle	Programme implications
Quality	<ul style="list-style-type: none"><li>▪ Clinical quality/technical competence</li><li>▪ Good client-provider interactions and counseling</li><li>▪ Privacy, dignity, respect demonstrated in service delivery</li><li>▪ Continuity of care</li></ul>
Privacy and confidentiality	<ul style="list-style-type: none"><li>▪ Client interactions cannot be observed or heard by anyone else without the client's consent</li><li>▪ Client records are not shared with anyone and information is not disclosed</li></ul>



# Definitions of rights principles related to accountability and participation

Rights principle	Programme implications
<b>Accountability</b>	<ul style="list-style-type: none"><li>▪ Mechanisms exist for community members and clients to provide input and feedback about services</li><li>▪ Clients' choice and rights are built into staff performance expectations and appraisals</li><li>▪ Choice and rights are routinely monitored. Mechanisms are in place to investigate and remedy allegations of/confirmed violations and these mechanisms are known and accessible to all individuals, including marginalized populations.</li></ul>
<b>Participation</b>	<ul style="list-style-type: none"><li>▪ Communities and individuals are engaged in developing laws and policies, and in planning and monitoring programmes.</li></ul>



# Definitions of rights principles related to bodily autonomy, agency and empowerment

Rights principle	Programme implications
<b>Bodily autonomy, agency and empowerment</b>	<ul style="list-style-type: none"><li>▪ Women/men/young people have knowledge of FP</li><li>▪ Women/men/young people know and demand their human rights</li><li>▪ Client's ability to make and execute their own decisions without pressure or barriers from system, husband or family</li><li>▪ Informed, voluntary decision making supported</li><li>▪ Client-controlled methods offered</li><li>▪ Supportive gender norms exist in the community</li></ul>
<b>Informed decision-making/ Informed choice</b>	<ul style="list-style-type: none"><li>▪ Decision whether to use FP and what method to use is made voluntarily, based upon accurate information and understanding, and a range of options to choose from, without barriers or coercion</li></ul>

## Session 3

# HRBA to FP

A human rights-based  
approach to family planning

# HRBA is central to accelerating results in the UNFPA Strategic Plan, 2022–2025

Acceleration requires:

- Strengthened emphasis on **normative role** of UNFPA
- Dedicated focus on **leaving no one behind**
- Emphasis on **accountability**, social justice, feminist movements and human rights defenders
- Continued and reinforced attention to engaging with international and national **human rights mechanisms**
- Use of both dedicated and mainstreamed human rights interventions

## The HRBA Guidance Note

“Emerging consensus: to achieve the full vision of the ICPD, countries must act beyond the health sector to change social norms, laws and policies to uphold human rights.”





# Definition of HRBA to FP

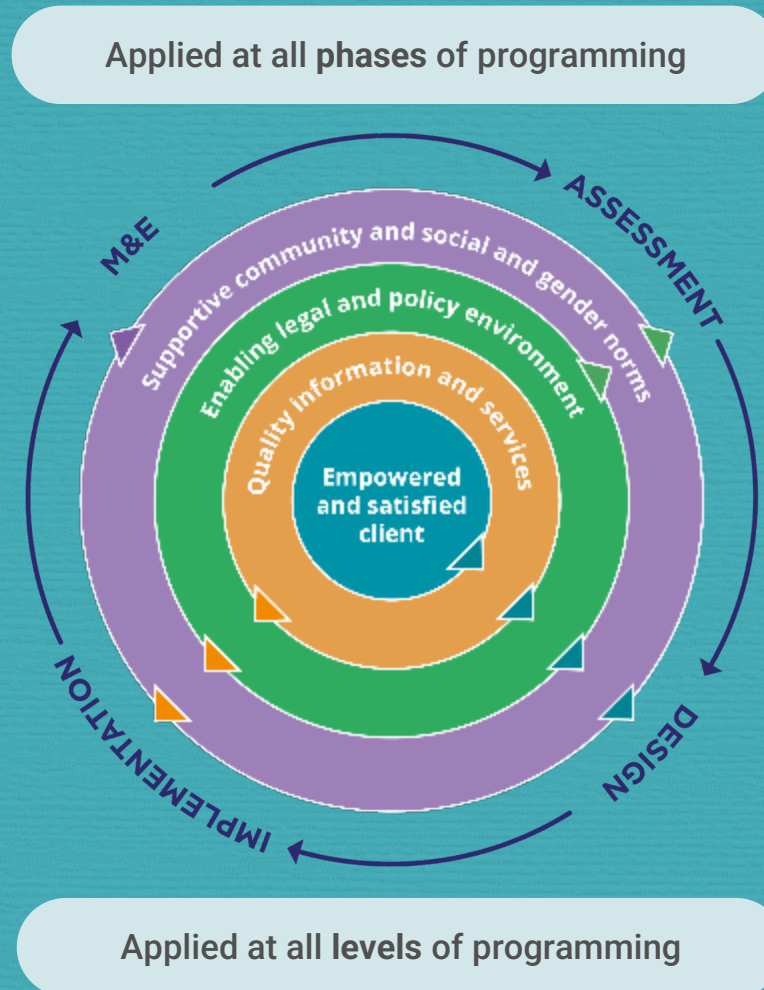
The **human rights-based approach to family planning** (HRBA to FP) is a *conceptual framework* and *systematic process* that:

- ★ 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.

# States have legal obligations to respect, protect and fulfil human rights

## Human rights principles and standards that apply to family planning

- Non-discrimination and equality
- Participation
- Accountability
- Bodily autonomy and agency
- AAAQ+
  - Availability
  - Accessibility
  - Acceptability
  - Quality
- Privacy and confidentiality
- Informed decision-making





# What makes FP unique as a health care issue?

- Family planning is an elective, preventative health care service.
- It is related to sexuality and fertility, which has religious and cultural sensitivities, gender and power dynamics.
- Because it has population implications, governments set goals for FP use.





