

CIP

Resource
Kit

RIGHTS-SIZING FAMILY PLANNING

A Toolkit for Designing Programs to Respect, Protect,
and Fulfill the Rights of Girls and Women

JANUARY 2018

Produced by



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Introduction to the Toolkit

The Rights-Sizing Family Planning toolkit was developed primarily to provide guidance and background on rights-based family planning with the aim of helping stakeholders in FP2020 Commitment Countries develop a Costed Implementation Plan (CIP) that includes a rights frame calling for respectful and client-focused care. We have found that the material in the toolkit is useful to those who want a clearer understanding of what is meant by rights and how this can be operationalized.

WHY INCLUDE RIGHTS IN PROGRAM AND ACTIVITY PLANNING FOR FAMILY PLANNING?

The CIP is a multi-year actionable roadmap designed to help governments achieve their family planning goals—goals, that when achieved, will save millions of lives and improve the health and wellbeing of women, families, and communities. CIPs are a critical tool in transforming ambitious family planning commitments—such as those made through [Family Planning 2020](#) and the [Ouagadougou Partnership](#)—into concrete programs and policies.

Countries must be strategic and efficient in investing limited resources to meet the growing demand for family planning. FP2020 has found that those devoting time and resources in developing a CIP emerge with a detailed plan for systematically implementing strategies, fulfilling commitments, and achieving family planning goals. A comprehensive CIP can address and budget for all thematic areas of a family planning program: demand creation; service delivery and access; contraceptive security; policy and enabling environment; financing; and stewardship, management, accountability, and a rights-based approach.

By engaging in the CIP strategic planning process, governments can:

- Prioritize family planning interventions
- Detail key activities and outline a roadmap for implementation
- Estimate the impacts of interventions
- Forecast costs and make strategic allocation decisions
- Mobilize resources to meet gaps
- Monitor progress
- Unify stakeholders around one focused family planning strategy
- Ensure that the rights-based approach to family planning informs all they do





BRIEF

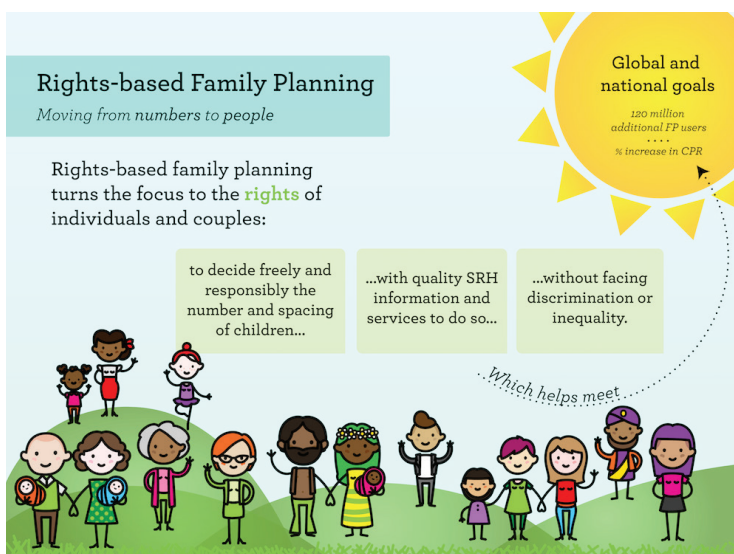


Rights-Based Family Planning

WHAT IS A RIGHTS-BASED APPROACH TO FAMILY PLANNING?

A rights-based approach to family planning (FP) is one in which all phases of a program (needs assessment, planning, implementation, monitoring, evaluation and management) are viewed through the lens of individuals' human rights and how rights are or are not upheld in communities and in FP programs.

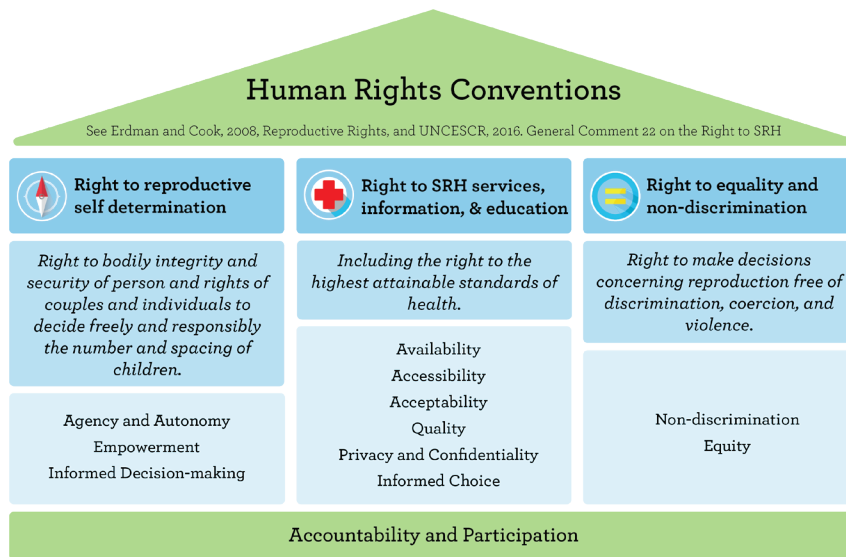
The goal of this approach is to fulfill the rights of individuals to determine freely and responsibly the number and timing of their children with access to quality information and services, free from discrimination or coercion. Rights-based family planning is driven by the needs and rights of people the program is meant to serve, rather than the program's structure, systems, staff or numeric goals.



Applying a rights lens reframes the way we typically think about programs, including how we define goals, what we value and what we measure. This approach strives to give everyone – no matter their sex, what community or ethnic group they come from, their marital status, age or circumstances – equal access to the family planning information and services they want. It is characterized by treating people equitably, with dignity and respect, and providing high quality care to all. It rewards respecting, protecting and fulfilling the rights of individuals and couples to make and act on their FP decisions. This approach focuses on both clients and those not being served, and pays particular attention to meeting the needs of hard-to reach populations. In addition, this approach recognizes the role of communities --- in working to change community conditions that limit rights (e.g., gender norms that give men authority to make decisions about women's health) and in working with service providers to ensure quality rights-based services. Taking a rights-based approach is not only the right thing to do; it is a legal commitment governments have made to their people.

HOW IS A RIGHTS-BASED APPROACH DIFFERENT FROM WHAT WE NORMALLY DO IN FAMILY PLANNING PROGRAMS?

A number of rights and empowerment principles help guide implementation of a rights-based approach. Most family planning programs are already applying many of these elements to strengthen essential components of rights-based programming- like increasing



Other Sources:
WHO, 2014, Rights-based Contraceptive Services; FP2020 Rights and Empowerment Principles

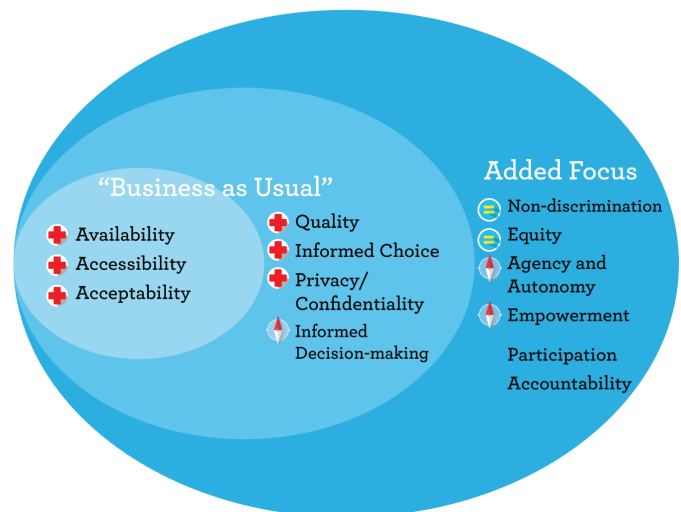
access, improving quality, expanding method options, ensuring voluntary, informed choice, and promoting gender equality – even if staff don’t think of these interventions in terms of human rights. For a true rights-based approach, more is needed.

Rights literacy among all FP program staff, including policymakers and healthcare staff responsible for respecting, protecting and fulfilling individuals’ human rights (“duty bearers”) is necessary for them to understand their role, and to define the practices that support or hinder human

rights. Rights literacy among individual clients and potential clients (“rights holders”) is essential to ensure that they know, and can demand their rights.

In addition, community participation, individual empowerment, equity and accountability need to be valued and supported as essential program elements. This entails demand generation and SBC activities that address gender norms and other inequalities that disempower women relative to men, that constructively engage men in family planning, and that help people understand their rights. It requires structures (like Health Committees) and opportunities for collecting input from community members regarding program planning as well as feedback on implementation, including provider-client interactions, and the availability and quality of services. It requires high quality counseling that supports clients’ voluntary, informed decision making. It invites routine review of service data to identify who you are, and are not, serving and why, and to track method mix for indications of free choice or provider bias. It means that rights-explicit elements are built into staff performance expectations and appraisals. Importantly, a

Rights-based Family Planning Programming



rights-based program establishes mechanisms for monitoring, investigating, managing and redressing rights violations to hold its staff accountable. This includes the adoption of rights-explicit monitoring indicators, establishing routine client feedback mechanisms, conducting periodic client record audits, instituting protocols for researching and reporting on alleged violations, taking corrective action to prevent recurrence and providing legal recourse to clients whose rights have been compromised.

The biggest difference between a rights-based approach and “business as usual” is in the mind-set of those designing and working in the program. In this approach, the program is intentional about respecting, protecting and fulfilling the rights of clients and potential clients in all that its staff does.

WHAT DOES TAKING A RIGHTS-BASED APPROACH GET YOU?

Ensuring that human rights are respected, protected and fulfilled is not only a desired end in itself; it can accelerate and enhance desired outcomes programs have focused on for years, such as quality of care, increased access and demand, increased use and continuation, and gender equality. Using a rights lens leads to different performance expectations, rewards different behaviors, makes it easier to identify challenges and unforeseen negative consequences, and suggests different solutions to problems. Due to its emphasis on community participation, this approach also yields more responsive and accountable programs, which results in greater trust and sustainability. Evidence suggests that ultimately, it leads to greater sustained use of family planning.

WHAT'S IN IT FOR ME?

