Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights

A Conceptual Framework



Summary Brief, August 2013 (Updated April 2014)

At the 2012 London Family Planning Summit, world leaders committed to reaching 120 million new users of family planning by 2020, an effort now known as FP2020. At the same time, relevant stakeholders began reviewing progress made at 20 years following the International Conference on Population and Development (ICPD), as well as considering a post-2015 Millennium Development Goals development agenda. The demonstrated political will and promised funding for these initiatives offer an extraordinary opportunity to transform family planning programs around the world, but also represent a great challenge. Amidst the positive response to FP2020, some civil society organizations expressed concerns that the numeric goal of reaching 120 million new users could signal a retreat from the human rights-centered approach that underscored the 1994 ICPD.

Achieving the goal of reaching millions of women and men worldwide with voluntary family planning services that respect and protect human rights will take concerted and coordinated efforts among diverse stakeholders over the next decade and beyond. It will also take a new programmatic approach that has the support of both the public health and human rights communities. The principle of voluntarism has been a long-standing cornerstone of international support for family planning; and the need to respect, protect, and fulfill an expanded list of reproductive rights has been articulated, particularly since the 1994 ICPD.

Emergence of a New Conceptual Framework for Voluntary, Human Rights-Based Family Planning

A new conceptual framework has been designed to serve as a pathway to fulfilling both the FP2020 goal and governments' commitments to the provision of voluntary family planning programs that respect, protect, and fulfill human rights. The framework answers the key question, "How can we ensure public health programs oriented toward increasing voluntary family planning access and use respect, protect, and fulfill human rights in the way they are designed, implemented, and evaluated?" The framework defines what such a program looks like, taking into consideration the broad context in which programs operate as well as the essential programmatic elements at the policy, service, community, and individual levels.

By applying human rights laws and principles to family planning program and quality of care frameworks, this new framework brings what have traditionally been parallel lines of thought together in one construct to make the issue of rights in family planning concrete. The framework also shows that taking a human rights-based approach and a public health-based approach can be mutually reinforcing if programming is based on reaching both public health and human rights outcomes.



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Drawing from and combining elements from relevant existing frameworks, in addition to rights documents as distilled by Erdman and Cook (2008), the Framework for Voluntary, Family Planning Programs that Respect, Protect, and Fulfill Human Rights

- Describes key family planning program elements in terms of rights, incorporating public health and human rights principles.
- Offers a practical approach to operationalizing reproductive rights in the development, implementation, and monitoring and evaluation of voluntary family planning (FP) programs.
- Links program inputs and activities to public health and human rights outcomes and impact.
- Highlights how countries can invest in and make further progress toward the realization of rights as an inherent part of supporting comprehensive, high-quality FP programming.

The framework is intended to assist policymakers, program managers, donors, and civil society at the **policy, service, community,** and **individual levels** with program design, implementation, and monitoring and evaluation. It is designed as a logic model, linking **inputs** and **activities** with **outputs**, **outcomes**, and **impacts**. Specifically, it

- Includes the inputs required at the policy, service, community, and individual levels to achieve the desired public health and human rights outcomes and impacts.
- Situates these four levels within the country context that affects both the supply of and demand for family planning.
- Shows how the four levels support the right to reproductive self-determination; sexual and reproductive health services, information, and education; and equality and nondiscrimination.

- Links the current focus on quality of care in FP programming to the concepts of availability, accessibility, acceptability, and quality.
- Reflects the principles of public health and human rights programming.
- Applies to all phases of the program life cycle (i.e., needs assessment, planning, implementation, monitoring and evaluation, scale-up, and sustaining).
- Presents the importance of accountability mechanisms for the effective redress of rights violations and handling of alleged or confirmed vulnerabilities.
- Promotes the agency of individuals to make reproductive health choices that are free from discrimination, violence, and coercion.

While comprehensive, not all aspects of the framework need to be implemented in their entirety by all organizations. Some organizations may focus on the supply side and others on the demand side of family planning programming. Some work at the service delivery level, while others specialize in programming at the community level. Others may work to affect policy change. Likewise, donors may decide which aspects of the programming their mandates and strategies support. But, by having a comprehensive, systems view, all actors can see how their programming contributes to meeting the needs of women and men for voluntary, human rights-based family planning. Gaps in the system can also be identified.

The framework (see Figure 1) is supported by reviews of available evidence and tools that could help operationalize such programming. The full findings of these reviews can be found in two accompanying papers (Rodriguez et al., 2013; Kumar et al., 2013).

When I travel and talk to women around the world, they tell me that access to contraceptives can often be the difference between life and death. Today is about listening to their voices, about meeting their aspirations, and giving them the power to create a better life for themselves and their families.

Melinda Gates, co-chair of the Bill & Melinda Gates Foundation at the London Family Planning Summit, July 11, 2012 Framework for Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights

