



# THE HOLISTIC FRAMEWORK FOR HUMAN RIGHTS-BASED FAMILY PLANNING

## UNFPA Technical Brief

### Essential programme elements

*The Holistic Framework for Human Rights-Based Family Planning* depicts a vision for an ideal human rights-based family planning programme. This framework defines the essential elements that should ideally be in place at the various levels in the health-care system for a comprehensive family planning programme based in human rights. Such an ideal programme does not yet exist. It is an aspiration. Yet every programme is somewhere along the continuum that leads to this desired state.

### The framework includes four programmatic levels:

**COMMUNITY** Supportive community and social and gender norms

**LAWS & POLICY** Enabling legal and policy environment

**SERVICE DELIVERY** Quality information and services

**INDIVIDUAL** Empowered and satisfied client

This comprehensive framework addresses both the supply side and demand side of programmes, and covers both the responsibilities of duty-bearers and the entitlements and protections of rights-holders. These levels do not operate in isolation but reinforce and contribute to each other.

## Defining HRBA to FP

The first United Nations definition of the “human rights-based approach” (HRBA) was published by the UNDG Human Rights Working Group in 2003. This definition applies HRBA to the area of family planning (HRBA to FP). It derives from international human rights law and draws on UNFPA guidance.

A human rights-based approach to family planning is a conceptual framework and systematic process that:

- Ensures States meet their obligations under international human rights law to respect, protect and fulfil human rights
- Ensures family planning programmes maintain a focus on key human rights-related principles and standards that apply to family planning
- Applies these principles and standards in all phases of programming, and at all levels of the programme
- Enables duty-bearers to meet their obligations and rights-holders to claim their rights.

**Duty-bearers** are State actors who have an obligation to respect, protect and fulfil human rights and can be held accountable for their actions.

**Rights-holders** are every individual including every man, woman and child, of any race, ethnic group or social condition.

Human rights principles that apply to family planning



AAAQ – Availability, Accessibility, Acceptability, Quality



Non-discrimination and equality



Bodily autonomy and agency



Informed decision-making



Privacy and confidentiality



Accountability



Participation

HRBA to FP is consistent with programming best practices. It builds on familiar tenets of quality of care, but does not entail different programming processes. While it makes a focus on human rights explicit, it builds upon familiar tenets of quality of care and routine programming processes. The framework supports programming to affirm individuals' human rights, promote non-discrimination and equality, and leave no one behind. The commitment to leave no one behind is a central promise of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals. It is also central to the *UNFPA Strategy for Family Planning, 2022–2030: Expanding Choices – Ensuring Rights in a Diverse and Changing World*.

Applying a human rights-based approach ensures that people are at the centre of development programmes. The explicit goal of a family planning programme is to support individuals to enjoy their right to decide freely and responsibly the number, spacing and timing of their children as stated in the 1994 Programme of Action of the International Conference on Population and Development (para. 7.3). The framework lists key programmatic conditions and actions necessary to fulfil human rights as enshrined in international human rights law.

## Purpose of the framework

- To foster understanding of what a human rights-based approach to family planning entails
- To enable stakeholders to compare existing programming with an ideal holistic human rights-based vision
- To shift the way people think about and go about their work, making human rights a more intentional, cross-cutting programmatic element
- To identify human rights-related problems that might otherwise be overlooked or receive insufficient attention.

## Progressive realization is a key concept

The framework is guided by the human rights concept of “progressive realization” of human rights (CESCR General Comment No. 14). Progressive realization means that States have an obligation to move as expeditiously and effectively as possible towards the full realization of the right to health, even if resources are not sufficient for the right to be met immediately. Despite existing resource constraints, governments (duty-bearers) have an obligation to take action to continuously advance the protection and fulfillment of individuals' human rights.

## Applying the framework

Any family planning programme can take the human rights-based approach. The framework applies to a wide range of settings – from smaller programmes with limited scope or geographic coverage to larger national programmes. The intended users of the framework are stakeholders responsible for designing, strengthening, monitoring and/or evaluating family planning programmes. It is relevant to national and sub-national government representatives, staff from development partners and technical assistance organizations, private sector partners, civil society and representatives of the community.

The elements of the framework provide a basis of comparison between the ideal and the status of the family planning programme under review. The framework details what should ideally be in place for each human rights-related principle that applies to family planning programmes at

each level of the health-care system. Each level can be the focus of a comparison exercise. The framework can be used at any phase of the programming cycle from situation assessment, design and implementation to monitoring and evaluation.

