


VOLUNTARY FAMILY PLANNING PROGRAMS THAT RESPECT, PROTECT, AND FULFILL HUMAN RIGHTS

Conceptual Framework Users' Guide

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CONTENTS

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PREFACE

At the 2012 London Summit on Family Planning, more than 150 world leaders, international agencies, civil society organizations, private sector organizations, and donors committed resources to bring voluntary family planning (FP) services to an additional 120 million women and girls by 2020. This important event generated an unprecedented level of commitment for family planning and solidified years of repositioning efforts to bring family planning back to a place of prominence as a global health and development priority following years of diminished attention. However, amid this positive response, some civil society organizations expressed concerns that the issuance of a numeric goal could signal a retreat to earlier days when family planning was rooted in a demographic rationale, placing concerns about population pressures above the rights of individuals to voluntary, free and informed choice of FP services (Cottingham et al., 2012).

This concern has led to a healthy dialogue about how to embed the concept of human rights in FP programming to ensure that efforts to rapidly expand services do not compromise individual rights. The Bill & Melinda Gates Foundation commissioned a literature review of the history of the family planning movement to learn more about how to ensure FP uptake was voluntary following the London Summit. This included a review of the evidence base for voluntary, human rights-based family planning and the tools needed to undertake such programming. The team commissioned to conduct the review looked for a conceptual framework that embedded human rights and related principles within FP programs to organize its work. However, the literature review did not identify such a framework. As a result, the team developed a new conceptual framework based on important long-standing concepts related to voluntarism, quality of care, and holistic programming within FP programs.

More than 200 global and country stakeholders have reviewed the *Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights: A Conceptual Framework* (Hardee et al., 2014). It has been well-received in a variety of settings with (1) groups including policymakers, human rights advocates, nongovernmental organization and civil society representatives, and program staff; (2) organizations interested in orienting their staff to the concepts and issues of voluntary, rights-based family planning; and (3) a mix of donors, organization leaders, and program staff at international conferences. During these orientations, participants consistently asked for a tool to support application of the framework in actual practice. This document provides guidance on how to orient stakeholders to the framework and how to use it to strengthen program design and implementation. Additional information on the results of the literature review of rights-based family program evidence (Rodriguez et al., 2013) and tools (Kumar et al., 2013) is also available for reference at www.futuresgroup.com and www.engenderhealth.org.

ABBREVIATIONS

AAAQ	availability, accessibility, acceptability, and quality
AIDS	acquired immune deficiency syndrome
BCC	behavior change communication
CHW	community health workers
FP	family planning
HIV	human immunodeficiency virus
HMIS	health management information system
HR	human right(s)
HRBA	human rights-based approach
IEC	information, education, and communication
IPPF	International Planned Parenthood Federation
IUD	intrauterine device
LARC	long-acting reversible contraceptive
LC	local currency
M&E	monitoring and evaluation
NGO	nongovernmental organization
OHCHR	(United Nations) Office of the High Commissioner for Human Rights
PMP	Program Monitoring Plan
QA	quality assurance
QI	quality improvement
Rs	rights
RH	reproductive health
SRH	sexual and reproductive health
UN	United Nations
UNCESCR	United Nations Committee on Economic, Social, and Cultural Rights
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VRBFP	voluntary, rights-based family planning
WHO	World Health Organization

INTRODUCTION

Background

In 2013, the *Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights: A Conceptual Framework* (VRBFP framework) (Hardee et al., 2013) was developed in response to a call for family planning (FP) programs that respect, protect, and fulfill human rights, emanating from civil society's concern about the goal set at the London Family Planning Summit in 2012 as part of the FP2020 initiative. The VRBFP framework brings together what have been traditionally parallel lines of thought into one construct that includes concepts related to human rights, voluntarism, quality of care, and programming. The framework bridges the gap between theory and practice and offers a practical approach to operationalizing human rights principles within programs using language and constructs that both FP program stakeholders and human rights advocates can relate to and understand.

Although high-quality FP programs and efforts to protect and fulfill human rights in healthcare share common principles and goals, human rights are not yet explicitly and systematically integrated into the design, implementation, monitoring, and scale-up of many FP programs. The public health and human rights communities frame challenges differently, using the terminology of their respective disciplines. The VRBFP framework defines the common ground between these communities and translates language associated with rights-defined entitlements and related principles into programmatic language to make it actionable. Taking a rights-based approach to service delivery programs is not limited to client-provider interactions that take place at the service delivery level where clients and the system intersect. Rather, it applies to holistic programs and factors at all levels of the health system that affect an individual's ability to obtain desired FP information and services. Addressing programs through a rights-based lens expands awareness of the many barriers to service access and to clients' ability to make full, free, and informed FP decisions, leading to more effective solutions.

The VRBFP framework (see Figure 1 on page 4) is structured as a logic model, organizing concepts in a logical pathway of cause and effect to show what desired inputs and activities are expected to lead to desired public health and rights outputs and outcomes. The framework is structured around the four levels at which health systems and programs operate (i.e., policy, service delivery, community, and individual) to guide systematic thinking about what should be done or in place at all levels necessary for a complete, high-quality FP program. The framework makes accountability for protecting and fulfilling human rights explicit at all of these levels to make this crucial element more robust in actual practice. It is also useful for guiding the creation of strategic partnerships. No single institution or project can be expected to provide all necessary inputs. The framework enables stakeholders to see where their area of expertise and action fits into the big picture and to identify where they may need to partner with groups (public, private, and nongovernmental) that either supplement or complement their work and resources to cover all necessary program elements. They can then engage potential partners and negotiate agreements to coordinate or collaborate, spelling out roles, responsibilities, and timelines. Joint activity planning is a recommended best practice for successful partnerships. It defines common ground and shared goals, thus serving to unite the two communities and foster alliances to advocate for, design, implement, and monitor rights-based FP programs and hold them accountable.

Purpose

The *Conceptual Framework Users' Guide* (the guide) was prepared to orient stakeholders to the VRBFP framework and assist them with (1) applying it during assessments and action planning and program design related to strengthening human rights in FP programs and (2) using it to monitor, evaluate, and hold programs accountable. This guide may also support countries developing costed implementation

plans by walking stakeholders through a complete program planning process that focuses on human rights-based approaches.

Specifically, the guide supports the process of translating the rights-based framework into programmatic action. It can be used either for strengthening an existing program or project or in the design of a new program or project. It is designed to

- Orient stakeholders to the concepts underpinning the framework
- Offer a pathway for stakeholders to systematically examine the extent to which their program addresses factors at all levels (policy, service, community, and individual) that contribute to or inhibit the rights of clients and potential clients
- Support the development of an action plan to fill gaps, address areas that need improvement, or build on program strengths
- Provide guidance on how to monitor and evaluate the impact of the resulting action plan
- Present considerations for holding FP programs accountable for respecting, protecting, and fulfilling human rights

Structure and Content

The guide takes users through an organized orientation and planning process, comprising

- Two modules implemented as hands-on workshops
- Follow-up considerations and recommended next steps for taking the workshop outputs and quickly moving toward implementation
- Participant workbooks with exercise sheets and background materials
- Supplementary references, tools, and resources (see Annex 1)

The two modules, each with a corresponding participant workbook, cover the following:

Module 1: Introduction and Orientation to the Framework—This module, structured as a half-day workshop, aims to (1) increase awareness and understanding of the concepts underpinning the VRBFP framework; (2) introduce the framework and increase awareness of the levels of action and necessary inputs in a holistic, rights-based FP program; (3) promote dialogue about gaps and opportunities for action; (4) introduce the concept of progressive realization; and (5) raise awareness of signs that may indicate a program has a problem with respect to human rights. The module includes case studies to help participants apply abstract concepts to different client and program experiences and to identify factors at multiple levels that have a bearing on human rights in FP programs. It also provides guidance for a discussion on how to know whether an FP program is at risk for compromising contraceptive choice or other human rights.

Module 2: Application of the Framework for Programming—This module, structured as a three-day workshop, focuses on applying the framework during a program's needs assessment, design, and action planning. It lays out a seven-step process that uses the framework to generate the building blocks for a one-year action plan and monitoring plan. The process also includes developing monitoring indicators and strengthening program accountability, with considerations for strategic partnerships.

Both workshops highlight important key messages for consideration in taking a human rights-based approach to FP program design, implementation, and strengthening (see Box 1).

Box 1. Users' Guide Key Messages

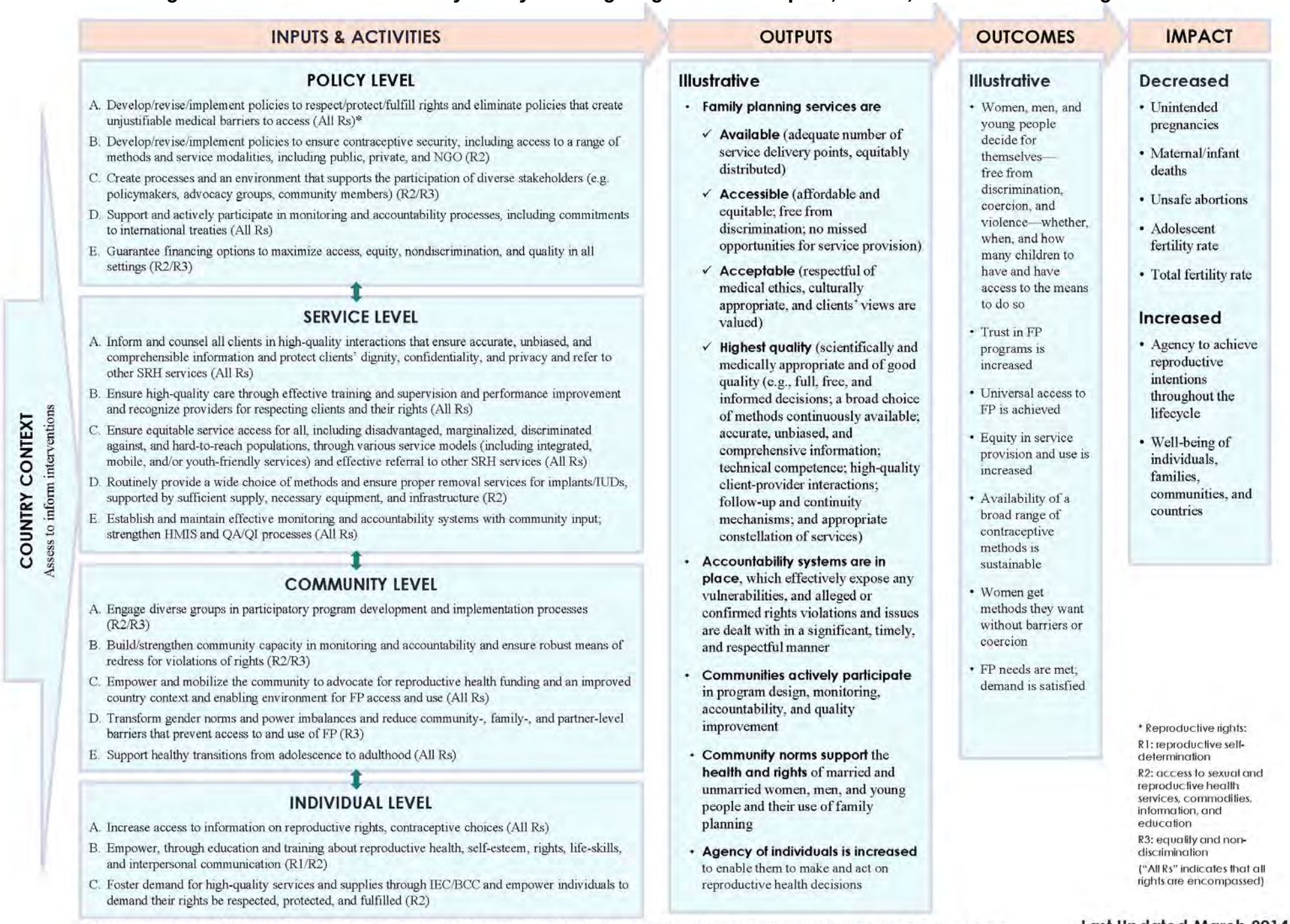
- Human rights are internationally recognized entitlements that governments (and programs) are legally obligated to respect, protect, and fulfill.
- Human rights outcomes and public health outcomes are complementary, not contradictory. A programming approach that combines them both benefits people and programs.
- Much of what FP programs do to improve access to and quality of services supports a human rights approach; however, more needs to be done. We must be more deliberate about putting clients at the center of programs and about respecting, protecting, and fulfilling human rights.
- Applying a rights-based approach to FP programs may result in the identification of new or different programmatic needs, but it does not necessarily mean overhauling the program, adding a lot of work, or needing substantial additional resources. Many improvements can be made by adjusting ongoing activities or practices within existing resources.
- Family planning programs have an obligation to use any resources available to support the progressive realization of human rights.
- Programs need to take a holistic approach that recognizes factors and need for action at four levels (policy, service, community, and individual).
- No single institution or program can do all that is needed. Rights-based programs require strategic partnerships and new alliances.
- Programs commonly believe that if they do not have a problem with blatant coercion, they do not have a human rights concern. That is not true. Conditions or practices that create subtle coercion or access barriers—either subtle or overt—are human rights issues that need to be addressed.
- Human rights should be incorporated explicitly into training, performance expectations and appraisals, and monitoring and evaluation plans. What gets measured and rewarded gets done.
- Programs must be governed by an accountability framework with monitoring indicators and methodologies that generate data to provide both the bird's eye view (macro, aggregate level of the program or population) and the bug's eye view (at the perspective of the individual client's experience) so programs can identify vulnerabilities or risk factors and take swift action to investigate and remedy them.

Intended Audiences

The guide is intended for a range of stakeholders interested in promoting and providing VRBFP, including policymakers, program managers, providers, rights advocates, members of civil society organizations, donors, implementing organizations, and researchers.

Module 1 is conceptualized as an orientation workshop on the VRBFP framework and the underpinning concepts and issues. It is designed for skilled facilitators with knowledge of family planning programs. Module 2, the application module, includes all necessary materials for conducting the planning process in a workshop setting. However, it can also be used to guide a team process involving individuals within an institution, district, or service site outside of a workshop setting. Depending on a program's needs, the modules and planning steps can be completed successively or as a series over a period of time that allows for in-depth information gathering, stakeholder consultation, landscaping of policies, partners and current activities, and an in-depth review of monitoring and evaluation efforts.

Figure 1. Framework for Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights



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MODULE 1: ORIENTATION TO THE VOLUNTARY, RIGHTS-BASED FAMILY PLANNING FRAMEWORK

Introduction and Objectives

Module 1 serves as an orientation for individuals interested in applying the conceptual framework and fostering awareness and dialogue on rights-based family planning. The ultimate goal is to enable a diverse set of actors to develop, implement, and monitor rights-based FP programs in various settings. Selecting participants strategically from organizations and individuals in a position to take action—and fostering diverse thinking and dialogue at different levels of the health system—will set the stage for effective program assessment and action planning, as detailed in Module 2.

The module's objectives are to

1. Increase awareness that human rights and public health outcomes are complementary, not contradictory, and that combining approaches leads to a strong enabling context for both family planning and human rights.
2. Provide a common frame of reference for public health professionals and human rights activists so that they can work together to expand access to FP services that respect, protect, and fulfill human rights.
3. Foster dialogue and strategic thinking around issues at multiple levels of the health system that are central to expanding access to high-quality contraceptive services—particularly for underserved populations—and to respecting, protecting, and fulfilling human rights.

The module encompasses an **orientation workshop** and provides

1. A detailed workshop plan for facilitators
2. A PowerPoint presentation on the "Voluntary, Rights-based Family Planning Framework: What, Why, and How?" along with speaker notes[1]
3. An activity applying the framework to hypothetical case studies (see Participant Workbook)

Workshop Overview

The workshop can be adapted to the needs of the organization or workshop convening body. Its success depends on both the level of participants' engagement in the subject matter and the identified facilitators' ability to encourage participation in the discussions and activities, reconcile different perspectives, help clarify concepts, and focus on crucial issues relevant in the local context. The facilitator should be familiar with the VRBFP framework and its supporting content.

The workshop opens with introductory remarks on the importance of and cultural context for taking a human rights approach to family planning, followed by an exercise that helps the participants understand how their current work may relate to human rights. The main sessions of the workshop include a plenary presentation ("Voluntary, Rights-based Family Planning Framework: What, Why, and How?") that introduces key concepts and the conceptual framework for voluntary, rights-based FP programs, as well as a case study exercise.

[1] The PowerPoint presentation is available for download at www.futuresgoup.com and www.engenderhealth.org, as part of the VRBFP package of materials.

Participants

The workshop can be conducted within a particular organization or with a range of stakeholders involved with a district or national FP program—either as a stand-alone effort to increase awareness about human rights in family planning or to lay the foundation for program assessment, strengthening, or design.

Participants should have knowledge of the health system and represent its different levels (policy, service delivery, community, individual) and sectors (public, private, nongovernmental), as well as be familiar with different aspects of FP programs and human rights advocacy and accountability. They should reflect the policymaker, program manager, service provider, and civil society perspectives. It is desirable to engage specialists in monitoring and evaluation (M&E), community engagement, gender, human rights, communication and advocacy, and family planning to the extent possible. It is also helpful to involve participants who work in related sectors such as education, maternal and reproductive health (RH), HIV, women's affairs, and adolescent health. The orientation has been used successfully with groups of 15–40 participants.