# FP is vulnerable to rights violations – coercion, barriers and poor quality

**Coercion** in FP refers to actions or factors that compromise individual autonomy, agency or liberty in relation to contraceptive use or reproductive decision-making through force, violence, intimidation or manipulation.

**Access barriers** prevent many people—particularly the underserved, hard to reach, unmarried youth—from getting the contraception they want.

**Poor quality** includes lack of respect for client's dignity, privacy or confidentiality as well as inadequate counseling and substandard clinical care.

# Family Planning Vulnerabilities Grid Exercise

## Worksheet

In FP programmes, human rights can be vulnerable in ways that are:

**Overt** (easy to see), or  
**Subtle** (less obvious)

**Overt coercion** is easy to see. It is the issue that gets the most attention in the discourse on human rights and family planning.

**SESSION 3**

### Family Planning Vulnerabilities Grid Exercise

**Instructions:** Take a few minutes to think about some examples from your experience of coercion, barriers or poor quality in family planning programmes. Were they **overt** (easy to see) or **subtle** (less obvious)? Write them down in the appropriate box below. We will ask for volunteers to share your examples in the plenary.

	<b>Overt</b> (easy to see)	<b>Subtle</b> (less obvious)
<b>Coercion</b>	Example: Forced sterilisation of ethnic minorities, the poor or people living with HIV    	Example: Community/family pressure    
<b>Barriers</b>	Example: Limited choice of methods available (e.g. not offered, stock-outs)    	Example: Provider bias against specific method or group (e.g. young, unmarried clients)    
<b>Poor quality</b>	Example: Harried or rude providers    	Example: Provider bias regarding specific methods or client populations    

Human Rights-Based Approach to Family Planning: UNFPA Support Tool





# FP vulnerabilities – Coercion

Coercion	Overt	Subtle
	Example: Involuntary sterilization of ethnic minorities, poor women, people living with HIV	Example: Incentive payments to providers or clients



# FP vulnerabilities – Barriers

Barriers	Overt	Subtle
	Example: Limited choice of methods available, e.g. not offered, stock-outs	Example: Provider bias against specific method or use by a particular group such as young, unmarried clients



# FP vulnerabilities – Poor quality

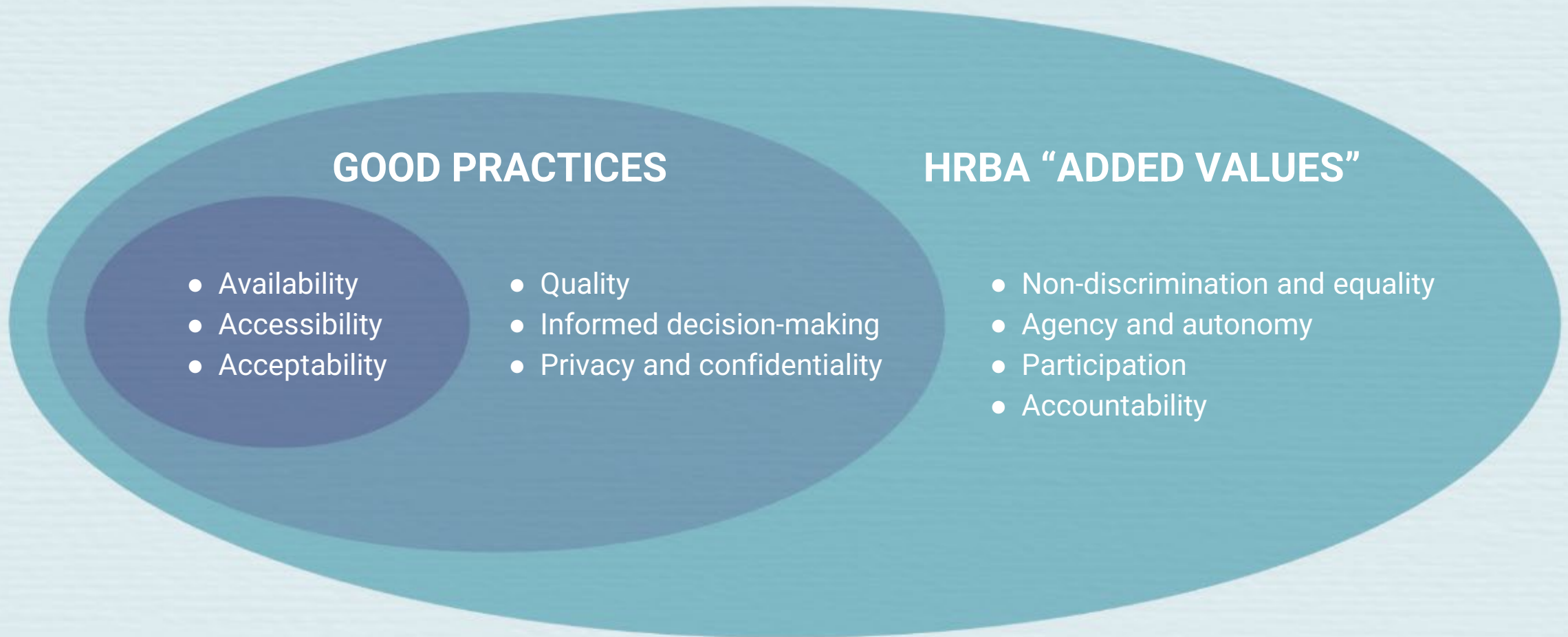
Poor quality	Overt	Subtle
	Example: Harried or rude providers	Example: Provider bias regarding specific methods and/or client populations