The framework serves as a conceptual resource to establish a shared understanding of human rights-based family planning among a variety of stakeholders. It may be used as a stand-alone programmatic job aid. Consider incorporating the graphic into presentations or guidance documents for family planning programming. Consider referring to the graphic during the development of a project proposal or funding proposal for a human rights-based family planning intervention or broader sexual and reproductive health programme. The framework is the main component of the *Human Rights-Based Approach to Family Planning: UNFPA Support Tool*, where it is applied through a stakeholder workshop.

# The holistic framework for human rights-based family planning

## Community

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

## Laws and policy

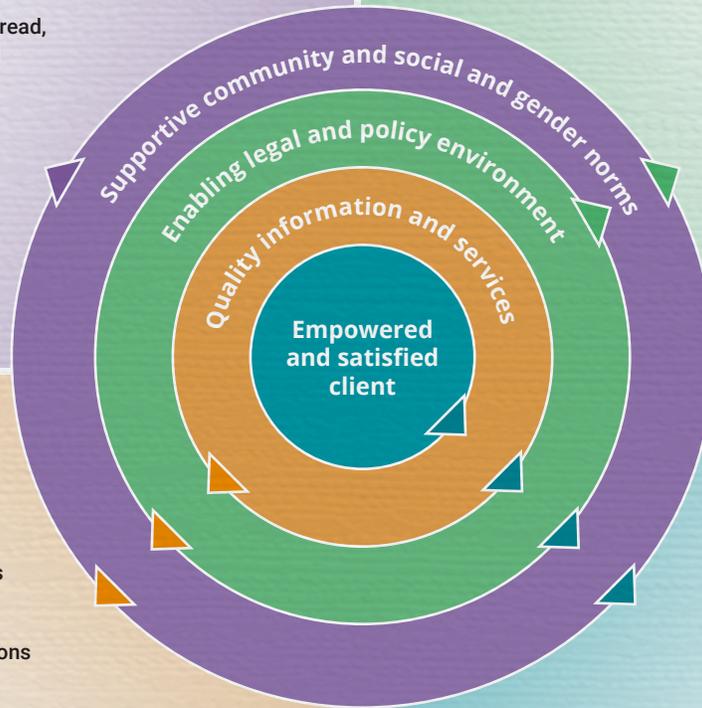
National laws and policies ensure full and equal access to family planning and are supported by adequate budgets and sound institutions

## Service delivery

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

## Individual

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



## Empowered and satisfied rights-holders who can exercise bodily autonomy are at the core of the framework.

They are surrounded by quality information and services, an enabling legal and policy environment, and supportive community and social and gender norms. When these conditions exist, it indicates that all of the human rights-related principles and standards that pertain to contraceptive information and services are being applied.

## Human rights-based family planning programmes aim to achieve this goal:

*"All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children, and to have the information, education and means to do so." (Principle 8)*

*"It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence." (para 7.3)*

*Programme of Action, International Conference on Population and Development*

## EXPANDED FRAMEWORK EXPLANATION

### Supportive community and social and gender norms



#### AGENCY/AUTONOMY/EMPOWERMENT

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



#### ACCESSIBILITY

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



#### ACCEPTABILITY

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



#### PARTICIPATION

- Community members, including women from marginalized populations, adolescents and youth, are fully engaged in the formulation of policy affecting family planning service delivery and in monitoring programmes
- Health committees comprising community volunteers provide a critical link between service facilities and communities



#### ACCOUNTABILITY

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

## Enabling legal and policy environment



### NON-DISCRIMINATION AND EQUALITY

- Laws and policies promote and protect access to quality contraceptive information and services and equal treatment for all
- The State guarantees that reproductive rights are respected, protected and fulfilled for all without discrimination of any kind



### AVAILABILITY

- A national strategy and action plan on sexual and reproductive health and rights exist, are adequately resourced and are periodically reviewed and monitored through a participatory and transparent process
- Policy and legal frameworks facilitate regulated, quality self-care interventions\*



### ACCESSIBILITY

- No laws, policies or practices criminalize, obstruct or undermine access by individuals or a particular group to sexual and reproductive health facilities, services, goods and information
- Universal and equitable access to affordable, acceptable and quality sexual and reproductive health services, goods and facilities, is guaranteed, in particular for women and disadvantaged and marginalized individuals and communities
- Information and services are physically and economically within reach
- Comprehensive sexuality education is provided
- No third-party authorization, unjustifiable medical barriers or other restrictions exist
- Contraceptive security is assured
- Special efforts are made to reach displaced populations and those in crisis settings
- Post-abortion care and counselling are available for those who need it



### ACCEPTABILITY

- A gender perspective is at the centre of all policies, programmes and services affecting women's health
- Services are culturally appropriate, youth-friendly and sensitive to gender and life cycle requirements



