



United Nations Population Fund

Strengthening the Human Rights-based Approach to Family Planning at UNFPA

An Assessment



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ABOUT THIS ASSESSMENT

This assessment aims to identify and document the factors that both enhance and inhibit the capacity of UNFPA country teams, their implementing partners and UNFPA as an organization to operationalize and strengthen a human rights-based approach to family planning. The assessment is also intended to further inform the development of an approach to improve staff capacity and performance, based on existing UNFPA guidance and other global documents on rights-based family planning, to enhance the systematic and comprehensive application of a human rights-based approach to UNFPA-supported family planning programmes.

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List of acronyms

AAAQ	Availability, Accessibility, Acceptability and Quality	ICPD25	ICPD at 25 years
APRO	UNFPA Regional Office for Asia & the Pacific	IP	Implementing partner
CEI	Client exit interview	IUD	Intrauterine device
CIP	Costed implementation plan	M&E	Monitoring and evaluation
CO	Country Office	MEC	WHO Medical Eligibility Criteria
CPD	Country Programme Document	MH	Maternal health
CRR	Center for Reproductive Rights	LARC	Long-acting reversible contraceptive
CSB	Commodity Security Branch	NHRI	National Human Rights Institutions
CSE	Comprehensive sexuality education	NGO	Non-governmental organization
CSO	Civil society organizations	PDB	Population Dynamics Branch
DFID	Department for International Development (United Kingdom) (replaced by the Foreign, Commonwealth & Development Office (FCDO))	PRC	Programme Review Committee
FCDO	Foreign, Commonwealth & Development Office	QA	Quality Assurance
FGM/C	Female genital mutilation/cutting	QPM	Quarterly programme management
FP	Family planning	RBM	Results-based management
FP2020	Family Planning 2020	RMNCAH	Reproductive, maternal, neonatal, child and adolescent health
GBV	Gender-based violence	RO	Regional Office
GHRCB	Gender, Human Rights and Culture Branch	SDG	Sustainable Development Goals
GPRHCS	Global Programme to Enhance Reproductive Health Commodity Security	SIS	Strategic Information System
HIV	Human immunodeficiency virus	SRH	Sexual and reproductive health
HRBA	Human rights-based approach	SRHR	Sexual and reproductive health and rights
HQ	Headquarters	UNCESCR	United Nations Committee on Economic, Social and Cultural Rights
ICPD	International Conference on Population and Development	UNDG	United Nations Development Group
		UNFPA	United Nations Population Fund
		USAID	United States Agency for International Development
		WCARO	UNFPA Regional Office for West and Central Africa

Executive Summary

Background, purpose and scope of the assessment

At the 1994 International Conference on Population and Development (ICPD), human rights and gender equity became explicitly central to the mission of UNFPA, the United Nations Population Fund, which was given the lead in helping countries to carry out the Programme of Action agreed by 179 countries. UNFPA has a mandate to promote human rights and has produced numerous resources on a rights-based approach to sexual and reproductive health, as well as co-authored guidance related to rights principles for family planning. Nevertheless, thematic evaluations such as the *Evaluation of the UNFPA Support to Family Planning 2008-2013* published in 2016 and the *Mid-term Evaluation of the UNFPA Supplies Programme 2013-2020* published in 2018 have found that while UNFPA global documents consistently mention rights, evidence of systematic implementation of rights-based family planning (FP) at the country level is less consistent. The evaluations found that UNFPA is missing an opportunity to promote the realization of a human rights-based approach to family planning (HRBA to FP) in a consistent and comprehensive manner.

The purpose of this assessment is first to identify the opportunities, challenges, strengths and weaknesses for taking a human rights-based approach to family planning within different country contexts; and second to explore in-depth perspectives of a small sample of country stakeholders to inform the formulation of actionable recommendations, including for shaping capacity development of UNFPA staff and partners, strengthening the institutional capacity of UNFPA, and enhancing its planning and management framework and tools in general and for the UNFPA Supplies programme in particular. The assessment is also intended to further inform the development of a strategy to improve staff capacity and performance, based on existing UNFPA guidance and other global documents, in applying a human rights-based approach to UNFPA-supported family planning programmes both systematically and comprehensively. It is important to note that this assessment is not intended to cover all UNFPA work to promote sexual reproductive health and rights; its focus is on family planning.

Methodology

The methodology for this assessment includes a **desk review** of relevant documents from UNFPA, other United Nations agencies and other organizations in addition to **interviews/group discussions** with 58 UNFPA staff at headquarters, three Regional Offices and four Country Offices (Sierra Leone, Malawi, Nepal and Lao People's Democratic Republic) and selected partners. Nine key questions guided the assessment and analysis of findings.

Additionally, the assessment includes review of the UNFPA Supplies conceptual framework and the Performance Monitoring Framework and its indicators for the purpose of proposing how the next phase of the programme can more prominently include a focus on the HRBA to FP and measure adherence to a rights-based approach to family planning. The assessment includes review of the UNFPA Supplies programme's client exit interview (CEI) findings in four countries, particularly to highlight where the CEI data indicates potentially critical human rights-related issues.

The assessment reflects certain limitations in the level of depth of review possible, given that the interviews were limited to an hour and were conducted remotely, and sometimes with groups of staff together, which precluded in-depth exploration of the root causes and causal pathways related to the findings. Also, while the assessment team selected the four countries based on agreed-upon criteria with UNFPA, the findings are not intended to be representative of all UNFPA programme countries or of the UNFPA Supplies programme.

It is important to bear in mind in reading this assessment report that given the methodological approach adopted broadly generalizable conclusions are not possible. Indeed, in line with the stated purpose, noted above, the assessment sets out to identify relevant issues based on a relatively small sample in order to inform (in the next step of a multi-phase process) the definition of HRBA to FP-related recommendations and subsequent action steps to ensure their achievement.

For the purposes of this assessment, the assessment team developed a composite definition of “HRBA to FP” based on several key source documents from UNFPA, other United Nations agencies and the World Health Organization (WHO).