- *If you are an individual being served, you get the information and services you want to achieve your reproductive intentions, and are treated with respect, without discrimination.*
- *If you are a service provider, you enjoy the trust of your clients and support from your community.*
- *If you are a government official or a donor representative, you get enhanced and accelerated program outcomes, increased sustainability and protection against negative, unintended consequences that can undermine your program.*
- *If you work for an implementing agency, you get an approach that unifies and guides all elements of a holistic, quality family planning program.*

For more information on rights-based family planning under FP2020, see <http://www.familyplanning2020.org/microsite/rightsinfp>



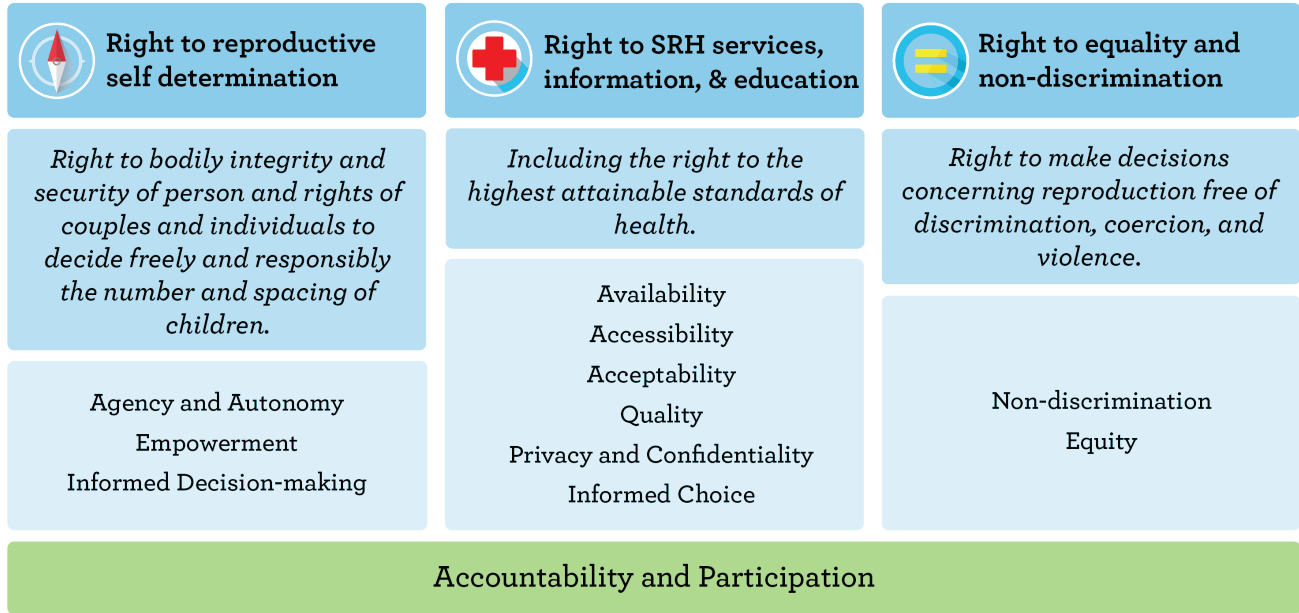
RIGHTS CONVENTIONS



Human Rights and Related Principles that Apply to FP

Human Rights Conventions

See Erdman and Cook, 2008, Reproductive Rights, and UNCESCR, 2016. General Comment 22 on the Right to SRH



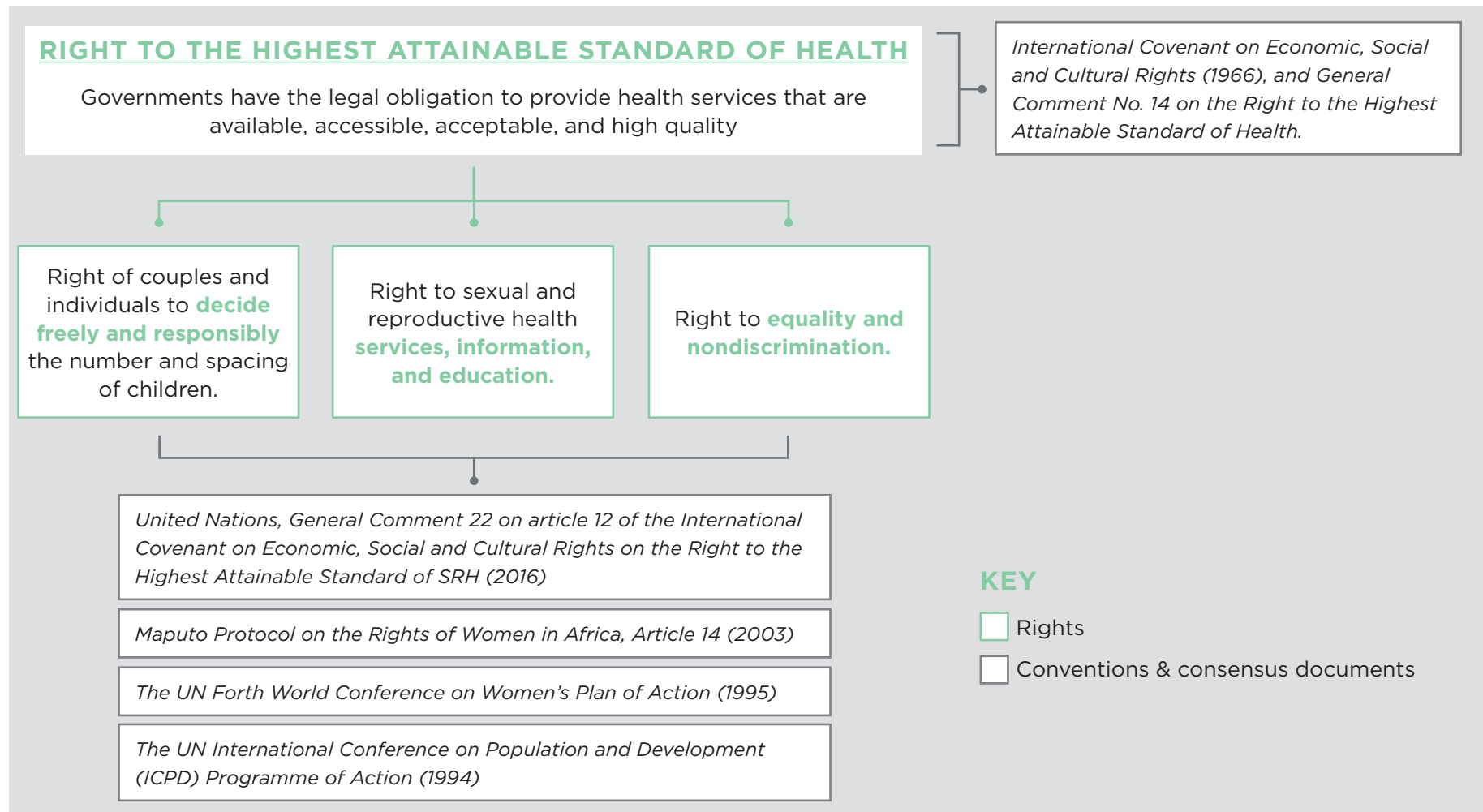
Other Sources:
WHO, 2014, Rights-based Contraceptive Services; FP2020 Rights and Empowerment Principles

Rights Elements Related to Family Planning and Program Implications

	Rights Element	Program Implications
1	Accessibility	Information is available in the language and terms people can understand; geographic access, financial access, policy access (i.e., absence of nonmedical eligibility criteria); continuous contraceptive security; suitable hours offered for clients; service integration to increase access
2	Availability	Broad choice of methods offered; sufficient and needs-based distribution of functioning service delivery points
3	Acceptability	Culturally appropriate facilities, methods, and services; community/family support for women's right to choose; tolerance of side effects; privacy and confidentiality respected; client satisfaction with services
4	Quality	Service providers are well trained and provide safe services; they treat clients with respect, provide good counseling and protect their privacy and confidentiality; and they have a regular supply of contraceptives and the equipment they need to provide the services clients want
5	Agency/empowerment/autonomy	Knowledge of one's rights and of FP; ability to make your own decisions independent of system, husband or family pressures; informed, voluntary decision making supported; meaningful participation of clients in program design and monitoring; client-controlled methods offered; supportive gender norms exist in the community; women/men/young people know and demand their human rights
6	Non-discrimination/equity	Everyone, no matter what community group they come from, their age or what their circumstances, has the same access to high quality information and services; everyone is treated fairly and the same
7	Accountability	Mechanisms exist for community members and family planning clients to provide input and feedback about services, and to investigate and remedy allegations of/confirmed human rights violations
8	Informed choice	Women and youth make their own decisions about whether to use FP and what method to use, with free access to accurate information they can understand and a range of options to choose from, without pressure from anyone
9	Privacy and confidentiality	Ensuring client interactions cannot be observed or heard by anyone else without the client's consent; ensuring client records are not shared with anyone and that information is not disclosed
10	Participation	Members of the community are involved in planning and monitoring FP services.

► Source: Modified from WHO, 2014, Rights-based Contraceptive Services; and FP2020, 2014, Rights and Empowerment Principles. Copies of this graphic are available at http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2017/05/DRAFT_FP2020_Rights-Sizing-Family-Planning-Toolkit.pdf

Examples of Human Rights as they Relate to Reproductive Health





RESOURCE



Examples of Human Rights International Consensus Documents

TREATIES: HAVE THE STATUS OF INTERNATIONAL LAW

- International Covenant on Economic, Social and Cultural Rights (1966)
- International Covenant on Civil and Political Rights (1966)
- Convention on the Elimination of all Forms of Racial Discrimination (1969)
- Convention on the Elimination of all forms of Discrimination Against Women (1979)
- Convention on the Rights of the Child (1989)
- General Comment No 14. on Right to Highest Attainable Standard of Health (2000)
- General Comment No. 22 on Right to the Highest Attainable Standard of SRHR (2016)

CONFERENCE DOCUMENTS: ADD CONTENT AND MEANING TO HUMAN RIGHTS

- Tehran Conference on Human Rights (1968)
- World Population Plan of Action (1974, 1984)
- International Conference on Population and Development Programme of Action (1994)
- Fourth World Conference on Women Beijing Declaration and Platform for Action (1995)
- United Nations World Conference on Human Rights (1993)

DECLARATIONS: “NO LEGAL STATUS, BUT PROVIDE PRACTICAL GUIDANCE TO STATES IN THEIR CONDUCT” [UNHCRH, N.D.]

- Universal Declaration of Human Rights (1948)
- Millennium Declaration (2000) and related Millennium Development Goals (2001), which included Target 5b (universal access to reproductive health) in 2007



CASE STUDIES



INTRODUCTION TO CASE STUDIES

This section contains five case studies that highlight rights issues related to serving youth; setting ambitious goals; gender equality and male engagement; community engagement; and postpartum family planning. These case studies are intended to be used to stimulate discussion about rights and how they pertain to aspects of family planning programming at the policy, service delivery, community and individual levels. The case studies are conducive for groups to identify the rights challenges posed in the cases presented and to discuss actions to address the rights vulnerabilities. The case studies can be a useful tool to reinforce how rights relate to common aspects of family planning programming and to stimulate discussion about rights issues in country family planning programs. The case studies can be used in workshop settings and in country stakeholder consultations for CIP development. The case studies include questions that can guide discussion:

1. Which human rights or related principles are challenged in this case study?
2. Which actions could the program take to address these challenges?
3. How/is this different from what you would normally propose without applying a human rights lens?

CASE STUDY 1

Youth

INSTRUCTIONS

In your small group, address the following questions:

1. Which human rights or related principles are challenged in this case study?
2. Which actions could the program take to address these challenges?
3. How/is this different from what you would normally propose without applying a human rights lens?

Appoint someone to serve as rapporteur to take notes and report back to the larger group.

The Minister of Health in Andorra has just launched a new reproductive health strategy that prioritizes family planning (FP) to reduce maternal and infant mortality and teen pregnancy. The strategy promotes the expansion of youth-friendly FP services, now available only in a few clinics in urban centers. It eliminates the longstanding parental consent requirement for unmarried youth to obtain FP. The strategy does not include sex education in schools. Knowledge of how to prevent pregnancy among youth, especially in rural communities, is quite low.

Reena is fifteen years old and lives in a farming community. Her parents are arranging for her to marry a merchant's son. Reena has other plans. She wants to become a teacher. When she dares to oppose her parents, they say it is her duty to follow their wishes. Girls do not decide whom to marry. Her parents don't know that Reena already has a boyfriend, Kazim. If they found out, they might kick her out of the house. Kazim has been pressuring Reena to become intimate to prove their love. She is conflicted. She is afraid she will lose him if she doesn't agree. She is also afraid of her parents and what would happen if she got pregnant. But Reena doesn't understand how pregnancy happens nor how to prevent it. Her mother has never talked to her about sex. Her friends are too shy to broach the subject.

One day, Reena notices a poster on the street announcing a new teen hotline for preventing pregnancy and HIV/AIDS with a cell number to call. She makes note of it and the next day borrows a friend's phone to text a question: How can I be sure I don't get pregnant? She gets a quick response saying there are many contraceptive methods and urging her to go to a clinic to find the right one for her. Not comfortable admitting that she needs protection, Reena decides to go to the clinic complaining of a bad headache, and to tell the nurse that a friend of hers has a question about how to prevent pregnancy.

The only facility Reena can easily get to is the local primary health clinic. The government's new youth-friendly family planning program has not yet reached her community. The clinic is crowded. Reena is relieved that she doesn't know anyone there. She waits for a long time, scanning the posters on the waiting room wall. One warns about the risks of

HIV/AIDS. One stresses the importance of good nutrition for pregnant women and babies. One that catches her eye is about “Clients’ Rights”- something she knows nothing about. Another has pictures of various contraceptive methods and a lot of small print she can’t read.