### QUALITY

- State policies, programmes and practices regarding contraceptive goods and services are evidence-based, scientifically and medically appropriate, and in line with recent technological advances and innovations
- Facilities, services and commodities are medically appropriate and comply with approved service standards
- Medicines, equipment and technologies essential to sexual and reproductive health are provided, based on the WHO Model List of Essential Medicines

\* Self-care interventions for sexual and reproductive health and rights to advance universal health coverage: 2023 joint statement by HRP, WHO, UNDP, UNFPA and the World Bank. Available at: [www.unfpa.org/sites/default/files/resource-pdf/JointStatement\\_SelfCareInterventions-EN\\_0.pdf](http://www.unfpa.org/sites/default/files/resource-pdf/JointStatement_SelfCareInterventions-EN_0.pdf)



## **INFORMED DECISION-MAKING**

- The State has taken effective measures to prevent or eliminate laws, practices and policies that promote involuntary, coercive or forced contraception
- Individuals are empowered to make free, informed and responsible decisions without barriers, coercion or discrimination
- The principle of autonomy is protected by client counselling; by removing all third-party authorization requirements (e.g. parental, spousal or partner); and by eliminating non-medical eligibility criteria that create access barriers (e.g. minimum number of children required to obtain sterilization or IUD, or age or marital status requirements)
- Individuals are not subjected to incentives or policies that foster coercive provider practices, nor to non-medical eligibility criteria that create barriers to access
- All individuals and groups have access to comprehensive education and information on sexual and reproductive health that are non-discriminatory, non-biased and evidence-based, and that take into account the evolving capacities of children and adolescents



## **PRIVACY AND CONFIDENTIALITY**

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



## **PARTICIPATION**

- Women and youth participate fully and are informed and represented in the planning, implementation and monitoring of policies, programmes and services related to family planning



## **ACCOUNTABILITY**

- The State is meeting its obligations under human right law to guarantee that reproductive rights are respected, protected and fulfilled for all without discrimination of any kind
- Legal, policy and programmatic frameworks are aligned with international human rights standards
- Effective monitoring and accountability mechanisms are in place at all levels to ensure that individuals' agency and choices are respected, protected and fulfilled and to redress rights violations
- Measures of programme success are rights-supportive and rights-related indicators are routinely monitored
- Systems and structures engage with national human rights institutions (NHRIs) to monitor State human rights obligations, oversee law enforcement, and engage with international human rights mechanisms to strengthen accountability for SRHR, including engaging in the Universal Periodic Review (UPR) and Treaty Bodies
- Individuals from all groups, including marginalized populations, are made aware of their rights
- The State has ensured administrative or judicial safeguards in instances where an individual is impermissibly denied access to a particular contraceptive method (including emergency contraceptives) or experiences violations of informed consent and other abuses around contraceptive access and use
- The State ensures access to effective and transparent remedies and redress, including administrative and judicial safeguards, for any violations of the right to sexual and reproductive health

## Quality information and services



### **NON-DISCRIMINATION AND EQUALITY**

- Quality information and services are provided equitably to all individuals without discrimination of any kind



### **AVAILABILITY**

- A wide range of contraceptive methods is offered
- All contraceptives included in the National Essential Medicines List are made available, including male condoms, female condoms, oral contraception, injectable contraception, emergency contraception, IUDs (insertion and removal) and implants (insertion and removal)
- Both insertion and removal services for IUDs and implants are supported by adequate supply of commodities and equipment, competent staff and infrastructure
- An effective contraceptive security system prevents stock-outs



### **ACCESSIBILITY**

- All people have access to comprehensive, unbiased, scientifically accurate information on sexual and reproductive health, including information regarding the full range of contraceptives, delivered in a manner that is understandable to all (considering age, language, age, ability, etc.), including public health campaigns
- Equitable service access is assured for all through various service models (static, mobile, integrated and youth-friendly models as well as effective referral) and convenient service delivery points (“leave no one behind”)
- All contraceptive services are affordable
- No non-medical eligibility or third party consent requirements exist
- The widest range of service providers who can safely provide services is trained and authorized to do so
- Measures are in place to ensure sufficient numbers of trained and competent service providers in a range of settings (facility-based, community-based, mobile) to expand access to the full range of contraceptive methods, including emergency contraceptives and self-care interventions



### **ACCEPTABILITY**

- Facilities, commodities and services are acceptable to intended beneficiaries
- Services are provided in an ethical, culturally respectful, confidential manner that includes being respectful of the culture of individuals, minorities, people and communities
- Individual preferences are respected