Definition of “HRBA to FP” used for the assessment

The UN Common Understanding on HRBA, adopted by the United Nations Development Group in 2003, defines a human rights-based approach to development programming (UNDG Human Rights Working Group, 2003). However, there is not a more detailed definition for applying a human rights-based approach to family planning specifically. There are descriptions and elements in different documents, but they are not pulled together into a concise, consolidated statement in one place. This is a composite definition based on several key source documents and aligned with the UN Common Understanding:

The human rights-based approach to family planning (HRBA to FP) is a **systematic process** to ensure that attention to **human rights principles** related to FP is embedded in **all programmatic phases** (i.e. needs assessment, programme design, workplan development, implementation, monitoring and evaluation) **at all levels of the programme** (i.e. policy, service delivery, community and individual).

The World Health Organization (WHO, 2014) highlighted **nine rights principles and standards** for contraceptive information and services (these come from international human rights standards elaborated by human rights mechanisms and enshrined in international conventions that states have ratified):

- | | | |
|-----------------|----------------------------|-------------------------------|
| • Availability | • Quality | • Privacy and confidentiality |
| • Accessibility | • Non-discrimination | • Participation |
| • Acceptability | • Informed decision-making | • Accountability |

The rights principles and standards from WHO (2014) are linked to **eight categories of action** that can be taken at different levels of the health system to fulfill human rights, as described in UNFPA and WHO (2015) *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide*:

- Ensure access for all (non-discrimination)
- Commodities, logistics and procurement (availability)
- Organization of health facilities (accessibility)
- Quality of care (acceptability, quality, informed decision-making, privacy and confidentiality)
- Comprehensive sexuality education (accessibility)
- Humanitarian context (right to accessible services)
- Participation by potential and actual users (participation)
- Accountability to those using services (accountability)

“Rights-based family planning is driven by the needs and rights of people the program is meant to serve, rather than the program’s structure, systems, staff or numeric goals” (Kumar et al., 2018: 4).

The **goal** of this approach is to fulfil the “basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children” with access to quality information and services, free from discrimination or coercion (ICPD Programme of Action 1994, para 7.3).

Main findings

Findings in the assessment focuses on what is going well and what needs strengthening and why. This analysis, combined with expert judgment of the assessment team, informs conclusions drawn and recommendations to UNFPA for strengthening its HRBA to FP.

Key documents related to HRBA to FP

For purposes of programming for a human rights-based approach to FP, the most relevant documents reviewed, in the judgment of the assessment team, included:

- The ICPD Programme of Action (UNFPA, 1994)
- *Choices not Chance: UNFPA Family Planning Strategy 2012-2020* (UNFPA, 2012)
- *UNFPA Strategic Plan 2018-2021* (UNFPA, 2017)
- *General Comment 22 on Article 12 of the International Covenant on Economic, Social and Cultural Rights* (UNCESCR, 2016)
- *The Human Rights Based Approach to Development Cooperation Towards a Common Understanding Among UN Agencies* (UNDG Human Rights Working Group, 2003)
- *A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials* (UNFPA and Harvard, 2010)
- *Ensuring Human Rights in the Provision of Contraceptive Information and Services: Guidance and Recommendations* (WHO, 2014)
- *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide* (UNFPA and WHO, 2015)
- *Quality of Care in Contraceptive Information and Services, Based on Human Rights Standards: A Checklist for Health Care Providers* (WHO, 2017)

Common understanding of how UNFPA defines HRBA to FP

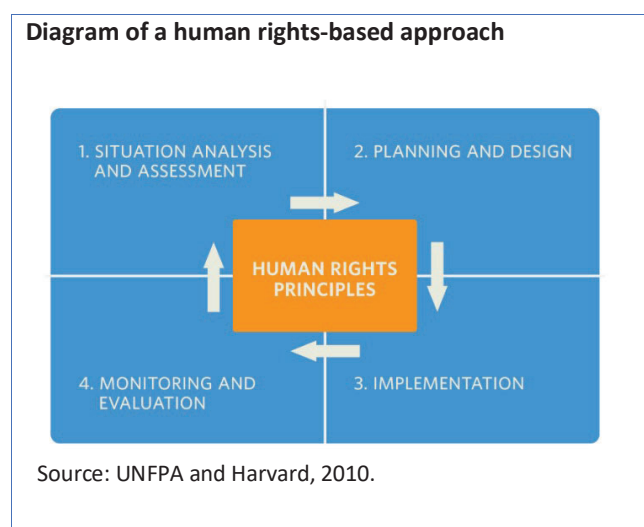
UNFPA staff are generally aware of and committed to human rights; however, staff could not point to a concise, standard definition of the HRBA to FP and they do not share a common understanding of the human rights principles and standards specific to FP programming.

The role of UNFPA in promoting HRBA to FP

Most respondents said that UNFPA is a human rights organization and human rights is in its “DNA”. Staff made clear that UNFPA is not an implementer, but an influencer at the global level and a partner to country FP programmes, supporting governments to develop and implement national reproductive health plans that include FP and that uphold rights articulated at the ICPD.

Training, guidance and technical support from UNFPA for HRBA to FP

UNFPA has developed a range of guidance and training materials on HRBA related to its thematic work, notably UNFPA and Harvard (2010) *A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials*. However, there is no standardized UNFPA curriculum on the HRBA to FP, nor is there standardized guidance on implementing the HRBA to FP. UNFPA piloted the roll-out of *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide* (UNFPA and WHO, 2015) in East and Southern Africa in 2015 that included seven country teams and was intended to be followed with seed funding to address rights gaps and to be further rolled out to other countries and regions. Reassignment of UNFPA staff who had spearheaded the roll-out, lack of other staff capacity and lack of funding for additional activities resulted in scant follow-on and a missed opportunity to widely disseminate the *Implementation Guide* and train staff on how to practically implement human rights in family planning programming.



Comprehensive and systematic application of HRBA to FP in UNFPA work

Few respondents reported using the HRBA to apply human rights principles and standards in all programme phases – assessment, design, implementation and monitoring & evaluation. Very few respondents had heard of the UNFPA and Harvard (2010) publication *A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials*.

UNFPA interaction with governments and implementing partners on HRBA to FP

In its unparalleled leadership and convening role, UNFPA has wide-ranging interaction with governments, implementing partners and communities, but does not use that role consistently to facilitate taking a human rights-based approach to FP. UNFPA is often the lead development partner supporting governments to develop their policies, including a Family Planning Costed Implementation Plan (FP CIP) associated with country commitments to FP2020.