Resource Requirements

Time: Approximately four hours, not including lunch

Space: Adequate room for breaking into up to five small groups

Materials:

- Computer/laptop, projector, and screen for the PowerPoint presentation
- Flipchart paper
- 5x7 note cards or large sticky notes
- Tape
- Markers
- Photocopies of Participant Workbook (containing worksheets and handouts)—one per participant
- If using, flash drives loaded with soft copy of Participant Workbook—one per planning team

Other potential requirements:

- A stipend for participant travel and time
- Funding for the meeting space and food

Preparation

- Select the date, time, and location for the workshop
- Send invitations to the identified participants
- Identify 2–3 facilitators knowledgeable about FP/RH programs and familiar with concepts related to the framework (or a willingness to learn)
- Identify the person to open the workshop and introduce the first session
- Create a workshop agenda for participants and make copies
- Make copies of the Module 1 Participant Workbook
- Gather the needed materials (see above "Materials")
- Make adjustments to the PowerPoint presentation where necessary; if desired, print copies of the PowerPoint slides for participants to take notes (Notes Pages)
- On the day, set up the room for the small group work and ensure that the equipment is working
- Prepare required flipcharts in advance

Detailed Workshop Plan

Time	Activity	Resources Required
5 min	**Review Orientation Objectives**	PowerPoint or Flipchart

10–30 min	**Opening Remarks**
	• It may be beneficial to describe
	  o The importance of taking a rights approach in the context in which the orientation is being held, e.g.:
	  ▪ How family planning and human rights intersect
	  ▪ Taking a human rights approach may improve and strengthen programs
	  o The government's or organization's or group's commitment to taking a rights approach.
	• The opening remarks can also add legitimacy and a cultural context to the presentation, highlighting the particular interest areas and needs of participants.
		Identify speakers who are strong supporters of human rights
		
		Identify speakers who will have legitimacy with the group of participants

20 min	**Ice Breaker** **What activities do you spend the majority of your time on?** The objective of this exercise is to highlight that much of the work already done in family planning contributes to fulfilling human rights. It helps to bridge the work that participants do in FP programs with the human rights language that is described and used throughout the orientation. The activity aims to build up participants' sense of the feasibility of a rights approach to make abstract concepts concrete and understandable in programmatic terms to diminish the sometimes overwhelming prospect of respecting, protecting, and fulfilling human rights. Instructions: • *Advance preparation*: Write the following list of activities on a piece of flipchart paper; post it on the wall: 1. Improving service quality 2. Improving access to services 3. Strengthening contraceptive security 4. Expanding method choice 5. Counseling and informed choice 6. Promoting gender equality 7. Promoting youth-friendly services 8. Engaging communities 9. Monitoring and evaluation 10. Promoting and protecting human rights • Going down the list one-by-one, ask participants to raise their hand if they spend much of their time on that particular activity. Note the number of hands raised for each of them. • At the end of the exercise, see how many raised their hand for #10 as compared to #1–9. Observe that if they raised their hand for any of the other activities, they should have raised their hand for human rights as well, since all of the other activities support human rights. **Stress the key**	Flipchart paper Markers Tape Markers Prepared flipchart

	message: Much of what FP programs have been doing for years supports a human rights approach, even though we may not think of it in those terms. This sets the foundation for the presentation that follows, in which key concepts will be explained.	
60 min	**Presentation** (30 minutes) **Voluntary, Rights-based Family Planning Framework: What, Why, and How?** (see presentation for speaking notes) • Participants should receive a hard copy of the VRBFP summary brief and framework detail so that they can follow along during the presentation (read the detail). The facilitator will accomplish the following objectives: • Explain *why* it is important for FP programs to take a voluntary, rights-based approach. • Introduce *what* a rights-based approach in family planning is, using the framework. • Describe *how* the framework and approach can be used in programs. **Discussion** (30 minutes) • Make it clear that the human rights framework is a tool for strengthening rights in FP programs, not for rooting out violations for punitive or legalistic purposes. **Key messages:** • Human rights are internationally recognized entitlements that governments (and programs) are legally obligated to respect, protect, and fulfill. • Human rights outcomes and public health outcomes are complementary, not contradictory. A programming approach that combines them both benefits people and programs. • Family planning programs have an obligation to use any resources available to support the progressive realization of human rights. • No single institution or program can do all that is needed. Rights-based programs require strategic partnerships and new alliances. • Programs commonly believe that if they do not have a problem with blatant coercion, they do not have a human rights concern. That is not true. Conditions or practices that create subtle coercion or access barriers—either subtle or overt—are human rights issues that need to be addressed.	Computer/laptop Projector Screen PowerPoint presentation Copy of presentation Copy of VRBFP summary brief Copy of framework detail
15 min	**Break**	
90 min	**Case Studies** **Applying the VRBFP Framework** The case study exercise is useful for demonstrating how elements of the framework can be applied.	Copies of case studies and worksheets Flipchart paper Sticky notes or notecards Tape Markers

Facilitator guidance:

1. Create the table below on flipchart paper in advance of the session and display it in the front of the room. This table matches the table on the participant handouts.

   Along with the case study handout, the participants should refer to hard copies of the detailed framework.

Level	Supporting Factors	Challenging Factors	Necessary Intervention or Change
Policy			
Service Delivery			
Community			
Individual			

2. Divide participants into small groups (5–7 people per group, depending on the overall number of workshop participants). Request that each group identify a timekeeper, a rapporteur, and note-taker.

3. All of the case studies are included in the Participant Handout Packet. Assign one case study per group; more than one group can address the same case study if there are more groups than case studies. Note: Each case study will take 10 minutes to report back, so the facilitator should choose the number of case studies to align with the time available.

4. Ask the groups to read their assigned case study and discuss what factors *supported* or *challenged* access to free, full, and informed choice and individuals' ability to exercise her human rights. Write one factor per card or sticky note and determine the level in the health system at which it exists. For each challenge identified, consider what should be done to address it in the program described. Again, use one card or sticky note for each suggested intervention or change. Forty-five minutes should be allotted for small group discussion.

5. After 45 minutes, ask the groups to report back by
   - Providing a two-minute summary of their case study. Participants can follow the case studies they were not assigned in their Participant Handout Packet.
   - Reading through their cards of supporting and challenging factors and interventions at each level and placing the cards on the table at the front of the room.
   - If multiple groups used the same case study, providing any additional factors or interventions that were not mentioned by the first group or working together and reporting back as one larger group.
   - Repeat the report back for each case study used.

30 min	**Discussion**
	
	• Solicit participant observations in plenary by asking some or all of the prompt discussion questions:
	  o Invite observations from the group about the activity and the collective outcome.
	  ▪ Did anything surprise you? If so, what and why? Is there anything familiar about the circumstances described in the case studies?
	  ▪ Are these cases relevant to the context within which you work?
	  o Observe that there are factors at all four levels that support and hinder rights; addressing these complex barriers requires taking a holistic approach.
	  ▪ What level(s) appear to require the most urgent attention?
	  o Walk through the challenges and discuss proposed corrective actions.
	  ▪ Which of the suggested interventions or changes would be relatively easy to implement?
	  ▪ Which might be harder? How might you be able to begin? What more would it take?
	  o Acknowledge the supporting factors that should be valued, strengthened, and built on.
	  ▪ What other observations do you have regarding the types of actions, the number of actions, and who is ultimately responsible for addressing the factors that inhibit rights?
	
	• **Key message**: Programs need to take a holistic approach that recognizes factors and the need for action at four levels (policy, service, community, and individual).	

10 min	**Wrap-up** • If the purpose is just to discuss the issues/create dialogue, the facilitator should synthesize the discussion and key themes of the day. Thank participants for attending and participating. • If the orientation is part of the larger, overall planning/assessment, synthesize the days' discussion and key points, thank participants, and describe the next steps for assessment, etc. • Request participants to complete the evaluation form before they depart.	Evaluation Form

Case Study Exercise

During the small group exercise, participants are asked to apply the framework to their assigned case to identify factors that support or challenge the rights of individuals and to propose interventions that could improve the program response to these factors. After reporting on the small group discussions, participants are then led through a series of questions to reflect on the results of the exercise to share observations and implications for future action within their individual spheres of influence (see the Detailed Workshop Plan). The following case studies are accompanied by illustrative responses to help facilitate the reporting on each study. This guidance is for the facilitator only. Participants will have the case studies in their Participant Workbook, with a blank worksheet.

Case study 1 (equity)—"Liloe"

At a recent global family planning (FP) conference, the government of Andoria has made a commitment to reach the most underserved communities in their country, making FP services and information available and accessible to those hardest to reach. This required both getting services and commodities out to those who are in need, and making some changes and upgrades to the health system and the supply chain to ensure there are no disruptions in commodities reaching rural populations. Andoria has had supply chain problems in the past; and therefore, this will be an issue to tackle in fulfilling its commitment.

The majority of Andoria's population lives in rural areas, where access to FP services is limited. Women often need to travel for long periods of time to reach a health facility that has FP methods available. Language barriers are also an issue in the country, as many of the health facilities in the cities and larger towns do not have providers that speak the various languages spoken throughout the rural areas. While the country's family planning program has tried to implement mobile clinic outreach services, the clinics only have FP methods available on specific days, and due to the current challenges to commodities supply, they often run out of methods quickly, leaving many women without a method or service.

Liloe is a 24-year-old mother of five children and works on a small farm with a few other women in her rural community. Her husband works on a different farm nearby. During Liloe's last pregnancy, she had complications and was on bed rest for a month after the birth. She was not able to work and therefore was not able to contribute to her family's income that month. After her difficult delivery and the financial struggle that followed for her family, Liloe decided she could not afford to have another child, although her husband would like to keep having more children so that they can grow up and work on the farms. Having never used an FP method but having known of friends that had, she asked one of the women she worked with whom she trusts how she could start using something to prevent pregnancy. The friend said she had an intrauterine device (IUD) inserted over six months ago at the closest city health facility, which was 30 km away. After hearing her friend describe the IUD, Liloe thought that might be a good option for her. The friend also told Liloe that she was able to get to that health clinic by waiting on the side of the road for trucks and vehicles that were going toward the town. Liloe's friend also mentioned the mobile clinics that come every once in a while to their village, but the friend does not know what services are provided. Liloe debates what she is to do. She wonders whether she can even go to the health facility, as she has no one to watch her children and she is afraid to tell her husband where she is going because it might result in an argument or worse, a beating. The mobile clinic might be a good idea, but Liloe only knows of the IUD and is not sure whether the mobile clinic offers it. She does not know of any other FP methods.

Liloe decides that she will try to go to the health facility in the closest town. She gets a friend to watch her children and does not mention anything to her husband. Liloe is able to get a ride from a truck driver who is heading to the town. She reaches the health facility. Upon entering, she notices the long line of women waiting. She also notices that all the signs around her are in a different language. She cannot read any of the posters or information on the walls. Discouraged by this, Liloe wonders what she is to do. She

traveled all this way, but feels like she is in a foreign place, not understanding or being able to read any of the signs on the wall. She decides to sit and wait in line.

After waiting an hour, Liloe is finally called in to see a nurse. The nurse begins to speak to Liloe, asking her why she is at the clinic. Only partially understanding the language and with limited ability to speak it herself, Liloe tells the nurse she needs an IUD. The nurse continues on, thinking that Liloe understands the language and what she is saying to her. She proceeds to describe the various methods available at the clinic, such as the oral pill, the injectable, and sterilization. She continues to ask Liloe questions, specifically about why she wants the IUD. Liloe does not respond, because she does not understand. The nurse carries on to explain the IUD, but Liloe is overwhelmed because the nurse is speaking quickly and at length in a language she barely understands. Discouraged and upset, Liloe leaves the clinic without seeing the service provider, without a method. Feeling defeated and distraught, she begins to walk in the direction of her village.

After walking an hour, she is finally able to ride along with someone going toward her village.

Liloe illustrative responses

Level	Supporting Factors	Challenging Factors	Necessary Intervention or Change
Policy	• Government commitment to reach the underserved • Upgrades to the health system and supply chain	• Supply chain issues, stockouts	• Identify and address root causes (procurement? budgeting? distribution?)
Service Delivery	• Mobile outreach services exist • Nurse describes all available methods • Nurse probes client's choice	• Limited access in rural areas • Language barrier • FP only available on specific days • Long line at clinic • Nurse does not confirm comprehension	• Sustain, increase mobile services • Develop static services in these areas (train? task shift?) • Recruit staff from different language groups; translate all materials • Expand service capacity and hours; give appointments
Community	• Helpful friend—watches her children • Trucks offer transport	• Lack of knowledge regarding mobile services	• Inform communities through health volunteers, posters, radio spots, cell phone text messages
Individual	• Trusts a co-worker with some FP knowledge (satisfied user)	• No one to watch children • Afraid to tell her husband, who wants more children • Lacks knowledge of FP options • Limited access—distance, lack of transport • Unable to communicate with health worker	• Offer couples counseling, women's empowerment training

Case study 2 (quality)—"Gifty"

Andoria is a poor, post-conflict country with ambitious development goals. The government is prioritizing family planning to contain population growth, the cost of social services, and the hindrance on economic advancement. It has trained a large cadre of community health workers (CHWs) to provide oral contraceptives and injectables and supports a community education campaign to inform and motivate women to accept family planning. The level of awareness and acceptability is high. The CHWs are supervised by clinical officers, who are charged with executing the community-based program and meeting performance targets by method. In addition, long-acting methods are available at district hospitals; however, tubal ligation is only offered by referral at medical colleges—of which there are just six in the country. These hospitals lack basic drugs and equipment. Their staff are poorly paid and supported. To reach more women, the government has recently started an outreach program of long-acting and permanent method camps, sending medical teams from the hospitals into rural areas every few months.

Gifty is a 37-year-old mother of three children who lives in a village. She has had three miscarriages and four difficult deliveries—one ending in a stillbirth. She tried oral contraceptives but discontinued them due to headaches. She is now using injectables but is unhappy with irregular bleeding. She never knows whether she could be pregnant. She and her husband have agreed that they have enough children and do not want her to go through another difficult pregnancy.

The CHW in her village told Gifty about an operation that will prevent her from ever getting pregnant again. Gifty decides that is what she wants. She talks it over with her husband, who agrees. Gifty seeks out the CHW to ask where and when she can get the operation. The CHW tells her she can go to the hospital in the city five hours away or wait a month for the next camp run by the district hospital, which will be held in a village one hour away. Because the logistics are easier for her, Gifty decides to go to the camp. When the time comes, she arranges to have her mother care for her children and takes a bus along with a number of other women to the camp site. The crowds are large. The staff are hurried. A nurse asks Gifty about her health and takes her blood pressure. She asks her to sign a consent form for the procedure. She then tells her to take off her clothes, change into a hospital gown, and sit and wait with the other women congregated in the shade of a tree. The operations are performed in a tent. Those waiting can hear the women inside calling out in pain. They grow silent with fear.

Gifty is soon called into the tent, which contains four beds. She can see other women being sterilized and suddenly feels faint. Her procedure is next. She is asked to lie down on one of the beds. The doctor gives her a sedative and a pain killer, but the procedure starts before they take full effect. She is in a lot of pain. He tells her to calm down. If she squirms it will only make the procedure more difficult. Gifty can feel him cutting her flesh. She tries her best not to cry out. After what seems like an interminable time, she is told the operation is over. Groggy and unsteady, she is asked to get up and to walk to the recovery area, which consists of blankets laid out on the lawn. She lies down and rests for an hour, after which she is told she can go home. She takes the bus back to her village. The next day she has a fever plus redness and swelling at the site of the operation. She does not know what to do and regrets the choice she made.

Gifty illustrative responses

Level	Supporting Factors	Challenging Factors	Necessary Intervention or Change
Policy	• FP is a priority • Supports outreach programs to increase method availability	• Low pay for health workers • Weak health infrastructure	• Increase funding for FP providers • Expand workforce to match demand • Increase outreach • Change policies and standards for administering pain relief for tubal ligation • Fix supply shortages
Service Delivery	• Large cadre of CHWs • Supervision of CHWs • Outreach to improve availability of long-acting reversible contraceptives (LARCs) and permanent methods • CHW provides information	• CHWs have to meet performance targets • LARCs are less available • Permanent method availability is limited • Hospitals lack drugs and equipment • Staff are poorly paid and supported • Long waiting times • Poor quality of care at camps • Inadequate administration of medications • Lack of privacy • Unsympathetic provider • Inadequate post-operation care	• Train health workers on counseling • Improve privacy for women at camps • Encourage client-centered care
Community	• Community education activities • High awareness and acceptability of FP		
Individual	• Husband and wife discuss fertility intentions and agree • Connected to CHW • Able to make decisions about obtaining a permanent method • Has support for childcare • Can afford transportation	• Side effects of hormonal methods • Experiences a lot of pain	

Case study 3 (performance-based financing)—"Dr. Joseph"

Andoria has a new Minister of Health who is very committed to family planning. Unlike his predecessor, he has welcomed collaboration with international donors and is looking for ways to boost performance of the public sector's program. Prevalence of modern methods is 18 percent, with a method mix consisting of 72 percent injectables, 12 percent oral contraceptives, 10 percent condoms, 3 percent implants, 2 percent female sterilization, and 1 percent intrauterine devices (IUDs). The new FP strategy has a focus on extending service delivery from district to primary health centers and on revitalizing long-acting reversible contraception, especially the IUD, since there is a big stock of Copper T 380A in the procurement stores due to low demand and because there is keen donor interest in expanding the contraceptive method mix.

A key feature of the strategy is performance-based financing to increase access to and use of services and to increase quality of services offered. It is intended to finance and reward health facilities that can increase the quality and quantity of services so that they have additional resources to motivate and retain health center staff. Dr. Joseph is the director of the Kitavu Health Center, a busy facility that offers primary care to the surrounding sub-district. He signed a contract with the central ministry that includes a service plan to increase the numbers of clients counseled for family planning and the numbers of clients that adopt an FP method. For each new user adopting injections and oral contraceptives, the facility team receives 1,000 LC;[2] for each new user adopting an implant or IUD, the team receives 2,500 LC. The plan does not pay for referrals for permanent methods, nor does it subsidize return clients. The health center within the district that reported the highest increase in couple-years of protection over the previous year would be getting an added bonus of 10,000 LC. Each facility had the freedom to determine the actions needed to reach the goal. As a first step, Dr. Joseph welcomed a training team from the international nongovernmental organization (NGO) working with the ministry and, with their assistance, upgraded the facility and made improvements so that the health center could offer long-acting reversible contraceptives in a high-quality manner.

Within a few months, the payments from the subsidies started to come in. Dr. Joseph used it to raise the salaries of the FP team, motivating them to increase their efforts. The FP team decided to provide extra counseling to women who were coming in for re-injections. They found that as the cleanliness and appearance of the clinic improved, their clients were much more open to what they had to say. The staff found that if they played up the benefits of the IUD and played down the side effects that more women would adopt the IUD, giving them greater couple-years of protection than if they continued to use the injection. Many clients who left with IUDs showed up weeks later asking for it to be removed, as they were experiencing side effects that scared them since they were downplayed or not mentioned at all during counseling. For several months, the FP team enjoyed having their salaries "topped up," and when Dr. Joseph wanted to allocate some of the funding for other improvements instead of salaries, his staff became unhappy. Around the same time, the FP team was hearing more resistance from their clients when they talked to them about the IUD. Word had gotten around the community that women who had IUDs were getting them removed, and rumors started to circulate that the IUD was a bad method or dangerous to a woman's health.

[2] LC = local currency.

