

# Facilitate a Human Rights-Based Approach in Family Planning

## A STRATEGIC PLANNING GUIDE

This document is intended to guide program managers, planners, and decision-makers through a strategic process to facilitate a human rights-based approach (HRBA) to family planning programming. It was developed through consultation and discussion with organizations, including key populations, service providers, and technical experts in inclusion, family planning, and sexual and reproductive health and rights (SRHR).

### Scope of this SPG

This strategic planning guide provides an overview of the key steps for applying a HRBA to family planning with a focus on a human rights-based assessment of family planning programs. By following these steps, which are based on the [United Nations Population Fund \(UNFPA\) and What Works Association Holistic Framework for Human Rights-Based Family Planning](#)<sup>1</sup> and its accompanying [Support Tool](#),<sup>2</sup> program managers, planners, and decision-makers can evaluate their current family planning programs, policies, and practices and can develop an action plan to ensure greater access to and quality of family planning services that respect the human rights of all individuals.

While this strategic planning guide (SPG) is the first on a HRBA to family planning, other SPGs and High Impact Practices (HIP) documents address some of the key points made below. Links to these and other documents are provided, where relevant.

**What is a HRBA to family planning?** It is a systemic process to ensure that human rights principles related to family planning are embedded in all programmatic phases, (i.e., including country needs assessment, program design, work plan development, implementation, monitoring and evaluation) at all levels of the program (community, legal and policy, service delivery, and individual). It ensures family planning programs support individuals and couples in exercising their rights to choose

the timing and spacing of their pregnancies, to have the information and services to act on that right, and to be treated respectfully, equally, and without discrimination. Programs should address the specific needs, desires, and rights of the diversity of people seeking and receiving family planning services, including for those from populations at risk of exclusion, such as low-income individuals; individuals with disabilities; people of diverse gender identities and sexual orientation; adolescents; Indigenous, ethnic, and racial minorities; people living with HIV/AIDS; sex workers; individuals in humanitarian settings; and survivors of gender-based violence.

The following key principles underlie a HRBA to family planning and are derived from international and regional human rights commitments.

### Human Rights Principles

- **Availability:** Health care facilities, trained providers, and a wide range of modern contraceptive methods are available, allowing individuals to choose their preferred method, follow-up, and removal services.
- **Accessibility:** Facilities and services are accessible, without financial, geographical, physical, sociocultural, or information barriers.
- **Acceptability:** Services are provided in a culturally acceptable manner for different religious and ethnic groups and for Indigenous peoples, and they are youth friendly and are sensitive to gender and life-cycle requirements.
- **Quality:** Individuals have access to high-quality contraceptive services and information that are scientifically and medically appropriate and up to date; user-provider interactions that respect informed choice, users' preferences and needs, and privacy and confidentiality.
- **Nondiscrimination and Equality:** Services are free from discrimination, on grounds such as age, geographic location, language, ethnicity, disability, religion, HIV status, gender, sex, sexual orientation, wealth, or marital status. Different population groups may require differing resources or special measures to overcome barriers.

- **Informed Decision-making:** Individuals are informed about family planning options in a clear, accurate, and comprehensible format and can exercise full, free, and informed choice about these contraceptive methods without coercion.
- **Privacy and Confidentiality:** Privacy of individuals is respected throughout the provision of contraceptive information and services; confidentiality of medical and other personal records and information is respected.
- **Participation and Accountability:** Individuals have the ability to meaningfully participate in the design, provision, implementation, and evaluation of contraceptive services, programs, laws, and policies. When wrongdoing occurs, users have access to effective legal and social accountability mechanisms.

### Eight-Step Process

The following steps are intended to help program planners, managers, and decision-makers develop and integrate a HRBA to family planning programming. Steps 1-3 help prepare for an assessment, and Steps 5-8 put the results of the assessment in practice. This assessment can be done during a convening of stakeholders (Step 2). Step 4, the assessment, is discussed in detail below.

### The Assessment: An Elaboration of Step 4

The four key assessment areas presented below, along with the bullet points that follow each area, can help assess the extent to which human rights inform the planning, development, implementation, and evaluation of family planning programs in a given country. They represent an ideal human rights-based framework by offering aspirational goals to guide improvements over time.

The assessment areas represent the various levels of the health care system: community, social, and gender norms (assessment area A), law and policy (assessment area B), service delivery (assessment area C), and the individual (assessment area D). When carrying out a HRBA assessment, consider splitting the assessment areas among groups that can discuss areas with which they are most familiar, such as service providers focusing on assessment area C. The [UNFPA Support Tool](#) offers additional practical guidance for assessing family planning programs through a human rights perspective.