Monitoring HRBA to FP

Respondents described a robust and layered quality assurance and results monitoring system across UNFPA programming that addresses the human rights-based approach broadly, but does not specifically address the principles and standards for the HRBA to FP. Monitoring and reporting tools do not track how systematically or comprehensively the HRBA to FP is implemented; and there is no standard protocol for managing alleged or confirmed human rights violations or concerns.

Holding staff accountable for taking HRBA to FP

Respondents perceive that ensuring UNFPA applies a human rights-based approach in its FP work should be a shared responsibility of staff across units and at all levels. Headquarters issues guidance; the ROs make sure CO staff are aware of it and using it; and CO teams are responsible for applying it.

HRBA, including HRBA to FP, is not a factor on performance appraisals and UNFPA has no system in place for holding staff accountable for HRBA, including HRBA to FP.

Mechanisms for knowledge-sharing about HRBA to FP within UNFPA

UNFPA shares knowledge through numerous internal and external channels; the challenge is in making knowledge-sharing more systematic, making people aware of available resources and knowledge, and getting them to access what is offered. An internal UNFPA Google Site with a toolkit for accelerating “Getting to Zero Unmet Need” has been developed but not yet launched for use by UNFPA staff. The intention for the site is to be a one-stop shop for materials related to this UNFPA Transformative Result, which could include the HRBA to FP. There is no apparent process at UNFPA for vetting “good practices” to be shared in this area or others.

Internal and external challenges in implementing HRBA to FP

Internal challenges to applying a human rights-based approach to FP include organizational structure, variable staff capacity and leadership, funding constraints and lack of data. External challenges include political opposition, conservative socio/cultural/gender norms and resource constraints. The COVID-19 pandemic will affect programming for some time. It is shining a spotlight on the need to strengthen weak health systems and to ensure that rights to contraceptive care are upheld.

Additional support considered helpful to implement HRBA to FP

When asked what could help them implement HRBA to FP, respondents identified a number of needs and offered suggested actions across numerous topics including guidance on a common understanding of the UNFPA definition of HRBA, technical support and training, monitoring, accountability and knowledge-sharing, among others.

Evaluation conclusions

The findings of this assessment reveal UNFPA’s strengths with respect to human rights-based FP programming, areas needing improvement and causes of underlying deficiencies. It also suggests opportunities. The seven conclusions relate to staff capacity and performance, organizational structure and systems as well as leadership.

Conclusion 1. While UNFPA staff share a commitment to taking a human rights approach to their work in principle, they lack a shared understanding of HRBA programming and human rights principles of FP. This does not allow for consistency in how systematically and comprehensively staff apply the HRBA to FP activities planning and how well UNFPA documents and can demonstrate its contribution in this area.

UNFPA does not have a complete, concise statement of what “HRBA to FP” is and how to implement it. Instead, descriptions of the HRBA approach and layers of guidance on human rights principles related to FP have accrued over time but, as they are not consolidated, staff refer to different resources they are aware of. Some guidance was issued by the corporate level of the United Nations and applies to all United Nations agencies and to all types of programming; some was developed by UNFPA and applies to all areas of sexual and reproductive health (SRH); and some was issued by

UNFPA for application to specific thematic areas, including FP. This assessment found no evidence of a process at UNFPA for updating guidance or assuring continuity and links between pre-existing materials and new resources. Moreover, the roll-out of guidance documents has been limited.

There is neither a standardized curriculum for HRBA programming nor a cohesive training system or strategy to ensure that staff have the knowledge and skills they need to fulfil their responsibilities with respect to rights-based FP programming. While all staff interviewed in this assessment were able to identify some human rights principles and standards, none identified all nine rights principles and standards for contraceptive information and services detailed by the World Health Organization in 2014.

Likely causes of the gaps in informants' responses include:

- Lack of awareness of the general HRBA principles and their application due to limited training based on this core HRBA resource: *A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials* (UNFPA and Harvard, 2010);
- Lack of knowledge of nine human rights principles and standards for contraceptive information and services due to limited dissemination of and training based on two key HRBA to FP resources: *Ensuring Human Rights in the Provision of Contraceptive Information and Services: **Guidance and Recommendations*** (WHO, 2014) and the publication based on it: *Ensuring Human Rights Within Contraceptive Service Delivery: **Implementation Guide*** (UNFPA and WHO, 2015);
- Higher levels of familiarity with the rights principles and standards closely associated with the focus areas of the UNFPA Supplies programme, under which most of UNFPA funding and activity related to FP falls, compared with lower levels of familiarity with other rights principles and standards;
- Lack of recognition of rights principles embedded in programmatic priorities and terminology (e.g. leave no one behind).

Lack of a focused and systematic staff development strategy related to human rights programming suggests that UNFPA has not adequately prioritized and invested in the HRBA as a technical area.

Conclusion 2. Variable staff capacity to apply HRBA to FP programming and to identify and address barriers to human rights hinders systematic and comprehensive implementation of rights-based FP across UNFPA and all of its country programmes. Application of the HRBA requires a mindset as much as a skill set, an awareness and sensibility that enables staff to routinely and deliberately view UNFPA's work through a human rights lens and to recognize human rights vulnerabilities when they arise. For UNFPA to fulfil its mandate to mainstream human rights into all its FP activities, rights literacy and sensibilities need to become more widely shared across programme staff.

To further the realization of individuals' human rights in FP programmes, UNFPA staff require the ability to conduct human rights assessments of their programme context. They also require the capacity to design programme interventions to address identified needs with respect to human rights, and, during the course of programme implementation, to identify practices that potentially threaten individuals' rights and to take corrective action as needed. In addition to skills and acquiring a mindset that enables staff to view UNFPA's work through a human rights lens, staff

require the advocacy and communication skills – plus the confidence and comfort level – to effectively address sensitive rights issues in contexts where they could be culturally contentious. This can be especially challenging for staff who are nationals of the countries in which they work and who share the values that resist the advancement of human rights.