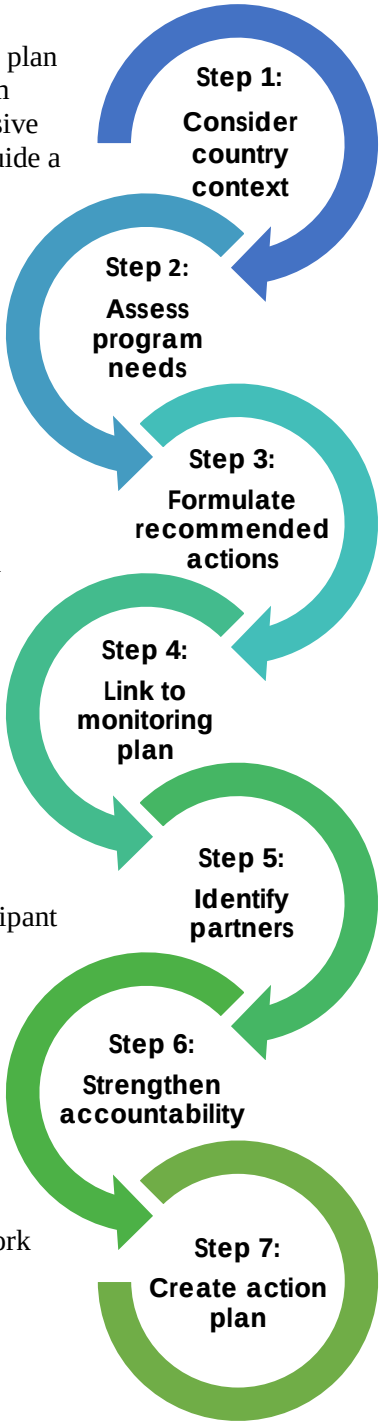
Dr. Joseph illustrative responses

Level	Supporting Factors	Challenging Factors	Necessary Intervention or Change
Policy	• Commitment to FP and boosting public sector performance • International collaboration • Have baseline data available • Has FP strategy to expand availability of services • Donor support for expanding method mix • Performance-based financing to improve quality and access • Increased funding for high-quality FP services	• Method-specific focus • Skewed method mix	• Increase availability of more methods • Establish policy to train providers on full, free, and informed choice • Restructure performance-based financing to reduce biases
Service Delivery	• System to motivate and retain staff • Strong director at facility • Focus on increasing counseling • Support for upgrading health facilities • Able to provide long-acting reversible methods • Increased salaries for FP team	• Increased incentive for IUDs • Incentive structure may create other biases • Began to provide biased information • Different priorities for staff and management	• Train staff on full, free, and informed choice • Supervise staff counseling sessions • Manage staff expectations
Community	• Began to trust FP staff	• Low demand • Began to share bad experiences • Little community engagement with health center	• Behavior change communication (BCC)/information, education, and communication (IEC) interventions that provide unbiased information about methods • Create community accountability mechanisms
Individual	• Women were able to get insertion and removal services	• Women began to resist getting the IUD because of its reputation • Susceptible to rumors	

MODULE 2: USING THE FRAMEWORK TO DESIGN AND STRENGTHEN PROGRAMS

Introduction and Objectives

Module 2 guides a group of diverse participants in developing a one-year action plan that includes monitoring indicators and proposed partners and builds on program strengths and address weaknesses and gaps in order to contribute to the progressive realization of human rights. The VRBFP framework is used in this module to guide a **seven-step assessment and planning process** from a rights perspective.



The module's objectives are to

1. Demonstrate how the framework can be applied to advance and support the respect for and protection and fulfillment of individuals' human rights in FP programs. This entails
    - Assessing and prioritizing program needs and recommending actions
    - Identifying monitoring indicators to explicitly track rights-based activities, outputs, and outcomes
    - Identifying strategic partners to supplement or complement planned actions
    - Strengthening accountability protocols and mechanisms

The module encompasses an **application workshop** and provides

1. A detailed workshop plan for facilitators
2. A PowerPoint presentation on the "Voluntary, Rights-based Family Planning Framework: How to Apply to Programs," along with speaker notes[3]
3. Exercises to take participants through the seven-step process (see Participant Workbook)

Workshop Overview

The workshop can be adapted to the needs of the organization or workshop convening body. Its success depends on both the level of participants' engagement in the subject matter and the identified facilitators' ability to encourage participation in the discussions and activities, reconcile different perspectives, help clarify concepts, and focus on crucial issues relevant in the local context. The facilitation team should be familiar with the VRBFP framework and its supporting content.

[3] The PowerPoint presentation is available for download at www.futuresgoup.com, and www.engenderhealth.org, as part of the VRBFP package of materials.

The workshop sessions will assist policymakers, program planners, managers, and other stakeholders in applying the framework to design a new program or incorporate rights more systematically into an existing program to ensure that human rights are respected, protected, and fulfilled (see Table 1). The workshop can be implemented either in conjunction with Module 1 or alone, though users should be familiar with the framework; it can also be conducted as part of a lengthier program planning and design process. In a workshop setting, it is important to ensure that participants collectively have knowledge of all four levels of the health system as described in the VRBFP framework. The Participant Workbook can also be used within an institution or project or by an assessment team who collects information through interviews, document reviews, site visits, and observations at the different levels. The process may differ slightly if a program is new or ongoing, as highlighted in Table 1.

Table 1. Actions Needed to Integrate Human Rights into New or Existing Programs

New Program or Project	Existing Program or Project
• Assess the country context, including the status of human rights and legal and other accountability mechanisms, as well as the FP program needs. Use the country context assessment process outlined in this module to determine how the contextual factors would influence a program's ability to take a human rights approach. • Use a participatory process to engage diverse stakeholders in the program planning and implementation phases. Identify needs and set priorities for the new program to address. Define clear program goals and supporting objectives, based on both FP and human rights outputs and outcomes. • Develop recommended actions that embody human rights approaches including participation, nondiscrimination, and empowerment, following the process detailed in this guide for applying the VRBFP framework to program design. • Develop monitoring indicators and evaluation questions related to human rights to incorporate into an M&E plan to learn whether desired outputs and outcomes (objectives and goals) were achieved. • Develop an accountability framework that includes routine monitoring, protocols for managing alleged or confirmed problems, safeguards, and redress mechanisms that are accessible to clients.	• Refer to any existing program or project strategies or workplans, and, using the country context assessment process outlined in this module, determine how the contextual factors influence the program's ability to take a human rights approach. • Use a participatory process to engage diverse stakeholders in the program planning and implementation phases. Brief any stakeholders new to the program/project about with the purpose, scope, and status of the existing project. Invite new partners to provide an orientation to existing partners to their mandate, interest, capacity, and proposed contribution to rights-based family planning. • Review existing activities to gauge the extent to which they already contribute to fulfilling rights, considering strengths to build on and expand as well as potential changes or additions that may be necessary to ensure the rights are respected, protected, and fulfilled. Following the process detailed in this guide for applying the VRBFP framework, identify priority areas to address to strengthen a rights-based approach. • Assess current activities—are they performed in a way that aligns with a human rights-based approach? Do they contribute to human rights outcomes, including available, accessible, acceptable, and high-quality (AAAQ) programs? Are they reaching hard-to-reach and marginalized groups? • Assess the current project outputs and outcomes—are they grounded in human rights principles? Are human rights outcomes explicitly included in program

	outcomes? Are all necessary data collected and used to inform managers of vulnerabilities with respect to voluntarism and human rights? Does the M&E plan include evaluation questions related to human rights outcomes? • Ensure that an effective accountability framework is in place. • Assess and strengthen monitoring indicators, protocols, safeguards, and redress mechanisms, as needed.

The workshop opens with a brief review of the key messages from Module 1. The facilitator will provide an overview of the next three days and describe the key outputs that programs will have upon completing the workshop. The participants are provided with a copy of the Participant Workbook to help guide them through the seven-step assessment and planning process:

1. **Consider the country context:** Assess and discuss the country context to understand the program environment and identify challenges and opportunities, including the possibility of multisectoral collaboration.
2. **Assess program needs and set priorities:** Assess the status of rights-related elements in the existing FP program at all levels of the framework to identify strengths, weaknesses, and gaps and set priorities for action.
3. **Formulate recommended actions:** Develop recommended actions based on priority intervention areas and decide on those that the program will work on at the individual, community, service, and/or policy levels.
4. **Link actions to outcomes and indicators:** Identify what outputs and outcomes each action contributes to and develop indicators for each activity, considering the outputs and outcomes of the framework and, if applicable, the program's existing results framework.
5. **Identify potential partners:** Develop a list of partners and propose partnerships to act on priority actions. Consider attributes of potential partners and other partnership success factors.
6. **Assess and strengthen program accountability:** Identify actions that FP programs or projects can take to strengthen accountability regarding their responsibilities to respect, protect, and fulfill human rights, including how to identify and address problems with voluntarism.
7. **Create an action plan:** Create a one-year action plan to carry out recommended actions to address priority needs.

Throughout the workshop, the facilitation team provides additional information, guidance, and instruction with each new activity. The final outputs of the workshop are the monitoring, partnering, accountability, and action plans. Later in this guide are suggested follow-up considerations and next steps to assist with implementation of the plans, which should be reviewed and discussed at the end of the workshop.

Seven-step Assessment and Planning Process

Step 1: Consider the country context

Every FP program exists in a unique political, social, cultural, and economic context that has bearing on the health system; the level of political, resource, and cultural support for family planning; and the status of human rights. It is important to understand that context as the backdrop for planning to improve both

family planning and human rights outcomes. The value of considering the broader context is to identify factors that are beyond a program's ability to effect change, factors that may be amenable to change, and opportunities for collaboration across disciplines and sectors to promote voluntary FP programs that respect, protect, and fulfill human rights (Hardee et al., 2014).

Step 2: Assess program needs and set priorities

A rights-based approach requires programs to consider both what they do and how they do it, applying human rights principles as actions are undertaken (OHCHR, 2006). The framework is used as a guide to consider each level of action (policy, service, community, and individual) and the actions that need to be taken to assure that rights are respected, protected, and fulfilled. Family planning programs around the world vary in their maturity, so the framework guides a comprehensive and holistic program assessment that can be used to identify what is already being done well and what areas require additional attention. The rights-based programming principles of participation, accountability, non-discrimination, and empowerment and links to human rights treaty bodies are incorporated into the list of actions on the framework to ensure that programs not only increase family planning access but do so in a way that increases equity and sustained outcomes. Recognizing that there are likely to be multiple needs that require attention, this guide provides instructions for individual programs or projects to set priorities for issues they can address and that require attention in the near term to strengthen human rights.

Step 3: Formulate recommended actions

Holistic healthcare programming is complex; no single program or institution can do all that is needed. To compound this, program challenges are also complex and typically manifest as the result of underlying causes that need to be clarified so that targeted interventions can be designed to achieve desired results. Working with the priority needs identified in Step 2, this guide details a process for identifying root causes for program needs as a basis for proposing actions and for considering what group is best positioned to carry them out. The process of identifying needs, formulating actions, and clarifying roles and responsibilities is iterative and should be repeated annually to make continual progress toward universal access to FP services.

Step 4: Link recommended actions to outputs and outcomes and develop indicators for monitoring

Integrating human rights into FP programs entails designing activities to achieve desired FP and human rights outputs and outcomes (e.g., focusing on both quality and quantity of services and ensuring that programs are designed to be accessible by all groups within a population). When developing a rights-based M&E plan, the focus on human rights needs to be explicit. Each activity proposed in Step 3 should be linked to the desired rights-related output and higher level outcome it supports. Rights-focused indicators are needed to track the outputs of each activity. Step 4 walks participants through a process to make these connections and to identify what data can be used to track each proposed indicator. Completion of this step will generate a key workshop outcome.

Step 5: Identify potential partners

By offering a vision for a holistic, rights-based program, the framework enables stakeholders to see where their area of expertise and action fits into the big picture and to identify where they may need to partner with groups that either supplement or complement their work and resources. As previously noted, no single program, institution, or even sector can do all this is needed. A holistic, rights-based family program entails action at four levels in the health system, requiring multiple areas of expertise and significant resources. It also requires alliances and coordination between the FP and rights communities and between the public and private sectors, which may not currently exist. By merging public health (FP) principles and outcomes with human rights principles and outcomes into a single construct, the framework defines the common ground on which the public health and rights communities can work

together. Step 5 helps participants identify potential partners to engage on specific activities and to think about the competency they would contribute and the role they could play. Steps related to engaging potential partners, negotiating agreements to coordinate or collaborate, conducting joint planning, and spelling out roles, responsibilities, and timelines are suggested in the Follow-up Considerations section, as these cannot be completed within the confines of a workshop.

Step 6: Assess and strengthen program accountability

Governments are responsible, and should be held accountable, for protecting and fulfilling the human rights of FP clients and community members. This includes the responsibility to ensure equitable access to a wide range of voluntary, FP services that meet quality standards. The FP2020 Partnership in Action Report for 2012–13 (FP2020, 2013) states that "Accountability is an aspect of justice: It invokes the expectation that institutions will understand and respect the needs of all the people who are affected by their actions, and will operate in a way that promotes equity and inclusion" (p. 28). Accountability also helps ensure that governments and programs fulfill the obligation to respect, protect, and fulfill HR; monitor and evaluate guided by HR standards and principles; address denials and violations; and demonstrate efforts toward progressive realization (OHCHR, 2006). Step 6 in the planning process helps stakeholders answer these questions: How can family planning programs integrate accountability into their Action and M&E plans? How can policymakers and program managers know when their program is at risk of compromising people's human rights and violating voluntarism in family planning, either at the program level or the level of individual clients? What factors should trigger investigation and possibly corrective action? And what protocols, safeguards and redress mechanisms can be instituted to strengthen program accountability? The answers will inform the development of a strong accountability framework to underpin program services. Any additional proposed activities that arise from this step should be carried over into action planning in Step 7.

Step 7: Create an action plan

The culmination of the process is the development of a one-year action plan that consolidates the outputs of Steps 1, 2, and 3, with 5 and 6 and links to the outcomes of Step 4. Step 7 provides instructions for creating a simple action plan that identifies who will do what and by when and indicates whether each proposed action can be carried out by modifying an existing planned activity or, if a new activity is needed, whether each action can be conducted with existing resources or if it will require more. Many rights-based actions do not require additional funds but rather a change in approach, mindset, or behavior. However, some activities will require additional investment. Priority needs can be incorporated into advocacy efforts to generate the political and financial support required. The action plan will constitute the final key workshop output.

Participants

The workshop can be conducted within a particular organization or with a range of stakeholders involved with a district or national FP program. As with Module 1, participants included in the Module 2 workshop should have knowledge of the health system and represent its different levels (policy, service delivery, community, individual) and sectors (public, private, NGO), as well as be familiar with different aspects of FP programs and human rights advocacy and accountability. They should represent the policymaker, program manager, service provider, and civil society perspectives. It is desirable to engage specialists in M&E, community engagement, gender, human rights, communication and advocacy, and family planning to the extent possible. However, because Module 2 is focused on program planning, the host of the workshop will want to be more selective about participants and ensure that Module 2 workshop participants have the resources, authority, and/or capacity to take action. A rights-based approach is grounded in participatory processes. The workshop host will want to be mindful of the need for diverse views and the opportunities to develop stakeholder buy-in and forge new partnerships and alliances by balancing the perspectives and the number of participants. Identifying a relatively small, diverse planning

team will make the planning process proceed more efficiently. This may be a subset of the group that participated in Module 1.

Resource Requirements

Time: Approximately 3 days, with breaks, and depending on the availability of participants

Space: Adequate room for breaking into up to four small groups of participants (10 persons) for Steps 1 and 2 and up to five planning teams (5 persons) for Steps 3–7.

Materials:

- Computer/laptop, projector, and screen for the PowerPoint presentation
- Flipchart paper
- Tape
- Markers
- Photocopies of Participant Workbook (containing worksheets and handouts)—one per participant
- If using, flash drives loaded with soft copy of Participant Workbook—one per planning team

Other potential requirements:

- A stipend for participant travel and time
- Funding for the meeting space and food

Preparation

- Select the date, time, and location for the workshop
- Send invitations to the identified participants
- Identify 2–3 facilitators knowledgeable about FP/RH programs and familiar with concepts related to the framework (or a willingness to learn)
- Identify the person to open the workshop and introduce the first session and to wrap up and close (preferably the same person)
- Create a workshop agenda for participants and make copies
- Make copies of the Participant Workbook (containing worksheets and handouts); if using soft copies, make available via flash drives or other means
- Gather the needed materials (see above "Materials")
- Hold team meeting with facilitation team to review and adjust plan, as needed, depending on the number and type of participants and desired outcomes of the workshop
- Make adjustments to the PowerPoint presentation where necessary; if desired, print copies of the PowerPoint slides for note taking (Notes Pages)
- On the day, set up the room to accommodate small group work and ensure that the equipment is working

Note: Planning teams should bring copies of their program or project's existing logic model/results framework/change theory for reference. It is helpful to have at least one M&E resource person as a member of each planning team while it does this exercise.