The nurse finally calls her and leads her into a smaller room where another nurse is talking to another patient. The nurse offers her a seat and asks why she has come. Reena is nervous about lying, especially since others can hear what she is saying. She complains about her imaginary headache. The nurse asks a few questions, takes her blood pressure and tells her to go to the pharmacy to get some pills. While the nurse writes the name of the medication, Reena summons the courage to speak. “A friend of mine,” she says, “asked me to find out how she can prevent getting pregnant.” “How old is your friend?” the nurse asks. “Sixteen,” Reena improvises. “Is she married?” the nurse asks, looking disapproving. “Not yet,” Reena replies. “Then she should not be having relations and doesn’t need prevention,” the nurse replies. With that she gets up and ends the conversation. Reena leaves, disappointed and confused.

CASE STUDY 2

Ambitious Goals

INSTRUCTIONS

In your small group, address the following questions:

1. Which human rights or related principles are challenged in this case study?
2. Which actions could the program take to address these challenges?
3. How/ is this different from what you would normally propose without applying a human rights lens?

Appoint someone to serve as rapporteur to take notes and report back to the larger group.

The Government of Andorra has made family planning (FP) a national priority to address the health and development needs of the country. Andorra's contraceptive prevalence rate (CPR) increased from 2.5% to 23% from 2000 to 2015, despite low rates of literacy, a predominantly rural population, and a weak health system. Seventy-five percent of the current method mix is attributed to injectables and pills. Andorra has committed to a goal of 50% CPR by 2020, in effect doubling current prevalence and requiring an annual increase in CPR of 5%. As part of the strategy to meet the CPR goal, there is a new emphasis on increasing access to LARCs (Long Acting Reversible Contraceptive). This goal is supported at the highest levels of government, with visible calls to action from the President and Minister of Health for all districts to achieve the goal regardless of their current CPR levels.

In Andorra, a peri-urban district with high rates of poverty and unemployment, use of family planning is lower than the national average. There are five primary health centers that serve the district, and most are understaffed and lack dedicated space for FP counseling and procedures (IUD or implant insertion). Despite the call to action from the national level to meet the 2020 commitment, resources haven't been allocated yet at the district level to support accelerated implementation. Nevertheless, training of nurses and midwives in IUD and implant insertion was conducted, although there wasn't sufficient caseload for there to be practical training in implant removals.

The supervisor from the District Health Management Team visits a rural primary health center (PHC) and informs facility staff that they need to increase LARC uptake following the training that facility staff received; otherwise the district may not achieve its forecasts for the quarter. In an effort to increase uptake, providers are talking up the benefits of LARCs with FP clients during education talks on FP "days." FP is offered during specific times; there is no FP info provided during maternal child health (MCH)- or HIV-related sessions. Counseling is conducted in the PHC waiting room where women are embarrassed to ask questions of the provider and are not willing to share information about their sexual and reproductive health (SRH) issues and concerns. Women perceived to be poor are encouraged vigorously to accept a LARC, as they are considered not as likely to continue

use of a short-acting method, although this is not experienced by women perceived as wealthy. There has been an increase in the number of women requesting removals of implants; however, few have been done at this clinic. The clinic charges for removals, although the insertion was free.

During her visit, the supervisor focuses mainly on reviewing the clinic register and spends little time discussing other issues related to service coverage or to the concerns of staff. Staff concerns include frequent stockouts; lack of equipment, supplies, and educational materials; delays in salary payment; low caseload and demand; and lack of religious and community support for FP. The PHC has a facility health committee; however, its membership is composed mainly of local businessmen and it meets irregularly. The PHC has a suggestion box, however, the nurse assistant who is responsible for it has no idea what to do with its contents.

CASE STUDY 3

Gender Equality and Male Involvement

INSTRUCTIONS

In your small group, address the following questions:

1. Which human rights or related principles are challenged in this case study?
2. Which actions could the program take to address these challenges?
3. How/ is this different from what you would normally propose without applying a human rights lens?

Appoint someone to serve as rapporteur to take notes and report back to the larger group.

The fragile economy of Andorra is being stressed by an influx of refugees and an extended drought. As a partial response, the Ministry of Health (MoH) has set ambitious family planning (FP) goals to slow population growth. It sees FP as a pillar of its plans to reduce the demand for social services and emergency relief, and to advance the economy. Policymakers (mostly men) regard FP as a women's health issue; it is therefore the responsibility solely of the MoH. The Ministry promotes informed and voluntary choice. Apart from medical contraindications, it has not imposed any eligibility criteria for FP use.

Andorra has an active civil society in which women activists have been advocating for reproductive rights and gender equality. They want the government to invest in girls' education, women's economic inclusion, reproductive empowerment for women and girls, and male involvement in FP. This, they argue, will lead to increased uptake and continuation of FP and a slowdown in population growth. However, links among the MOH and other government ministries necessary for a more comprehensive strategy (e.g., the Ministry of Education, the Ministry of Women's Affairs, the Ministry of Finance) are lacking.

A recent focus group study conducted by the PROGRESS Project explored community gender norms and practices related to reproductive health. With data collected in a representative sample of villages in six states, it found that only a tiny percentage of women engage in paid work. The vast majority of girls and women are economically dependent on men, either their fathers or husbands. Women's worth is strongly linked to childbearing. Men's prosperity and prestige in their community are associated with the size of their family. In Muslim households, co-wives compete with one another for status and material rewards by bearing as many children as they can, especially sons. Women who want to limit or end childbearing for whatever reason lack the agency to make and to act on their own decisions to control their fertility.

Mercy is a mother of four: three girls and a boy. She has high blood pressure and a heart condition. Her pregnancies have been difficult. Two ended in miscarriage. She has grown fearful of relations with her husband, because she doesn't want to get pregnant again. But her husband would like another son. To prevent marital discord, she goes to the FP clinic to ask for a method she can use without her husband knowing. The nurse tells Mercy that she cannot provide FP services without her husband's consent. She is afraid that it could lead to domestic violence or even to retribution against her or the clinic.

Mercy heads home without FP protection, feeling very disappointed. In the coming weeks, she evades her husband's advances as best she can, and uses a traditional method (drinking a brew of bitter herbs) as a safeguard when she can't come up with a convincing excuse to avoid sex. Fundamentally she believes it is her duty to obey her husband. Within two months of her clinic visit, she finds herself pregnant again.

CASE STUDY 4

Community Engagement

INSTRUCTIONS

In your small group, address the following questions:

1. Which human rights or related principles are challenged in this case study?
2. Which actions could the program take to address these challenges?
3. How/is this different from what you would normally propose without applying a human rights lens?

Appoint someone to serve as rapporteur to take notes and report back to the larger group.

The Minister of Health (MoH) of Andorra has been working to improve the quality of care of a basic package of Reproductive, Maternal, Newborn and Child Health (RMNCH) services, including family planning, at the primary level in priority districts. The primary health center (PHC) in Andorra, a rural agrarian community 150 kilometers from the district capital, has received support from the MoH through the quality of care initiative to be used for upgrading facilities, obtaining necessary equipment, and training clinical providers. Supervision has been strengthened through the introduction of a clinical checklist and quarterly supervisory visits to facilities. The supervisory checklist focuses mainly on whether the facility has the necessary commodities, equipment, and supplies to offer services in accordance with MoH guidelines.

The PHC has been working hard to improve service delivery. The facility manager has instituted a client suggestion box, although there are no protocols about who is responsible for managing it and what to do with the information that is being collected. The facility manager is also working to revitalize the village health committee to advocate for community resources to support the PHC. A village health committee has existed for several years, but it doesn't meet frequently, nor do its members have a clear understanding of their roles and responsibilities. The committee is composed mainly of local businessmen with little knowledge of reproductive health (RH) issues. There is no representation from local women's or youth advocates on the committee, although these groups exist in the community.

Utilization of services at the PHC remains low, despite the recent work to improve quality of care. Community health volunteers (CHVs) are deployed to work with the facility. Their attitudes and values mirror those of the community, especially with regard to adolescent sexuality and use of contraception outside of marriage. CHVs are not well-supervised and their efforts aren't coordinated with the facility. Moreover, many were trained a long time ago (prior to the introduction of implants in the district), and haven't received any

updates. Most are uncomfortable providing information and discussing methods except for the short -acting methods of pills and condoms.

Even though services are free in the public sector, it is difficult for clients to cover the additional costs related to transport and inability to work. Moreover, women do not control household resources, so they ask for their husbands' permission to visit the clinic. Providers are reluctant to provide contraceptive services to a woman without her husband's permission as they do not want any trouble in the event there are side effects or other disagreements regarding contraceptive use.

CASE STUDY 5

Postpartum Family Planning

INSTRUCTIONS

In your small group, address the following questions:

1. Which human rights or related principles are challenged in this case study?
2. Which actions could the program take to address these challenges?
3. How/is this different from what you would normally propose without applying a human rights lens?

Appoint someone to serve as rapporteur to take notes and report back to the larger group.

As part of its FP2020 Commitment, the Government of Andorra is supporting activities to increase the number of providers and facilities that offer postpartum IUDs (PPIUDs) as part of an overall effort to integrate family planning within maternal, neonatal and child health services. The decision to expand PPIUDs was based on a successful pilot in three public sector maternity hospitals which received financial and technical assistance from an international NGO to build service capacity through training and on-going mentoring and supervision. In addition, the project included building the capacity of antenatal care (ANC) providers to counsel pregnant women on the benefits of family planning and the available contraceptive options, including those that can be provided at the time of a facility-based birth.

The Ministry of Health (MoH) conducted step-down training in PPIUD insertion at an additional 20 district level hospitals. The program focused on clinical training for providers in PPIUD insertion and removal, but did not include a component to establish linkages between facility staff responsible for antenatal care with those providing PPIUD. Unfortunately, the MoH didn't have funding allocated for supervisory visits, so the second wave of trainees were not mentored in an on-going fashion. Nevertheless, providers were enthusiastic about the PPIUD, as it was considered easier to insert than an interval IUD, it didn't interfere with breastfeeding, and likely ensured a longer birth interval before the next pregnancy – a boon for both the mother and baby. They were also excited to be part of the national effort in Andorra to meet the FP2020 commitments.

Carmella, a 25-year-old married woman with four children, arrived in early labor at District Hospital No. 3 in Andorra, a town with a geographically dispersed population. Carmella traveled many kilometers to reach the district hospital. She was determined to have her fifth child in a facility, as she struggled during her last birth at home. She attended two ANC visits at her primary health center PHC, but the staff did not speak with her about family planning, other than to encourage her to breastfeed. While in the labor ward, a

nurse had asked her about FP and whether she had a contraceptive in mind, and said the IUD was a good option. Carmella was distracted and didn't agree or disagree with the nurse's statement about the IUD. She had a post-placental IUD insertion just after delivery. While in the postnatal ward, she was informed that she was given the IUD and that it would be her choice to have it removed if she likes. The maternity ward was chaotic, with only a few providers attending to women, some two to a bed, in the overcrowded ward. Carmella was upset but didn't say anything as she didn't want to compromise her and her baby's care by questioning the hospital staff. Carmella only heard bad things about IUDs and returned to her PHC for more information and to remove the IUD, but was told there was no staff trained in IUDs and to go back to the district hospital.

Defiende tus derechos
ERAMOS!!!

RESOLUCIÓN EXTRAORDINARIA
(votadas y afiliadas)

MAYO	JUNIO	JULIO

BUENA VIDA
TRABAJAR EL DOBLE POR L



TOOL

de María
re Polomino
Dionisia Aranda
Sanchez
Tachuca Saiz P
f Coris
anto
ERMO
rmai
os
Paz
Ochoa



TOOL

FP CIP Themes, Human Rights Elements and Related Actions

This table links the programmatic themes used in the Family Planning Costed Implementation Plan (CIP) template with the human rights and rights principles that relate to family planning. For each theme, there is a corresponding list of the rights/rights principles that apply, and an illustrative list of challenges as well as a list of illustrative actions to address the challenges. The actions included in the table do not include every action that is typically considered in CIP development, but instead, focus on those that might be overlooked.