## QUALITY

- Skilled medical personnel:
  - Provide safe and appropriate services that meet accepted standards
  - Provide approved and unexpired commodities and equipment
  - Provide clear and medically accurate information
  - Maintain infection protection and adequate sanitation
  - Protect all clients' dignity and treat all clients with respect
- Services and commodities are medically safe and provided respectfully in a clean and comfortable environment
- Special measures are taken to ensure that contraceptive information and services are provided in compliance with the human rights of marginalized groups, including adolescents, individuals with disabilities, sex workers, individuals living in remote areas, and individuals living in humanitarian settings
- Effective monitoring, supervision, quality improvement and health management information systems and logistics management information systems (HMIS/LMIS) systems are in place and supported by training



## INFORMED DECISION-MAKING

- Individuals can choose from a wide range of contraceptive options
- All clients are informed and counselled to ensure they have accurate, unbiased and comprehensible information that includes common side effects, possible risks and whether or not the method protects against HIV and other sexually transmitted infections (STIs)
- Clients' right and ability to make their own choices is respected, protected and fulfilled
- Neither providers nor clients receive incentives for accepting or providing family planning or particular methods



## PRIVACY AND CONFIDENTIALITY

- Providers protect individuals' privacy and do not disclose any personal or medical information they receive from clients



## PARTICIPATION

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



## ACCOUNTABILITY

- Programme managers and health care workers have rights literacy
- As duty-bearers, they respect, protect and fulfil individuals' human rights
- Managers routinely monitor human rights in their programmes
- Effective mechanisms are in place to manage alleged and confirmed rights violations

## Empowered and satisfied client



### NON-DISCRIMINATION AND EQUALITY

- Every individual is treated the same without discrimination based on who they are, their age or their circumstances, or their sexual orientation or gender identity



### AGENCY/AUTONOMY/EMPOWERMENT

- Every individual can make and act on their own family planning decisions in consultation with whomever they choose, without pressure or obstacles from the health care system, their partner or family



### AVAILABILITY

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



### ACCESSIBILITY

- Every individual has correct and understandable contraceptive information and can get services that are physically convenient (through static or mobile services, community-based distribution or effective referral), affordable and available when needed



### ACCEPTABILITY

- Methods offered suit the individual's needs and preferences
- Services are respectful and culturally appropriate



### INFORMED DECISION-MAKING

- Every individual can decide whether or not to use family planning and what method to use, based on accurate and complete information, including side effects



### PRIVACY AND CONFIDENTIALITY

- Every individual receives information and services in a setting where no one can hear or observe client-provider interactions; records and information are not shared with anyone



### PARTICIPATION

- Every individual can make their own informed family planning decisions and can provide input and feedback regarding how information and services are provided



### ACCOUNTABILITY

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

## References

UNFPA (2023). Human Rights-Based Approach to Family Planning: UNFPA Support Tool. New York: UNFPA.

UNFPA (2023). Advancing SRH in UHC through a human rights-based approach: A Toolkit. New York: UNFPA Technical Division.

UNFPA (2020). Strengthening the Human Rights-based Approach to Family Planning at UNFPA. An Assessment. New York: UNFPA.

UNFPA (2020). Elevating Rights and Choices for All Guidance Note for Applying a Human Rights Based Approach to Programming in UNFPA. New York: UNFPA.

UNFPA and WHO (2015). Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide. New York: UNFPA, and Geneva: WHO.

UNFPA and Harvard School of Public Health (2010). A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials. New York: UNFPA.

Center for Reproductive Rights (2019). Breaking Ground: Treaty Monitoring Bodies on Reproductive Rights. New York: Center for Reproductive Rights.

FP2020 (2016). Momentum at the Midpoint: 2015–2016 Progress Report. “FP2020’s Rights and Empowerment Principles for Family Planning”, p. 41. Washington, DC: FP2020.

Hardee, K, J Kumar, K Newman, L Bakamjian, S Harris, M Rodriguez, and W Brown (2014). “Voluntary, Human Rights-based Family Planning: A Conceptual Framework.” *Studies in Family Planning*. 45(1): 1-18.

United Nations Committee on Economic, Social and Cultural Rights (UNCESCR) (2000). General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12). E/C.12/2000/4.

United Nations Committee on Economic, Social and Cultural Rights (UNCESCR) (2016). General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights).

UNDG Human Rights Working Group (2003). The Human Rights Based Approach to Development Cooperation Towards a Common Understanding Among UN Agencies. New York: UNDG.

World Health Organization (2014). Ensuring Human Rights in the Provision of Contraceptive Information and Services.

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United Nations Population Fund  
605 Third Avenue  
New York, NY 10158  
Tel.+1 (212) 297-5000  
[www.unfpa.org](http://www.unfpa.org)  
@UNFPA

For additional information on  
UNFPA's family planning work,  
please contact us at  
[familyplanning@unfpa.org](mailto:familyplanning@unfpa.org)