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

WHAT IS IT?
The Holistic Human Rights-based Voluntary Family Planning Programme Framework, shown in Figure 1a-e (pages 4-9), is a graphic depiction of key elements that should ideally be in a family planning program at the various levels in the healthcare system – policy, service delivery, community, individual – to ensure that individuals’ human rights are respected, protected and fulfilled. While such an ideal programme does not yet exist, the framework provides a vision of what we collectively should aspire to. Every programme is somewhere along the continuum that leads to this desired state. The framework is an aid to understanding the components of human rights-based family planning as well as the centerpiece for a programme assessment and planning tool (UNFPA and What Works Association, 2022).

The framework consists of a visual overview of a whole programme (Figure 1a), plus elaborations that detail what conditions should be in place at each of four levels – supportive community & social-gender norms; enabling legal & policy environment; quality information & services; and empowered & satisfied client – to demonstrate that each of the human rights principles and standards that pertain to contraceptive information and services are applied (Figures 1b-e, pages 5-9).

It is important to note that the human rights-based approach to programming depicted in the framework is consistent with programming for any holistic, quality family planning programme. While it makes a focus on human rights explicit, it builds upon familiar tenets of quality of care and routine programming processes. The framework supports programming to affirm individuals’ human rights, promote non-discrimination and equality, and leave no one behind, a central tenet of the 2030

The goal of human rights-based programmes is to empower “all couples and individuals to decide freely and responsibly the number, spacing and timing of their children, and to ensure they have the information and means they need to do so, free from discrimination or coercion.”

ICPD, 1994
Agenda for Sustainable Development and its Sustainable Development Goals (SDGs), and a core component of rights-based programming, including in UNFPA’s Family Planning Strategy, 2022-2030.

WHAT PURPOSES DOES IT SERVE?

The main purpose of the framework is to foster understanding of what a holistic, human rights-based approach to family planning entails, and its goal (see ICPD quote on page 1). It aims to shift the way people think about and go about their work, making human rights a more intentional, cross-cutting programmatic element. As a result, problems that might otherwise be overlooked are identified, and greater effort is invested in programmatic areas that might otherwise get insufficient attention. By providing a vision of the essentials of human rights-based family planning programmes, the framework can be used at any phase of the programming cycle, whether it be assessment, design, implementation, monitoring or evaluation; and the holistic nature of the framework fosters the ongoing process of “progressive realization” of human rights (See Box 1). It can also be used to frame accountability initiatives, providing a common vision for family planning programming shared by both state/public sector actors involved in the family planning program as duty bearers and the community and individuals as rights-holders.

BOX 1

Progressive Realization of Rights

The concept of “progressive realization” (established by the United Nations Office of the High Commissioner for Human Rights (2016) 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 program implementers (i.e., duty-bearers) have an obligation to take any action they can to continuously advance the protection and fulfillment of individuals’ human rights toward the ideal.
WHAT IS IT BASED ON?

The Holistic Human Rights-based, Voluntary Family Planning Programme Framework synthesizes and builds upon previous work done largely since 2012 to express the concept of a human rights-based approach to family planning in practical, programmatic terms. Drawing upon both legal and programmatic perspectives on human rights as they relate to family planning, the Framework lists key programmatic conditions and actions necessary to fulfill core human rights obligations derived from international human rights law. The foundation of the framework is UNFPA’s definition of a human rights-based approach to family planning (see below).

These principles come from international human rights standards established by human rights mechanisms and enshrined in international conventions that states have ratified.

UNFPA Definition of Humans Rights-Based Approach to FP

“It is a conceptual framework and systematic process that:

1. Ensures that States meet their obligations under international human rights law to respect, protect and fulfill human rights
2. Ensures family planning programs maintain a focus on key human rights-related principles and standards that apply to family planning (see Box 2)
3. Applies these principles and standards in all phases of programming, and at all levels of the program
4. Enables duty-bearers to meet their obligations and rights holders to claim their rights.”

(UNFPA and WWA, 2022)

WHO IS IT FOR?

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

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

BOX 2

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

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

Women, men, adolescents and young people know and demand their human rights. Sociocultural and gender norms support reproductive self-determination for all, including adolescents and youth. There is widespread community awareness and knowledge of family planning. Community-based systems help individuals get the contraceptive information and services they want. Community members engage in developing, monitoring and holding programs accountable.

THE HOlISTIC HUMAN RIGHTS-BASED, VOLUNTARY FAMILY PLANNING PROGRAMME FRAMEWORK

The State is meeting its obligations under human rights 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 and service delivery standards. Adequate infrastructure and resources for family planning information and services are allocated and rationally distributed. A wide range of contraceptive options is offered. Effective monitoring and accountability mechanisms and linkages are in place at all levels. Systems and structures engage with national human rights institutions (NHRIs) and international human rights mechanisms to strengthen accountability for SRHR.