When referring to the information in the table, note that the challenges and actions are illustrative, and are not meant to be exhaustive nor used as a checklist to cover everything that is required in a CIP. Rather, the lists are intended to provide some examples that demonstrate how one might incorporate a human rights lens in the development of the CIP. Further, the challenges and actions are not linked in a 1:1 fashion, as an action can potentially address more than one challenge.

The illustrative actions are derived from the following references documents:

- Rights and Empowerment Principles for Family Planning. FP2020. 2014.
- Ensuring human rights within contraceptive service delivery: implementation guide. UNFPA and World Health Organization. 2015
- Voluntary Rights-based Family Planning Users Guide. Futures Group and EngenderHealth. 2014

Demand Creation and SBC

Rights and rights principles that apply to this theme

- Accessibility
- Availability
- Acceptability
- Agency/autonomy/empowerment
- Non-discrimination/equity

Illustrative challenges to rights	Illustrative actions to support rights under this theme
<ul style="list-style-type: none"> • Lack of female empowerment and agency, including women not knowing their entitlements as they relate to health and family planning, and women being unable to claim/exercise their rights due to barriers within the household and the community (e.g. spousal objection to contraceptive use, need for women to obtain spousal consent, gender inequality in the society, etc.) • Community members do not know their rights as they relate to health and family planning. • Lack of community support for contraceptive use, especially by unmarried youth. • Lack of comprehensive and accurate information about family planning methods at the community level in language and terms that are understood by the client. • FP information does not reach or is not geared to the specific needs of marginalized groups (such as youth, people living with HIV, the disabled, the hardest to reach) 	<ul style="list-style-type: none"> • Provide rights literacy training for community members. • Develop rights IEC materials, translated into local languages. Disseminate materials at point of service (health facilities) and within the community. • Execute awareness creation campaigns focused on promoting women’s and girls’ right to access the contraceptive services, information and supplies of their choice. • Develop and implement constructive male engagement programs to promote gender equality, autonomous decision making and supportive partners. • Review and revise policies, plans and programs as needed to: <ul style="list-style-type: none"> - Ensure that women and girls can access and use contraceptive methods of their choice without third-party authorization (e.g. spousal consent, parental consent, religious leaders or other persons) or other restrictions based on age, ethnicity, marital or other status. - Promote gender equality and ensure they acknowledge and prioritize interventions beyond the health sector that enable women to exercise reproductive decision-making (e.g. life skills, comprehensive sexuality education, girls’ education, creation of employment opportunities for women, etc.). • Support scientifically accurate and comprehensive sexuality education programs within and outside of schools that include information on contraception and where to obtain it.

Service Delivery

Rights and rights principles that apply to this theme

Acceptability
 Availability
 Accessibility
 Quality
 Informed choice/decision-making
 Privacy and confidentiality
 Accountability
 Participation/voice
 Agency/autonomy/empowerment
 Non-discrimination/equity

Illustrative challenges to rights	Illustrative actions to support rights under this theme
<ul style="list-style-type: none"> • Providers lack rights literacy (e.g. don't know human rights) and understanding of their roles and responsibilities in respecting and protecting rights. • Providers are not held accountable for respecting, protecting, and fulfilling rights through routine supervision • No mechanism exists for clients or providers to give feedback on services and treatment • Poor counseling, including not ensuring clients know all their options, inadequate explanation of chosen method (particularly side effects), poor attention to privacy and confidentiality (e.g. client interactions can be observed or heard by others without client's consent), and expressions of bias against/for methods or subgroups of clients etc. • Clients cannot—due to either lack of empowerment or knowledge that they can do so—ask questions, and get understandable answers during counseling sessions • No system exists to investigate and remedy (redress) alleged or confirmed human rights challenges 	<ul style="list-style-type: none"> • Update service delivery standards, guidelines, protocols, training, and supervision materials (including performance expectations and appraisals) to ensure that they explicitly include human rights, including client rights and provider responsibilities • Integrate human rights literacy (to include values clarification to minimize bias, sensitization about roles and responsibilities in order to respect, protect, fulfill rights) into existing provider and other relevant program staff training (pre-service and in-service). Ensure that training explicitly addresses provider biases based on sex, age, marital status, and parity; raise awareness of role of gender and status differences that influence communications between providers and clients. • Implement social and behavior change (SBC) interventions that prepare clients to take an active role in counseling, including rights in FP services/counseling, the importance of asking questions, and what to expect during the service encounter. • Offer couples counseling.

<p>Illustrative challenges to rights</p>	<p>Illustrative actions to support rights under this theme</p>
<ul style="list-style-type: none"> • No community linkage to facility services exists; there is no way for community to provide input on planning and evaluating services (for instance, whether they are adequately responding to needs) • Service provider requires husband or parent permission to provide women and youth with services 	<ul style="list-style-type: none"> • Strengthen provider training and supervision protocols to ensure positive and responsive client-provider interactions, unbiased, non-directive counseling that addresses a range of contraceptive options, side effects for chosen method, and attention to privacy, confidentiality, and client dignity. • Establish client feedback mechanisms (e.g. suggestion box, client exit interviews etc.) and use feedback to implement changes to inform and improve services. • Establish and implement/roll-out protocols to investigate and manage alleged or confirmed violations of human rights challenges that are brought to the program’s attention. • Engage communities in program planning, design, and monitoring through the establishment or strengthening of health committees or other relevant local structures. • Ensure that policy/guidelines are disseminated, explained, and referred to so that providers are aware of/can demonstrate knowledge of service delivery standards and guidelines for all methods (including eligibility criteria, informed consent requirements, removal of implants/IUDs on demand). • Ensure individuals have a choice across method categories (spacing and limiting, hormonal and non-hormonal), including those that are acceptable to special populations. • Ensure individuals have access to services at times that are convenient (for example, after school for adolescents) • Support targeted efforts to provide comprehensive contraceptive information and services to underserved groups, particularly displaced populations, those in crisis settings, and survivors of sexual violence, who particularly need access to emergency contraception.

Contraceptive Security

Rights and rights principles that apply to this theme

Acceptability
Availability
Accessibility
Quality
Informed choice
Accountability

Illustrative challenges to rights	Illustrative actions to support rights under this theme
<ul style="list-style-type: none"> • Inadequate financial allocations for contraceptives and consumables in national and/or sub-national budgets to ensure a range of contraceptive options (and/or lack of accountability by government to spend resources committed for FP). • Limited contraceptive choice due to: <ul style="list-style-type: none"> - Frequent facility-level stockouts of contraceptive commodities due to lack of capacity in supply chain management and logistics. - Program decisions regarding method mix - Inadequate deployment of trained and competent providers - Inadequate stores of instruments, supplies (consumable) and equipment for FP service delivery, especially at district- and primary-level facilities • Lack of evidence- and needs-based allocation of resources (i.e., providers, commodities and facilities) to ensure coverage of marginalized and hard-to-reach populations. 	<ul style="list-style-type: none"> • Advocate for political and financial commitment to contraceptive security (e.g. funding for the procurement and transport—last mile distribution—of commodities and consumables) by the government in national and local authority budgets • Advocate for and support capacity-building of logisticians, supply chain managers and specialists at all level of the health system in forecasting and procurement. • Advocate for and support capacity-building for FP service delivery; provide pre-service and in-service training on FP service provision to all relevant service providers. • Advocate for the inclusion of the full range of contraceptives onto the national essential medicines list, as per the WHO Model List of Essential Medicines

Policy and Enabling Environment

Rights and rights principles that apply to this theme

- Availability
- Accessibility
- Acceptability
- Quality
- Non-discrimination and equity
- Accountability

Illustrative challenges to rights	Illustrative actions to support rights under this theme
<ul style="list-style-type: none"> • Stakeholders, such as policy makers, program leaders, communities and donors, do not possess information or knowledge about human rights. • Policies include regulatory barriers that limit the range of contraceptive methods offered. • Policies include criteria for contraceptive use that create barriers based on age, parity or other factors and thereby limit access and choice of contraception. • Contraceptive prevalence goals are unrealistic and result in undue pressure for programs, resulting in potential bias in how program and provider performance is measured and, therefore, in the way that providers counsel and inform clients about their options. • Policies support per-case payments (incentives) to providers and clients that may compromise voluntary informed choice • Drive to expand method mix by adding a new or underutilized method results in over-emphasis of method and affects program’s capacity to maintain a neutral or balanced approach. • Lack of data or information about the needs of marginalized and vulnerable populations • Lack of accessible family planning information and services for marginalized, vulnerable or hard-to-reach individuals 	<ul style="list-style-type: none"> • Provide rights literacy training or awareness for policy makers and managers. • Support evidence-based advocacy and information, education and communication (IEC) interventions targeting policymakers and key stakeholders to ensure their support of provision of comprehensive contraceptive information and services to disadvantaged or marginalized populations including adolescents and young people. • Advocate for programs to offer the widest possible range of contraceptive options at all levels of the health system. • Remove any policy barriers that deny specific populations (e.g. adolescents, unmarried women, geographically isolated populations, people with disabilities, etc.) access to their chosen contraceptive methods as well as coerce them into using a particular method or deny access to removal services for implants and IUDs; monitor implementation of supportive policies to ensure they are carried out as intended. • Review and reform policies and goals (balance between aspiration and what is achievable) as needed to eliminate pressure on programs and providers to favor particular methods over others.

Illustrative challenges to rights	Illustrative actions to support rights under this theme
<ul style="list-style-type: none"> • Lack of policies to support or encourage participation of diverse stakeholders or advocates in the design and monitoring of reproductive health/FP programs. • Gap between policies that exist to support rights and the implementation of them. <ul style="list-style-type: none"> - Policies have not been disseminated or explained to those who are supposed to uphold them, i.e., duty bearers. - There is an inadequate allocation of resources or political will to close the gap between policies and their implementation • Absence of or unused accountability mechanisms to routinely identify, investigate or follow-up “red flags” or alleged problems in which rights have been potentially compromised. 	<ul style="list-style-type: none"> • Map different models for service delivery, including health facility-based, community-based, mobile, referral, and social franchising models, including the costs of all such services; conduct market segmentation analysis to examine how the market for contraceptive services is structured and to identify the extent to which different providers serve various population segments. • Initiate a process (Total Market Approach) whereby different service delivery models could be introduced to expand options for contraceptive access, especially for rural, urban poor and adolescents, and map different models for service delivery (e.g. TMA). • Establish or strengthen accountability mechanisms to routinely monitor potential vulnerabilities, especially in programs with ambitious contraceptive prevalence goals and/or incentive schemes.

Financing

Rights and rights principles that apply to this theme

- Availability
- Accessibility
- Equity

Illustrative challenges to rights	Illustrative actions to support rights under this theme
<ul style="list-style-type: none"> • No specific budget line for family planning in national and local budgets (e.g. FP subsumed under general “reproductive health” budget line item) • Inadequate budget allocations for family planning, for example: <ul style="list-style-type: none"> – Budget for commodities, but not for supplies (i.e. consumables) and equipment or training – Budget for commodities inadequate as it is based on past history and not aligned with future projections/demographic factors (i.e., population momentum) – One-size-fits-all resource allocation (e.g. politically motivated, and/or not based on evidence,), resulting in uneven availability. • Services fees are unaffordable among different populations and/or communities (i.e., rural and urban poor, youth) • Clients are overcharged for various components of FP service delivery (e.g. charged for commodity when it should be free of charge, overcharged for needed consumable), including • Services are free for implant insertions, but not for removals. Resources allocated to easier-to-reach populations. • Results-based financing for FP focuses on quantitative rather than qualitative outcomes • Financing supports access to particular methods, but not all methods. 	<ul style="list-style-type: none"> • Advocate for creating a specific line item for family planning in national and local budgets. • Support training for forecasting family planning service delivery requirements to ensure realistic budgeting. • Review fee structure and financing schemes to ensure service affordability for all. • Create or strengthen local bodies (e.g. supervisors, Facility Health Committees etc.) to oversee facility fee structure, actual client charges for FP services, and profits, ensuring that: 1) client charges are recorder (e.g. ledger); 2) charges/fees are permissible; 3) facility income is used for the purchase of allowable and needed drugs/equipment • Harness innovative and diverse channels to reduce financial barriers (e.g. vouchers, subsidized services through funds garnered by Facility Health Committees) and provide sustainable access for hard-to-reach and marginalized women and girls.