# FP vulnerabilities: overt and subtle

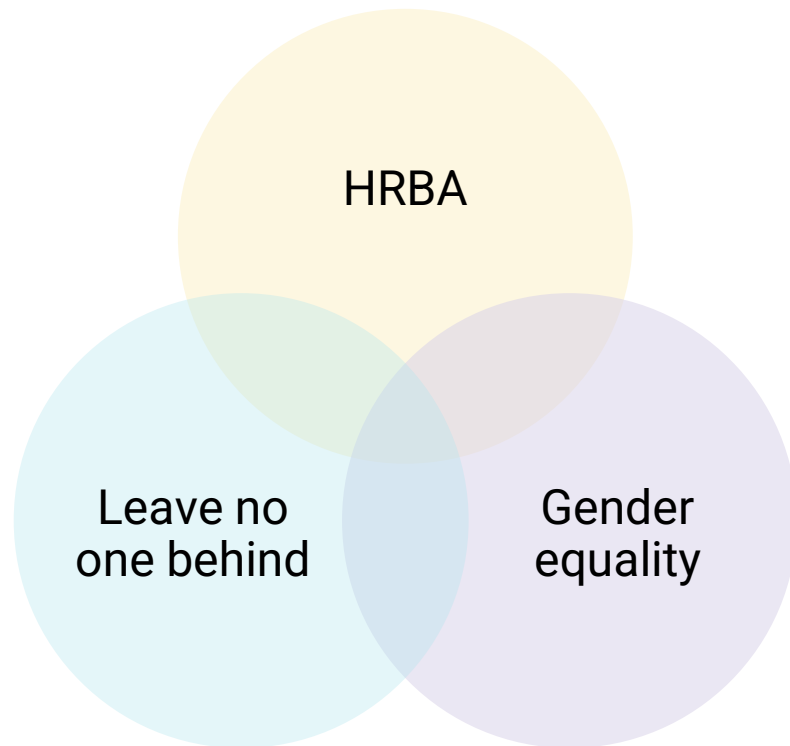
	Overt	Subtle
<b>Coercion</b>	<ul style="list-style-type: none"><li>• Involuntary sterilization of ethnic minorities, poor women, people living with HIV</li><li>• Postpartum IUD without consent</li><li>• Withholding benefits for non-acceptance</li><li>• Refusal to remove IUD or implant</li></ul>	<ul style="list-style-type: none"><li>• Incentive payments to providers or clients</li><li>• Targets or quotas</li><li>• Community/family pressure</li></ul>
<b>Barriers</b>	<ul style="list-style-type: none"><li>• Limited choice of methods available (e.g. not offered, stock-outs)</li><li>• Lack of equitable distribution of service outlets</li><li>• Lack of trained providers</li><li>• Costly, unaffordable services</li></ul>	<ul style="list-style-type: none"><li>• Provider bias against specific method or group such as young, unmarried clients</li><li>• Misinterpretation of medical eligibility criteria</li><li>• Lack of accurate information</li><li>• Lack of community or spousal support</li><li>• Unsupportive gender norms/low status of women</li></ul>
<b>Poor quality</b>	<ul style="list-style-type: none"><li>• Harried or rude providers</li><li>• Lack of functioning equipment</li><li>• Poor infection prevention</li><li>• Lack of trained, capable providers with up-to-date clinical and counseling skills</li><li>• Crowded facility</li><li>• Lack of space for private and confidential consultations</li></ul>	<ul style="list-style-type: none"><li>• Provider bias regarding specific methods/client populations</li><li>• Inadequate referral mechanisms for meeting clients' SRH needs</li><li>• Lack of feedback mechanisms to hold facility staff accountable to clients and community</li><li>• Inadequate supervisory system</li></ul>

# Added value of HRBA to “good practices” in FP





# Commonalities among HRBA, gender equality and “leaving no one behind” programming



## Commonalities:

- Equality and non-discrimination
- Focus on substantive equality (equality of opportunity and outcome)
- Intersectionality (addressing multiple forms of discrimination and inequality)
- Disaggregation of data
- Free, active and meaningful participation
- Accountability




# Why take the human rights-based approach?

- Governments have a **legal obligation** to protect and fulfil the human rights of their citizens.
- **Benefits to rights holders**, particularly the vulnerable and marginalized. The HRBA to FP goes beyond quality to ensure that everyone is treated equally, able to get the information and services they want, receive good medical care, be treated with respect, and achieve better health.
- **Benefits to programmes and communities** including greater community engagement and trust, better health outcomes and improved family welfare.



# HRBA requires a systematic process

- Examine laws and policies through a human rights lens; identify barriers to rights; advocate for reform to incorporate rights-related principles and protections
- Integrate rights principles into programme design, service delivery standards and protocols
- Incorporate rights indicators into performance expectations and routine monitoring
- Engage communities and individuals in planning and monitoring programmes
- Strengthen accountability and redress mechanisms



## Programming implications when using the HRBA to FP approach

- Focus on **marginalized and excluded groups**, e.g. adolescents and migrants
- Focus on **underlying issues/social determinants**, e.g. cultural, social and gender norms
- Greater emphasis on **advocacy**, working with gatekeepers, e.g. faith and community leaders
- Strengthened attention to **accountability**
- Fosters a **comprehensive approach** with capacity development, advocacy, data and targeted interventions, etc. (away from “silo-ed” interventions)
- Emphasis on **developing capacity** of health care workers on human rights principles and standards of privacy and respectful care. This ensures **quality of services**.



## Session 6

What does an ideal  
HRBA to FP programme  
look like?