While some staff have deep expertise in rights-based programming, including the HRBA to FP, knowledge and skills related to rights-based programming vary widely across branches at headquarters, ROs and COs. Reasons for this variance include:

- Some staff have experience with rights-based programming from their work prior to joining UNFPA; many do not;
- Staff have not all received the same training for a core base of common knowledge and skills related to the human rights-based approach to reproductive health, including family planning (RH/FP);
- Given donor interests, UNFPA’s work on family planning has focused more on the supply side (commodities and capacity to deliver them) than on addressing social, cultural and gender-related constraints to women’s empowerment and decision-making.
- Human rights terminology and programmatic terminology can differ, making it difficult for people to understand the programmatic implications of specific human rights principles and standards. In both discourse and documents, the bridge from one conceptual frame of reference to the other is often lacking, contributing to the possibility that staff may overlook interventions that might be called for if a human rights lens were applied. The UNFPA and WHO (2015) publication of *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide* sought to bridge that gap for contraceptive information and services, but, as noted above, was not widely disseminated and is little used within UNFPA. For UNFPA to fulfil its mandate to mainstream human rights into all its FP activities, rights literacy and sensibilities need to become more widely shared across programme staff.

Conclusion 3. Although programme responsibility for FP activities and assuring the HRBA is shared across all branches and levels of the organization, in practice expertise in human rights is not evenly distributed and the units have become siloed, hindering coordination, integration of programming and the exchange of materials, expertise, good practices and new evidence.

While FP is UNFPA core business, responsibility for technical leadership of different programmatic sub-themes is distributed across branches in the Technical Division. The commodities component and some other aspects of FP rests with the Commodity Security Branch; comprehensive sexuality education (CSE) and adolescent sexual and reproductive health rests with the Sexual and Reproductive Health Branch; research and data rests with the Population Dynamics Branch; and HRBA rests with the Gender, Human Rights and Culture Branch. And although responsibility for human rights-based programming is shared across thematic areas, there is just one Technical Adviser for Human Rights who sits in the Gender, Human Rights and Culture Branch at headquarters. ROs do not have dedicated human rights staff; that topic is folded into the work of gender advisers. At country level also, gender advisers now have human rights added to their titles but their work seems to have remained largely focused on the gender portfolio.

Having units and individuals serve as the locus of activity and resources for specific themes comes with the risk of structure rigidifying and hindering the flow of expertise, information and learning, and of a growing perception that the prime responsibility for specific content areas (e.g. human

rights) falls to the designated point person or unit. To implement HRBA to FP requires knowledge of both human rights AND family planning. Enhanced collaboration between staff with human rights expertise and those with family planning expertise would strengthen UNFPA's work on HRBA to FP. At present, mechanisms and incentives to work more closely across units are insufficient.

More systematic knowledge management and incentives for working more closely across units would greatly enhance the cross-cutting issue of human rights-based programming, which is strengthened through creating synergies across the UNFPA Transformative Results (end preventable maternal death, end unmet need for FP, and end gender-based violence and all harmful practices) and through promoting HRBA to FP through working on supply, demand and the enabling environment; working with both health systems and National Human Rights Institutions (NHRIs); promoting comprehensive sexuality education as well as contraceptive services; addressing gender and social norms that constrain women's ability to access FP and make informed choices about fertility and contraception. Moreover, the Population Dynamics Branch could expand its work to collaborate on research and analysis with other branches, including on HRBA to FP, maternal health, HIV, adolescents and youth and other areas.

There is also no apparent process at UNFPA for vetting "good practices" to be shared, including for HRBA to FP. It is important that practices be evidence-based; thus, establishing rigorous criteria for what is a good practice related to HRBA to FP is critical. This is especially important in view of the role UNFPA plays in the promotion of HRBA to FP globally and at the country level.

Conclusion 4. UNFPA's programme development, approval and monitoring process does not systematically or adequately address human rights, including human rights related to family planning.

In order to succeed, in addition to the guidance documents and training related to rights-based FP programming already discussed, staff need clear performance expectations and routine processes and systems that reinforce the prioritization of human rights. This is currently a gap. Although UNFPA has a robust and layered quality assurance and results monitoring system that incorporates human rights at a generalized level across UNFPA programming, it includes few specifics about human rights and none related to human rights and family planning. Its detailed processes for developing, approving and monitoring programmes involve reviews at the country, regional and headquarters levels. However, the focus is on the Country Programme Document (CPD), which is a high level document that does not require details of the rights elements of the programme. Guidance provided for programme development does not currently require that programming routinely starts with a human rights assessment (or that human rights be incorporated into a broader needs assessment); nor does it provide details of the essential principles and standards of rights-based FP programmes. And monitoring plans are not required to explicitly track human rights.

Failure to incorporate the human rights assessment as an essential first step in programming may be a failure to connect the dots among guidance documents over the years. Such an assessment and analysis are stipulated as an essential element of a human rights-based approach in the UNDG (2003) resource *The Human Rights Based Approach to Development Cooperation Towards a Common Understanding Among UN Agencies*; however, this has not been carried over into UNFPA's programme quality assurance and results monitoring system requirements. Moreover, CO staff who

are focused on implementing a UNFPA-supported project, such as the UNFPA Supplies programme, may not recognize it as their responsibility to exercise UNFPA's broad convening and facilitation power to engage governments and other implementing partners in conducting a comprehensive human rights assessment to identify supporting factors and barriers in their programme context. As a consequence, a variety of rights-related challenges may go unrecognized and fall through the cracks.

Conclusion 5. UNFPA is in an unrivalled position to facilitate human rights-based programmes at the country level.

UNFPA is recognized for its leadership in promoting human rights-based reproductive health and enjoys an unparalleled relationship with national governments as a partner in human rights-based FP. UNFPA should continue to use its convening power to bring governments and multisectoral stakeholders together to foster strategic partnerships, enhance coordination and collaboration, and plan joint activities, including rights assessment and planning exercises.

At the same time, UNFPA staff at the country level confront many barriers to rights-based FP. In multiple countries human rights are culturally sensitive. Gender and social norms around marriage, fertility, family size, abortion, sexual identity and women and girls' autonomy can challenge the implementation of the HRBA to FP. Traditional gender norms can result in reluctance of female clients to be seen by male providers. Some believe that comprehensive sexuality education promotes sexual activity among adolescents. Norms around female genital mutilation (FGM) and child marriage also affect programming.

Human rights awareness and literacy are typically low among policymakers, service providers, managers and community members, which impede rights-holders from knowing and demanding their rights and duty-bearers from protecting and fulfilling those rights. The language of population control is still used in some countries. Even the narrative about the demographic dividend can foster a non-rights-based narrative of overpopulation that can lead to the reductive message "just get your numbers down and Gross Domestic Product will go up".