Stewardship Management and Accountability

Rights and rights principles that apply to this theme

Participation
Agency/Autonomy/Empowerment
Accountability

Illustrative challenges to rights	Illustrative actions to support rights under this theme
<ul style="list-style-type: none"> • No accountability mechanisms to routinely identify, investigate or follow-up “red flags” or alleged problems in which rights have been potentially compromised. • Lack of systems or mechanisms to monitor and evaluate programs through a rights lens, including: <ul style="list-style-type: none"> – Inability to disaggregate data by gender, age, urban/rural, wealth quintiles or other factors to determine who is/is not being served by the programs – No mechanisms for monitoring changes in method mix, client satisfaction and/or continuation rates. – Inability to monitor quality of care and appraise provider practices to respect, protect and fulfill rights. • No opportunities for feedback from community members or facility clients regarding the design and quality of services within a particular health district. • No mechanisms to collect or use client feedback . • Lack of government engagement with civil society and rights advocates on program design, implementation and evaluation. 	<ul style="list-style-type: none"> • Evaluate and monitor all programs to ensure the highest quality of services and respect for human rights, including the use of human rights-explicit indicators. • Ensure family planning strategies and plans include accountability and redress mechanisms, such as community scorecards or audits, which are in place and functioning for the provision of contraceptive information, services and supplies. • Create new or strengthen existing facility-community linkage structures (like Facility Health Committees). Ensure the structures/bodies collect broader community feedback about service experience and quality, and that the feedback is used to inform facility services and improvements moving forward. Ensure that progress toward implementing service improvements are shared with the community. • Support opportunities for the meaningful participation of diverse stakeholders in assessing and reforming policy, and in the design, delivery and oversight of programs • Use qualitative data to supplement quantitative data to reveal whether particular policies and activities are respecting, protecting and fulfilling rights, while helping to achieve desired results. • Establish protocols for investigating rights violations and ensure that they are functioning and followed.

TEMPLATE

FP CIP Themes, Human Rights Elements and Related Actions

TEMPLATE FOR ADDING COUNTRY-SPECIFIC INFORMATION

This template links the programmatic themes commonly included in Costed Implementation Plans (CIP) with the human rights and rights principles that relate to family planning. This template is a blank version of the table that is found in this toolkit that shows illustrative rights issues and illustrative actions to address them for each component of a CIP. Using that table along with other materials in this toolkit as reference, this template is intended to identify country-specific rights challenges and actions that could be included in country CIPs to address them.

► This template was prepared for FP2020 by: Lynn Bakamjian, consultant; Jan Kumar, consultant; Karen Hardee, Evidence Project/Population Council; Kaja Jurczynska, the Palladium Group; and Joni Waldron, the Palladium Group; Sandra Jordan, FP2020; and Sarah Meyerhoff, FP2020. It is also available at http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2017/05/DRAFT_FP2020_Rights-Sizing-Family-Planning-Toolkit.pdf

Demand Creation and SBC

Rights and rights principles that apply to this theme

- Accessibility
- Availability
- Acceptability
- Agency/autonomy/empowerment
- Non-discrimination/equity

Illustrative challenges to rights	Illustrative actions to support rights under this theme
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Financing

Rights and rights principles that apply to this theme

- Availability
- Accessibility
- Equity

Illustrative challenges to rights	Illustrative actions to support rights under this theme
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Stewardship Management and Accountability

Rights and rights principles that apply to this theme

Participation
Agency/Autonomy/Empowerment
Accountability

Illustrative challenges to rights	Illustrative actions to support rights under this theme
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RESOURCE GUIDE





USAID
FROM THE AMERICAN PEOPLE

 Evidence

Rights-Based Family Planning: 15 Resources to Guide Programming

Jan Kumar
Karen Hardee

JANUARY 2018

RESOURCE GUIDE

The Evidence Project

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The Evidence Project uses implementation science—the strategic generation, translation, and use of evidence—to strengthen and scale up family planning and reproductive health programs to reduce unintended pregnancies worldwide. The Evidence Project is led by the Population Council in partnership with INDEPTH Network, International Planned Parenthood Federation, PATH, Population Reference Bureau, and a University Research Network.

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Introduction



The right to sexual and reproductive health is not only an integral part of the general right to health but fundamentally linked to the enjoyment of many other human rights, including the rights to education, work and equality, as well as the rights to life, privacy and freedom from torture, and individual autonomy, UN experts have said in an authoritative new legal commentary.

OHCHR, 2016

The ambitious FP2020 goal of providing family planning services to 120 million more women and girls that emerged from the Family Planning Summit in London in 2012 has refocused attention on the need to ensure that family planning programs respect, protect and fulfill individual's human rights and that programs are implemented using a rights-based approach. The current challenge is how to operationalize human rights in existing family planning programs and the design of new projects. A number of resources are available to help stakeholders do so: the purpose of this paper is to review 15 key resources currently available to guide family planning programming.

THE BASIS FOR HUMAN RIGHTS AND FAMILY PLANNING

The human rights dimension of family planning programs has been recognized for nearly 50 years. People's right to decide freely and responsibly the number and spacing of their children and to have access to related information was asserted by the international community at the Conference on Human Rights in Tehran in 1968. This right has been reaffirmed and embellished by various bodies in numerous declarations and conventions over the years, notably the 1979 Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the 1994 International Conference on Population and Development (ICPD), and the 1995 Fourth World Conference on Women.

Following the ICPD in 1994, several organizations, including the International Planned Parenthood Federation and the Center for Reproductive Rights, articulated the foundation for human rights in family planning programs by identifying a dozen core human rights that underlie reproductive rights¹ (IPPF, 1996; Center for Reproductive Rights, 2009). Cook and Erdman (2008), human rights attorneys, grouped these rights into three categories of reproductive rights:

- Those related to reproductive self-determination;
- Those related to access to sexual and reproductive health services, commodities, information and education; and
- Those related to equality and non-discrimination.

The Right to Sexual and Reproductive Health, as articulated in General Comment No. 22 (2016) by the Committee on Economic, Social and Cultural Rights, UN Economic and Social Council, builds on Comment 14, Article 12 of the International Covenant on Economic, Social and Cultural Rights, on the right to health.

¹ These 12 rights are: The Right to Life; Liberty and Security of the Person; The Right to Equality, and to be Free from all Forms of Discrimination; The Right to Privacy; The Right to Freedom of Thought; The Right to Information and Education; The Right to Choose Whether or Not to Marry and to Found and Plan a Family; The Right to Decide Whether or When to Have Children; The Right to Health Care and Health Protection; The Right to the Benefits of Scientific Progress; The Right to Freedom of Assembly and Political Participation; and The Right to be Free from Torture and Ill Treatment.

Comment 14 is a legally binding instrument that stipulates that governments are obligated to ensure that all healthcare information, services and commodities are available, accessible, acceptable and of the highest possible quality (commonly encapsulated in the acronym AAAQ). Comment 22 expands Comment 14 to articulate the right to the highest attainable standard of sexual and reproductive health (OCHCR 2016).

In addition, there are principles that guide how family planning programs should be planned and carried out in order to respect, protect and fulfill these human rights. PANEL is a commonly accepted acronym, standing for Participation, Accountability, Non-discrimination and equality, Empowerment, and Links to the treaty bodies that make commitments legally binding.

While these rights and related principles are recognized by the international community and are increasingly a part of the discourse in family planning circles, a gap persists between the rhetoric of human rights and integrating these rights into family planning programming in actual practice. There is much talk about achieving universal access to high quality contraceptive information and services, and protecting clients' right to make full, free and informed contraceptive choices from among a range of options, but governments and programs still struggle with what a rights-based approach to family planning entails and how to operationalize it.

Objective and Methods

How to move beyond the rhetoric to put a rights-based approach into action in family planning programs has been the subject of a number of resources published over the past few years. The proliferation of resources has caused some confusion among practitioners, who may be unclear about whether or not the resources address the same human rights, how they differ in approach, and how each resource could be used to guide family planning programming.

AVAILABLE RESOURCES ON PROGRAMMING HUMAN RIGHTS AND FAMILY PLANNING

Available resources on rights-based programming for family planning vary in purpose, structure, scope and detail. They offer different frameworks and guidance; some are more comprehensive and programmatic than others. Faced with an abundance of resource documents, family planning stakeholders need help in deciding which to use for what purpose. This calls for a summary of key resources to foster understanding of how they compare to one another.

This paper addresses this need by annotating 15 documents using a consistent format that allows for easy comparison. It provides a description of each resource based on text drawn from the documents itself. The resources include human rights elements; principles and related recommended actions; comprehensive programming frameworks; how-to operational guidance; and tools that support rights-based FP programs.

The intention of this review is to provide an overview of key, recent publications to enable potential users to make an informed determination of what to apply to best meet their needs.

SELECTION CRITERIA

This review does not cover all existing materials related to a rights-based approach to family planning. Rather, it captures key resources with global applicability published since 2010 that support rights-based family planning programming. It does not cover the full spectrum of resources that are specific to related issues, such as empowerment, community engagement, informed choice, quality of care, program monitoring, and accountability mechanisms, among others.

Table 1 shows a list of the resources included in the paper.

Resources

TABLE 1 | List of Resources Included in the Paper

	RESOURCE	YEAR	PUBLISHER	PAGE
1	FP2020: Rights and Empowerment Principles for Family Planning	2014	FP2020	8
2	Ensuring Human Rights in the Provision of Contraceptive Information and Services	2014	WHO	9
3	Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide	2015	WHO & UNFPA	11
4	Quality of Care in Contraceptive Information and Services, Based on Human Rights Standards: A Checklist for Health Care Providers	2017	WHO	12
5	Quality of Care in the Context of Rights-based Family Planning	2017	Population Council	14
6	Monitoring Human Rights in Contraceptive Services and Programmes	2017	WHO	16
7	Defining Quality in Contraceptive Counseling	2017	Harvard and UCSF	17
8	How Does Quality of Care Relate to a Rights-Based Approach to Family Planning Programs?	2015	Population Council	18
9	Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights: A Conceptual Framework	2013	Futures Group & EngenderHealth	20
10	Voluntary Family Planning Programs That Respect, Protect, and Fulfill Human Rights: Conceptual Framework Users' Guide	2014	Futures Group & EngenderHealth	22
11	Checkpoints for Choice: An Orientation and Resource Package	2014	EngenderHealth/The RESPOND Project	23
12	A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Material	2010	UNFPA with the Harvard School of Public Health	24
13	The Right to Contraceptive Information and Services for Women and Adolescents: Briefing Paper	2010	Center for Reproductive Rights and UNFPA	26
14	Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights: A Systematic Review of Tools	2013	Futures Group and EngenderHealth	27
15	Handbook for National Human Rights Institutions: Reproductive Rights are Human Rights	2014	UNFPA, Danish Institute for Human Rights, the Office of the UN High Commissioner for Human Rights	28