# The holistic framework for human-rights based family planning

## Community

Rights literacy is widespread, norms support informed decision-making and communities foster access to contraception

## Laws and policy

National laws and policies ensure full and equal access to family planning and are supported by adequate budgets and sound institutions



## Service delivery

A range of quality contraceptives are supplied by duty-bearers free from discrimination or access barriers, with redress for rights violations

## Individual

Every individual rights-holder enjoys agency in decision-making, privacy, confidentiality and respectful care

## 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, 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
- 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

# EXPANDED FRAMEWORK EXPLANATION

## Supportive community and social and gender norms



### **ACCESSIBILITY**

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



### **ACCEPTABILITY**

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

# EXPANDED FRAMEWORK EXPLANATION

## Supportive community and social and gender norms



### **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

# EXPANDED FRAMEWORK EXPLANATION

## 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
- 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, are adequately resourced and are periodically reviewed and monitored through a participatory and transparent process
- Policy and legal frameworks facilitate regulated, quality self-care interventions



## Enabling legal and policy environment



### 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
- 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
- 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
- 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

# EXPANDED FRAMEWORK EXPLANATION

## Enabling legal and policy environment



### 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



### 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, based on the WHO Model List of Essential Medicines

## Enabling legal and policy environment



### 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
- 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

# EXPANDED FRAMEWORK EXPLANATION

## Enabling legal and policy environment



### **PRIVACY and CONFIDENTIALITY**

- Legal and professional regulations have been adopted to guarantee the confidentiality and privacy of individuals seeking contraceptive information and services



### **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

# EXPANDED FRAMEWORK EXPLANATION

## Enabling legal and policy environment



### ACCOUNTABILITY

- The State is meeting its obligations under human right law to guarantee that reproductive rights are respected, protected and fulfilled for all without discrimination of any kind
- 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 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



### **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)
- 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

## Quality information and services



### 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 (static, mobile, integrated and youth-friendly models as well as 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
- 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) to expand access to the full range of contraceptive methods, including emergency contraceptives and self-care interventions

## Quality information and services



### **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
- Individual preferences are respected

## Quality information and services



### 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

# EXPANDED FRAMEWORK EXPLANATION

## Quality information and services



### **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 do not disclose any personal or medical information they receive from clients



# EXPANDED FRAMEWORK EXPLANATION

## Quality information and services



### **PARTICIPATION**

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



### **ACCOUNTABILITY**

- Programme managers and health care workers have rights literacy
- 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

# EXPANDED FRAMEWORK EXPLANATION

## 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



### **AVAILABILITY**

- Every individual is offered a broad range of methods and services to choose from

# EXPANDED FRAMEWORK EXPLANATION

## Empowered and satisfied client



### **ACCESSIBILITY**

- Every individual has correct and understandable contraceptive information and can get services that are physically convenient (through 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



### **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 side effects

# EXPANDED FRAMEWORK EXPLANATION

Empowered and satisfied client



## **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 make their own informed family planning decisions and can provide input and feedback regarding how information and services are provided



## **ACCOUNTABILITY**

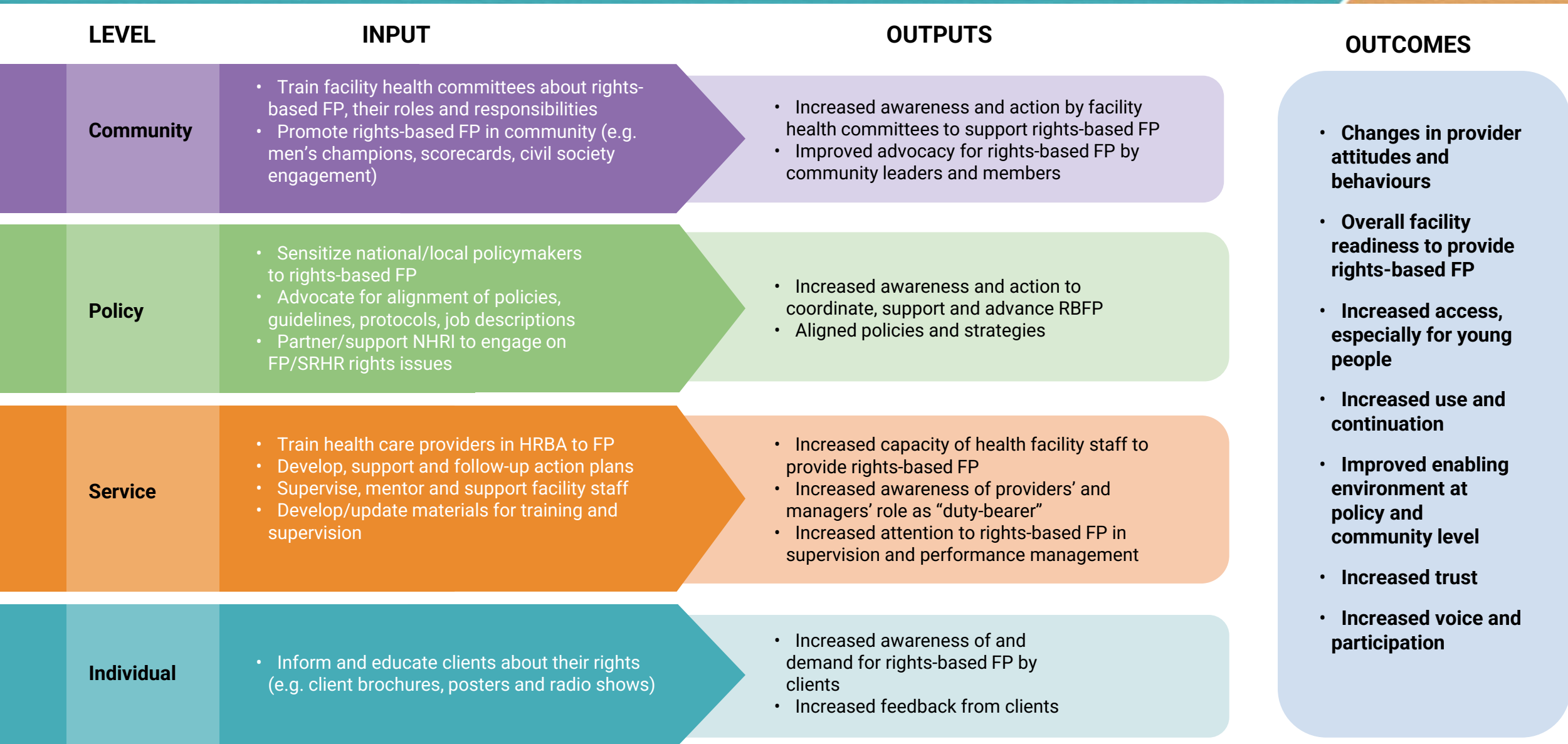
- As rights-holders, individuals know and claim their human rights
- As rights-holders, individuals speak up if any of their rights are violated, and have access to redress