Detailed Workshop Plan

Time	Activity	Resources Required
	Opening Session **Opening Remarks** (10 minutes) • It may be beneficial to pull forward key messages from the orientation: o The reasons for taking a human rights-based approach: ▪ To improve and strengthen programs ▪ To enable FP programs, managers, and providers to fulfill their duties to respect, protect, and fulfill human rights o The government's or organization's or group's commitment to taking a rights approach and how it links to other planning processes, such as the development or revision of the costed implementation plans developed to implement commitments under FP2020. • The opening remarks can also add legitimacy and a cultural context to the presentation, highlighting the particular interest areas and needs of participants. **Presentation: Overview of the Action Planning Process** (20 minutes) • Participants should receive a hard copy of the Participant Workbook for use throughout the workshop. • If feasible, participants should also receive a flash drive with a soft copy of the workbook to facilitate recording of action plan inputs throughout the process. The objectives of this session are to • Outline the process to be followed to apply the VRBFP framework. • Describe the anticipated outputs of the process—a one-year action plan of proposed activities to build on strengths and address weaknesses and gaps in the FP program in order to contribute to the progressive realization of human rights, as well as monitoring indicators for these activities, potential partners to engage, and recommendations for strengthening program accountability. • Divide the participants into four groups—one for each level of the framework (policy, service, community, and individual); allow participants to select which group to join, depending on their responsibilities and knowledge. These teams will work on Steps 1–2. (Steps 3-7 are done by program or project planning teams.)	PowerPoint slides for opening session Identify speakers who have bought into taking a human rights-based approach to family planning and who will have legitimacy with the group of participants and can support integration of action plans into ongoing or new work Participant Workbook and, if using, a soft copy of the workbook on a flash drive Reference documents to use throughout the process: • Current workplans and M&E plans for programs and projects • National FP strategy documents, including the costed implementation plan • The VRBFP framework

45 minutes	**Step 1: Consider the Country Context** The objective of this session is to identify contextual factors that have potential to affect FP and human rights outcomes as a backdrop for action planning. Facilitator guidance: • Make the following points: o Every FP program exists in a unique political, social, cultural, and economic context that has a bearing on the health system and support for FP and human resources (HR) outcomes. o Understanding the context informs program assessment and design. o Explain that we will go through an activity to assess the context in the country that has bearing on the program being assessed. • Instruct participants to refer to the Step 1 Worksheet in the workbook and discuss within small groups (30 minutes): o Review each factor and consider how it influences the program context. o Identify those that your program can influence and those that are out of the control of your program to address. • Solicit observations from small groups about the results of the exercise by asking the following questions(10 minutes): o What are the key contextual factors that affect your program's ability to respect, protect, and fulfill human rights? o Did thinking about the context in a systematic way make you think about new activities you might be able to incorporate into your program? Opportunities for collaboration across disciplines or sectors? **Wrap-up** (5 minutes): **Key message:** The value of considering the program context is to identify factors beyond the programs control, factors that are amenable to change, and opportunities for collaboration across disciplines to promote voluntary, rights-based family planning.	Step 1 Worksheet: Consider the Country Context, with discussion guide of questions to consider
3.5 hours (with breaks TBD by facilitators)	**Step 2: Assess Program and Set Priorities** The objectives of this session are to (1) assess the FP program effort for the program under review depending on the stakeholders involved (e.g., national, institutional, or geographic; public, NGO, and/or private sector or whole market-focused) from a human rights perspective, using the VRBFP framework; and (2) prioritize issues to address. The activity is intended to (1) identify program strengths upon which to capitalize and weaknesses or gaps that should be addressed at each of the four levels of the health system (policy, service, community, and individual) to improve the ability of the FP program to respect,	

	protect, and fulfill rights; and (2) set priorities for action. The session is divided into two parts: Assess the Program (2 hours) and Set Priorities (1.5 hours). Facilitator guidance for **Assess the Program** (2 hours) • Ask participants to refer to the Step 2 Worksheet in their workbook and to identify a note-taker and a rapporteur (can be the same person, if the group desires) to record the group's outputs for the activity. • Instruct the participants to assess the status of rights-based elements for the level of the FP program their group is assigned to (e.g., policy, service, community, or individual) and whether the factor represents a strength, weakness, or gap; and identify issues that require action. • Inform participants they will be given 2 hours to complete the first part of the worksheet (i.e., completing column 2/Identify Issues). (The priority setting will be done in the next activity.) Facilitator guidance for **Set Priorities** (1.5 hours—50 minutes for the activity and 40 minutes report back) • Instruct the participants to rate each issue identified during the assessment exercise, according to the following scale: 1 = Top priority 2 = Next order of priority to be addressed later 3 = Lowest priority Key considerations for prioritizing are o What is the greatest need or urgency? o What is the lowest "hanging fruit"? o What can be done over the next year? • Once they have prioritized all the issues, participants should identify which of the issues can be addressed in the short term (i.e., over the next year). • Inform participants that they have 1 hour to complete the exercise. • Facilitate the report back (10 minutes per group = 40 minutes) o Ask the group to reflect on whether this process resulted in new ideas that have not been considered before. Provide a few examples. o How many issues require coordination among multiple levels of the health system? o Ask each group to state how many issues were rated as a #1 priority? What percentage does this represent of the total number of issues identified? In other words, was the group able to prioritize? **Wrap up** (5 minutes): **Key messages:** • Looking at a FP program through a human rights lens may result in the identification of new and different gaps to address or strengths to build on.	Step 2 Worksheet: Assess Program and Set Priorities Flip charts and markers for report back

	• Even if a program does not operate at all four levels of the health system, it is important to have a full understanding of how each level impacts the program. • Prioritizing helps to operationalize the concept of "progressive realization" —programs can take action to respect, protect, and fulfill rights with whatever resources are available. *Note:* The facilitation team will need to consolidate a list of all the issues rated as 1's by the four small groups and provide copies for use in the next session. It is advised to have an adequate break in between Steps 2 and 3 in order to accommodate this logistical detail.	
2 hours and 45 minutes	**Step 3: Formulate Recommended Actions** The objectives of this session are to (1) develop actions to address each of the priority issues identified in the previous session and (2) identify who is responsible for implementation. Facilitator guidance: • Prior to this step, the participants were organized in groups according to the four levels in the framework. For the remainder of the workshop, organize groups into planning teams representing the programs and projects participating in the workshop. Participants who do not belong to the program or project teams can determine which team they want to join to provide an outsider, stakeholder perspective for the team's deliberations. • Refer the participants to the Step 3 Worksheet and review instructions (5 minutes): o Review all the priority issues generated from the previous exercise and identify which ones are most relevant for your program or project to consider. Carry these over to the first column on the Step 3 Worksheet. o For each issue, identify root causes as to why the issue exists. Instruct participants to ask "why?" three times, until they get to the underlying cause or causes that can be addressed through an action or intervention. o Then formulate recommended actions to address the root causes. o For each action identified, note whether this can be done alone by the program or institution, whether your program or institution can address the issue with support of one or more partners, or whether the action is best left to others. o The outputs from this activity will be transferred and used in Step 4. • Inform the participants they have approximately 2 hours to complete the exercise. • Facilitate the report back (10 minutes per group = 40 minutes)	Step 3 Worksheet: Formulate Recommended Actions Consolidated list of priority issues (rated #1 in the previous exercise) for reference Flip charts and markers for report back

	o Ask each group to share up to five actions developed along with potential partners. o Ask participants to comment on whether any of the actions require collaboration across levels? With multiple actors? With other sectors? o Ask participants to comment on whether the actions proposed are likely to require new resources? Or are the actions proposed a change in the way existing activities or interventions are implemented? **Wrap-up** (5 minutes): **Key messages:** • Holistic programming to address rights requires strategic partnering to address issues at multiple levels. • Many changes can be made within existing resources by modifying planned activities.	
3 hours, 15 minutes	**Step 4: Link Recommended Actions to Outputs and Outcomes and Develop Indicators for Monitoring** The objectives of this session are to (1) connect how the proposed priority actions contribute to desired outputs and outcomes in the existing FP program and/or to the FP and human rights outcomes on the framework and (2) propose indicators (and data sources) to measure progress. It is desirable to include M&E staff or resource persons throughout the workshop, but especially for this step in the process. Facilitator guidance: • Introduce key concepts about rights-based M&E in plenary, using PowerPoint slides (20 minutes). • Remind participants to have the program or project's M&E framework and plan for ready reference. • Refer participants to the Step 4 Worksheet and review instructions (10 minutes): o Carry over the actions proposed for the program or project during the previous session to the first column of the worksheet. o For each action, describe a specific rights-related output; if possible, link to an output on the framework. o Link the outputs to desired outcomes, referring to existing M&E plans and the framework. o Identify an indicator that will be used to measure outputs (and if possible, include an indicator that tracks progress toward outcomes). o Note whether the output, outcome, or indicator is already included in existing program or project monitoring plans or whether a new one is being proposed. o Identify data sources (e.g., where and how you will collect data for each indicator).	PowerPoint slides for Step 4 Step 4 Worksheet: Link Recommended Actions to Outputs and Outcomes and Develop Indicators for Monitoring VRBFP framework Program or project M&E plans for reference Flip chart paper and markers for report back

	• Give participants 2 hours to complete this activity; check in on small groups to see if they need assistance from an M&E resource person. • Facilitate the report back (10 minutes per group = 40 minutes) o Provide a blank flip chart for each group (policy, service, community, individual) and ask each group to post the indicators they have proposed. o Review the indicators in plenary: ▪ Are there any common indicators across the different groups/levels? ▪ To what extent did you need to propose new indicators? Collect different data from what are already being collected by programs and projects? **Wrap-up** (5 minutes): **Key Message:** • "What gets measured gets done." FP programs must go beyond the usual monitoring to track performance outputs in order to monitor their obligations regarding human rights.	
1.5 hours	**Step 5: Identify Potential Partners** The objective of this activity is to identify potential partners to support the actions proposed in the previous steps. Facilitator's guidance: • Introduce key concepts about partnership considerations using the PowerPoint slides (10 minutes). • Refer participants to the Step 5 Worksheet and review instructions (5 minutes): o For each priority action proposed, identify whether it requires a partnership. o For those identified as requiring a partnership, consider partners from a range of actors from public, NGO, private sectors and civil society that either implement or support activities in the areas of family planning/reproductive health and/or human rights. o Stress the importance of thinking "outside the box" and beyond the reach of usual partners to identify new or different partnerships that can support a human rights-based approach. o Note that this is just the beginning of the process; follow-up is needed to further vet the interest, capacity, and readiness of and to negotiate agreements with potential partners. • Give participants 1 hour to complete the activity • Facilitate the report back (10 minutes) o Are there are any common partners proposed across the four levels? o Did the activity help to think beyond the usual	PowerPoint slides for Step 5 Step 5 Worksheet: Identify Potential Partners Flip charts and markers for report back

	partners? What kinds of partners were identified as "new?" **Wrap-up** (5 minutes): **Key Messages:** • We need to implement a holistic approach and recognize that no single institution or project can address all that is needed—strategic partnerships are required. • Programming a human rights-based approach to family planning provides an excellent opportunity to identify and work with new partners from different disciplines and bring new support and energy to addressing persistent challenges and barriers to FP access and use.	
2 hours	**Step 6: Assess and Strengthen Program Accountability** The objective of this activity is to identify actions that FP programs or projects can take to strengthen accountability regarding their responsibilities to respect, protect and fulfill human rights, including actions to identify and address problems with voluntarism. Facilitator guidance: • Introduce key concepts regarding monitoring and accountability using the PowerPoint slides (30 minutes). • Refer participants to the Step 6 Worksheet and review instructions: o Review questions in column one and discuss whether and how the process or mechanism is being done in the program or project. o Note responses in the status column (note whether it is a strength, weakness, or gap). o Identify recommended actions for the program or project to add to the one-year action plan. (The actions proposed here will be carried over into Step 7). • Give participants 1 hour to complete the activity. • Facilitate the report back (15 minutes) o Solicit observations from the planning teams by asking the following questions: ▪ What are you currently doing to monitor and promote accountability for voluntary, rights-based family planning in your program? ▪ Where do you do most of your monitoring of accountability? At the "bird's eye" or the "bug's eye" view? ▪ What actions have you identified to strengthen accountability in your program? o What, if any, additional actions do you want to include in the one-year action plan to support strengthened accountability in your program or project?	PowerPoint slides for Step 6 Step 6 Worksheet: Assess and Strengthen Program Accountability Completed worksheet #5 to input any additional actions related to monitoring and accountability

	Wrap-up (5 minutes): **Key Messages:** • Accountability, in human rights terms, refers to the "duty bearers" (e.g., government, health system, service provider, etc.) obligations to respect, protect, and fulfill human rights. • Mechanisms must be in place to monitor these obligations, to establish protocols to investigate voluntarism vulnerabilities and alleged rights violations, and to provide redress to individuals whose rights have been violated. And depending on what is already being done, extra safeguards could be added. • Monitoring is needed at the macro or aggregate level of a program or population (bird's eye) but also at the micro level at the perspective of the client's experience within the service site or community (bug's eye).	
2.5 hours	**Step 7: Create a One-Year Action Plan** The purpose of this activity is to create a one-year action plan for carrying out the recommended actions to address priority needs. Facilitator guidance (15 minutes): • Prior to this session, type up or consolidate soft copies and distribute the completed worksheets from Steps 3–6 so that the planning teams will have them for reference. Be sure to allow enough time and administrative support for this to happen prior to undertaking this activity. • Refer participants to the Step 7 Worksheet, review the resources they have available for reference, and review instructions: o From all the actions proposed, select those which make the most sense for your program or project to move forward with during the next year. Transfer this action to the first column in the worksheet, along with its corresponding indicator. o Indicate in the appropriate column whether this action is a modified form of an existing activity or a new one; and whether it can be managed with existing or requires new resources. o Identify the person or organization responsible for leading the implementation of the action. Refer to the outputs from Step 5 for potential partnerships. o Decide on a realistic timeline for the action. • Give participants 2 hours to complete the activity. • Facilitate report back (10 minutes) o Solicit observations from the planning teams by asking the following questions: ▪ How did the process go? ▪ What kinds of actions were selected? To what extent are the actions revisions of current activities/new activities? Can be done with existing resources/new resources?	Step 7 Worksheet: Create a One-Year Action Plan Copies of current program or project implementation plans Completed worksheets for Steps 3–6 for easy reference by planning team

	▪ How much can be done by the team alone? What requires partnership? **Wrap-up** (5 minutes): **Key Messages:** • Taking a human rights approach to family planning does not necessarily mean overhauling or adding a lot to a program or project's work, or the need for additional resources. • Much of what FP programs do to improve access and quality supports a human rights-based approach. However, it is not enough. This activity shows how programs can be more deliberate about incorporating client perspectives and individual rights into planning and implementation.	
1 hour	**Final Summary and Wrap-up** The objectives of this session are to (1) summarize the key themes and major actions proposed, (2) provide participants with some tips on how to carry the work forward, and (3) provide participants with an opportunity to reflect on the process and outcomes produced during the workshop and to provide a written evaluation. Refer to and review the Follow-up Considerations included in the next section of this guide. Facilitator guidance: • Prior to the session (preferably before the workshop), identify a speaker for the closing (preferably the same person that did the opening to set the stage). The closing speaker should be someone who has legitimacy with participants and has some role in moving the work forward. Prepare the closing speaker with a bulleted list of key themes and high-level and/or cross-cutting recommendations that emerged through the workshop. Also refer to the Key Messages from Box 1 (page 3). It is important to promote the idea that the one-year action plan developed is only a beginning step in a longer process to support rights-based programming in family planning and that more work is needed. • Ask the participants to reflect on what they have learned during the workshop and how this will change their work (and how they work) moving forward. (Discuss in plenary for 15 minutes). Key questions for reflection: o What was the most important thing you learned or was new to you? o What is the one thing you will change or do as a result of this workshop? • Hand out the Evaluation Worksheet and request participants to complete the form prior to adjourning. • Refer participants to workshop evaluation form and review instructions (5 minutes).	Follow-up considerations Identify a speaker who will have legitimacy with the group of participants and can support integration of action plans into on-going or new work Evaluation Form

	• Solicit some immediate feedback from the participants about the process and outcomes from the workshop (10 minutes): o What worked well during the workshop? What did you like the most? o What aspects of the workshop would you recommend changing? Why? • Turn over to speaker for final remarks (10 minutes). • Participants complete evaluation forms prior to departing (20 minutes).	

Follow-up

The workshop should not be considered the end of a process, but rather the start. The guide provides a list of issues to consider to aid follow-through and implementation of the one-year action plan. By the end of the workshop, participants will have generated recommended actions, potential partners, and proposed indicators and elements of an accountability framework. Additional steps are needed to incorporate these outputs into existing plans, to expand or initiate plans, to assess and engage with potential partners and negotiate agreements with those selected, and to advocate for any additional support required. The Follow-up Considerations section provides a list of suggested post-workshop actions to consider to complete the program planning or strengthening process for a rights-based approach to family planning and to carry it to implementation.

FOLLOW-UP CONSIDERATIONS

The following guidance provides a list of suggested actions to complete the program planning or strengthening process and carry a rights-based approach to family planning to implementation. Additional steps are needed to incorporate the workshop's outputs into existing or new plans, assess and engage with potential partners, and advocate for any additional resources required for implementation.

The holistic program approach of the VRBFP framework and the participatory nature of the workshop planning process should establish the stakeholder buy-in that is so crucial for effective program implementation. Routine check-ins, progress updates, and community feedback also are important for sustaining wide support for the program. Programs also need to institute mechanisms for identifying and resolving problems as various challenges inevitably arise. Every year, stakeholders should jointly repeat the assessment and planning steps and update their action plan to address remaining program weaknesses and gaps and progressively realize fulfillment of rights in FP programs. Achieving a truly voluntary, rights-based FP program requires sustained vision, commitment, and time and will be accomplished by using an iterative process.

Immediate Follow-up

The convening institution for the workshop and the participating planning teams should consider the following as soon after the workshop as possible:

- Develop a full workplan for a new program or project, or take the necessary steps to incorporate proposed activities (modified or new) into existing workplans and budgets and obtain any necessary approval.
- Create a program monitoring plan (PMP) or M&E plan for a new program or project, or modify and/or incorporate new indicators into any existing PMP or M&E plans; determine how data will be collected and used.
- Develop a budget and advocacy messages for target audiences to advocate for any additional required resources or for political or technical support.
- Share what was learned during the workshop with colleagues and other organizations.
- Decide how to engage with partners and begin advocacy work on actions labelled "O" in Step 3 of the workshop.
- Assess the interest and capacity of potential partners and negotiate partnership agreements.
- Strengthen or develop protocols, safeguards, and redress mechanisms to ensure program accountability at all levels, and engage community members.
- Develop communication and dissemination plans to keep stakeholders informed about the program's progress.
- Develop mechanisms to identify and resolve problems as they arise, including those that could emerge during implementation, partnerships, or accountability.

Selected Guidance

Assess Partner Capacity and Negotiate Agreements

Potential partners have been identified in the workshop; now it is important to consider the following questions to determine the desirability and feasibility of developing a partnership together:

- **Competencies:** What are the partner's primary areas of competence? How do these complement and add value to your project or organization's competencies?
- **Focus areas:** What are the partner's current focus areas? (Consider level of the health system, content areas, geographic concentration, and population groups served.)
- **Engagement with rights-based programming:** What is known about the partners' current or potential interest and engagement in and commitment to advancing human rights?
- **Commitment to/readiness for partnering:** What are the capacity and/or readiness of the partner to make a long-term commitment to partnering?
- **Resources for partnering:** Are resources available to support partnering? If not, how could this be addressed?

Once potential partners have been assessed using the above questions, use the assessment criteria to decide with which groups to partner in order to complement and supplement your institutional capacity, either formally or informally. Engage in dialogue with selected partners to determine that all parties are invested in the partnership or alliance and to decide on roles and responsibilities. To maximize chances of a successful partnership, all parties should agree on the following points:

- Shared purpose and vision
- Values that will govern the partnership
- Explicit, shared expectations
- Clear roles and responsibilities (including relative allocation of resource costs, time, etc.)
- Perceived benefit to all parties
- Mechanisms for decision making, problem solving, and conflict resolution
- Credit sharing and ownership of products and results
- Commitments to
  - The partnership—its goals, operating procedures, strategies, and timeline
  - Follow-through
- Effective partnering practices:
  - Joint planning
  - Ongoing communication, coordination, adjustments, and problem resolution as needed
  - Setting of realistic expectations and timeframes
  - Openness in resolving problems and seeking win/win solutions

(EngenderHealth, unpublished)

Follow-up on M&E

Program monitoring is useful to the extent that reliable data can be collected, analyzed, and used to inform learning, promote strategic and evidence-based decision making, and share results. Using the VRBFP framework promotes holistic thinking, which may generate a large number of potential activities and indicators to consider. Strategic choices will need to be made about the final indicators to be included in the M&E plan.