FP2020 RIGHTS AND EMPOWERMENT PRINCIPLES FOR FAMILY PLANNING

DATE	PUBLISHER	LANGUAGES	FUNDING ORGANIZATION										
2014	FP2020	English French	FP2020										
<p>TYPE OF RESOURCE Human Rights Principles & Program Guidance</p>													
<p>PURPOSE This brief is intended to establish a common understanding of rights principles as they relate to ten dimensions of family planning (FP). It can be used to heighten awareness of the essential elements of human rights that must be respected, protected and fulfilled in FP programs. It also offers broad direction regarding program design, monitoring, commodities, product and service promotion and sector engagement.</p>													
<p>INTENDED AUDIENCES/USERS A broad range of FP stakeholders, including donors, policymakers and program managers.</p>													
<p>SCOPE & CONTENT Ten rights-related principles and FP program dimensions are defined, and for each one broad recommendations are offered for policy and programming, measurement and markets.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Agency and autonomy</td> <td style="width: 50%;">6. Empowerment</td> </tr> <tr> <td>2. Availability</td> <td>7. Equity and non-discrimination</td> </tr> <tr> <td>3. Accessibility</td> <td>8. Informed choice</td> </tr> <tr> <td>4. Acceptability</td> <td>9. Transparency and accountability</td> </tr> <tr> <td>5. Quality</td> <td>10. Voice and participation</td> </tr> </table>				1. Agency and autonomy	6. Empowerment	2. Availability	7. Equity and non-discrimination	3. Accessibility	8. Informed choice	4. Acceptability	9. Transparency and accountability	5. Quality	10. Voice and participation
1. Agency and autonomy	6. Empowerment												
2. Availability	7. Equity and non-discrimination												
3. Accessibility	8. Informed choice												
4. Acceptability	9. Transparency and accountability												
5. Quality	10. Voice and participation												
<p>DEVELOPMENT PROCESS This product was conceptualized and developed by FP2020's Rights & Empowerment Working Group and informed by input from members of the FP2020 Country Engagement, Performance Monitoring & Accountability, and Market Dynamics Working Groups.</p>													
<p>HOW TO USE IT / RESOURCES REQUIRED This brief document frames essential human rights elements in FP programs in a concise manner. It can be used as a simple checklist and broad programmatic guide at a high conceptual level. No resources are required to use this document itself; however, additional guidance is necessary to operationalize its broad recommendations.</p>													
<p>WEB LINK English http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2014/12/FP2020_Statement_of_Principles_FINAL.pdf French http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2014/12/FP2020_Statement_of_Principles_French_SinglePg_12.2.14.pdf</p>													

ENSURING HUMAN RIGHTS IN THE PROVISION OF CONTRACEPTIVE INFORMATION AND SERVICES

DATE	PUBLISHER	LANGUAGES	FUNDING ORGANIZATION
2014	WHO	English French Spanish	WHO
<p>TYPE OF RESOURCE Program Guidelines & Recommendations</p>			
<p>PURPOSE This document is designed to provide guidance on some of the priority actions needed to ensure that different human rights dimensions are systematically and clearly integrated into the provision of contraceptive information and services. It is structured around nine human rights standards and principles, for which it offers recommendations.</p>			
<p>INTENDED AUDIENCES/USERS Policy makers, managers, providers and other stakeholders in the health sector.</p>			
<p>SCOPE & CONTENT The guidance recommends evidence-based interventions to support nine human rights components and principles:</p> <ol style="list-style-type: none"> 1. Non- discrimination 2. Availability of contraceptive information and services 3. Accessibility of contraceptive information and services 4. Acceptability of contraceptive information and services 5. Quality of contraceptive information and services 6. Informed decision-making 7. Privacy and confidentiality 8. Participation 9. Accountability <p>It is considered a first step for addressing human rights obligations; it does not address all necessary FP program elements comprehensively. The intention is for it to be expanded and updated over time.</p>			
<p>DEVELOPMENT PROCESS The authors followed the WHO standards for guideline development. They identified priority questions and outcomes, and then retrieved, assessed and synthesized evidence using the systematic GRADE approach. This proved problematic for the topic, which doesn't lend itself to randomized controlled trials. The majority of the data couldn't be entered into the GRADE system. The authors developed narrative evidence summaries to fill gaps. They then drafted recommendations, which were reviewed and revised by a Guideline Development Group based on the evidence at a consultation.</p>			
<p>HOW TO USE IT / RESOURCES REQUIRED Any FP stakeholder can use this resource to inform their program. No special resources are required.</p>			

WEB LINK

English http://apps.who.int/iris/bitstream/10665/102539/1/9789241506748_eng.pdf?ua=1;

http://apps.who.int/iris/bitstream/10665/102543/1/WHO_RHR_14.02_eng.pdf?ua=1

French http://apps.who.int/iris/bitstream/10665/126317/1/9789242506747_fre.pdf?ua=1&ua=1

Spanish http://apps.who.int/iris/bitstream/10665/126318/1/9789243506746_spa.pdf?ua=1&ua=1

ENSURING HUMAN RIGHTS WITHIN CONTRACEPTIVE SERVICE DELIVERY: IMPLEMENTATION GUIDE

DATE	PUBLISHER	LANGUAGES	FUNDING ORGANIZATION
2015	WHO & UNFPA	English	WHO & UNFPA
TYPE OF RESOURCE			
<p>This implementation guide is a companion to the WHO’s “Ensuring Human Rights in the Provision of Contraceptive Information and Services: Guidance and Recommendations” (2014), described above. It merges the recommendations that support nine principles and standards outlined by WHO with the content of UNFPA’s “Choices not Chance: UNFPA’s Family Planning Strategy 2012–2020.”</p>			
PURPOSE			
<p>This document is designed to provide guidance on some of the priority actions needed to ensure that different human rights dimensions are systematically and clearly integrated into the provision of contraceptive information and services. It is structured around nine human rights standards and principles, for which it offers recommendations.</p>			
INTENDED AUDIENCES/USERS			
<p>This document is addressed to mid-level policymakers and program managers/implementers involved with family planning service provision in all settings.</p>			
SCOPE & CONTENT			
<p>The guide “translates” the nine human rights standards laid out in the WHO guidance into corresponding programmatic concepts, or categories for program implementation. For each concept or category, it provides introductory text, the related recommendations from the WHO guidance, and key considerations to think about and illustrative actions that could be taken. It also offers country examples of implementation of the recommendations. The Guide recognizes that additional actions are likely to be required for full implementation of the WHO recommendations. It highlights the importance of grounding all activities in the human rights principles of participation and accountability.</p>			
DEVELOPMENT PROCESS			
<p>This implementation guide was developed by identifying key considerations and action points for each of the WHO guidelines based on assessment and synthesis of evidence. An expert working group from UNFPA and WHO that included country-level programming experts reviewed the draft document and provided input. Human rights and gender equality principles were systematically incorporated in the development of the guide.</p>			
HOW TO USE IT / RESOURCES REQUIRED			
<p>Use of the guide does not require any special resources.</p>			
WEB LINK			
<p>http://apps.who.int/iris/bitstream/10665/158866/1/9789241549103_eng.pdf?ua=1</p>			

QUALITY OF CARE IN CONTRACEPTIVE INFORMATION AND SERVICES, BASED ON HUMAN RIGHTS STANDARDS: A CHECKLIST FOR HEALTH CARE PROVIDERS

DATE	PUBLISHER	LANGUAGES	FUNDING ORGANIZATION
2017	WHO	English	The Bill and Melinda Gates Foundation
TYPE OF RESOURCE			
<p>This checklist for providers complements the WHO guidelines on <i>Ensuring human rights in the provision of contraceptive information and services: Guidance and recommendations</i>, and the Implementation Guide published jointly with UNFPA in 2015 (see the link under resource 3 above). The checklist also builds on the WHO vision document, “Standards for Improving Quality of Care for Maternal and Newborn Care,” as well as ongoing work under WHO’s Quality, Equity and Dignity initiative.</p>			
PURPOSE			
<p>This checklist is intended for health care providers working at the primary health care level, who directly provide contraceptive information and services. The checklist is intended to be used along with guidance from WHO and also from partners to identify quality of care issues that need to be addressed. The guide also includes suggested steps for improvement.</p>			
INTENDED AUDIENCES/USERS			
<p>Health care providers, with support from program managers.</p>			
SCOPE & CONTENT			
<p>The checklist includes questions for providers to answer to the best of their ability, on a 1-5 scale, to identify components of services in need of improvement. Scores under 3 suggest a need for urgent action (based on steps suggested below), whereas scores higher than 3 suggest a good level of facility preparedness to ensure quality, with some follow-up actions required.</p> <p>This document covers five areas of competence health care providers need to provide quality of care in contraceptive information and services. Based on both human rights standards and available public health evidence, these are:</p> <ul style="list-style-type: none"> • Respecting users’ privacy and guaranteeing confidentiality. <ul style="list-style-type: none"> ▪ Autonomous decision-making and confidentiality. ▪ Physical integrity and private spaces for counselling and examination. • Choice of contraceptives. <ul style="list-style-type: none"> ▪ Ensuring accurate and unbiased information. ▪ Ensuring non-judgmental and respectful counselling and interactions with users. ▪ Ensuring a range of contraceptive methods. • Fostering an accessible and acceptable service. • Involvement of users in improving services. • Fostering continuity of care and follow-up and ensuring your own efficacy. 			
DEVELOPMENT PROCESS			
<p>This implementation guide was developed by identifying key considerations and action points for each of the WHO guidelines, based on assessment and synthesis of evidence. An expert working group from UNFPA and WHO that</p>			

included country-level programming experts reviewed the draft document and provided input. Human rights and gender equality principles were systematically incorporated in the development of the guide.

HOW TO USE IT / RESOURCES REQUIRED

Use of the guide does not require any special resources.

WEB LINK

<http://apps.who.int/iris/bitstream/10665/254826/1/9789241512091-eng.pdf>

QUALITY OF CARE IN THE CONTEXT OF RIGHTS-BASED FAMILY PLANNING

DATE	PUBLISHER	LANGUAGES	FUNDING ORGANIZATION
2017	Population Council	English	The David and Lucile Packard Foundation
TYPE OF RESOURCE			
This policy brief describes an updated version of the Bruce Quality of Care Framework for family planning to incorporate aspects of quality that are included in a rights-based approach to family planning.			
PURPOSE			
The purpose of this review is to compare the components of the 1990 Quality of Care (QOC) Framework for Family Planning (Bruce, 1990) with human rights frameworks in order to propose an updated QOC Framework that fits within the context of a human rights approach.			
INTENDED AUDIENCES/USERS			
Designers, implementers, funders and advocates of family planning programming.			
SCOPE & CONTENT			
This review compares the framing of quality in: the Bruce Framework; General Comment 14 on the Right to the Highest Attainable Standard of Health and General Comment 22 on the Right to the Highest Attainable Standard of Sexual and Reproductive Health; the Voluntary Human Rights-based Family Planning Framework; and the FP2020 Rights and Empowerment Principles. Based on this analysis and comparison, an updated Quality of Care framework is presented.			
Modified QOC Framework			
<ol style="list-style-type: none"> 1. Structure (quality of services or readiness of services) <ol style="list-style-type: none"> a. Choice (availability of the app appropriate number and type of methods and required equipment) b. Availability of trained/competent provider in: <ul style="list-style-type: none"> • Providing contraceptive methods safely by ensuring compliance with infection prevention practices • Treating clients with dignity and respect • Appropriate information exchange with clients c. Availability of space to ensure audio and visual privacy d. Availability of appropriate constellation of RH services 2. Service-giving process (quality of care) <ol style="list-style-type: none"> a. Appropriate information exchange with clients to ensure: <ul style="list-style-type: none"> • Selection of a method appropriate to client's needs and circumstances by soliciting information from them about their reproductive intentions, family circumstances, prior use of contraception, and preferred method; and by providing information on alternate methods appropriate to their needs • Effective contraceptive use by informing clients about such items as how to use the method selected, potential side effects and how to manage them if they occur • Continuity of care and contraceptive use by informing clients when to come back for resupply and possibility of switching the method, provider, or service outlet whenever the selected method/provider/outlet does not remain suitable b. Interpersonal relations including: <ul style="list-style-type: none"> • Treating clients with dignity and respect 			

- Ensuring audio and visual privacy and confidentiality

DEVELOPMENT PROCESS

This update of the QOC Framework for family planning was undertaken by the Population Council as part of a project on quality of care funded by the David and Lucile Packard Foundation. Dr. Anrudh Jain undertook this update based on decades of work studying quality of care, review of human rights frameworks that included quality of care and discussions with experts on quality of care and rights-based family planning.