### EIGHT-STEP PROCESS

#### STEP 1 Compile key documents

Assemble a list of ratified treaties; recent concluding observations and recommendations made by rights bodies such as the Universal Periodic Review (UPR) or the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); laws, policies, strategies, standards, results frameworks, and essential data related to human rights and family planning programs.

#### STEP 2 Convene representative stakeholders

Include service users, community leaders, women (including from marginalized populations), youth, policymakers, human rights experts (e.g., National Human Rights Institutions), program managers, service providers, and clients to engage in participatory program assessment and planning.

#### STEP 3 Establish a shared understanding

Agree on the parameters of a human rights-based approach to family planning.

#### STEP 4 Compare the existing program to the desired state

Use a vision of the desired state as a reference, and refer to the key documents as needed. Go systematically, point by point, to identify program strengths, weaknesses, and gaps from a human rights perspective.

#### STEP 5 Identify the challenges

Pinpoint the challenges for each desired program element that is weak or lacking; conduct a root cause analysis; and identify actionable areas and any impediments and tensions that could block necessary action.

#### STEP 6 Set parameters of a plan

Prioritize what program strengths to expand and what areas to improve. Determine at what level(s) action is required and what actors have authority to act and identify desired strategic partners.

#### STEP 7 Formulate an action plan

Detail actions, responsible parties, time frame, and monitoring indicators.

#### STEP 8 Link the plan

Connect the plan to existing monitoring, evaluation, and accountability processes and mechanisms.

## PARTICIPATION AND INCLUSION

Participation and inclusion of a wide array of stakeholders should be facilitated at all stages of planning and preparation, from assessment through implementation, as well as in monitoring of programs. This includes participation from individuals representing [populations at risk of exclusion](#),<sup>3</sup> relevant government offices, professional associations, national human rights institutions, health care providers, women's and feminist civil society, community leaders, and [faith actors](#).<sup>4</sup>

Taking an inclusive approach from the beginning of the assessment rather than as an afterthought ensures that the critical barriers and priorities can be identified and addressed from the onset.

### Key assessment area A: Supportive Community and Social and Gender Norms

Supportive community and [social and gender norms](#)<sup>5</sup> are key to successfully implementing a HRBA to family planning. To gauge whether your country meets this area, **assess your country situation against these HRBA criteria:**

- There is [community support](#)<sup>6</sup> for safe and voluntary family planning services, for *all* population groups, including unmarried adolescents and youth, and gender-diverse individuals.
- [Community health workers](#)<sup>7</sup> and programs exist and support the acceptability of services, destigmatize contraceptive use, and ensure facts and not myths about contraceptives prevail in the community.
- Gender norms support women, adolescents, youth, and individuals with diverse gender identities and sexual orientation to make informed decisions about their own sexual and reproductive health and rights.
- Men and boys are engaged and supportive of family planning; [healthy couples' communication](#)<sup>8</sup> is promoted.
- Affordable transportation links to service delivery points are available; community-based distribution of contraceptives is in place.

### Key assessment area B: Law and Policy

All laws and [policies should be assessed](#),<sup>9</sup> periodically reviewed and monitored for their alignment with human rights treaties and agreements, including SDG [indicator 5.6.1](#).<sup>10</sup> To determine whether your country meets this area, **assess if your country's laws and policies meet these HRBA criteria:**

- Promote and protect access to contraceptive information and services in an [equitable manner](#)<sup>11</sup> and without discrimination, coercion, or violence ([Principles Underpinning High Impact Practices \[HIPs\] for Family Planning](#)<sup>12</sup>), including on the grounds of age, HIV status, disability status, gender identity and sexual orientation, or marital status.
- Protect autonomy and agency of individuals to make choices concerning their own bodies, including on sexual and reproductive issues, and guarantee the right to access services, information, and resources to exercise that right.
- Eliminate and prevent coercive or [involuntary contraception](#),<sup>13</sup> including eliminating incentive programs and policies for health care workers or clients.
- Guarantee confidentiality and privacy, such as by not allowing for third-party authorization for access to information and services, including from spouses or health care workers; minors should presumptively be allowed access without parental authorization, or at a minimum, on the basis of their evolving capacity.
- Integrate [self-care interventions](#)<sup>14</sup> for family planning.
- Ensure availability of quality contraceptive products that are, at a minimum, in line with the World Health Organization's [Model List of Essential Medicines](#);<sup>15</sup> health facilities are stocked through a well-coordinated [supply chain](#)<sup>16</sup> and through an integrated Family Planning Logistics Management Information System.
- Establish an integrated system for confidential referrals, including for postabortion care and follow-up.
- Provide nondiscriminatory, age-appropriate [comprehensive sexuality education](#)<sup>17</sup> in and out of schools.
- Include gender-based violence under universal health coverage initiatives.
- Institute effective and accessible administrative and judicial safeguards and mechanisms to protect rights, ensuring remedies and redress.