# Applying the framework

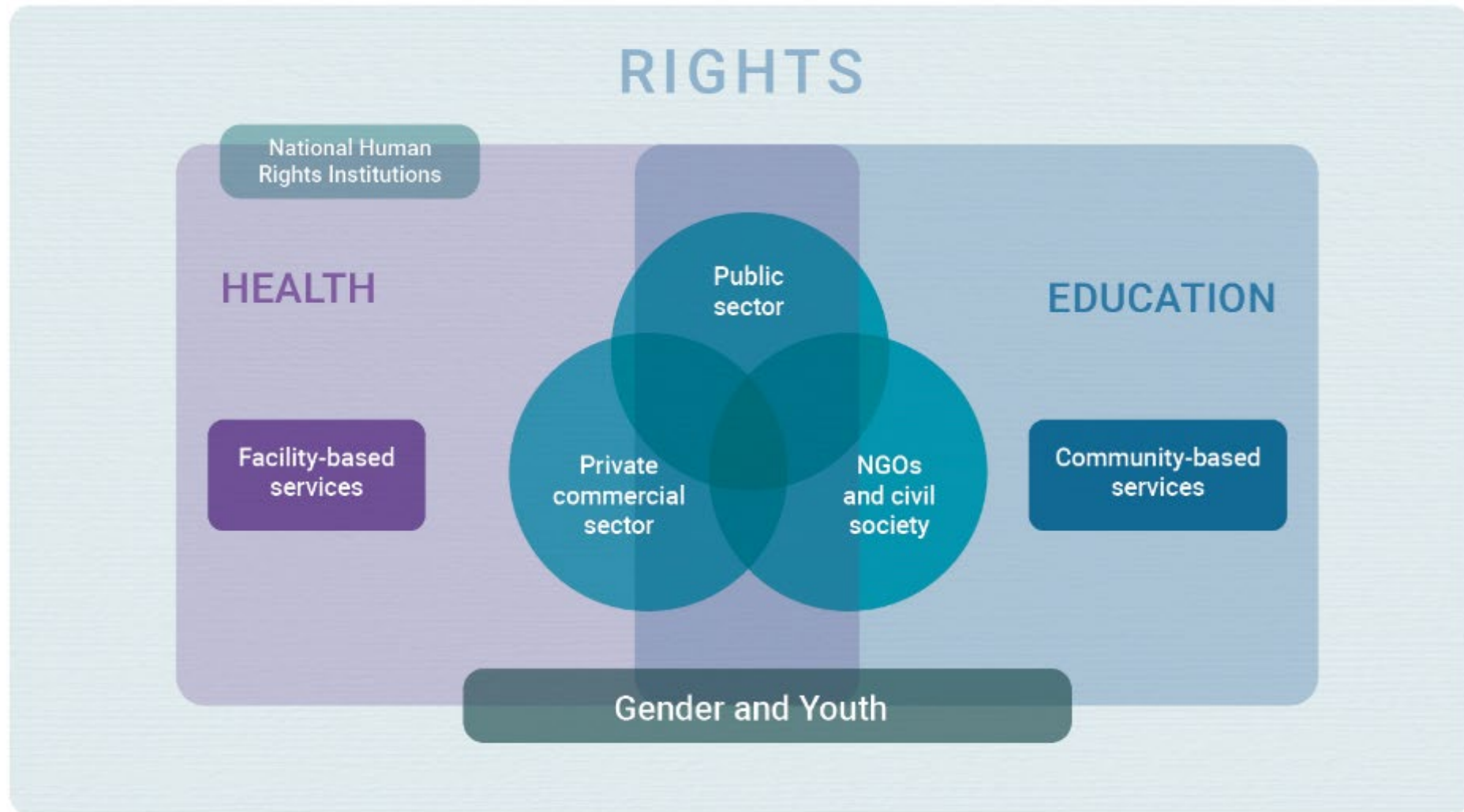
- This framework can be used to **design, assess, strengthen, monitor and/or evaluate** FP programmes through a human rights lens.
- It offers a **vision of the ideal** that provides a reference against which to compare an existing programme.
- Identified **programmatic strengths and areas needing improvement** can inform plans, which can then be implemented, monitored and evaluated.



# Theory of change (logic model) for HRBA to FP



# Need to partner across sectors, service modes and disciplines





# Applying the concept of progressive realization

Recognizing that:

- Human rights implementation may vary among (and within) countries and FP programmes
- Resource constraints may hinder some elements of a rights-based approach

Governments and partners should:

- **Take whatever steps possible** to advance the protection and fulfilment of human rights in their FP programmes immediately and over time.

Because...