Government policies and priorities frequently hinder the advancement of human rights in FP programmes. Some create access barriers to information and services people want; some create pressures to accept FP or specific methods they may not want. In addition, the readiness of service delivery points to protect and fulfil clients' human rights with adequate and clean physical facilities, adequate commodities, supplies, equipment and acceptable service hours must be assured. And providers must be supported to ensure that their competence, attitudes and practices support client-centred, rights-based care.

Funding restrictions impose further constraints. UNFPA operates in many settings with considerable domestic resource constraints and need for inter-donor coordination to fill them. While donors are generally supportive of a human rights-based approach in principle, their funding decisions and reporting requirements do not always support this.

Conclusion 6. UNFPA plays a critical global leadership role on human rights and family planning.

In addition to being a key partner to governments, UNFPA is a co-Chair of FP2020, a founding member of the Reproductive Health Supplies Coalition (RHSC), a member of the Inter-Agency Working Group on Reproductive Health in Crises (IWAG), a co-sponsor of the FP High Impact Practice Initiative (HIP), a member of the Implementing Best Practices (IBP) partnership, and a co-sponsor of the Global HIV Prevention Coalition, among other groups. UNFPA is well positioned to coordinate with and to undertake joint activities with these entities at both the global and country levels to advance human rights-based FP. Its focus on serving underserved population groups, youth-friendly services, assuring access to a choice of methods, commodity security, informed decision-making and programme accountability places it at the forefront of the rights agenda. Additionally, as a United Nations agency, UNFPA is contributing to operationalizing the Secretary-General's 2020 Call to Action for Human Rights (UN, 2020), which should serve to further strengthen UNFPA's work on human rights.

Conclusion 7. UNFPA is well positioned to undertake evidence-based advocacy for greater donor and government investment in demand-side efforts that include changing cultural norms, gender equality and rights literacy.

Given donor interests, UNFPA's work on family planning has focused more on the supply side (commodities and capacity to deliver them) than on addressing social, cultural and gender-related constraints to women's empowerment and decision-making. However, the follow-on UNFPA Supplies, the development of the next UNFPA Strategic Plan, and the transition from FP2020 to FP2030, provides a timely opportunity for UNFPA to address these challenges.

Evaluation recommendations

Recommendation 1. Internal interrogation within UNFPA of root causes and solutions to ensuring systematic implementation of HRBA to FP

Undertake an internal consultation, or a series of consultations of relevant UNFPA leaders and staff to review the findings, conclusions and recommendations of this assessment to interrogate the reasons for the contradiction of UNFPA being a global leader in promoting family planning as a human right but failing to adequately support its staff with the knowledge, skills and tools they need to systematically implement the HRBA to FP and to resolve rights challenges when they arise. Link the consultation(s) with UNFPA's work to operationalize the United Nations Secretary-General's 2020 Call to Action for Human Rights.

Recommendation 2. Armed with the findings from the assessment, UNFPA Country Offices should conduct a rights audit of their programmes to identify strengths, weaknesses and gaps in taking the HRBA to FP (i.e. phases of programming in which human rights are not explicitly addressed, rights-related principles and standards that are not addressed, levels of the FP programme that are not considered). Such an exercise would reveal commonalities across countries as well as country-specific variance. Further root cause analysis would pinpoint underlying causality that could inform necessary action.

Recommendation 3. Statement on HRBA to FP, operational guidance for HRBA programming and its application to FP, and staff capacity development

UNFPA should consolidate elements from existing resources of the United Nations, World Health Organization, UNFPA and others to provide a clear, concise and complete statement about what the HRBA to family planning

is and operational guidance for programming and its application to family planning. UNFPA should develop and roll out a package of the key UNFPA guidance documents for programme design and implementation for human rights-based FP plus a training strategy and materials to provide staff with the awareness, practical knowledge and skills their roles require to ensure human rights-based FP activities and programmes.

Recommendation 4. Programming processes and materials

Incorporate the HRBA to FP more explicitly into UNFPA programme development, quality assurance, monitoring, evaluation and accountability processes and materials. Make a human rights assessment of the programme context a required first step in programming, and ensure that human rights-related indicators are included in programme monitoring plans. Foster synergies among thematic areas and results to strengthen rights-based programming.

Recommendation 5. Knowledge management

Strengthen knowledge management with a clear, well-publicized information hub to promote the exchange of new evidence, resources and good practices with respect to HRBA programming related to UNFPA's thematic areas, including FP, among and between branches, Regional Offices and Country Offices. Furthermore, identify opportunities for coordination and exchange among units using both interpersonal and online mechanisms. And create incentives to foster a culture of learning among units at headquarters, among RO and COs, and between headquarters staff and field staff.

Recommendation 6. Organizational structure, staff roles and responsibilities

Assess the UNFPA organizational structure, staff roles and responsibilities, and adjust as necessary to ensure that HRBA capacity cuts across thematic areas, and that resources and priorities align with the organization's commitment to rights-based programming. Link this assessment of structure, roles and responsibilities with UNFPA's work to operationalize the United Nations Secretary-General's 2020 Call to Action for Human Rights.

Recommendation 7. Global and country leadership and advocacy

Assert UNFPA's leadership role in advocating for increased funding, holistic programming and accountability for the HRBA to FP with donors, governments, implementing partners and the FP2020 global partnership.

Recommendation 8. Convening stakeholders at country Level

UNFPA should use its convening role and coordinate partners' support to the host country to meet the rights standards in the national FP programme, through taking a human-rights based approach, including assessment, planning (e.g. through FP-CIP development), coordinated support for implementation and monitoring. Advocacy is needed to raise awareness and keep HRBA for FP high on the government agenda, including working beyond health sector including national and international human rights systems.

Recommendation 9. UNFPA Supplies

Ensure that human rights underpin the design of the next phase of the UNFPA Supplies programme, including its goals and objectives, Theory of Change, strategies and monitoring and evaluation plan, and that to the extent possible it addresses structural issues that challenge human rights.