- Adopt professional ethical codes related to family planning are consistent with a HRBA.
- Develop a national strategy and action plan on SRHR, with [adequate budget allocations](#),<sup>18</sup> alongside effective laws that place gender equality at the center.

### Key assessment area C: Service Delivery

Quality service delivery is the front line of ensuring a HRBA to family planning. To determine whether your country meets this area, **assess if your country's service delivery meets these HRBA criteria:**

- [Builds the knowledge, skills, and competencies of health care providers](#)<sup>19</sup> for provision of human rights-based services. This includes the duty of care and other ethics of care and ensuring a client-centered approach by creating a safe, nonjudgmental environment that respects clients' reproductive intentions, lifestyles, and preferences throughout their lives.
- Ensures that the quality, accessibility, and availability of contraceptive information and services remain consistent and are not influenced by nonmedically indicated characteristics, such as age, geographic location, language, ethnicity, [disability](#),<sup>20</sup> HIV status, gender identity and sexual orientation, wealth, or marital status, and that they offer services responsive to the needs of various populations, including [adolescents](#)<sup>21</sup> and [men and boys](#).<sup>22</sup>
- Provides accurate, complete, and accessible [counseling](#)<sup>23</sup> and information for diverse populations, guaranteeing confidentiality, and does so in relevant languages and in a manner understandable to adolescents and youth, less literate people, and people with physical or psychosocial disabilities; and guarantees informed decision-making for all.
- Makes the [broadest range of contraceptive methods, including emergency contraception, available, accessible, and affordable](#).<sup>24</sup>
- Builds and sustains systems to support continuity of care for clients through an uninterrupted [supply of contraceptives](#) and related commodities, preventing stock-outs and ensuring integrated services along the reproductive life course, with referral systems and follow-up care.
- Integrates [postpartum](#)<sup>25</sup> and [postabortion family planning, and health care for gender-based violence and sexual and reproductive needs](#),<sup>26</sup> as well as family planning self-care interventions, [mobile outreach services](#),<sup>27</sup> and [digital health](#).<sup>28</sup>

- Ensures that client feedback mechanisms at the facility level are available, accessible, and confidential and that facility employees who breach their duty of care are held accountable.
- Prioritizes a holistic approach to data collection, incorporating both quantitative indicators such as community perceptions and individual experiences; data collection should be disaggregated by age, sex, socioeconomic status, ethnicity, geographic location, marital status, and other relevant factors to enable targeted interventions and address diverse needs.

### Key assessment area D: Individual at the center: empowered and satisfied client

All of the key action points above serve to promote an empowered and satisfied client. In addition to them, **assess if your country meets these HRBA criteria:**

- [Individuals can make and act on their own family planning decisions](#),<sup>29</sup> without pressure or obstacles from the health care system, provider, their partner or family, or anyone else; [women and girls have economic opportunities](#)<sup>30</sup> to enable autonomy.
- People are treated the same without discrimination based on who they are, their age, ethnicity, or their circumstances, their gender identity or sexual orientation, or other characteristics.
- Individuals can choose from a wide range of available methods that suit the individual's needs and preferences and are provided with information in an understandable manner for them.
- Individuals' privacy and confidentiality are respected in receiving and discussing information and services in a setting where no one can hear or observe client-provider interactions; records and information are not shared with third parties without the consent of the client.
- Individuals are supported as part of [social accountability](#),<sup>31</sup> to know and claim their rights and feel supported in speaking up if they face problems in the health facility, and have [access to redress](#).<sup>32</sup>

Once this assessment is completed, continued work with the population groups and other stakeholders should be done to prioritize areas that are in immediate need of addressing, and an action plan should be developed to realize these changes. The UNFPA Support Tool provides details on how to go about doing this.

### SELECT KEY RESOURCES

See links throughout for further resources

[UNFPA & What Works Association \(WWA\), Human Rights-Based Approach to Family Planning Support Tool and The Holistic Framework for Human Rights-Based Family Planning: UNFPA Technical Brief](#)

[FP2030, Rights and Empowerment Principles for Family Planning](#)<sup>33</sup>

[WHO, Ensuring Human Rights in the Provision of Contraceptive Information and Services](#)<sup>34</sup>

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