- Core obligations must always be met.
- Non-discrimination is not subject to progressive realization.
- Lack of resources is no excuse.

**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.**





## Session 7

Assess your family  
planning programme  
through a human  
rights lens





## Session 10

# Monitoring, evaluation and accountability of human rights in family planning





# M&E for HRBA to FP – What Indicators?

- What process indicators are needed to measure progress in the action plan?
- At four levels: community, laws & policy, service delivery, individual
- Are there indicators in existing M&E plans you could link to?
- What additional indicators could be added to an existing plan?

## Some useful resources:

- *Monitoring human rights in contraceptive services and programmes*, WHO, 2017
- FP2020 core indicators on rights and empowerment, on FP2020 website
- Rights indicators in: The National Composite Index for Family Planning (NCIFP), Avenir Health
- Chapter on measurement of rights in FP in *Contributions of FP2020 in advancing Rights-based Family Planning*
- Also see organizations' FP M&E plans



# M&E for HRBA to FP — What M&E system?

- What existing M&E system/plan could the indicators for this action plan be incorporated into? (e.g. RH/FP strategy, FP Costed Implementation Plan, organization strategy, project M&E plan)
- What indicators would be included in routine monitoring versus evaluation or special studies?
- Have stakeholders been engaged in identifying and defining indicators?
- What actions would be needed?
- Who should be responsible?
- What will be the process of review and programme adjustment?

# Accountability in family planning

This principle requires States and other duty-bearers to be answerable for their human rights obligations and responsibilities.

## **Recommendations in WHO guidelines**

- Effective mechanisms are in place and are accessible in the delivery of contraceptive services
- Evaluation and monitoring of all programmes to ensure quality of services and respect for human rights
- In settings where Performance-Based Financing is in place, a “checks and balances” system should be instituted to ensure no coercion and to protect human rights

# Levels of accountability and related mechanisms

**Community:** social accountability mechanisms (particularly promoting participation of youth and other marginalized groups), e.g. social audits, health facility complaint procedures, community-based monitoring, civil society organizations, media

**Local/national:** judicial accountability (courts, tribunals); quasi-judicial (NHRIs); parliamentary commissions; administrative mechanisms; political and legislative processes; professional associations; civil society organizations

**Regional:** judicial accountability (regional courts) and human rights mechanisms, e.g. African Regional Commission on Human and People's Rights, tribunals, parliamentary resolutions

**International:** Universal Periodic Review of the Human Rights Council, Treaty Bodies (including CEDAW, CRC, CESC, etc.) and Special Procedures

# Accountability

- ✓ **Make reforms real.** Accompany legal reform with social, policy and financial provisions to ensure laws are translated into practice.
- ✓ **Ensure avenues for justice and redress** via training of judiciary, lawyers, law enforcement, etc.
- ✓ Carry out **legal rights training for women and girls** so that they are aware of their right to be free from violence and can claim it.
- ✓ **Engage strategically with Treaty Bodies, Special Procedures, UPR.**
- ✓ Develop strategic partnerships with **National Human Rights Institutions**, for instance on FGM.
- ✓ Engage with regional **human rights bodies**.
- ✓ Support **human rights defenders and feminist movements**.



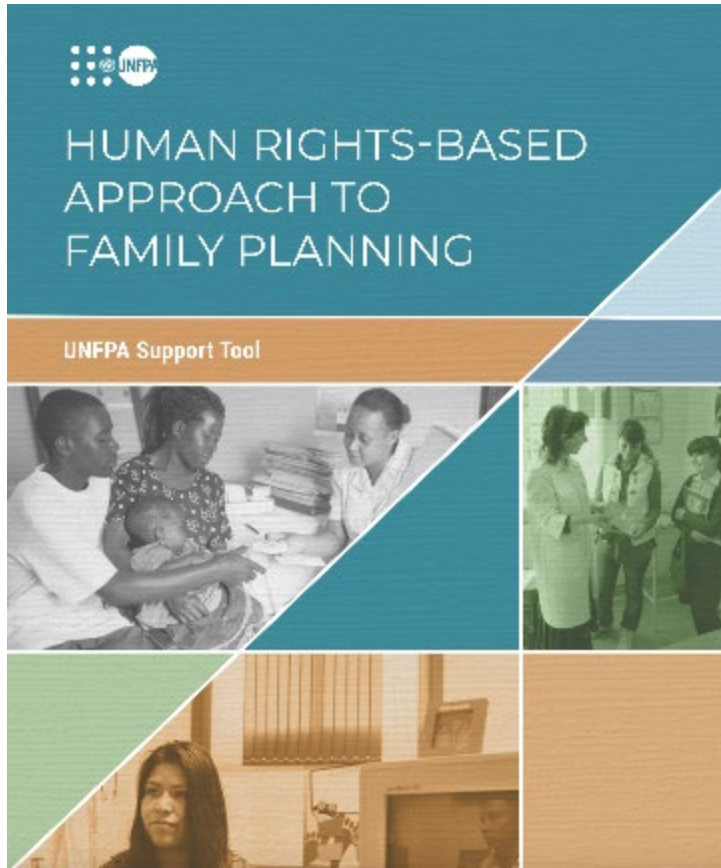
# Suggested issues for discussion

- How effective are existing human rights monitoring and accountability mechanisms (e.g. NHRI, civil society)?
- How could human rights accountability in FP programmes be strengthened?
- How could this action plan be linked to or incorporated into routine monitoring carried out by existing monitoring systems?
- What role have NHRIs played in your countries to protect SRHR? Cite specific achievements. What is their potential for conducting this type of work in the future?



Thank you!