	INPUTS & ACTIVITIES	OUTPUTS	OUTCOMES	IMPACT
	POLICY LEVEL	Illustrative	Illustrative	Decreased
Ł	A. Develop/revise/implement policies to respect/protect/fulfill rights and eliminate policies that create	Family planning services are	• Women, men, and	• Unintended
		 Available (adoutate number of 	young people	pregnancies
щ	B. Develop/revise/implement policies to ensure contraceptive security, including access to a range of methods and service modalities, including public, private, and NGO (R2)	service delivery points, equitably	decide for themselves—	 Maternal/infant
0	C. Create processes and an environment that supports the participation of diverse stakeholders (e.g.	distributed)	free from	deaths
	policymakers, advocacy groups, community members) (R2/R3)	 Accessible (affordable and 	discrimination,	 Unsafe abortions
П	D. Support and actively participate in monitoring and accountability processes, including commitments to international transition (All Rev)	equitable; free from discrimination : no missed	violence-whether,	• Adolescent
ц	E Guarantee financing options to maximize access coulty nondiscrimination and quality in all	opportunities for service provision)	when, and how	fertility rate
•		Acceptable (respectful of	have and have	• Total fertility rate
	-	medical ethics, culturally	access to the means	and fundation t
	SERVICE LEVEL	appropriate, and clients' views are	to do so	Increased
~	A Tuform and activated all alloute in biok analists internatione that another accurate unbiaced and		Trust in FP	
4	A. INFOLUTATIO COMPACT, AN CHERINS IN INGREQUENTRY INFECTIONS UNA CHERICE, ACCURATE, UNIVERSED, AND comprehensible information and protect clients' dignity, confidentiality, and privacy and refer to	Highest quality (scientifically and i i ii)	programs is	 Agency to achieve reproductive
	other SRH services (All Rs)	medically appropriate and of good	Increased	intentions
	B. Ensure high-quality care through effective training and supervision and performance improvement	informed decisions; a broad choice	Universal access to	throughout the
		of methods continuously available;	FP is achieved	lifecycle
	C. Ensure equitable service access for all, including disadvantaged, marginalized, discriminated	accurate, unbiased, and	Equity in service	• Well-heing of
	against, and hard-to-reach populations, through various service models (including integrated, mobile and/or vouth-friendly services) and effective referral to other SRH services (All Rs)	comprehensive information;	provision and use is	individuals.
	mount, and of yourn mounty set trees) and encourt reletion to outer stort set trees (zm res)	technical competence; high-quality	increased	families,
		client-provider interactions; follow-up and continuity	 Availability of a 	communities, and
	E. Establish and maintain effective monitoring and accountability systems with community input:	mechanisms: and annronriate	broad range of	countries
		constellation of services)	contraceptive	
525		 Accountability systems are in 	methods is	
		place. which effectively expose any	Sustaillaure	
	COMMUNIT LEVEL	vulnerabilities, and alleged or	 Women get 	
4	A. Engage diverse groups in participatory program development and implementation processes	confirmed rights violations and issues	methods they want	
		are dealt with in a significant, timely,	WILLOUL VALLIELS VI	
	B. Build/strengthen community capacity in monitoring and accountability and ensure robust means of redress for violations of rights (R2/R3)	and respectful manner		
0	C. Empower and mobilize the community to advocate for reproductive health funding and an improved	 Communities actively participate 	• FP needs are met; demand is satisfied	
	country context and enabling environment for FP access and use (All Rs)	in program design, monitoring,		
	D. Transform gender norms and power imbalances and reduce community-, family-, and partner-level	accountability, and quality improvement		* Reproductive rights:
		-		R1: reproductive self-
	E. Support healthy transitions from adolescence to adulthood (All Ks)	Community norms support the		determination
	INDIVIDUAL LEVEL	health and rights of married and unmarried women, men, and young woorle and their ruse of family.		R2: access to sexual and reproductive health services, commodities,
~	A Increase access to information on renroductive rights contracentive choices (All Rc)	people and men use of raming		intormation, and education
, <u>н</u>	B. Emnower through education and training about renroductive health self-exteen rights life-skills	a a serie of the series of the		R3: equality and non-
•	and interprets on communication (R1/R2)	 Agency of individuals is increased to enable them to make and act on 		aiscrimination ("All Rs" indicates that all
0	C. Foster demand for high-quality services and supplies through IEC/BCC and empower individuals to	reproductive health decisions		rights are encompassed)
	demand their rights be respected, protected, and fulfilled (R2)			

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Assess to inform interventions COUNTRY CONTEXT

Application of the Framework and Recommended Next Steps

The following actions are recommended to progress toward securing and safeguarding family planning programs that respect, protect, and fulfill human rights:

- Foster additional dialogue at the global and country levels to facilitate discussions around the critical issues of expanding access to family planning—particularly to underserved population groups—and respecting, protecting, and fulfilling human rights.
- Use the conceptual framework as a guide for country programming and donor assistance under FP2020.
 - Disseminate the conceptual framework both at the country and global levels, including providing access to the framework and associated evidence and tools in a web-based platform, to facilitate its use.
 - Support additional review of the conceptual framework by stakeholders at national/ subnational and global levels to continue the discussion on its use to guide programming and its adaptation to country contexts.
- Further document and evaluate rights-based approaches to fill the gaps in our knowledge about human rights-based programming and to evaluate both human rights outcomes and public health outcomes.
- Develop guidance and tools to apply the framework in programming to facilitate its use at the country level and through donor support.
- Update and expand the accompanying reviews of evidence and tools to ensure inclusion of all relevant material so that programs have access to the most relevant and up-to-date information for programming.

- Identify a comprehensive set of indicators to support the framework, including for all the various levels at which family planning programs function. Have the relevant FP2020 working groups identify a comprehensive set of structural, process, and outcome indicators that monitor and evaluate a rights-based approach to family planning.
- Foster innovation in rights-based, public health approaches and additional investment in interventions that are explicitly rights-based. Focus particularly on additional interventions to strengthen individual empowerment, community participation, and capacity building.

References

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Photo credits (clockwise): Davis Dennis, Bill & Melinda Gates Foundation, Shreyans Bhansali

For more information, see the full report: Hardee, K., K. Newman, L. Bakamjian, J. Kumar, S. Harris, M. Rodriguez, and K. Willson. 2013. Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights: A Conceptual Framework. Washington, DC: Futures Group.

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