Additional reading to support organizations in identifying and selecting indicators that can track whether or not programs effectively respect, protect, and fulfill human rights is provided in Annex 1. There are many resources to help design FP and RH monitoring and evaluation workplans. Although most resources are not explicitly focused on human rights, the framework can be used in conjunction with other general M&E tools to integrate human rights principles into new or existing M&E or PMP efforts. It is critical that there be a plan for monitoring rights and the rights-based aspects of any action plan—newly developed or revised. In addition, programs can incorporate rights-principles into how they approach monitoring (see Box 2). To create a complete rights-based M&E plan, a group of M&E specialists, FP professionals, human rights experts, and community members should be convened to assist with the plan's design. Guidance for how to ensure that monitoring systems are responsive and useful for the program is provided in Box 3.

Box 2. What could make M&E rights-focused?

- Participation as both a means and a goal.
- Both outcomes and processes are monitored and evaluated.
- Analysis includes all stakeholders.
- Indicators include data on marginalized, disadvantaged, and excluded groups.
- Indicators chosen are based on a situation analysis that identifies immediate, underlying, and basic causes of barriers to desired outcomes.
- Measurable goals and targets are developed, informed by the recommendations of international human rights bodies and mechanisms.
- Strategic partnerships are developed and sustained.
- M&E supports accountability to all stakeholders.

Adapted from OHCHR, 2006.

Follow-up on Accountability

Accountability, in a human rights context, refers to duty-bearers' (e.g., governments') obligation to respect, protect, and fulfill HR; monitor and evaluate guided by HR standards and principles; address denials and violations; and demonstrate efforts toward progressive realization (OHCHR, 2006).

When human rights are violated, rights holders must have mechanisms with which to seek redress. A family planning M&E plan, designed from a rights perspective, can help facilitate accountability by providing data to measure outputs, outcomes, and impact related to rights through rights-based indicators. Monitoring is an important component of accountability mechanisms; however, additional processes and mechanisms are needed to hold programs responsible for providing FP services that respect, protect, and fulfill human rights.

Family planning programs need to incorporate accountability more fully into their design, implementation, and tracking systems by establishing safeguards (e.g., counseling, client feedback mechanisms) and protocols for investigating voluntarism vulnerabilities and alleged rights violations, managing confirmed violations, and taking corrective action including redress mechanisms. Monitoring indicators and methodologies are needed at both the macro and micro levels to capture the big program picture as well as the individual client experience.

Examples of tools

In addition to having an M&E plan that incorporates principles of accountability, family planning programs also need methodologies and tools to periodically track clients' rights and full, free, and informed choice—not only at the aggregate level of a program or a population but also closer to the ground at the level of site performance and the community to assess the experience of individual men, women, and youth (EngenderHealth/RESPOND Project, 2013). The VRBFP framework emphasizes accountability for policymakers, service providers, and community members at each level.

Examples of existing tools for use at the **policy level** include the World Health Organization's (WHO) "Sexual and Reproductive Health and Human Rights: A Tool for Examining Laws, Regulations and Policies" (Cottingham et al., 2010), which applies a human rights framework to examine a country's legal, policy, and regulatory environment; identifies barriers and gaps; and makes recommendations to support an enabling environment that supports rights and sexual and reproductive health. This tool comprises an instrument for undertaking such an analysis, as well as a process for engaging key stakeholders in the analysis and subsequent review of their national situation. Another tool is the Center for Reproductive Rights' (2010) "Reproductive Rights: A Tool for Monitoring States Obligations," which provides background information on key accountability and monitoring issues and guidance on how to monitor states obligations for 12 reproductive rights.

One example of a proven tool for monitoring access to services at the **service level** is the International Planned Parenthood Federation's (IPPF) use of social audits to increase the empowerment and participation of youth to improve youth-friendly SRH/FP services (Malajovich, 2013). Member Associations in Latin America are working to address the challenge of youth being denied access to comprehensive sexuality education and the right to make decisions about their bodies, despite governments' commitments to uphold the universal right to healthcare. They use social audits in an innovative way to ensure access to SRH services for youth, strengthening the implementation of existing commitments.

At the **community level**, community scorecards and community health committees have been used in programs worldwide to strengthen communities' awareness of their health entitlements and actively engage them in monitoring to hold programs accountable (Das, 2013; CARE Malawi, 2013). Another community-level tool that has been proven effective is the Site Walk-Through Approach, developed by EngenderHealth (Tumusiime et al., 2013). This intervention focuses provider and community attention on the extent to which contraceptive use is aligned with women's reproductive intentions. The activity consists of a Site Walk-Through—or tour—of the health facility for influential community members (e.g., social/opinion leaders and officials) and a focused discussion about the site's service statistics. The aim is to involve communities in identifying and addressing barriers to contraceptive choice and access.

The emphasis on systematically including accountability in FP programs is new. Tools for developing and implementing accountability mechanisms are in development by such groups as the Evidence Project and the FP2020 Rights and Empowerment Working Group.

MODULE 1 PARTICIPANT WORKBOOK

This participant workbook includes the following:

- VRBFP framework summary brief
- VRBFP framework detail
- Case studies with small group exercise instructions and worksheets
- End-of-workshop evaluation

The summary brief can also be downloaded at www.futuresgroup.com, as part of the VRBFP package of materials.

VRBFP FRAMEWORK SUMMARY BRIEF

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.

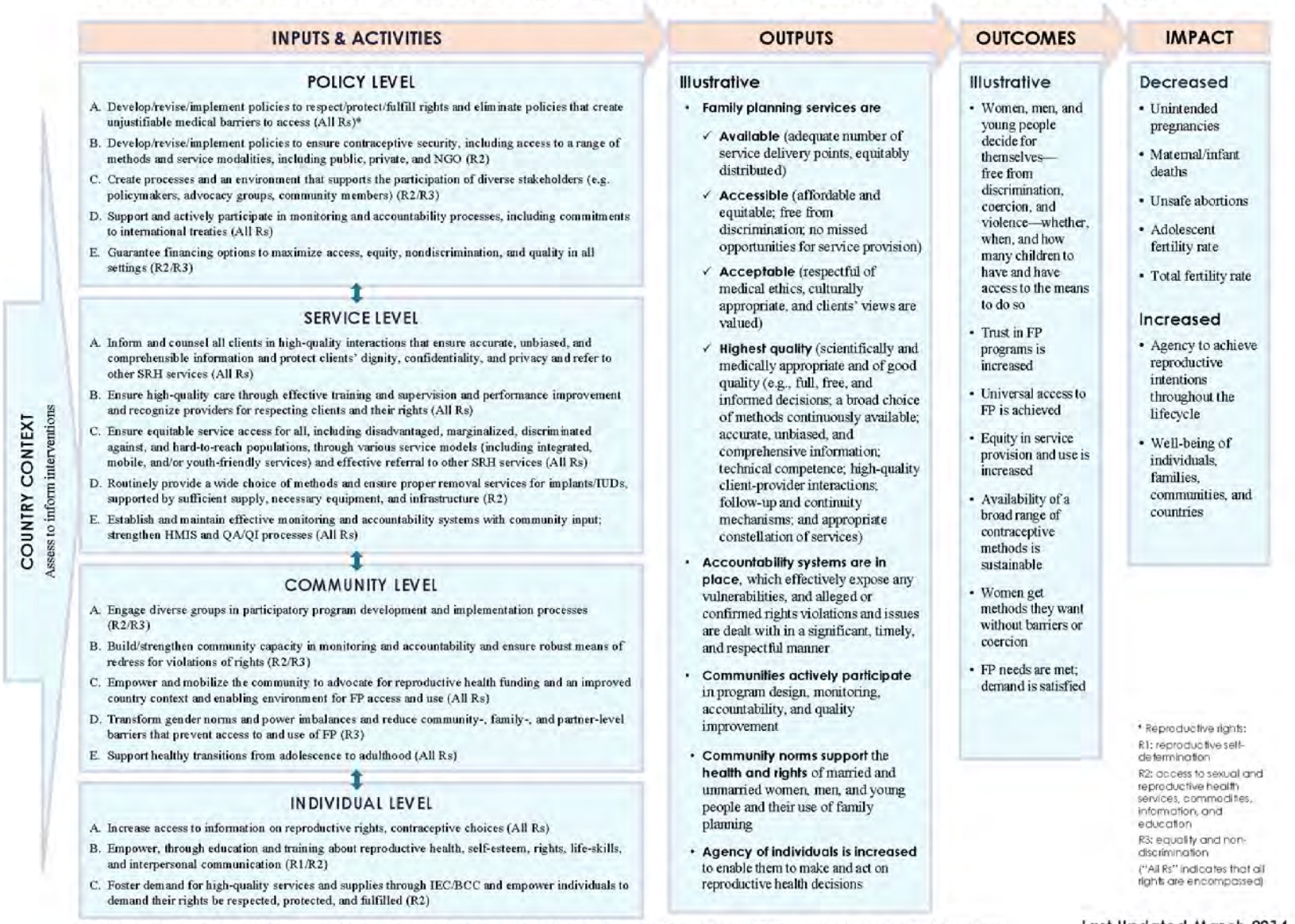
While comprehensive, not all aspects of the framework need to be implemented in their entirety by all organizations. Some organizations may focus on the supply side and others on the demand side of family planning programming. Some work at the service delivery level, while others specialize in programming 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



Citation: Hardee, K., et al. 2013. *Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights: A Conceptual Framework*. Washington, DC: Futures Group.

Last Updated March 2014

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.

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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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VRBFP CONCEPTUAL FRAMEWORK DETAIL[4]

Framework Inputs and Activities

Country Context

The framework recognizes that family planning programs are affected by a country's political, social, cultural, and economic environments. It is important to assess this overall context and to both work within it and seek to change aspects of it to promote and implement voluntary FP programs that respect and protect rights. The value of such an analysis is that the process itself, as well as the analysis and recommendations that it yields, can be helpful in securing an increased understanding of the need for collaboration across disciplines and sectors in order to identify and reduce barriers to universal access to sexual and reproductive health and rights, particularly for vulnerable groups.

The key actions at this level are to

- Assess the overall country and global context—within which voluntary, human rights-based family planning is situated—and use the findings to inform interventions at all levels, including interventions related to marginalized and vulnerable populations:
  - **Overall country governance**, including the World Bank's six dimensions of overall governance—accountability and voice, political stability and support, rule of law/regulatory quality, government effectiveness, power relationships and dynamics, and control of corruption[5]
  - **Health governance,** including government stewardship for health (e.g., health systems strengthening through the establishment of health systems building blocks) and family planning/reproductive health
  - **Financing/resources**, including the availability of funding at national and local levels for health, reproductive health, and family planning
  - **Health policy environment,** including those policies related to family planning (e.g., safe motherhood policy, youth policy) and health status (e.g., maternal morbidity and mortality, infant mortality, child health status)
  - **Sociocultural context and gender norms**, including those affecting marginalized populations
  - **Diverse stakeholder participation**, including the engagement of civil society, communities, and public and private sector actors
  - **Adherence to global human rights agreements,** including in national laws and policies
  - **Global accountability** of donors and other global actors, including to country-level work
  - **National accountability mechanisms** in place, including the means of redress for violations of rights for government as duty-bearer to respect, protect, and fulfill human rights

[4] Drawn from: 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.

[5] Good governance is defined by high rankings in these dimensions (http://info.worldbank.org/governance/wgi/index.asp). Governance includes the activities carried out by elected and appointed governmental bodies such as parliaments, ministries, and regulatory agencies. Governance also goes beyond these to include private firms, civil society advocacy organizations, community groups, and private individuals.

(e.g., treaty monitoring bodies, human rights tribunals, national courts), including accountability for private actors and for international assistance

Policy Level

Supportive policy has been identified as one of 10 elements of successful FP programming (Richie and Salem, 2008). Policy making—while of course necessary but not sufficient to ensure voluntary, rights-based family planning—is a complex process that involves a range of actors with differing demands and priorities (Walt et al., 2008; Buse et al., 2010). National policies, laws, operational guidelines, strategic plans, and other policy-related instruments—within not only the health sector but other sectors—establish how countries address FP issues and whether they do so in ways that respect, protect, and fulfill rights. For example, in Latin America and Africa, ministers of health and education signed and adopted declarations that committed their governments to taking action on providing sexuality education—all through a human rights frame (Cottingham et al., 2012).

The policy level includes those actions or factors that influence policies—and thus the enabling environment—that affect equitable access and treatment; adequate resources; good governance; and management and accountability to ensure the availability, accessibility, acceptability, and quality of FP information and services:

Create an enabling environment for family planning programs

A. Develop/revise/implement policies to respect/protect/fulfill rights and eliminate policies that create unnecessary barriers to access (All Rs)

- Develop laws and policies that ensure that FP services are sufficiently available; physically and economically accessible to all people without discrimination; acceptable—respectful of culture and confidentiality; and of the highest possible quality
- Protect women's reproductive health and human rights
- Support the promotion of gender equity and women's autonomy in realizing their reproductive rights
- Support prevention of harmful practices (e.g., child marriage, gender-based violence, female genital cutting) and knowledge of the rights violations and harms caused by such practices
- Ensure equitable access to services for all groups (e.g., without discrimination in respect of ethnicity, age, income level)
- Ensure the highest standard of reproductive health and address the contributors to poor sexual and reproductive health
- Eliminate unjustifiable access barriers (e.g., client eligibility criteria) or policies that contain method-specific or performance-based targets or incentives that have the effect of being coercive in practice
- Set service standards and enable task shifting and task sharing and facilitate access to a wide range of safe and effective contraceptive methods
- Protect privacy in service delivery settings
- Promote the provision of comprehensive sex education and access to FP (within SRH) information
- Increase access to information on reproductive rights to provide choices and a sense of entitlement to high-quality services (R2)

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)

- Follow through on implementation of the WHO List of Essential Medicines
- Ensure a steady supply of a variety of contraceptives, supplies, and equipment
- Ensure that relevant ministries and donors collaborate in budgeting for RH supplies
- Build the capacity for procurement and data collection systems to track health and supply needs
- Establish an effective supply chain and procurement system, including through a monitoring system that enables all partners to monitor stock outs and improve the distribution system
- Collaborate with global organizations and countries to develop new prevention technologies

C. Create processes and an environment that supports participation of diverse stakeholders (e.g., policymakers, advocacy groups, community members)—including government/public sector actors at the national and decentralized levels; civil society organizations, including women's groups and human rights groups at the national and community levels; poor, vulnerable, and marginalized people and other key populations; community and religious leaders; private sector actors; and related sector actors—to **(R2/R3)**

- Contribute to setting priorities and standards for FP policies/programs
- Advocate for family planning in reform processes
- Monitor policies and programs (see bullet D)
- Respond to voices and demands of poor/vulnerable groups
- Assess and address environmental factors that create barriers to FP use

D. Support and actively participate in monitoring and accountability processes, including commitments to international treaties (All Rs)

- Ensure adequate monitoring and evaluation systems and data (e.g., disaggregated by age, sex) to facilitate a timely monitoring and accountability process
- Monitor action and follow up on commitments and concluding observations from international human rights treaties (e.g., the Convention Eliminating All Forms of Discrimination against Women)
- Support civil society organizations and others (e.g., women's group and key populations) to monitor government policies and performance on FP issues, including quality of care
- Ensure that the government monitors the quality of service delivery and FP uptake
- Establish or strengthen accountability mechanisms/human rights mechanisms to address violations of rights (including discrimination or coercion); create a means to redress violations; and apply rights-monitoring tools (equity audits)
- Monitor budgetary appropriations to ensure that reproductive healthcare is covered

E. Guarantee financing options to maximize access, equity, nondiscrimination, and quality in all settings (R2/R3)

- Ensure national and donor resources and financing mechanisms to implement policies to expand coverage of FP services and ensure access to a wide range of methods and services by all (including poor/vulnerable groups)
- Identify and reform financing plans that can eliminate barriers to achieving access to FP services, commodities, and supplies
- Ensure a budget line item for FP commodities, equipment, supplies, and services

Service Level

Providing clients with high-quality services that meet RH needs and respect, protect, and fulfill rights will appropriately focus significant attention on service delivery. As noted in this paper, the conceptual framework draws from, and links, key existing frameworks, most notably, the Fundamental Elements of Quality of Care (Bruce, 1990), IPPF's rights of clients and needs of providers (Huezo and Diaz, 1993), and IPPF's charter of reproductive rights (IPPF, 1996). Most evidence and tools identified in the systematic review undertaken for this paper relate to the service delivery level.

The service level includes all modalities of service delivery, including public, private, and NGO; clinic- and community-based; static and mobile, and social marketing, among others. At the service delivery level, the framework considers those actions or factors that influence the capacity of the health system to make voluntary FP services available, accessible, and acceptable and of high quality (that meet clients' rights and providers' needs) within both facilities and communities.

Provide equitable, high-quality family planning information, services, and supplies

A. Inform and counsel all clients in high-quality interactions that ensure accurate, unbiased, and comprehensible information and protect clients' dignity, confidentiality, and privacy and refer to other SRH services (All Rs)

- Routinely counsel all clients and respect and protect their right to make autonomous decisions about whether to use family planning and what method to use
- Protect clients' privacy and confidentiality
- Address gender-based violence and establish linkages with broader gender-based violence programming

B. Ensure high-quality care through effective training and supervision and performance improvement and recognize providers for respecting clients and their rights (All Rs)

- Provide adequate training, supervision, and resources to providers (including technical knowledge and skills and rights awareness) to ensure technical competence and reduce bias, stigma, and discrimination

C. Ensure equitable service access for all, including disadvantaged and marginalized, discriminated against, and hard-to-reach populations, through various service models (including integrated, mobile, and/or youth–friendly services) and effective referral to other SRH services (All Rs)

- Ensure access, including for women and girls living with HIV, women and girls living in conflict and humanitarian crises, the poor, rural dwellers
- Provide services at the facility and community levels
- Integrate FP with HIV and maternal, neonatal, and child health services as appropriate

D. Routinely provide a wide choice of methods, and services for their proper removal, by ensuring a sufficient supply and the necessary equipment and infrastructure (R2)

- Routinely offer a wide choice of methods to all clients, without discrimination, to meet the full range of client preferences and reproductive intentions
- Ensure reliable, sufficient inventories of supplies, instruments, and working equipment, plus the infrastructure necessary to maintain the uninterrupted delivery of high-quality services
- Ensure that supply chain management training is in place at the central, district, and local levels

E. Establish and maintain effective monitoring and accountability systems, with community input; and strengthen HMIS and QA/QI processes (All Rs)

- Ensure that respecting and protecting rights is built into performance monitoring and accountability indicators, procedures, and practices
- Engage communities in program monitoring and establish a client feedback mechanism
- Establish mechanisms to investigate rights vulnerabilities and to redress violations

Community Level

Community participation in health programs has been emphasized since the Alma Ata declaration in 1978, and it is a central tenant of human rights-based approaches to development programs, as articulated in the UN Common Understanding, adopted in 2003 (HRBA Portal, n.d.). There are two primary reasons behind community participatory approaches: (1) to use resources from the community to offset costs and increase sustainability and (2) to empower communities to be more active in health and development projects so that people have a greater degree of self-determination and are better able to manage their own lives (Wallerstein, 1993). Zackus and Lysack (1998: 2) describe the latter approach to community participation:

> "Community participation in health … may be defined as the process by which members of the community (a) develop the capability to assume greater responsibility for assessing their health needs and problems; (b) plan and then act to implement their solutions; (c) create and manage organizations in support of these efforts; and (d) evaluate the effects and bring about necessary adjustments in goals and programmes on an ongoing basis. Community participation is therefore a strategy that provides people with a sense that they can solve their problems through careful reflection and collective action."