# UNFPA Support Tool for HRBA to FP

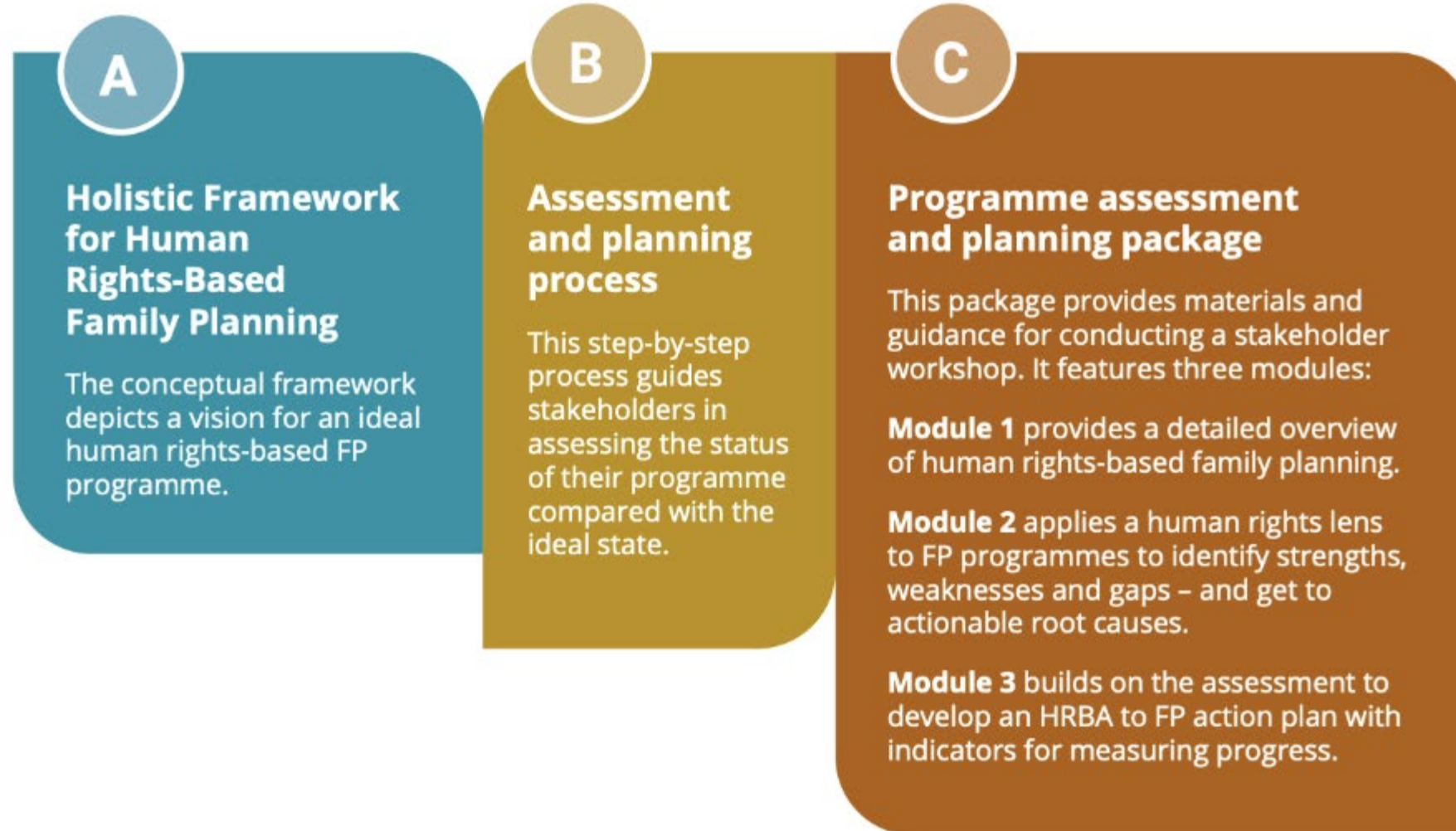


This Support Tool can be **used to design, assess, strengthen, monitor and/or evaluate** FP programmes through a human rights lens.

It can identify policy and programmatic strengths and prioritize areas needing improvement.

- Need for the tool
- Purposes of the tool
- Intended users
- Components

# Components of the UNFPA Support Tool





## Session 4

Factors that support  
and factors that  
challenge human  
rights in family  
planning

## Session 5

## Report back and discussion



## Session 8

Prioritize weaknesses, gaps, identify underlying challenges that are critical and feasible to address, and recommend actions



Sessions 8 and 9

# Deep dive: Human rights-based approach and gender-transformative approaches

# Objectives: HRBA to FP and GTA

- 1 Identify principles of the human rights-based approach and gender-transformative approaches in the case study.
- 2 Identify factors at various levels of the health care system (**community**, **laws & policy**, **service delivery** or **individual** level) that **support** and factors that **hinder** a GTA and the realization of clients' human rights in family planning programmes.
- 3 Identify the synergies between a human rights-based approach and a gender-transformative approach.

# Definition of gender-transformative approaches

Gender-transformative approaches seek to challenge gender inequality by **transforming** harmful gender norms, roles and relations, while working towards **redistributing** power, resources and services more equally.

The foundations of GTA are the human rights to equality and to be free from discrimination.

# Applying gender-transformative approaches to programming

Applying a GTA requires **critical awareness** of gender roles and norms and the inequality of power relationships.

1

**Conduct a gender analysis** at start of programming.

2

**Establish programming objectives.** GTAs are about transforming harmful gender norms and power inequalities through programming that supports:

- Gender-responsive service delivery, policies and institutions.
- Empowers women and girls in the areas of **knowledge**, **decision-making power** and **social, political and financial capital**
- Engages boys and men



# HRBA and GTA: A critical partnership

**Human rights law** provides a fundamental principle and authoritative position when advocating for and claiming

- equality
- human dignity
- opportunities for all people to receive education, health care and to fight poverty, violence, discrimination and exclusion.