HOW TO USE IT / RESOURCES REQUIRED

Use of this review does not require any special resources.

WEB LINK

http://www.popcouncil.org/uploads/pdfs/2017RH_QoCRightsBasedFP.pdf

MONITORING HUMAN RIGHTS IN CONTRACEPTIVE SERVICES AND PROGRAMMES

DATE	PUBLISHER	LANGUAGES	FUNDING ORGANIZATION
2017	WHO	English	The Bill and Melinda Gates Foundation
TYPE OF RESOURCE			
This resource is a tool for monitoring human rights in contraceptive services and programmes.			
PURPOSE			
This tool builds on WHO guidelines on <i>Ensuring human rights in the provision of contraceptive information and services: Guidance and recommendations</i> , and the Implementation Guide published jointly with UNFPA in 2015 (see links under resources 2 and 3 above). The tool is intended for use by countries to assist them in strengthening their human rights efforts in contraceptive programming.			
INTENDED AUDIENCES/USERS			
Designers and implementers, funders and advocates of family planning programming.			
SCOPE & CONTENT			
This resource includes an introduction explaining the development and organization of the tool and instructions on how to use the tool. The resource also includes indicators to support monitoring of human rights in eight categories of programming:			
<ol style="list-style-type: none"> 1. Ensuring Access for All 2. Commodities, logistics and procurement 3. Organization of health-care facilities, outreach and integration 4. Quality of care 5. Comprehensive sexuality education 6. Humanitarian context 7. Participation by actual and potential users of services 8. Accountability to those using the services. 			
DEVELOPMENT PROCESS			
This tool was initiated and coordinated by Rajat Kosla and Moazzam Ali from the Department of Reproductive Health and Research of WHO. The document was written by them and colleagues at the University of California Los Angeles (Sofia Gruskin, Shubha Kumar and Alexandra Nicholson). Input was received from an expert advisory group.			
HOW TO USE IT / RESOURCES REQUIRED			
Use of this review does not require any special resources.			
WEB LINK			
http://apps.who.int/iris/bitstream/10665/259274/1/9789241513036-eng.pdf?ua=1			

DEFINING QUALITY IN CONTRACEPTIVE COUNSELING

DATE	PUBLISHER	LANGUAGES	FUNDING ORGANIZATION
2017	Contraception (Journal)	English	The David and Lucile Packard Foundation
TYPE OF RESOURCE			
This article synthesizes concepts from family planning and the broader health and health communication fields, together with concepts from human rights guidance related to contraceptive services, to create a new quality in contraceptive counseling framework.			
PURPOSE			
The purpose of this framework is to bolster both measurement and service delivery improvement in contraceptive counseling.			
INTENDED AUDIENCES/USERS			
Designers, implementers, funders and advocates of family planning programming.			
SCOPE & CONTENT			
The framework for quality in contraceptive counseling includes a process comprising needs assessment, decision-making support and method choice and follow up and is built on six foundational relationship building elements: privacy, confidentiality, non-discrimination, respect, empathy, and trust. The review also includes implications for use of the framework to serve as a foundation to move beyond a focus on contraceptive access and uptake, towards robust, routine focus on individuals' experiences communicating with contraceptive providers.			
DEVELOPMENT PROCESS			
The framework was developed by researchers from the Harvard T.H. Chan School of Public Health (Kelsey Holt and Ana Langer) and the University of California San Francisco (Christine Dehlendorf) through reviewing relevant literature and consulting with experts in contraceptive counseling and research, programmatic and policy expertise.			
HOW TO USE IT / RESOURCES REQUIRED			
Use of this review does not require any special resources.			
WEB LINK			
http://www.contraceptionjournal.org/article/S0010-7824(17)30167-1/fulltext			

HOW DOES QUALITY OF CARE RELATE TO A RIGHTS-BASED APPROACH TO FAMILY PLANNING

DATE	PUBLISHER	LANGUAGES	FUNDING ORGANIZATION
2017	Population Council	English	The David and Lucile Packard Foundation
TYPE OF RESOURCE			
This is a review and analysis of concepts, programmatic approaches and frameworks for quality of care and rights-based family planning programming.			
PURPOSE			
This review compares definitions of quality and contrasts them with the essentials of a rights-based approach. Its aim is to create common understanding of what these terms mean, where they overlap and how they differ. The paper argues for adopting the broader construct of rights-based programming as a foundation for family planning programs, and that programs should maintain a focus on service quality within the broader rights approach, rather than limiting their focus to assuring and improving quality.			
INTENDED AUDIENCES/USERS			
Designers, implementers, funders and advocates of family planning programming.			
SCOPE & CONTENT			
“This paper compares definitions of quality and contrasts them with the essentials of a rights-based approach. It aims to create common understanding of what these terms mean, where they overlap and how they differ. The comparative review revealed that quality of care is essentially a supply-side construct that relates to the conditions and actions programs should ensure for their clients during service delivery. It is rooted in evidence-based medical science and focuses on the safety and effectiveness of services. Its orientation is primarily around the health system and service provider competencies and behaviors towards those they serve.			
In contrast, a rights-based approach centers on the dignity, needs, and autonomy of individual clients and potential clients. It is about empowering and engaging people to exercise self-determination for their health and fertility, and eliminating policy and program barriers and practices, including all forms of discrimination, which would block anyone from enjoying their rights. While it includes quality of care, a rights-based approach is more an ethical model than a medical one. It is a broader programmatic construct than quality of care, reflecting all components of healthcare systems and programs, including the policy and cultural context in which they operate and both supply and demand. And unlike quality of care, a rights-based approach applies both to those served and those not served. It is characterized by participation, individual agency, and equity - with special attention to marginalized and vulnerable groups—and it stresses program accountability.			
While a rights-based approach covers quality of care, the inverse is not true.” (Kumar, 2015: V)			
DEVELOPMENT PROCESS			
This review was undertaken by the Population Council as part of a project on quality of care funded by the David and Lucile Packard Foundation. A consultant expert in family planning programming, quality of care and rights-based family planning undertook the review, with input from other experts.			
HOW TO USE IT / RESOURCES REQUIRED			
Use of this review does not require any special resources.			

WEB LINK

https://www.popcouncil.org/uploads/pdfs/2015RH_QOC-RightsBasedFP_wp1.pdf

VOLUNTARY FAMILY PLANNING PROGRAMS THAT RESPECT, PROTECT, AND FULFILL HUMAN RIGHTS: A CONCEPTUAL FRAMEWORK

DATE	PUBLISHER	LANGUAGES	FUNDING ORGANIZATION
2013	Futures Group	English French Spanish Hindi	The Bill and Melinda Gates Foundation
TYPE OF RESOURCE			
<p>A comprehensive programming framework that details a vision for what a voluntary, rights-based family planning program entails at the policy, service delivery, community and individual levels.</p>			
PURPOSE			
<p>This is a practical programming tool that provides a vision of an ideal, holistic FP program that respects, protects and fulfills human rights expressed in programmatic terms. It can be used for:</p> <ul style="list-style-type: none"> ▪ Increasing awareness and understanding of what rights pertain in FP programs and how to make them concrete and actionable in FP programs ▪ Assessing, designing and improving programs ▪ Monitoring and evaluating programs; holding them accountable ▪ Creating strategic partnerships; identifying common ground between the public health and rights communities <p>This is the only framework that merges human rights and public health principles with elements of programming and quality of care frameworks, and that captures a view of a comprehensive, rights-based program in concise, graphic form.</p>			
INTENDED AUDIENCES/USERS			
<p>The Framework is intended for a wide range of stakeholders interested in promoting and providing voluntary, rights-based FP services, including policymakers, program managers, service providers, rights advocates, members of civil society organizations, donors, implementing organizations and researchers.</p>			
SCOPE & CONTENT			
<p>Organized as a logic model, the Framework identifies key factors in the country context and details desired inputs or activities for four levels of the health system (policy, service delivery, community and individual) that lead to desired public health/ FP and human rights outputs and outcomes. It is anchored in the right to health (AAAQ), three categories of reproductive rights (to reproductive self-determination, to SRH services, information and supplies; to equality and nondiscrimination) and rights-related principles (PANEL).</p>			
DEVELOPMENT PROCESS			
<p>A small Gates Foundation-funded team consisting of FP policy, program and human rights experts created a vision of what a human rights FP program that respects, protects and fulfills HR looks like, and developed a unifying framework that incorporates elements and principles from public health, family planning, holistic healthcare programming, quality of care and human rights. It was informed, and is supported, by systematic reviews of programmatic evidence and of tools related to voluntary, rights-based FP programs (the tools review is described below). Several drafts were shared at numerous convenings of public health, FP and human rights experts and civil society representatives. More than 200 global and country-level stakeholders from more than 25 countries reviewed various drafts. Their input was incorporated into the final document.</p>			

HOW TO USE IT / RESOURCES REQUIRED

It can be used on its own to create understanding of what a comprehensive, rights-based FP program entails. To apply it in practice, it should be used in conjunction with the Users' Guide, described below.

WEB LINK

https://www.engenderhealth.org/files/pubs/family-planning/human-rights-based-family-planning/Voluntary_Family_Planning_Programs_A_Conceptual_Framework.pdf

https://www.engenderhealth.org/files/pubs/family-planning/human-rights-based-family-planning/SUMMARY_BRIEF_Voluntary_Family_Planning_Programs.pdf

https://www.engenderhealth.org/files/pubs/family-planning/human-rights-based-family-planning/FRENCH_Voluntary_Family_Planning_Programs_A_Conceptual_Framework.pdf

https://www.engenderhealth.org/files/pubs/family-planning/human-rights-based-family-planning/SPANISH_Voluntary_Family_Planning_Programs_A_Conceptual_Framework.pdf

https://www.engenderhealth.org/files/pubs/family-planning/human-rights-based-family-planning/HINDI_Voluntary_Family_Planning_Programs_A_Conceptual_Framework.pdf

VOLUNTARY FAMILY PLANNING PROGRAMS THAT RESPECT, PROTECT, AND FULFILL HUMAN RIGHTS: CONCEPTUAL FRAMEWORK USERS' GUIDE

DATE	PUBLISHER	LANGUAGES	FUNDING ORGANIZATION
2014	Futures Group	English	The Bill and Melinda Gates Foundation
TYPE OF RESOURCE			
<p>This companion to the Voluntary, Rights-based Family Planning Conceptual Framework (described above) is a step-by-step “How to” guide that includes all support materials required for conducting an orientation to the framework and for leading stakeholders through a process to apply it in assessing, planning, monitoring and evaluating programs.</p>			
PURPOSE			
<p>This Guide enables users to apply the Voluntary, Rights-based FP Framework in practice.</p>			
INTENDED AUDIENCES/USERS			
<p>Like the Framework, the Users’ Guide is intended for a wide range of stakeholders interested in promoting and providing voluntary, rights-based FP services, including policymakers, program managers, service providers, rights advocates, members of civil society organizations, donors, implementing organizations and researchers.</p>			
SCOPE & CONTENT			
<p>The Guide is a complete resource package consisting of two modules, one for designing and conducting a workshop to introduce and orient stakeholders to the Framework, and one for a more in-depth workshop to apply the Framework in a seven-step process that generates the building blocks for a one-year action plan and a monitoring plan. It includes detailed facilitator guidance and participant workbooks, considerations for follow-up to the planning workshop and recommended next steps for moving quickly to action, plus background materials, supplementary references, tools and resources.</p>			
DEVELOPMENT PROCESS			
<p>The Guide was drafted by several members of the Framework development team. A field-test of the first draft was conducted in Uganda in 2014. It involved the MOH, a USAID-funded RH project and a Gates Foundation-funded Implants project. Their feedback was incorporated into the final version.</p>			
HOW TO USE IT / RESOURCES REQUIRED			
<p>It can be used in orientations, needs assessments, advocacy, program design and improvement, monitoring and evaluating programs. All resources required are included in the Users’ Guide (apart from local policy, strategy and program documents and data).</p>			
WEB LINK			
<p>https://www.engenderhealth.org/files/pubs/family-planning/human-rights-based-family-planning/USERS_GUIDE_Voluntary_Family_Planning_Programs.pdf</p>			