Community participation—whether directed toward program development, monitoring, accountability, or advocacy—may contribute most substantially to the acceptability of FP programs and the ability of programs to gain traction in traditionally hard-to-reach populations (Rifkin, 2003). While a focus on the service delivery level is essential, it is not sufficient to ensure that clients have a choice of methods that meet their needs and have access to the methods they want. It also does not reach potential clients in communities in which sociocultural barriers to FP use or to autonomous decision making prevent women from exercising their right to contraceptive information and services.

At the community level, the framework considers those actions and factors that empower communities to (1) participate in the development and implementation of the policies and programs designed to serve them; (2) hold policymakers and service providers accountable; (3) adapt norms and customs; and (4) enhance community knowledge of human rights and of family planning in order to facilitate the respect, protection, and fulfillment of community members' rights to high-quality, voluntary FP information and services.

Ensure equitable participation/engagement in policy and program development, implementation, and monitoring

A. Engage diverse groups in participatory program development and implementation processes (R2/R3)

- Encourage and support civil society participation, including women's groups and human rights groups at the national and community levels; poor, vulnerable, and marginalized people, youth, and other key populations; and community and religious leaders in the design, implementation, and monitoring of policies and service programs

- Ensure a representative approach by identifying underrepresented groups and addressing factors that impede their participation in the program development process

B. Build/strengthen community capacity in monitoring and accountability and ensure robust means of redress for violations of rights (R2/R3)

- Increase community literacy in human rights, monitoring, and accountability
- Establish an active process of engagement between the community and health system through negotiations to improve outcomes and to ensure that rights are respected, protected, and fulfilled
- Educate the community on mechanisms to ensure a high quality of care and voluntary, informed decision making
- Ensure improved health outcomes through the monitoring of provider performance, the quality of services and facilities, and the availability of commodities and services

C. Empower and mobilize the community to advocate for reproductive health funding and an improved country context and enabling environment for family planning access and use (All Rs)

- Build/strengthen communities' capacity to advocate for available, accessible, acceptable, and high-quality healthcare
- Promote community and civil society participation in the mobilization of and decision making around local funding and budgets for health services
- Foster advocacy to address social barriers to access, including barriers to RH education
- Increase overall awareness and support for reproductive rights, gender equity, and information and access for young people
- Build awareness and support for the reproductive rights of vulnerable groups

D. Transform gender norms and power imbalances and reduce community-, family-, and partner-level barriers that affect the realization of reproductive rights (R3)

- Address community and other environmental factors that create barriers to FP use by changing relevant norms, attitudes, and behaviors and promoting self-determination in FP use at the community level
- Engage gate keepers of the community—traditional, religious, or cultural leaders/individuals—in support of family planning
- Engage men constructively in FP and SRH

E. Support healthy transitions from adolescence to adulthood (All Rs)

- Work with community leaders, parents, and adults who play significant roles in the lives of youth to build support for young people's reproductive health and rights and access to high-quality FP services
- Prepare girls and boys for adulthood by teaching hygiene, self-esteem, rights, life skills, etc.
- Provide age appropriate education on reproductive health and rights to young people

Individual Level

Taking to heart "the right of individuals and couples to decide freely and responsibly the number and spacing of their children," the individual is at the heart of a voluntary, human rights-based approach to family planning. With the realization that individuals can face significant challenges to exercising their reproductive rights, the individual level of the framework considers those actions and factors—including

family, educational, religious, gender, and social norms—that influence the ability of individuals in a particular community to exercise their reproductive rights, including the right to voluntary FP information and services.

Enable individuals to exercise reproductive rights

A. Increase access to information on reproductive rights, contraceptive choices (All Rs)

- Support self-help groups and other networking and information sharing vehicles to spread information and provide support for attitude and behavior changes
- Increase individuals' knowledge about human rights, reproductive rights, and respectful, high-quality treatment within health facilities on the basis of equality and nondiscrimination
- Educate about changing contraceptive needs of women as they progress through their reproductive life cycle
- Fill knowledge gaps and correct myths about family planning

B. Empower, through education and training about reproductive health, self-esteem, rights, life-skills, and interpersonal communication (R1/R2)

- Improve partner communication and negotiation skills
- Promote gender equitable attitudes and behaviors
- Improve health literacy and communication skills
- Foster support of family members and other influential people for use of family planning

C. Foster demand for high-quality services and supplies through IEC/BCC and empower individuals to demand their rights be respected, protected, and fulfilled (R2)

- Educate vulnerable individuals about the programs that have been designed to serve them, such as voucher schemes or community-based service provision
- Engage men as partners in reproductive decision making without compromising women's autonomy to make decisions related to their sexual and reproductive health

Outputs

The inputs and activities in the framework emphasize a rights-based approach to voluntary FP programming. Using a logic model framework facilitates linking the proposed activities to corresponding rights-based outputs and outcomes. It also lends itself to taking a systems view of family planning programs. Meadows (1999) includes the "goals of the system" as one of most important leverage points for transformational change of complex systems. This framework for voluntary, human rights-based family planning operationalizes actions that will help achieve both family planning and human rights goals, which need not be in opposition. Although the final FP outcomes to be measured for FP2020 have yet to be named, the outputs of this framework lead to outcomes that move beyond traditional measures, such as the contraceptive prevalence rate, to measure factors that indicate the availability, accessibility, and acceptability of family planning and that emphasize accountability for quality and equity in programming.

Using a human rights framework highlights the obligation of duty bearers to promote available, accessible, acceptable, and high-quality family programs (AAAQ). AAAQ in family planning should be activity outputs at the policy and service levels. Whereas these obligations fall on governments, the framework indicates their relevance to service managers and providers to ensure that their services respect and protect rights. General Comment 14 of the U.N. Committee on Economic, Social, and Cultural Rights (UNCESCR, 2000) defines the terms:

- **Availability** refers to functioning public health and healthcare facilities, goods, and services, as well as programs available in sufficient quantity within the country.
- **Accessibility** has four components: nondiscrimination, physical accessibility, economic accessibility, and information accessibility.
- **Acceptability** implies that all health facilities, goods, and services must be respectful of medical ethics and culturally appropriate (i.e., respectful of the culture of individuals, minorities, peoples, and communities, sensitive to gender and life-cycle requirements, as well as being designed to respect confidentiality and improve the health status of those concerned).
- **Quality** emphasizes that health facilities, services, and commodities must also be scientifically and medically appropriate and of good quality. This requires, inter alia, skilled medical personnel, scientifically approved and unexpired drugs and hospital equipment, safe and potable water, and adequate sanitation.

The AAAQ was created to clarify the content and meaning of the right to the highest attainable standard of physical and mental health. The activity outputs related to increasing AAAQ in the context of family planning can be made more specific when the framework is used for program and policy development; only a few outputs are provided in the framework as examples.

The technical quality described in the General Comment can be further supported by the decades-long history within family planning, emphasizing high quality of care (Bruce, 1990). The concept of quality of care reinforces the rights to self-determination, information, and education by underscoring the importance of informed choice and the quality of the interpersonal interaction between clients and providers. In the context of family planning, the historical and ongoing emphasis on quality of care constitutes the Q element of AAAQ; therefore, the elements of quality of care for family planning are included in the outputs section of the framework to show their unique contribution to framing outputs and related indicators. The components of family planning quality of care include

- Women make full, free, and informed decisions about FP use
- Women have access to a choice of methods
- Information given to clients is accurate, unbiased, and comprehensive
- Providers have the technical competence to provide or refer clients for a range of methods
- Provider trainings reflect commitment to respecting, protecting, and fulfilling human rights, and supervisors reinforce training by rewarding service provider performance that respects, protects, and fulfills rights
- Providers have sufficient time and communication skills for high-quality client-provider interactions
- Follow-up and continuity mechanisms are in place to support continuous contraceptive use and method switching
- An appropriate constellation of services is available to support ease of access and overall reproductive health

Quality of care reinforces and expands on concepts such as availability and quality, but it does not emphasize equity to the degree that a human rights approach to family planning requires. By including both AAAQ and quality of care, the outputs of the framework are described in such a way that both issues of equity and quality are adequately reflected.

AAAQ and quality of care provide a comprehensive base for outputs related to the supply side and aspects of the country context for FP programs and the enabling environment for individuals to exercise their reproductive rights. Additional outputs are expected from the community- and individual-level

activities. Priority outputs that are adapted to the needs, concerns, and context of the community need to be determined at a local level. Overall, a program that incorporates community- and individual-level activities will promote a stronger enabling environment for family planning by addressing community-level barriers to family planning and stimulating demand for high-quality services. Outputs that describe community participation in developing and accessing programs, promoting accountability mechanisms, engaging in advocacy, and meeting the needs of adolescents and disseminating information can be specified at the local level.

Ultimately, the desired outcome is that rights to (1) reproductive self-determination (right to bodily integrity and security of person and the rights of couples and individuals to decide freely and responsibly the number and spacing of their children); (2) rights to sexual and reproductive health services, information, and education (including right to the highest attainable standard of health); and (3) rights to equality and nondiscrimination (right to make decisions concerning reproduction free of discrimination, coercion, and violence) are respected, protected, and fulfilled. These rights are respected, protected, and fulfilled through working at the policy, service, community, and individual levels.

Determining what to measure to assess the impact of the framework's activities is crucial to identifying successful FP programs. Measures and indicators should gauge progress toward achieving the goal of reaching 120 million new users but also recognize and reinforce program obligations to respect, protect, and fulfill rights throughout FP programming by explicitly evaluating the extent to which they do that. Linking voluntary, rights-based activities to measurable outputs, outcomes, and impact increases accountability for programs to achieve results in a transformational way.

Outcomes and Impacts

Family planning programs contribute to a range of positive outcomes—both for individuals and societies. Over time, these outcomes have been used as three rationales for investment in family planning: individual empowerment, improved health and well-being of mothers and children, and a country's ability to plan and manage development. These rationales have also been described as human rights, health, and demographic rationales (Seltzer, 2002).

This conceptual framework describes a vision of success for voluntary, human rights-based FP programs that embrace both human rights and health outcomes. Leading up to the 2012 London Summit, the health rationale was first emphasized and the human rights rationale was subsequently included. Yet, when women choose and use FP services that respect and protect rights, there are additional benefits related to overall improved health and the ability to achieve wider national sustainable development goals. The outcomes will likely also provide benefits for countries to plan and manage development. Illustrative outcomes in the framework include, for example, increased trust in FP programs, achievement of universal access to FP, increased equity in service provision and use, sustainable availability of a broad range of contraceptive methods, and increased fulfillment of the demand for family planning. Illustrative impacts include a reduction in unintended pregnancies, decreases in maternal and infant deaths, a decrease in unsafe abortion, and a decrease in adolescent fertility. In addition, impacts include an increase in women's agency to achieve their reproductive intentions throughout the life cycle and an increase in the well-being of individuals, families, communities, and countries.

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CASE STUDIES AND WORKSHEETS

Case Study—"Liloe"

At a recent global family planning (FP) conference, the government of Andoria has made a commitment to reach the most underserved communities in their country, making FP services and information available and accessible to those hardest to reach. This required both getting services and commodities out to those who are in need and making some changes and upgrades to the health system and the supply chain to ensure there are no disruptions in commodities reaching rural populations. Andoria has had supply chain problems in the past, and therefore, this will be an issue to tackle in fulfilling its commitment.

The majority of Andoria's population lives in rural areas, where access to FP services is limited. Women often need to travel for long periods of time to reach a health facility that has FP methods available. Language barriers are also an issue in the country, as many of the health facilities in the cities and larger towns do not have providers that speak the various languages spoken throughout the rural areas. While the country's family planning program has tried to implement mobile clinic outreach services, the clinics only have FP methods available on specific days, and due to the current challenges to commodities supply, they often run out of methods quickly, leaving many women without a method or service.

Liloe is a 24-year-old mother of five children and works on a small farm with a few other women in her rural community. Her husband works on a different farm nearby. During Liloe's last pregnancy, she had complications and was on bed rest for a month after the birth. She was not able to work and therefore was not able to contribute to her family's income that month. After her difficult delivery and the financial struggle that followed for her family, Liloe decided she could not afford to have another child, although her husband would like to keep having more children so that they can grow up and work on the farms. Having never used an FP method but having known of friends that had, she asked one of the women she worked with whom she trusts how she could start using something to prevent pregnancy. The friend said she had an intrauterine device (IUD) inserted over six months ago at the closest city health facility which was 30 km away. After hearing her friend describe the IUD, Liloe thought that might be a good option for her. The friend also told Liloe that she was able to get to that health clinic by waiting on the side of the road for trucks and vehicles that were going toward the town. Liloe's friend also mentioned the mobile clinics that come every once in a while to their village, but the friend does not know what services are provided. Liloe debates what she is to do. She wonders whether she can even go to the health facility, as she has no one to watch her children and she is afraid to tell her husband where she is going because it might result in an argument or worse, a beating. The mobile clinic might be a good idea, but Liloe only knows of the IUD and is not sure whether the mobile clinic offers it. She does not know of any other FP methods.

Liloe decides that she will try to go to the health facility in the closest town. She gets a friend to watch her children and does not mention anything to her husband. Liloe is able to get a ride from a truck driver who is heading to the town. She reaches the health facility. Upon entering, she notices the long line of women waiting. She also notices that all the signs around her are in a different language. She cannot read any of the posters or information on the walls. Discouraged by this, Liloe wonders what she is to do. She traveled all this way, but feels like she is in a foreign place, not understanding or being able to read any of the signs on the wall. She decides to sit and wait in line.

After waiting an hour, Liloe is finally called in to see a nurse. The nurse begins to speak to Liloe, asking her why she is at the clinic. Only partially understanding the language and with limited ability to speak it herself, Liloe tells the nurse she needs an IUD. The nurse continues on, thinking that Liloe understands the language and what she is saying to her. She proceeds to describe the various methods available at the clinic, such as the oral pill, the injectable, and sterilization. She continues to ask Liloe questions,

specifically about why she wants the IUD. Liloe does not respond, because she does not understand. The nurse carries on to explain the IUD, but Liloe is overwhelmed because the nurse is speaking quickly and at length in a language she barely understands. Discouraged and upset, Liloe leaves the clinic without seeing the service provider, without a method. Feeling defeated and distraught, she begins to walk in the direction of her village.

After walking an hour, she is finally able to ride along with someone going toward her village.

Small Group Instructions

1. In your small group, discuss what factors **supported** or **challenged** Liloe's contraceptive choice and human rights in this case study. Write each individual factor on a sticky note or card and determine the level in the health system at which it exists.
2. For each challenge identified, consider what should be done to promote respect, protection, and fulfillment of human rights in the program described. Use one sticky note or card for each suggested intervention or change.
3. Select someone at your table to post and explain your notes/cards during the report back.

Level	Supporting Factors	Challenging Factors	Necessary Intervention or Change
Policy			
Service Delivery			
Community			
Individual			

Case Study—"Gifty"

Andoria is a poor, post-conflict country with ambitious development goals. The government is prioritizing family planning to contain population growth, the cost of social services, and the hindrance on economic advancement. It has trained a large cadre of community health workers (CHWs) to provide oral contraceptives and injectables, and supports a community education campaign to inform and motivate women to accept family planning. The level of awareness and acceptability is high. The CHWs are supervised by clinical officers, who are charged with executing the community-based program and meeting performance targets by method. In addition, long-acting methods are available at district hospitals; however, tubal ligation is only offered by referral at medical colleges—of which there are just six in the country. These hospitals lack basic drugs and equipment. Their staff are poorly paid and supported. To reach more women, the government has recently started an outreach program of long-acting and permanent method camps, sending medical teams from the hospitals into rural areas every few months.

Gifty is a 37-year-old mother of three children who lives in a village. She has had three miscarriages and four difficult deliveries—one ending in a stillbirth. She tried oral contraceptives but discontinued them due to headaches. She is now using injectables but is unhappy with irregular bleeding. She never knows whether she could be pregnant. She and her husband have agreed that they have enough children and do not want her to go through another difficult pregnancy.

The CHW in her village told Gifty about an operation that will prevent her from ever getting pregnant again. Gifty decides that is what she wants. She talks it over with her husband, who agrees. Gifty seeks out the CHW to ask where and when she can get the operation. The CHW tells her she can go to the hospital in the city five hours away or wait a month for the next camp, run by the district hospital, which will be held in a village one hour away. Because the logistics are easier for her, Gifty decides to go to the camp. When the time comes, she arranges to have her mother care for her children and takes a bus along with a number of other women to the camp site. The crowds are large. The staff are hurried. A nurse asks Gifty about her health and takes her blood pressure. She asks her to sign a consent form for the procedure. She then tells her to take off her clothes, change into a hospital gown, and sit and wait with the other women congregated in the shade of a tree. The operations are performed in a tent. Those waiting can hear the women inside calling out in pain. They grow silent with fear.

Gifty is soon called into the tent, which contains four beds. She can see other women being sterilized and suddenly feels faint. Her procedure is next. She is asked to lie down on one of the beds. The doctor gives her a sedative and a pain killer, but the procedure starts before they take full effect. She is in a lot of pain. He tells her to calm down. If she squirms it will only make the procedure more difficult. Gifty can feel him cutting her flesh. She tries her best not to cry out. After what seems like an interminable time, she is told the operation is over. Groggy and unsteady, she is asked to get up and to walk to the recovery area, which consists of blankets laid out on the lawn. She lies down and rests for an hour, after which she is told she can go home. She takes the bus back to her village. The next day she has a fever plus redness and swelling at the site of the operation. She does not know what to do and regrets the choice she made.

Small Group Instructions

1. In your small group, discuss what factors, if any, **supported** or **challenged** Gifty's contraceptive choice and human rights in this case study. Write each individual factor on a sticky note or card and determine the level in the health system at which it exists.
2. For each challenge identified, consider what should be done to promote respect, protection, and fulfillment of human rights in the program described. Use one sticky note or card for each suggested intervention or change.