**Gender-transformative approaches** provide a dedicated focus on harmful gender norms, roles and unequal power relationships that lead to gender equality.



# HRBA and GTA: A critical partnership

Both HRBA and GTA analyses help us critically assess and reflect on unequal power relations at root of development problems.

Applying HRBA in programming reinforces focus on non-discrimination & equality, AAAQ, participation, accountability and bodily autonomy. It refines programming efforts to address power inequalities and ensure rights.



Applying GTA in programming reinforces boys and men engagement and emphasizes the importance of empowering women and girls in order to transform harmful gender norms and stereotypes.

*It is important to use HRBA in GTA programming.*

*It is important to use GTA in HRBA programming.*

It is impossible to achieve gender equality without HRBA and GTA.

## Exercise: Principles and standards

Identify the **human rights-related principles and standards** that apply to family planning that are found in the case study (check those that apply).  
Explain why they apply:

Availability	Accessibility	Acceptability	Quality	Privacy/confidentiality
Informed choice	Non-discrimination and equality	Accountability	Participation	Agency and autonomy

## Exercise: Principles and standards

- Discuss what factors in this case study **support** and what factors **challenge** Grace's human rights. Write individual factors on a sticky note or card.
- For each factor you identify, determine whether it exists at the **community**, **laws & policy**, **service delivery** or **individual** level.
- Select someone at your table to post and explain your notes when reporting back to the plenary.

# Consider the role of social and gender norms and power relations across the ecosystem

Key gender relations inherent in each domain listed below that affect women, men and adolescent girls and boys?	What are the gender-based constraints that <u>inhibit</u> access to FP and SRHR for women, men and adolescent girls and boys?	What are the gender-based opportunities that <u>facilitate</u> access to FP and SRHR for women, men and adolescent girls and boys?	What other potential information is missing but needed about gender relations in this case study?
1. Access to services (SRH/social protection/legal services) and access to resources (financial assets); and opportunities (education/economic opportunities)			
2. Power and informal and formal decision-making			
3. Social and gender norms			
4. Knowledge, attitudes and beliefs			
5. Policies and legislation			

# Key takeaways

- HRBA and GTA are complementary, mutually reinforcing and interdependent.
- The human right to gender equality is the foundation for GTA.
- Principles of participation, accountability, quality, agency and autonomy guide both approaches.
- Both HRBA to FP and GTA to FP requires engagement at all levels: laws and policy; health, justice, educational and other systems, individual and community empowerment, etc.



# The holistic framework for human-rights based family planning

## Community

Rights literacy is widespread, norms support informed decision-making and communities foster access to contraception

## Laws and policy

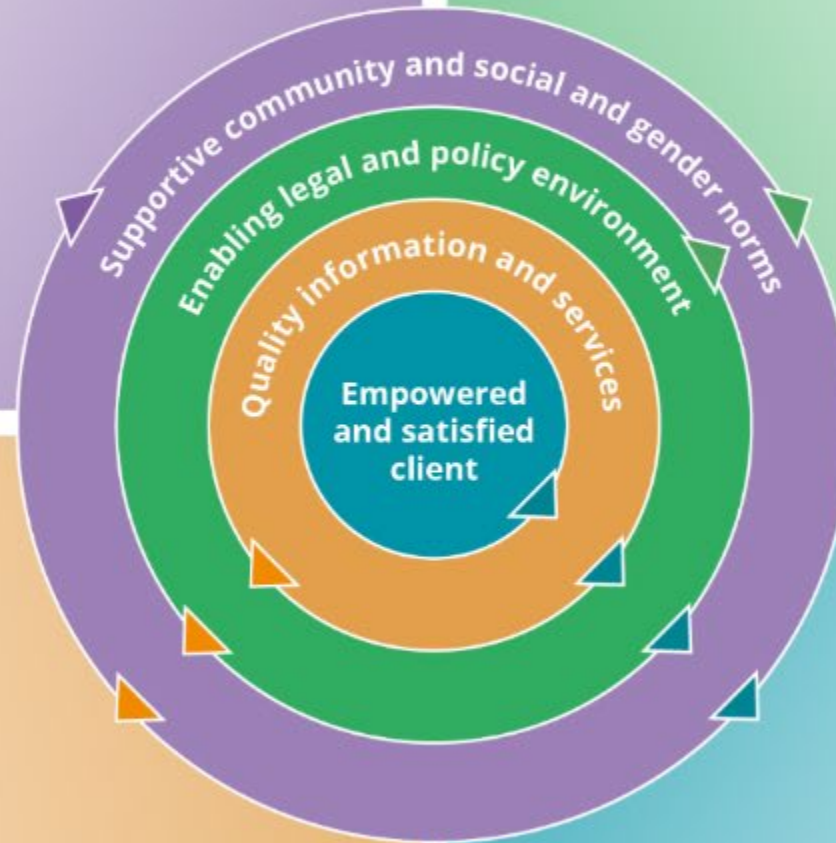
National laws and policies ensure full and equal access to family planning and are supported by adequate budgets and sound institutions

## Service delivery

A range of quality contraceptives are supplied by duty-bearers free from discrimination or access barriers, with redress for rights violations

## Individual

Every individual rights-holder enjoys agency in decision-making, privacy, confidentiality and respectful care





## Session 9

# Set plan parameters

# Formulate an action plan

Session 11:  
Formulate an action plan – Part 1

Session 12:  
Formulate an action plan – Part 2

Session 13:  
Action plan review and refinement

Session 14:  
Closing: A look ahead to  
implementing the action plan



Editable versions of these slides (in Microsoft PowerPoint) are available from:  
<https://tinyurl.com/HRBAtoFPslides>