CHECKPOINTS FOR CHOICE: AN ORIENTATION AND RESOURCE PACKAGE

DATE	PUBLISHER	LANGUAGES	FUNDING ORGANIZATION
2014	EngenderHealth/ The RESPOND Project	English	The William & Flora Hewlett Foundation and USAID
TYPE OF RESOURCE			
Programming guidance			
PURPOSE			
<p>This package provides all materials necessary to organize and conduct a workshop to strengthen the focus of FP programs on clients' rights and contraceptive choices, to strengthen a program's capacity to identify and address vulnerabilities related to full, free and informed choice, and to increase individuals' agency. Unlike other existing resources, it is written from the perspective of how the client experiences family planning programs.</p>			
INTENDED AUDIENCES/USERS			
<p>The package is intended for experienced facilitators to lead a workshop for diverse participants, including donors, policymakers, program planners and managers, service providers, staff of technical assistance agencies, and rights and community advocates.</p>			
SCOPE & CONTENT			
<p>The package fills a gap by focusing on the client's perspective, preferences and experiences and on the many factors that affect an individual's ability to make full, free and informed choices about FP. It highlights the need to make FP programs client-centered rather than method-driven and to think critically about the extent to which contraceptive choice is protected in FP programs. It consists of a resource package for a one-day orientation to help FP stakeholders understand concepts related to full, free and informed choice and client-centered programming. Individual session plans, detailed guidance for facilitators, and all necessary support materials, plus a list of related reference materials and tools, are provided.</p>			
DEVELOPMENT PROCESS			
<p>It was developed by a team of EngenderHealth staff and consultants, some of whom were also involved in planning and conducting a consultation of experts in Bellagio in 2012 to explore the intersection of human rights and FP, and in developing the Voluntary, Rights-based FP Conceptual Framework. This package builds upon materials that were developed for the Bellagio consultation and responds to recommendations that came out of the deliberations. It was designed to complement the Voluntary, Rights-based FP Framework. It was pilot-tested with USAID staff in Washington, D.C. and in conjunction with the Voluntary, Rights-based FP Conceptual Framework Users' Guide in Uganda, both in 2014. Revisions based on the pilot- tests were incorporated into the final version.</p>			
HOW TO USE IT / RESOURCES REQUIRED			
<p>This is a complete package that can be used alone or in conjunction with other training, assessment or planning activities or tools to strengthen voluntarism, contraceptive choice, human rights and accountability in FP programs. Facilitators are encouraged to modify the workshop plan, selecting individual session to fit within time constraints and to focus on areas of greatest interest to stakeholders.</p>			
WEB LINK			
<p>https://www.engenderhealth.org/files/pubs/family-planning/Checkpoints-for-Choice-An-Orientation-and-Resource-Package.pdf</p>			

A HUMAN RIGHTS-BASED APPROACH TO PROGRAMMING: PRACTICAL IMPLEMENTATION MANUAL AND TRAINING MATERIALS

DATE	PUBLISHER	LANGUAGES	FUNDING ORGANIZATION
2010	UNFPA (with Harvard School of Public Health)	English	UNFPA
TYPE OF RESOURCE			
An in-depth conceptual overview of a human rights-based approach plus “How to” programming guidance and training materials.			
PURPOSE			
This manual provides step-by-step guidance on how to apply a culturally sensitive, gender-responsive, human rights-based approach to programming in each of UNFPA’s three core areas of work: population and development, reproductive health, and gender. It also covers how to apply such an approach in the context of a humanitarian emergency. It aims to develop knowledge and provide tools necessary for building national capacity to implement a human rights-based approach in programming and policies at all levels from an ICPD perspective. The manual can be used as a stand-alone tool or in conjunction with the accompanying Training Materials (Power Point) as a basis for conducting a training in human rights-based programming.			
INTENDED AUDIENCES/USERS			
This manual was designed primarily for use by UNFPA Country Staff, but it can also be useful for UNFPA implementing partners and others working in the fields of population and development, sexual and reproductive health and reproductive rights, gender equality and women’s empowerment.			
SCOPE & CONTENT			
The content of this manual is based on the human rights-based approach described in the 2003 UN Statement of Common Understanding on a Human Rights-based Approach (HRBA) to Development Cooperation. It consists of three parts: the first covers core concepts of a human rights-based approach, the second provides guidance on application of a human rights-based approach, and the third consists of training materials which include a facilitator’s manual. The document lists the human rights that are most relevant to UNFPA’s work and UNFPA-supported actions that are inspired by these rights. It also translates rights principles into programmatic implications. It incorporates many examples based on UNFPA experience and includes worksheets and case studies. It offers in-depth conceptual content and practical programming guidance, explaining how each of the core human rights principles of a HRBA (especially the principles of participation and inclusion, equality and non-discrimination, and accountability and Rule of Law) can be applied programmatically. It also introduces 3AQ (availability, accessibility, acceptability and quality), and provides guidance on what issues to consider with respect to operationalizing a HRBA at each stage of a typical programming cycle.			

DEVELOPMENT PROCESS

This manual was produced through a collaboration between the Program on International Health and Human Rights, Harvard School of Public Health and the Gender, Human Rights and Culture Branch of the UNFPA Technical Division, with the involvement of UNFPA staff and outside consultants. It draws from the Action 2 Common Learning Package, which stems from a global UN program designed to strengthen the capacity of country teams to support the efforts of Member States in reinforcing their national human rights promotion and protection systems. There was broad participation during the development process from UNFPA staff members, both at Headquarters and at Country Office level, as well as from other agencies. Four regional training centers played an important role in both the drafting and testing of this manual and training materials.

HOW TO USE IT / RESOURCES REQUIRED

It is designed to serve both as a 'how to' manual for conducting trainings as well as a reference on using an HRBA. It is self-contained; all necessary materials are included.

WEB LINK

<http://www.unfpa.org/resources/human-rights-based-approach-programming>

THE RIGHT TO CONTRACEPTIVE INFORMATION AND SERVICES FOR WOMEN AND ADOLESCENTS: BRIEFING PAPER

DATE	PUBLISHER	LANGUAGES	FUNDING ORGANIZATION
2010	Center for Reproductive Rights and UNFPA, New York	English	UNFPA
TYPE OF RESOURCE			
An overview of applicable human rights and program guidance for how to put a human rights-based approach into practice.			
PURPOSE			
This briefing paper lays out a conceptual foundation and provides practical guidance for how to integrate human rights into programs and policies related to contraceptive information and services.			
INTENDED AUDIENCES/USERS			
Activists, scholars, UN Agencies, NGOs, governments and other actors working in the area of sexual and reproductive health.			
SCOPE & CONTENT			
The paper focuses specifically on the right to contraceptive information and services. It includes an overview of the problem of lack of access to contraceptive information and services for women and adolescents, lays out the human rights that underpin the right to access contraceptive information and services, and offers brief suggestions for how to put a human rights-based approach into practice. The Appendix cites specific regional and international treaty provisions related to contraceptive access which buttresses accountability.			
DEVELOPMENT PROCESS			
This is a joint product of the Center for Reproductive Rights and UNFPA. It was conceptualized by Center and UNFPA staff and was written by a team of lawyers under the guidance of UNFPA technical staff.			
HOW TO USE IT / RESOURCES REQUIRED			
No special skills, resources or steps required.			
WEB LINK			
http://www.unfpa.org/sites/default/files/resource-pdf/Contraception.pdf			

VOLUNTARY FAMILY PLANNING PROGRAMS THAT RESPECT, PROTECT, AND FULFILL HUMAN RIGHTS: A SYSTEMATIC REVIEW OF TOOLS

DATE	PUBLISHER	LANGUAGES	FUNDING ORGANIZATION
2013	Futures Group, Washington DC	English	The Bill and Melinda Gates Foundation
TYPE OF RESOURCE			
Compilation and synthesis of tools that support rights-based programming.			
PURPOSE			
This document offers synopses of tools that can be applied to support a rights-based approach in different stages of program assessment, planning and implementation.			
INTENDED AUDIENCES/USERS			
A broad range of FP program stakeholders, including donors, policymakers, managers, service providers and community members.			
SCOPE & CONTENT			
This systematic review is a companion to the Voluntary, Rights-based FP Conceptual Framework. It compiles and synthesizes training and assessment tools, frameworks, methodologies, implementation guides, and job aids that support and promote the fulfillment of rights at the policy, service, community, and/or individual levels. It includes 150 documents that met defined selection criteria, and identifies where additional resources are required.			
DEVELOPMENT PROCESS			
These reviews were undertaken by the same team that developed the Voluntary, Rights-based, FP Conceptual Framework comprised of staff and consultants from the Futures Group and EngenderHealth, with input from a wide range of reviewers. The search strategy was guided by a series of questions related to what a successful voluntary, right-based FP program should include. The evidence search included principles approaches and intervention studies. The tools review used a long list of search terms to identify training tools, assessment tools, frameworks, methodologies, implementation guidance and job aids. Both documents are structured in alignment with the architecture of the framework, which recognizes four levels of the health system (policy, service delivery, community and individual).			
HOW TO USE IT / RESOURCES REQUIRED			
These are reference documents that don't require any particular skills or additional resources.			
WEB LINK			
https://www.engenderhealth.org/files/pubs/family-planning/human-rights-based-family-planning/TOOLS_Voluntary_Family_Planning_Programs_Systematic_Review.pdf			

REPRODUCTIVE RIGHTS ARE HUMAN RIGHTS: A HANDBOOK FOR NATIONAL HUMAN RIGHTS INSTITUTIONS

DATE	PUBLISHER	LANGUAGES	FUNDING ORGANIZATION
2014	UNFPA	English	UNFPA
TYPE OF RESOURCE			
Guidance for National Human Rights Institutions on reproductive rights.			
PURPOSE			
<p>This resource is intended to equip National Human Rights Institutions (NHRIs) with tools and resources to strengthen their role in promoting and protecting reproductive rights. It is unique among resources in this review in that its focus is on integrating reproductive rights into the work of human rights institutions rather than incorporating human rights into FP/RH institutions and programs. It is the only known tool aimed at human rights institutions rather than FP programs.</p>			
INTENDED AUDIENCES/USERS			
NHRIs			
SCOPE & CONTENT			
<p>This Handbook provides an introduction to reproductive rights, both what they mean in practice and their normative background, and how NHRIs can work within this field. It summarizes the mandate of NHRIs and includes the experience of a number of them that have worked to promote reproductive rights. It offers guidance on how to monitor State's obligations and on other forms of accountability and cooperation. It includes detailed overviews of promoting reproductive rights through a human rights-based approach to development, and of reproductive rights and other human rights standards and principles.</p>			
DEVELOPMENT PROCESS			
<p>UNFPA provided the concept and overall coordination for this publication. The Danish Institute for Human Rights developed the Handbook with substantive human rights input from the Office of the High Commissioner of Human Rights (OHCHR) and contributions from national institutions of ten countries. Input was collected during a forum in Asia and a validation workshop in New York.</p>			
HOW TO USE IT / RESOURCES REQUIRED			
<p>This is a stand-alone resource that provides broad background and guidance. It can inform thinking and action without additional resources</p>			
WEB LINK			
<p>http://www.unfpa.org/sites/default/files/pub-pdf/NHRIHandbook.pdf</p>			

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