1. Introduction

Background

UNFPA, the United Nations Population Fund, is aligned with other United Nations agencies in upholding human rights in its programming, which is intended to be implemented using a human rights-based approach (HRBA). At the 1994 International Conference on Population and Development (ICPD), human rights and gender equity became explicitly central to the UNFPA mission, which was expanded beyond family planning (FP) to embrace sexual and reproductive health and rights (SRHR). ICPD built on earlier conferences, including the 1968 International Conference on Human Rights, which declared family planning a human right. UNFPA has a mandate to promote human rights and has produced documentation on a rights-based approach, as well as co-authored guidance related to rights principles for family planning. Nevertheless, thematic evaluations such as the *Evaluation of the UNFPA Support to Family Planning 2008-2013*, published in 2016, and the *Mid-term Evaluation of the UNFPA Supplies Programme 2013-2020*, published in 2018, have found deficiencies with the programme's incorporation of a human rights-based approach (HRBA) to family planning. Notably, while UNFPA global documents consistently mention rights, evidence of systematic implementation of rights-based family planning at the country level is less consistent. The evaluations found that UNFPA is missing an opportunity to promote the realization of a human rights-based approach to family planning (HRBA to FP). Overall, the evaluations found:

- Lack of a common understanding of HRBA to FP among UNFPA staff at headquarters (HQ), Regional Offices (RO) and Country Offices (CO);
- Variable staff capacity to implement HRBA;
- Attention to selected rights in some country programming, most notably access, choice, quality and equity, but few country examples of taking a holistic approach to rights. The principles of availability, acceptability, participation and accountability were not routinely applied; and
- Little evidence of incorporation of rights into all aspects of programming (assessment, design, implementation and evaluation).

A summary of country evaluations conducted between 2012 and 2018, *Getting to Zero: Good Practices on Ending Preventable Maternal Deaths, Ending Unmet Need for Family Planning and Ending Gender-Based Violence and all Harmful Practices* (UNFPA, 2019a), contains many mentions of SRHR and frames family planning as a human right and important for achieving gender equality, but there is no mention of HRBA to FP in the findings.

Purpose

The purpose of this assessment is to identify and document the factors that both enhance and inhibit the capacity of UNFPA country teams, their implementing partners and UNFPA as an organization to operationalize and strengthen a human rights-based approach to family planning. The assessment is also intended to further inform the development of an approach to improve staff capacity and performance, based on existing UNFPA guidance and other global documents on rights-based family planning, to enhance the systematic and comprehensive application of a human rights-based approach to UNFPA-supported family planning programmes.

Objectives of the assessment are twofold: First, to identify the opportunities, challenges, strengths and weaknesses for taking a human rights-based approach to family planning within different country contexts; and second, to explore in-depth perspectives of country stakeholders and identify areas for action in the form of actionable recommendations, including for shaping capacity development of UNFPA staff and partners, and strengthening the institutional capacity of UNFPA, including its planning and management framework and tools in general and for the UNFPA Supplies programme in particular. It is important to note that this assessment is not intended to cover all UNFPA work to promote sexual and reproductive health and rights; its focus is on family planning.

Main areas of investigation

This assessment investigated a number of areas where UNFPA could potentially enhance its approach to a human rights-based approach to family planning, including:

- Documenting the UNFPA role in promoting and ensuring human rights-based FP globally and at the country level;
- Identifying what UNFPA staff know about human rights-based FP principles, guidance and implementation of HRBA for FP, notably UNFPA guidance for such work;
- Ascertaining what training staff are given to implement human rights-based FP;
- Understanding how human rights-based FP is integrated into UNFPA programming (globally, regionally and at the country level);
- Identifying what UNFPA (HQ/RO/CO) does to assure that the HRBA to FP is being applied comprehensively – namely that all rights principles from WHO (2014) and UNFPA and WHO (2015) are addressed);
- Identifying what UNFPA does to assure that the HRBA to FP is being applied systematically (in all phases of all programmes, namely assessment, design, implementation and M&E);
- Reviewing accountability mechanisms related to human rights-based FP, e.g. processes for identifying red flags and addressing weaknesses and gaps in rights in programming, including rights violations (including addressing trends in client exit interview (CEI) findings under the UNFPA Supplies programme); and processes for holding staff accountable for integrating rights into programming;
- Documenting mechanisms for sharing experiences in implementing rights-based FP across the organization;
- Identifying how UNFPA interacts with country counterparts and implementing partners on rights-based FP (e.g. addressing rights issues with governments; participation in CIP preparation and implementation);
- Discerning any institutional challenges to applying the HRBA to FP; and
- Uncovering what more, if anything, UNFPA could do to assure that its staff applies the HRBA in its FP programmes comprehensively and systematically.

2. Methodology

The methodology for this assessment includes a desk review of relevant documents and interviews/group discussions with UNFPA staff at headquarters, three Regional Offices and four Country Offices, and selected partners. Additionally, the assessment included review of the UNFPA Supplies conceptual framework and performance monitoring framework and indicators.

Desk review of existing documents

The documents reviewed for the assessment include United Nations guidance on HRBA; global and UNFPA guidance on HRBA to FP; UNFPA strategies; UNFPA training materials on HRBA and HRBA to FP; summaries of discussions with UNFPA country staff trained on HRBA to FP in 2015, including what staff did as follow-up; Country Family Planning Costed Implementation Plans (FP CIP); recent relevant UNFPA evaluations; and relevant articles / book chapters that focus on UNFPA work on HRBA, including HRBA to FP. This material was collected through an online search, from materials on HRBA to FP known to the assessment team, and from respondents during interviews and group discussions. The documents cited are included in the references of the assessment report.

Discussions with UNFPA staff and implementing partners

Key informant interviews were conducted to determine how staff from Country Offices, Regional Offices and headquarters, as well as staff within implementing partners understand HRBA; how they incorporate it into their work; challenges they face in implementing HRBA; and what additional knowledge, skills and support would be helpful. Four countries were selected based on the following criteria, which is described in more detail in the inception report.

- ✓ Regional distribution (West, East or Southeast Africa, South Asia and Southeast Asia)
- ✓ UNFPA Supplies programme country
- ✓ Country was included in the UNFPA Supplies evaluation and had an issue with the client exit interview (CEI)
- ✓ Country was included in training undertaken in 2015 regarding the UNFPA and WHO publication *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide*
- ✓ Country has an FP CIP and UNFPA was involved in its development (this signifies UNFPA involvement with country stakeholders)

Three of the original countries selected – Lao PDR, Nepal and Sierra Leone – were included in the assessment. The fourth country selected, Uganda, was unable to participate and was replaced by Malawi.