3. Select someone at your table to post and explain your notes/cards during the report back.

Level	Supporting Factors	Challenging Factors	Necessary Intervention or Change
Policy			
Service Delivery			
Community			
Individual			

Case Study—"Dr. Joseph"

Andoria has a new Minister of Health who is very committed to family planning. Unlike his predecessor, he has welcomed collaboration with international donors and is looking for ways to boost performance of the public sector's program. Prevalence of modern methods is 18 percent, with a method mix consisting of 72 percent injectables, 12 percent oral contraceptives, 10 percent condoms, 3 percent implants, 2 percent female sterilization, and 1 percent intrauterine devices (IUDs). The new FP strategy has a focus on extending service delivery from district to primary health centers and on revitalizing long-acting reversible contraception, especially the IUD, since there is a big stock of Copper T 380A in the procurement stores due to low demand and because there is keen donor interest in expanding the contraceptive method mix.

A key feature of the strategy is performance-based financing to increase access to and use of services and to increase quality of services offered. It is intended to finance and reward health facilities that can increase the quality and quantity of services so that they have additional resources to motivate and retain health center staff. Dr. Joseph is the director of the Kitavu Health Center, a busy facility that offers primary care to the surrounding sub-district. He signed a contract with the central ministry that includes a service plan to increase the numbers of clients counseled for family planning and the numbers of clients that adopt an FP method. For each new user adopting injections and oral contraceptives, the facility team receives 1,000 LC;[6] for each new user adopting an implant or IUD, the team receives 2,500 LC. The plan does not pay for referrals for permanent methods, nor does it subsidize return clients. The health center within the district that reported the highest increase in couple-years of protection over the previous year would be getting an added bonus of 10,000 LC. Each facility had the freedom to determine the actions needed to reach the goal. As a first step, Dr. Joseph welcomed a training team from the international nongovernmental organization (NGO) working with the ministry and, with their assistance, upgraded the facility and made improvements so that the health center could offer long-acting reversible contraceptives in a high-quality manner.

Within a few months, the payments from the subsidies started to come in. Dr. Joseph used it to raise the salaries of the FP team, motivating them to increase their efforts. The FP team decided to provide extra counseling to women who were coming in for re-injections. They found that as the cleanliness and appearance of the clinic improved, their clients were much more open to what they had to say. The staff found that if they played up the benefits of the IUD and played down the side effects that more women would adopt the IUD, giving them greater couple-years of protection than if they continued to use the injection. Many clients who left with IUDs showed up weeks later asking for it to be removed, as they were experiencing side effects that scared them since they were downplayed or not mentioned at all during counseling. For several months, the FP team enjoyed having their salaries "topped up," and when Dr. Joseph wanted to allocate some of the funding for other improvements instead of salaries, his staff became unhappy. Around the same time, the FP team was hearing more resistance from their clients when they talked to them about the IUD. Word had gotten around the community that women who had IUDs were getting them removed, and rumors started to circulate that the IUD was a bad method or dangerous to a woman's health.

[6] LC = local currency.

Small Group Instructions

1. In your small group, discuss what factors, if any, **supported** or **challenged** the contraceptive choice and human rights of clients attending the Kitavu Health Center in this case study. Write each individual factor on a sticky note or card and determine the level in the health system at which it exists.
2. For each challenge identified, consider what should be done to promote respect, protection, and fulfillment of human rights in the program described. Use one sticky note or card for each suggested intervention or change.
3. Select someone at your table to post and explain your notes/cards during the report back.

Level	Supporting Factors	Challenging Factors	Necessary Intervention or Change
Policy			
Service Delivery			
Community			
Individual			

WORKSHOP EVALUATION

How you think this workshop adds value to the work you do? If it does not add value, describe why not and what could improve its value added?
Is the workshop sufficiently comprehensive? Are there any major gaps? If so, please describe.
How might the workshop better take advantage of or incorporate the current and emerging scholarship in the area of rights and choice?

The workshop content was:				
Relevant	Strongly Disagree	Disagree	Agree	Strongly Agree
Comprehensive	Strongly Disagree	Disagree	Agree	Strongly Agree
Easy to understand	Strongly Disagree	Disagree	Agree	Strongly Agree
The workshop handouts:				
Supported the material presented	Strongly Disagree	Disagree	Agree	Strongly Agree
Provided useful additional information	Strongly Disagree	Disagree	Agree	Strongly Agree
Were clear and well-organized	Strongly Disagree	Disagree	Agree	Strongly Agree
The workshop:				
Was well-paced	Strongly Disagree	Disagree	Agree	Strongly Agree
Included sufficient breaks	Strongly Disagree	Disagree	Agree	Strongly Agree
Had a good balance between listening and activities	Strongly Disagree	Disagree	Agree	Strongly Agree
Had activities that were useful learning experiences	Strongly Disagree	Disagree	Agree	Strongly Agree
What did you like *best* about this workshop?				
What did you like *least* about this workshop?				
What will you *take away* with you from this workshop?				

How could the following be improved?
Content:
Worksheets:
Activities:
Facilitation:

MODULE 2 PARTICIPANT WORKBOOK

This participant workbook includes the following:

- Seven-step process instructions and worksheets
- Step 4 Handout: Linking the Framework Elements to the Human Rights Concepts and Indicators
- Step 6 Handout: Factors that May Indicate that Voluntarism Is at Risk
- End-of-workshop evaluation

SEVEN–STEP ASSESSMENT AND PLANNING PROCESS AND WORKSHEETS

Step 1: Consider the Country Context

Purpose: This worksheet helps you orient your program design process in the local context. Programs are influenced by a number of governance, societal, and budgetary factors that affect their ability to respect, protect, and fulfill human rights. This exercise draws your attention to these external factors to help you think realistically about priorities and interventions as you work through the remaining steps.

Instructions: Use the list of factors in the Step 1 worksheet to discuss how each element influences a program's ability to implement a rights-based approach. Identify those that your program can influence and those that you cannot influence that are important considerations for program planning. Use the results of this analysis to inform the rest of the assessment and planning process.

Note: The process for analyzing the country context can also consist of a desk review of key policy, strategy, and program documents and budgets and costed implementation plans, supplemented by interviews of key informants and discussion among diverse stakeholders outside of the workshop setting.

Step 1 Worksheet: Country Context

Factor	How it Influences the Program Context	Your Program Can Influence	Your Program Cannot Influence
Overall country governance, including the World Bank's six dimensions of overall governance, accountability, and voice; political stability and support; rule of law/regulatory quality; government effectiveness; power relationships and dynamics; and control of corruption[7]			
Diverse stakeholder participation, including the engagement of civil society, communities, and public and private sector actors			
Health governance, including government stewardship for health (e.g., health systems strengthening through the establishment of health systems building blocks) and family planning/reproductive health			
Financing/resources, including the availability of funding at national and local levels for health, reproductive health, and family planning			

[7] See http://info.worldbank.org/governance/wgi/index.aspx#faq.

Health policy environment, including those policies related to FP (e.g., safe motherhood policy, youth policy) and health status (e.g., maternal morbidity and mortality, infant mortality, child health status)			
Sociocultural context and gender norms, including those affecting marginalized populations			
Adherence to global human rights agreements, including in national laws and policies			
Global accountability of donors and other global actors, including to country level work			
National accountability mechanisms in place, including the means of redress for violations of rights, for government as duty-bearers to respect, protect, and fulfill human rights (e.g., treaty monitoring bodies, human rights tribunals, national courts); and including accountability for private actors and international assistance			

Step 2: Assess Program Needs and Set Priorities

Purpose: This worksheet provides guidance to systematically review the status of rights-related actions in an existing FP program based on the VRBFP framework. The assessment can be conducted for large, national efforts or for those focusing more narrowly in a district or community; and for public, NGO, and private sector FP programs. It is intended to identify program strengths upon which to capitalize and weaknesses or gaps that should be addressed to improve the ability of the FP program to respect, protect, and fulfill rights. The assessment worksheet is structured holistically and covers the same four levels of the framework (policy, service, community, and individual). Even if an FP program does not operate at all four levels, it is important to complete the entire worksheet to have a full understanding of how each level impacts the FP program's ability to implement a rights-based approach.

Instructions: Working on the level of action in the health system to which you have been assigned:

1. Assess the status of your FP program by discussing the list of desired program actions taken from the framework and determine whether the actions represent strengths, weaknesses, or gaps in the program.

    - If the action is being done well throughout the program, it is a strength (S)
    - If it is not being done well or is being done inconsistently, it is a weakness (W)
    - If it is not currently being done, it is a gap (G)

    Discuss each bullet and the sub-bullets beneath. This discussion should help you identify issues that require attention. List the specific issues you have identified in the "Priority Issues" section of the table.

2. After you have discussed and listed priority issues for all bullets, rank the issues on a 3-point scale, with 1 indicating top priority, 2 indicating the next order of priority to be addressed later, and 3 indicating the lowest priority. Key considerations for prioritizing are

    - What is the greatest need or urgency?
    - What are the easiest to address?
    - What issues can begin to be addressed within the next year.

3. The issues rated as #1 will be brought forward to Step 3, and interventions will be developed to address these issues.

Step 2 Worksheet: Program Assessment and Priority Setting

Policy Level: Create an enabling environment for family planning programs	
Actions	**S, W, or G**
A. Develop/revise/implement policies to respect/protect/fulfill rights and eliminate policies that create unnecessary barriers to access • Develop laws and policies that ensure that FP services are sufficiently available; physically and economically accessible to all people without discrimination; acceptable—respectful of culture and confidentiality; and of the highest possible quality • Protect women's reproductive health and human rights • Support the promotion of gender equity and women's autonomy in realizing their reproductive rights • Support prevention of harmful practices (e.g., child marriage, gender-based violence, female genital cutting) and knowledge of the rights violations and harms caused by such practices • Ensure equitable access to services for all groups (e.g., without discrimination in respect of ethnicity, age, income level) • Ensure the highest standard of reproductive health and address the contributors to poor sexual and reproductive health • Eliminate unjustifiable access barriers (e.g., client eligibility criteria) or policies that contain method-specific or performance-based targets or incentives that have the effect of being coercive in practice • Set service standards and enable task shifting and task sharing and facilitate access to a wide range of safe and effective contraceptive methods • Protect privacy in service delivery settings • Promote the provision of comprehensive sex education and access to FP (within SRH) information • Increase access to information on reproductive rights to provide choices and a sense of entitlement to high-quality services	
Priority Issues	**Rating**

Actions	**S, W, or G**
B. Develop/revise/implement policies to ensure contraceptive security, including access to a range of methods and service modalities, including public, private, and NGO • Follow through on implementation of the WHO List of Essential Medicines • Ensure a steady supply of a variety of contraceptives, supplies, and equipment • Ensure that relevant ministries and donors collaborate in budgeting for RH supplies • Build the capacity for procurement and data collection systems to track health and supply needs • Establish an effective supply chain and procurement system, including through a monitoring system that enables all partners to monitor stock outs and improve the distribution system • Collaborate with global organizations and countries to develop new prevention technologies	
Priority Issues	**Rating**

Actions	**S, W, or G**
C. Create processes and an environment that supports participation of diverse stakeholders (e.g., policymakers, advocacy groups, community members)—including government/public sector actors at the national and decentralized levels; civil society organizations, including women's groups and human rights groups at the national and community levels; poor, vulnerable, and marginalized people and other key populations; community and religious leaders; private sector actors; and related sector actors to: • Contribute to setting priorities and standards for FP policies/programs • Advocate for family planning in reform processes • Monitor policies and programs (see bullet D) • Respond to voices and demands of poor/vulnerable groups • Assess and address environmental factors that create barriers to FP use	
Priority Issues	**Rating**

Actions	**S, W, or G**
D. Support and actively participate in monitoring and accountability processes, including commitments to international treaties • Ensure adequate monitoring and evaluation systems and data (e.g., disaggregated by age, sex) to facilitate a timely monitoring and accountability process • Monitor action and follow up on commitments and concluding observations from international human rights treaties (e.g., the Convention Eliminating All Forms of Discrimination against Women) • Support civil society organizations and others (e.g., women's group and key populations) to monitor government policies and performance on FP issues, including quality of care • Ensure that the government monitors the quality of service delivery and FP uptake • Establish or strengthen accountability mechanisms/human rights mechanisms to address violations of rights (including discrimination or coercion); create a means to redress violations; and apply rights-monitoring tools (equity audits) • Monitor budgetary appropriations to ensure that reproductive healthcare is covered	
Priority Issues	**Rating**

Actions	S, W, or G
E. Guarantee financing options to maximize access, equity, nondiscrimination, and quality in all settings • Ensure national and donor resources and financing mechanisms to implement policies to expand coverage of FP services and ensure access to a wide range of methods and services by all (including poor/vulnerable groups) • Identify and reform financing plans that can eliminate barriers to achieving access to FP services, commodities, and supplies • Ensure a budget line item for FP commodities, equipment, supplies, and services	
Priority Issues	**Rating**

Service Level: Provide equitable, high-quality Family planning information, services, and supplies	
Actions	**S, W, or G**
A. Inform and counsel all clients in high-quality interactions that ensure accurate, unbiased, and comprehensible information and protect clients' dignity, confidentiality, and privacy and refer to other SRH services • Routinely counsel all clients and respect and protect their right to make autonomous decisions about whether to use family planning and what method to use • Protect clients' privacy and confidentiality • Address gender-based violence and establish linkages with broader gender-based violence programming	
Priority Issues	**Rating**

Actions	S, W, or G
B. Ensure high-quality care through effective training and supervision and performance improvement and recognize providers for respecting clients and their rights • Provide adequate training, supervision, and resources to providers (including technical knowledge and skills and rights awareness) to ensure technical competence and reduce bias, stigma, and discrimination	
Priority Issues	**Rating**
Actions	**S, W, or G**
C. Ensure equitable service access for all, including disadvantaged and marginalized, discriminated against, and hard-to-reach populations, through various service models (including integrated, mobile, and/or youth–friendly services) and effective referral to other SRH services • Ensure access, including for women and girls living with HIV, women and girls living in conflict and humanitarian crises, the poor, rural dwellers • Provide services at the facility and community levels • Integrate FP with HIV and maternal, neonatal, and child health services as appropriate	
Priority Issues	**Rating**

Actions	**S, W, or G**
D. Routinely provide a wide choice of methods, and services for their proper removal, by ensuring a sufficient supply and the necessary equipment and infrastructure • Routinely offer a wide choice of methods to all clients, without discrimination, to meet the full range of client preferences and reproductive intentions • Ensure reliable, sufficient inventories of supplies, instruments, and working equipment, plus the infrastructure necessary to maintain the uninterrupted delivery of high-quality services • Ensure that supply chain management training is in place at the central, district, and local levels	
Priority Issues	**Rating**

Actions	**S, W, or G**
E. Establish and maintain effective monitoring and accountability systems, with community input; and strengthen HMIS and QA/QI processes • Ensure that respecting and protecting rights is built into performance monitoring and accountability indicators, procedures, and practices • Engage communities in program monitoring and establish a client feedback mechanism • Establish mechanisms to investigate rights vulnerabilities and to redress violations	
Priority Issues	**Rating**

Community Level: Ensure equitable participation/engagement in policy and program development, implementation, and monitoring	
Actions	**S, W, or G**
A. Engage diverse groups in participatory program development and implementation processes • Encourage and support civil society participation, including women's groups and human rights groups at the national and community levels; poor, vulnerable, and marginalized people, youth, and other key populations; and community and religious leaders in the design, implementation, and monitoring of policies and service programs • Ensure a representative approach by identifying underrepresented groups and addressing factors that impede their participation in the program development process	
Priority Issues	**Rating**

Actions	S, W, or G
B. Build/strengthen community capacity in monitoring and accountability and ensure robust means of redress for violations of rights • Increase community literacy in human rights, monitoring, and accountability • Establish an active process of engagement between the community and health system through negotiations to improve outcomes and to ensure that rights are respected, protected, and fulfilled • Educate the community on mechanisms to ensure a high quality of care and voluntary, informed decision making • Ensure improved health outcomes through the monitoring of provider performance, the quality of services and facilities, and the availability of commodities and services	
Priority Issues	**Rating**

Actions	S, W, or G
C. Empower and mobilize the community to advocate for reproductive health funding and an improved country context and enabling environment for family planning access and use • Build/strengthen communities' capacity to advocate for available, accessible, acceptable, and high-quality healthcare • Promote community and civil society participation in the mobilization of and decision making around local funding and budgets for health services • Foster advocacy to address social barriers to access, including barriers to RH education • Increase overall awareness and support for reproductive rights, gender equity, and information and access for young people • Build awareness and support for the reproductive rights of vulnerable groups	
Priority Issues	**Rating**

Actions	S, W, or G
D. Transform gender norms and power imbalances and reduce community-, family-, and partner-level barriers that affect the realization of reproductive rights • Address community and other environmental factors that create barriers to FP use by changing relevant norms, attitudes, and behaviors and promoting self-determination in FP use at the community level • Engage gate keepers of the community—traditional, religious, or cultural leaders/individuals—in support of family planning • Engage men constructively in FP and SRH	
Priority Issues	**Rating**

Actions	S, W, or G
E. Support healthy transitions from adolescence to adulthood • Work with community leaders, parents, and adults who play significant roles in the lives of youth to build support for young people's reproductive health and rights and access to high-quality FP services • Prepare girls and boys for adulthood by teaching hygiene, self-esteem, rights, life skills, etc. • Provide age appropriate education on reproductive health and rights to young people	
Priority Issues	**Rating**

Individual Level: Enable individuals to exercise reproductive rights	
Actions	**S, W, or G**
A. Increase access to information on reproductive rights, contraceptive choices • Support self-help groups and other networking and information sharing vehicles to spread information and provide support for attitude and behavior changes • Increase individuals' knowledge about human rights, reproductive rights, and respectful, high-quality treatment within health facilities on the basis of equality and nondiscrimination • Educate about changing contraceptive needs of women as they progress through their reproductive life cycle • Fill knowledge gaps and correct myths about family planning	
Priority Issues	**Rating**

Actions	S, W, or G
B. Empower, through education and training about reproductive health, self-esteem, rights, life-skills, and interpersonal communication • Improve partner communication and negotiation skills • Promote gender equitable attitudes and behaviors • Improve health literacy and communication skills • Foster support of family members and other influential people for use of family planning	
Priority Issues	**Rating**

Actions	S, W, or G
C. Foster demand for high-quality services and supplies through IEC/BCC and empower individuals to demand their rights be respected, protected, and fulfilled (R2) • Educate vulnerable individuals about the programs that have been designed to serve them, such as voucher schemes or community-based service provision • Engage men as partners in reproductive decision making without compromising women's autonomy to make decisions related to their sexual and reproductive health	

Priority Issues	Rating

Step 3: Formulate Recommended Actions

Purpose: A rights-based approach is comprehensive, and issues identified may go beyond one program's or project's ability to address. This step emphasizes the need to make strategic choices about what actions your program can undertake, with the understanding that your program cannot do everything. This step also introduces the idea that you will partner with other organizations to ensure that rights are respected, protected, and fulfilled in FP programs. In the previous step, you identified program actions that warrant attention from a rights-based perspective and narrowed them down by prioritizing them. In this step, you will carry over the outputs of the last exercise and focus on looking closer and addressing the top priorities.