Every individual is treated equally without discrimination. All individuals exercise agency in making and acting on their own FP decisions through informed choice from among a wide range of contraceptive methods. Clients are satisfied with services, finding them respectful, culturally acceptable, convenient, affordable and available when needed. Their privacy and confidentiality are protected. Individuals can give input and feedback on how FP services are provided. Rights-holders know and demand their rights and how to seek redress if needed.

All couples and individuals can decide freely and responsibly the number, spacing and timing of their children, and have the information and means they need to do so, free from discrimination and coercion. To support this goal, the framework takes a comprehensive program perspective, depicting the four levels of a healthcare system: the community, policy, service delivery and individual levels. And it represents the desired state for each of these levels. Empowered and satisfied clients who can exercise their right to bodily autonomy are at the core. They are surrounded by quality information and services, an enabling legal and policy environment, and a supportive community and social-gender norms.
The text in each quadrant summarizes the essential conditions or inputs needed to support the rights-related principles at that level in order to ensure that individuals’ human rights are respected, protected and fulfilled.

**DETAILED RIGHTS STANDARDS AND PRINCIPLES RELATED TO THE FOUR QUADRANTS**

Figures 1b-e contain added detail about the rights standards and principles related to each quadrant. This additional detail is a synthesis of the elements that pertain to each level drawn from descriptions of each principle as articulated by WHO (2014), UNFPA and WHO (2015), FP2020’s Rights and Empowerment Principles for Family Planning (2015), and Comment 22, Article 12 on the right to the highest attainable standard of sexual and reproductive health (UNCESCR, 2016; UNFPA and CRR, 2023). Some details from the Voluntary Human Rights-based Family Planning Conceptual Framework (Hardee et al., 2014) have been incorporated.

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**Figure 1b**

**SUPPORTIVE COMMUNITY & SOCIAL-GENDER NORMS**

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

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

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

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

**ACCESSIBILITY**
- Affordable transportation links individuals to service delivery points
- Community-based distribution of contraceptives enhances access
ENABLING LEGAL & POLICY ENVIRONMENT

NON-DISCRIMINATION & 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 exist, are adequately resourced and are periodically reviewed and monitored through a participatory and transparent process
- A sufficient number of functioning service delivery sites are well distributed and offering a wide range of contraceptive options, including client-controlled methods
- Follow-up and removal services exist in both the public and private sectors

ACCESSIBILITY
- 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 groups
- Information and services are physically and economically within reach
- Comprehensive sexuality education is provided
- No third-party authorization, unjustifiable medical barriers or other restrictions exist
- Contraceptive security is assured
- The widest range of service providers who can safely provide services is trained and authorized to do so
- Measures are in place to ensure sufficient numbers of trained and competent service providers in a range of settings (facility- and community-based, mobile) to expand access to the full range of contraceptive methods, including emergency contraceptives
- Special efforts are made to reach displaced populations and those in crisis settings
- Post-abortion care and counseling are available for those who need it

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

QUALITY
- State policies, programs 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
- Effective training and HMIS systems are in place
- Medicines, equipment and technologies essential to sexual and reproductive health, including based on the WHO Model List of Essential Medicines, are provided

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 counseling; by removing all third-party authorization requirements (parental, spousal or partner), and eliminating non-medical eligibility criteria that create access barriers (i.e., 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

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ENABLING LEGAL & POLICY ENVIRONMENT

• All individuals and groups have access to comprehensive education and information on sexual and reproductive health that are non-discriminatory, non-biased, evidence-based, and that take into account the evolving capacities of children and adolescents

PRIVACY & 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 FP-related policies, programmes and services

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 program 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 & SERVICES

NON-DISCRIMINATION & EQUALITY
• Quality information and services are provided equitably to all individuals without discrimination of any kind

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

ACCESSIBILITY
• 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, youth-friendly, plus effective referral) and convenient service delivery points (“leave no one behind”)
• All contraceptive services are affordable
• No non-medical eligibility or third party consent requirements exist

ACCEPTABILITY
• Facilities, commodities and services are acceptable to intended beneficiaries
• Services are provided in an ethical, culturally respectful, confidential manner that includes being respectful of the culture of individuals, minorities, peoples, and communities
• 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 HMIS systems are in place

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

PRIVACY & CONFIDENTIALITY
• Providers protect individuals’ privacy and do not disclose any personal or medical information they receive from clients

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

ACCOUNTABILITY
• Program managers and healthcare workers have rights literacy
• As duty-bearers, they respect, protect and fulfill individuals’ human rights
• Managers routinely monitor human rights in their program
• Effective mechanisms are in place to manage alleged and confirmed rights violations
No existing family planning programme has all the characteristics listed in this Framework. It provides a vision to aspire to. Achieving this vision will require a deliberate and sustained focus on human rights, sufficient resources, strategic partnerships and effective accountability mechanisms.