A typology of respondents was proposed in the inception report for the assessment. A list of 58 respondents included in the assessment is found in Annex 1. The questions for each type of respondent are shown in Annex 2. Interviews and group discussions were held via Zoom, Skype or phone as country visits were not possible due to limited resources and time frame. The interviews and group discussions were conducted between January and April, 2020. The questions were sent to respondents in advance of the interviews, and questions were modified depending on the respondent and whether the questions were asked of an individual or in a group. The interviews and group discussions lasted about one hour each.

Review the UNFPA Supplies conceptual framework and indicators

As part of the assessment, the team reviewed the UNFPA Supplies conceptual framework and indicators for the purpose of proposing how the next phase of UNFPA Supplies can more prominently include a focus on HRBA to FP and measure adherence to a rights-based approach to FP.

Review of client exit interview findings

The assessment included review of CEI findings from the UNFPA Supplies programme in the countries included in the assessment, particularly to highlight where the CEI data indicated potentially critical human rights-related issues.

Definition of HRBA to FP for the assessment

There is no standard definition of a human rights-based approach to FP, either within UNFPA or elsewhere. The assessment team developed a composite definition based on several key source documents to use as a basis for this assessment. This definition of HRBA to FP is shown in Box 1.

Box 1. Definition of “HRBA to FP” used for the assessment

The UN Common Understanding on HRBA, adopted by the United Nations Development Group in 2003, defines a human rights-based approach to development programming (UNDG Human Rights Working Group, 2003). However, there is not a more detailed definition for applying a human rights-based approach to family planning specifically. There are descriptions and elements in different documents, but they are not pulled together into a concise, consolidated statement in one place." This is a composite definition based on several key source documents and aligned with the UN Common Understanding:

The human rights-based approach to family planning (HRBA to FP) is a **systematic process** to ensure that attention to **human rights principles** related to FP is embedded in **all programmatic phases** (i.e. needs assessment, programme design, workplan development, implementation, monitoring and evaluation) **at all levels of the programme** (i.e. policy, service delivery, community and individual).

The World Health Organization (WHO, 2014) highlighted **nine rights principles and standards** for contraceptive information and services (these come from international human rights standards elaborated by human rights mechanisms and enshrined in international conventions that states have ratified):

- | | | |
|-----------------|----------------------------|-------------------------------|
| • Availability | • Quality | • Privacy and confidentiality |
| • Accessibility | • Non-discrimination | • Participation |
| • Acceptability | • Informed decision-making | • Accountability |

The rights principles and standards from WHO (2014) are linked to **eight categories of action** that can be taken at different levels of the health system to fulfill human rights, as described in UNFPA and WHO (2015) *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide*:

- Ensure access for all (non-discrimination)
- Commodities, logistics and procurement (availability)
- Organization of health facilities (accessibility)
- Quality of care (acceptability, quality, informed decision-making, privacy and confidentiality)
- Comprehensive sexuality education (accessibility)
- Humanitarian context (right to accessible services)

- Participation by potential and actual users (participation)
- Accountability to those using services (accountability)

“Rights-based family planning is driven by the needs and rights of people the program is meant to serve, rather than the program’s structure, systems, staff or numeric goals” (Kumar et al., 2018: 4).

The **goal** of this approach is to fulfil the “basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children” with access to quality information and services, free from discrimination or coercion (ICPD Programme of Action 1994, para 7.3).

Sources: UNDG Human Rights Working Group. 2003. *The Human Rights Based Approach to Development Cooperation Towards a Common Understanding Among UN Agencies*; World Health Organization (WHO). 2014. *Ensuring Human Rights in the Provision of Contraceptive Information and Services*. Geneva; UNFPA and WHO. 2015. *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide*. Geneva; UNFPA and Harvard. 2010. *A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials*. New York; FP2020. 2015. *Rights and Empowerment Principles for Family Planning*. Washington, DC; UN Economic and Social Council, Committee on Economic, Social and Cultural Rights (UNCESCR). 2016. General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights). E/C.12/GC/22. 2016; Hardee, K, J Kumar, K Newman, L Bakamjian, S Harris, M Rodriguez, and W Brown. 2014. “Voluntary, Human Rights-based Family Planning: A Conceptual Framework.” *Studies in Family Planning*. 45(1): 1-18; Kumar, Jan, Bakamjian, Lynn, Hardee, Karen, Jurczynska, Kaja, and Jordan, Sandra. 2017. “What is a Human Rights-Based Approach to Family Planning?” In FP2020. 2018. *Rights-Sizing Family Planning: A Toolkit for Designing Programs to Respect, Protect, and Fulfill the Rights of Girls and Women*. Washington, DC.

Key questions

Findings from the assessment are organized under nine key questions:

1. Do UNFPA staff have a common understanding of how UNFPA defines HRBA to FP and of its role in promoting the HRBA to FP?
2. What training, guidance and technical support does UNFPA offer to ensure staff have the knowledge and skills they need to apply the HRBA to FP?
3. Is there comprehensive and systematic application of HRBA to FP in UNFPA’s work?
4. How does UNFPA interact with governments and implementing partners on HRBA to FP?
5. How is HRBA to FP monitored? Are there protocols for managing concerns that some human rights principles or standards are not being upheld?
6. How does UNFPA hold staff accountable for taking the HRBA to FP?
7. Are there mechanisms for knowledge-sharing about HRBA to FP within UNFPA? If so, how effective are they?
8. What are the internal and external challenges faced by UNFPA in implementing HRBA to FP?
9. What additional support would be helpful to UNFPA staff to implement HRBA to FP?

For each question, a concise summary of the findings is followed by an analysis to explain the findings. The analysis focuses on what is going well and what needs strengthening and why. This analysis, combined with expert judgment of the assessment team, informs conclusions drawn and recommendations to UNFPA for strengthening its HRBA to FP.

Limitations

UNFPA staff were generous with their time in participating in this assessment and in sharing relevant materials with the assessment team. This assessment included respondents from headquarters, three ROs and four COs and while the assessment team selected the countries based on agreed-upon criteria with UNFPA, the findings are not intended to be representative of all countries or of UNFPA Supplies. It was not possible with remote one-hour phone calls, often with groups, to go into the depth regarding root causes and causal pathways that would have been possible with country visits.