Instructions: Having identified priority issues to address to better protect and fulfill human rights in your FP program, you now need to propose what actions should be taken and by whom. In this step

1. Start by carrying over all of the priority issues you identified in the last exercise (those issues you rated #1); list them in the first column.
2. For each priority, identify root causes by asking why the condition exists. Ask at least three times until you get to the underlying cause or causes that you can address by an intervention.
3. Then recommend what action(s) should be taken to address the root causes you have identified.
4. Finally, review your recommendations and identify which ones your program or institution should work on. Indicate a designation for each recommended activity in the last column (Who). If this activity is one that
    - Your program or institution can address **alone**? Designate such activities by noting **"A"** in the last column.
    - Your program or institution can address with the **support of one or more partners**? Designate such activities by noting **"P"** in the last column.
    - **Best left to others** to take on because they are better suited in terms of technical competence, resources, etc. Designate such activities by noting **"O"** in the last column**.**

The actions designated A (alone) or P (partner) should be those you are committed to working on within the next year. The result of this exercise will be a list of actions that will form the basis of your action plan to be further developed in Steps 4–7.

Step 3 Worksheet: Formulate Recommended Actions

Priority Issues	Root Causes	Recommended Actions	Who (A, P, O)

Step 4: Link Recommended Actions to Outputs and Outcomes and Develop Indicators for Monitoring

Purpose: Including indicators as part of the action planning process is an important step to ensure that the actions discussed are implemented in way that achieves the desired results. This step leads you through a simple process to link action with outputs and outcomes so that indicators can be developed for program monitoring (see Step 4 Handout for input). After completing this step, you will have a key output of the workshop: recommended indicators for the program's M&E plan. The recommendations can be used following the workshop to update the program or project's overall M&E plan. Additional resources for developing evaluation research questions, M&E workplans, as well as a links to M&E resources are included in the Follow-up Considerations section.

Instructions:

1. Carry the actions labeled **A** and **P** from Step 3 forward to the "Action" column of this worksheet.
2. For each activity, describe a specific output; if possible, link it to a human rights output on the framework.
3. Link the outputs to desired outcomes, including both family planning and human rights outcomes.
4. Identify an indicator to measure outputs; if possible, include an indicator that tracks progress toward the desired outcome.
5. For each indicator, list the data sources (e.g., how and where will you collect the indicator data from).
6. For existing projects/programs: for each output/outcome/indicator, consider whether it is new or a modification of an existing element of the current M&E plan and indicate that with an **N** for new or an **M** for modified.

Step 4 Worksheet: Actions, Outputs, Outcomes, and Indicators for Monitoring

Action	Output (N/M)	Outcome (N/M)	Indicator (N/M)	Data Sources

Step 4 Handout: Linking the Framework Elements to Human Rights Concepts and Indicators

Framework Element	Human Rights Principles and Constructs to Apply in M&E	Indicator Type
Activities The framework includes an extensive list of activities that FP programs implement.	*To be considered rights-based, program activities should include applications of the human rights principles of participation, accountability, nondiscrimination, and empowerment.* **Participation:** a process by which individuals and groups can participate in decision-making processes that affect their well-being or development; participation is an integral component of any policy, program, or strategy developed. **Accountability:** a process to ensure that duty-bearers are respecting, protecting, and fulfilling human rights, including clarity about commitments and redress mechanisms in the event that rights are violated. **Nondiscrimination:** an active commitment to focus on marginalized, disadvantaged, and excluded groups and to reduce disparity. **Empowerment:** the process of increasing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes.	*Structural indicators* to reflect activities that change policy environment through the adoption of legal instruments and institutional mechanisms deemed necessary for facilitating realization of human rights. *Process indicators* to monitor how programs are being implemented to support human rights principles and development milestones that support the realization of human rights.
Outputs The measurable results of activities are outputs. The framework includes AAAQ, along with other human rights-related outputs.	*To fulfill the right to health, activities should contribute to services being* **Available:** facilities, goods, and services, as well as programs are available in sufficient quantity within the country. **Accessible:** facilities, goods, and services and information are nondiscriminatory, physically accessible, and economically accessible. **Acceptable:** all health facilities, goods, and services are respectful of medical ethics and culturally appropriate (i.e., respectful of the culture of individuals, minorities, peoples, and communities; sensitive to gender and life-cycle requirements; and designed to respect confidentiality and improve the health status of those concerned). **Quality:** health facilities, services, and commodities are scientifically and medically appropriate and of the highest possible quality. *Additional, specific outputs for program and project activities should also be defined*	*Output indicators* to track what the program is accomplishing in terms of making services more AAA and improving Q; output indicators can also be used to track who the program is reaching.
Outcomes and Impact The framework includes the desired human rights-related goals and outcomes of the program and population-level impact.	*Measures and indicators should gauge progress toward achieving project-, program-, and country-level health and demographic goals but also recognize and reinforce program obligations to respect, protect, and fulfill human rights throughout FP programming. The framework uses fulfillment of three reproductive rights categories as the focus:* **Right to reproductive self-determination** **Right to sexual and reproductive health information, services, and education** **Right to equality and nondiscrimination**	*Outcome indicators to* capture attainments, individual and collective, that reflect the status of fulfillment of the human rights in a given context.

Step 5: Propose Potential Partners

Purpose: In this step, you will propose partners with whom to work on priority actions. No single organization or institution can do all the activities needed to respect, protect, and fulfill rights, so partnering is essential to make skills and resources available and to promote coordination and efficiencies in programs. When considering partners, you should include key actors from the public, NGO, and private sectors and civil society that either implement or support activities in the areas of family planning, sexual and reproductive health, and/or human rights. It is essential to consider how to expand beyond the reach of usual partners and to engage new or different partnerships that can address issues that support a human-rights approach. The partners should reflect expertise in a variety of technical areas required for a holistic, high-quality, rights-based FP program (e.g., advocacy, policy formulation and reform, leadership and management, organizational development and system strengthening, human rights, gender, youth services, service provision, contraceptive security, medical education and training, community education, BCC, community engagement, research, monitoring and evaluation, etc.).

Instructions:

1. Carry forward all actions labelled with a **P** in Step 3.
2. List partners whose skills, expertise, or resources are needed to implement the action. Multiple partners may be required for some actions.
3. Indicate whether the partner is new or whether a current partnership with the partner exists.
4. Describe the partner's competencies in relation to the identified action.
5. Describe the role you anticipate the partner playing in the program in relation to the action.

Step 5 Worksheet: Potential Partners

Action	Partner	New or Current	Competency	Potential Role

Step 6: Assess and Strengthen Program Accountability

Purpose: This step focuses on how programs can actively ensure that clients' rights are respected, protected, and fulfilled in FP programs (see Step 6 handout for discussion questions on determining whether voluntarism is at risk). During this assessment, you will identify actions that FP programs or projects can take to strengthen accountability and fulfill their human rights obligations, including actions to identify and address problems.

Instructions:

1. Identify a note-taker to input the outputs of the discussion onto the worksheet. Review the questions posed in column one, and discuss whether and to what extent the actions are being implemented in your program or project.
2. Note responses in the status column, and note whether the action/process is a strength (already being done), a weakness (being done but could use improvement), or a gap (not being done at all).
3. Identify recommended actions to take to improve accountability by the program and to add to the one-year action plan developed during Step 7.

Step 6 Worksheet: Program Accountability

Accountability Mechanisms and Processes	Status in Program/Project	Recommended Action
Is accountability tied in to programs'/sites' reporting processes and staff performance systems? • How are gaps in quality of care standards identified? • Are clear policies in place for addressing poor quality of care, in particular poor client-provider interactions?		
Are qualitative data used as a supplement to quantitative data to reveal whether particular policies and activities are respecting, protecting, and fulfilling rights, while helping to achieve the desired behavior change?		
Are client data disaggregated by gender, age, wealth, and residence (rural/urban)? • Is the date used to determine who is being served/not being served by the program? • Does the client profile for the program or project reflect the profile of the community or population being served?		
Are there routine mechanisms for client feedback? Is there a mechanism in place to address grievances? Is the process clearly defined, including who is responsible?		
Does the project or program review method mix (beyond CYP measures)? • Is the mix skewed toward one or two methods? • Are there policies or practices that promote particular methods? • Do providers show bias for/against particular methods?		

Does the program or project routinely track removal requests for long-acting contraceptive methods? • Are removal services available on site? By referral? • Are removals provided on demand?		
Does the program or project comply with informed consent requirements for permanent methods of contraception? Are these records periodically reviewed as part of routine quality supervision?		
Does the program or project investigate rumors or allegations about voluntarism or other quality problems? • What triggers an investigation? • If a problem exists, who is responsible for follow-up action (to remedy the problem, safeguard future problems, and provide redress if an individual's rights have been violated)?		
Is monitoring participatory, involving all stakeholders as far as feasible, and does it allow them to assess both progress and any revisions required?		
Is information made available on stakeholders' entitlements under the project?		
Does the program or project utilize or participate in additional monitoring systems such as civil society organizations' oversight bodies, advisory boards, and regular stakeholder meetings (government, CSOs, donors, and the most disadvantaged groups) to assess progress and impact?		

STEP 6 Handout: Factors that May Indicate that Voluntarism Is at Risk

Programs can review the status of each factor below and address the following questions to determine whether voluntarism is at risk and to take action:

- How could a program monitor this factor? Is your routine data collection sufficient? What other data might you need to collect?
- What might indicate that there is a possible problem?
- What could a program do if a problem is suspected?
- What should a program do if a problem is confirmed?

Discussion Questions
Method mix • Is it skewed toward one or more methods? • Are there policies or practices that promote particular methods?
Availability of commodities and supplies • Are there stockouts? • Are there geographical or site variations in availability?
Client characteristics • Who are you serving? • Who are you not serving? • Does service delivery data include client profile information? • Does the client profile reflect the community profile?
Removal services for long-acting reversible contraceptives • Are removal services available? • Are there many requests for reversal/ removal?
Reports or rumors about instances of voluntarism abuse • Has the media featured stories about voluntarism abuses? • Are people in communities talking about voluntarism issues?
Compliance with informed consent requirements • Do service sites comply with informed consent requirements?
Provider attitudes • Are providers biased for/against particular population groups? • Are providers biased for/against particular methods?
Provider behavior toward clients • Do client/provider interactions reflect quality of care standards?

Step 7: Create a One-Year Action Plan

Purpose: The next step in the process is to create a one-year action plan for carrying out the recommended actions to address priority needs. This document adds a timeline, roles, and responsibilities to the list of actions developed in Steps 3 and 6. This document is another key output of the workshop and can be used as a reference as program plans are finalized and implemented. The workshop stops short of developing budgets or detailed workplans; however, the outputs can be integrated into existing plans or used to inform new program design.

Instructions:

1. Transfer each action the program will be moving forward with from worksheet #2 into the Action column.
2. For each action, indicate whether this action is a modification of an existing activity (e.g., change in training content, inclusion of new/different stakeholders, etc.) or a new activity for the program.
3. Indicate whether the action can be implemented using existing resources or whether new resources will need to be sought or allocated.
4. Identify the person or organization responsible (or if a partner, proposed to be responsible) to lead this action.
5. Decide on a realistic timeline for the action.

Step 7 Worksheet: Action Plan

Action	Modified/New Activity	Existing/New Resources	By Whom?	By When?

WORKSHOP EVALUATION

How you think this workshop adds value to the work you do? If it does not add value, describe why not and what could improve its value added?
Is the workshop sufficiently comprehensive? Are there any major gaps? If so, please describe.
How might the workshop better take advantage of or incorporate the current and emerging scholarship in the area of rights and choice?

The workshop content was:				
Relevant	Strongly Disagree	Disagree	Agree	Strongly Agree
Comprehensive	Strongly Disagree	Disagree	Agree	Strongly Agree
Easy to understand	Strongly Disagree	Disagree	Agree	Strongly Agree
The workshop handouts:				
Supported the material presented	Strongly Disagree	Disagree	Agree	Strongly Agree
Provided useful additional information	Strongly Disagree	Disagree	Agree	Strongly Agree
Were clear and well-organized	Strongly Disagree	Disagree	Agree	Strongly Agree
The workshop:				
Was well-paced	Strongly Disagree	Disagree	Agree	Strongly Agree
Included sufficient breaks	Strongly Disagree	Disagree	Agree	Strongly Agree
Had a good balance between listening and activities	Strongly Disagree	Disagree	Agree	Strongly Agree
Had activities that were useful learning experiences	Strongly Disagree	Disagree	Agree	Strongly Agree
What did you like *best* about this workshop?				
What did you like *least* about this workshop?				
What will you *take away* with you from this workshop?				

How could the following be improved?
Content:
Worksheets:
Activities:
Facilitation:

ANNEX 1. ADDITIONAL TOOLS, RESOURCES, AND REFERENCES (ORGANIZED BY SECTION)

Orientation

Hardee, K., Newman, K., Bakamjian, L., Kumar, J., Harris, S., Rodriguez, M., and Willson, K. (2013). *Voluntary Family Planning Programs that Respect, Protect and Fulfill Human Rights: A Conceptual Framework*. Washington, DC: Futures Group. Available at: http://futuresgroup.com/files/publications/Voluntary_Rights-Based_FP_Conceptual_Framework_Paper_9_9_13_FINAL_updated.pdf.

Hardee, K., Kumar, J., Newman, K., Bakamjian, L., Harris, S., Rodriguez, M., and Brown, W. (2014). Voluntary, Human Rights-based Family Planning: A Conceptual Framework. *Studies in Family Planning* 41(1): 1–18.

Hardee, K., et al. (Forthcoming). Achieving FP2020 Goal through Voluntary, Rights-based Family Planning: What Can We Learn from Past Experiences with Coercion? Accepted for publication in *International Perspectives on Sexual and Reproductive Health*.

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Human and Reproductive Rights

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Right to Health/Health and Human Rights

Gostin, L., Hodge, J., Valentine, N., and Nygren-Krug, H. (2003). The Domains of Health Responsiveness: A Human Rights Analysis. Geneva: World Health Organization. Available at: http://www.who.int/healthinfo/paper53.pdf.

Office of the High Commissioner on Human Rights (n.d) The Right to Health: Factsheet 31. Available at: http://www.ohchr.org/Documents/Publications/Factsheet31.pdf.

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Human Rights-based Approach to Programming

Office of the High Commissioner for Human Rights (OHCHR). (2006). *Frequently Asked Questions on a Human Rights-based Approach to Development Cooperation.* New York and Geneva: OHCHR. Available at: http://www.ohchr.org/Documents/Publications/FAQen.pdf.

United Nations Population Fund (UNFPA). (2014). Human Rights-Based and Gender Responsive Provision of Family Planning Services, Technical Guidance.

United Nations Population Fund (UNFPA). (2010). *A Human Rights-based Approach to* Programming*/Practical Implementation Manual and Training Materials.* New York: UNFPA and Boston: Harvard School of Public Health. Available at: http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/hrba/hrba_manual_in%20full.pdf.

World Health Organization (WHO) (2013). *Women's and Children's Health: Evidence of Impact of Human Rights,* http://apps.who.int/iris/bitstream/10665/84203/1/9789241505420_eng.pdf.

Monitoring and Evaluation

Developing a rights-based M&E plan based on sound methodologies will require the combined efforts of M&E, family planning, and human rights experts. The following resources are provided to assist in the other steps necessary for a strong, useful M&E plan that can generate results that are credible and of interest to the wider global health, human rights, and family planning communities.

K4Health: K4Health hosts a collection of tools and resources for family planning programs, including for FP program monitoring and evaluation.

Program design, monitoring, and evaluation: https://www.k4health.org/sites/default/files/Facilitators_Guide_FINAL.pdf

MEASURE Evaluation: The MEASURE Evaluation website provides trainings, tools, and other resources to assist people working in family planning with developing M&E plans. They also have an indicator database to identify validated indicators for projects. The indicators included do not necessarily measure human rights constructs or outcomes, but some may be amenable for such use.

Tools for developing M&E plans: http://www.cpc.unc.edu/measure/tools/family-planning

FP and RH Indicators Database: http://www.cpc.unc.edu/measure/prh/rh_indicators

Tool for monitoring repositioning FP: http://www.cpc.unc.edu/measure/publications/sr-12-63

Tool for monitoring quality in FP: http://www.cpc.unc.edu/measure/publications/ms-01-02

EngenderHealth/Futures Group: In a review of tools for rights-based family planning, Kumar et al. (2013) found 39 tools that were designed for assessment or monitoring and/or evaluation purposes. These tools enable users to conduct programmatic assessments or develop and use indicators or methodologies to track elements, progress, or results of programs. These tools have been compiled and summarized in Voluntary, Rights-based Family Planning that Respect, Protect and Fulfill Human Rights: A Review of Tools.

FHI360 Institute for HIV/AIDS: FHI360 has prepared a facilitator's guide for developing M&E plans for HIV/AIDS that includes general monitoring and evaluation planning processes that can easily be adapted for FP programs.

http://www.fhi360.org/sites/default/files/media/documents/Monitoring%20HIV-AIDS%20Programs%20(Facilitator)%20-%20Module%203.pdf

WHO: The WHO released guidelines on rights-based contraceptive access in 2014. As a companion to the guideline, it is preparing another publication that lays out a methodology for identifying indicators and conducting a rights analysis of contraceptive programs using existing quantitative indicators. The document also highlights gaps in available, validated indicators and calls for more attention to rights-based quantitative and qualitative indicators (forthcoming, 2014).

FP2020: The FP2020 Performance, Monitoring, and Accountability and Rights and Empowerment working groups are developing indicators for rights-based family planning. These efforts are complemented by recent investments by the Bill & Melinda Gates Foundation and the United Kingdom's Department for International Development to increase monitoring and accountability efforts for family planning. Information on FP2020 and the Bill & Melinda Gates Foundation monitoring grantees can be found at:

http://www.track20.org/

http://www.pma2020.org/

http://www.familyplanning2020.org/working-groups/rights-and-empowerment

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FP2020. (2013). *Partnership in Action Report for 2012–13. Family Planning 2020*. Washington, DC: United Nations Foundation. Accessed April 13, 2014, at: http://www.familyplanning2020.org/images/content/documents/FP2020_Partnership_in_Action_2012-2013.pdf.

Malajovich, L. (2013). “Social Audits: Young People as Change Agents to Improve Youth Friendly SRH Services (YFS).” Presentation at the International Conference on Family Planning, Addis Ababa, November 2013.

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