Furthermore, participation of country counterparts in interviews in three of the four countries was constrained by the spread of COVID-19, starting in mid to late March 2020. Assessment of the UNFPA knowledge-sharing platform was limited by the assessment team not being able to travel to headquarters, also due to the pandemic. While UNFPA kindly gave the assessment team remote access to some online resources, and responded to questions by phone, a thorough assessment of how UNFPA staff experience knowledge-sharing modalities was not possible. The inception report, with a definition of HRBA to FP used in the assessment, was sent to all respondents by headquarters prior to interviews, thus responses about the definition of HRBA to FP may have been influenced by the definition provided to the respondents. At the same time, respondents were not asked about each rights principle and standard individually, so results in this report reflect what the limited sample of respondents told the assessment team – and are not an exhaustive accounting of all the work UNFPA does related to the human rights principles and standards for family planning.

3. Main findings and analysis

The context in which UNFPA works to implement a human rights-based approach to family planning

UNFPA programming for family planning and a human rights-based approach to family planning operates in a range of environments. To set the context for the findings, it is first useful to lay out the major external challenges in the form of political, social, cultural, gender and resource constraints that staff respondents say UNFPA faces in its programming that affect implementation of HRBA to FP.

Political

Global level support for and opposition to SRHR. At the global level, while there is widespread support for sexual and reproductive health and rights, as shown in 2019 at the ICPD25 event, and promising global initiatives including Family Planning 2020 (FP2020), there is increasing political opposition to reproductive rights, including access to contraception. The recent global trend has been towards political conservatism with governments restricting civil society activity and suppressing dissenting voices. This leads to crackdowns on efforts to promote women's rights and increased opposition to the ICPD mandate (Filmer-Wilson and Mora, 2018). Even in settings with progressive laws and policies, sociocultural and other challenges persist that can affect the implementation of HRBA to FP and require attention in UNFPA programming.

National laws and policies can enhance or inhibit HRBA to FP. In some countries, the right to health, including reproductive health, is enshrined in the Constitution and in progressive policies, while in others it is sensitive to talk about human rights. The language of population control, linked with FP, is still used in some countries. Even the narrative about the demographic dividend can foster a non-rights-based narrative of excessive population – too many people – that can lead to the reductive message: “just get your numbers down and Gross Domestic Product will go up”. Policies can inhibit HRBA to FP, including, for example, policies that:

- Limit/promote the number of children;
- Limit contraceptive access, e.g. to unmarried adolescents;
- Limit contraceptive choice, e.g. policies that offer a narrow range of methods and policies that place limitations on service providers such as Community Health Worker provision of injectables; and
- Promote overreliance on one or certain methods.

Working with a range of supportive and obstructive policymaker and influential leader gatekeepers is a challenge requiring diplomacy and evidence-informed advocacy. Discussion of sexual identity, adolescents and abortion continue to be fraught in many countries.

Lack of rights literacy among policymakers, service providers, managers and clients hinders implementation of HRBA to FP. The health community may not see rights as a medical issue, and lack of rights literacy impedes rights-holders from knowing and demanding their rights and duty-bearers from ensuring those rights.

Social, cultural, gender

Social, cultural and gender issues affect implementation of HRBA to FP. Gender and social norms around marriage, fertility and family size vary widely, and women's and girls' autonomy affect their ability to make their own decisions about contraception. Traditional gender norms can result in reluctance of female clients to be seen by male providers. Some believe comprehensive sexuality education (CSE) promotes sexual activity among adolescents. Norms around female genital mutilation (FGM) and child marriage also affect programming. Gender equality is directly linked to rights-based programming. Many respondents noted that a focus on HRBA to FP, while important, cannot be realized without women empowered to make their own family planning decisions.

Resource constraints and donor priorities

UNFPA operates in many settings with considerable domestic resource constraints and need for inter-donor coordination to fill them. While donors are generally supportive of a human rights-based approach in principle, their funding decisions and reporting requirements do not always support this. Most of UNFPA funding for FP activities comes from the UNFPA Supplies programme, which is focused in both programming and monitoring on access to commodities and service delivery. Government and donor promotion of a few contraceptive methods can limit choice. In this environment, attention to HRBA to FP systematically and comprehensively, including through working on social and gender issues and on demand generation, can receive less attention. The current focus on results-based programming may result in little attention to HRBA to FP, since protecting and fulfilling human rights are not an explicit result. Resource constraints and donor priorities for UNFPA to focus on supplies was noted in several discussions with respondents.

United Nations and UNFPA guidance on human rights, HRBA and HRBA to FP

The desk review yielded the following guidance documents on human rights, the human rights-based approach and HRBA to FP that guides UNFPA programming.

The ***Programme of Action from the International Conference on Population and Development*** (Box 2) is the foundation of UNFPA's mandate. In 1994 it established human rights and gender equity as central to UNFPA's work.

United Nations corporate guidance

UNFPA documents on HRBA flow from ***The Human Rights Based Approach to Development Cooperation Towards a Common Understanding Among UN Agencies***, (UNDG Human Rights Working Group, 2003), which guides all United Nations agencies on HRBA. The UN Common Understanding provides the following explanation:

Box 2. Rights affirmed at ICPD

The ICPD Programme of Action affirmed “the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It includes their right to make decisions concerning reproduction free of discrimination, coercion and violence.”

ICPD Programme of Action 1994, para 7.3

- a. All programmes of development cooperation, policies and technical assistance should further the realization of human rights as laid down in the Universal Declaration of Human Rights and other international human rights instruments.
- b. Human rights standards contained in, and principles derived from, the Universal Declaration of Human Rights and other international human rights instruments guide all development cooperation and programming in all sectors and in all phases of the programming process. These principles include:
 - Universality and inalienability
 - Indivisibility
 - Interdependence and inter-relatedness
 - Non-discrimination and equality
 - Participation and inclusion
 - Accountability and the rule of law
- c. Development cooperation contributes to the development of the capabilities of “duty-bearers” to meet their obligations and/or of “rights-holders” to claim their rights (UNDG Human Rights Working Group, 2003: 1-2).

This central document specifies that a human rights-based approach goes beyond good programming practices. It requires the empowerment and active engagement of individuals; a focus on marginalized, disadvantaged and excluded groups; striving to reduce disparity; local ownership of the development process; monitoring and evaluation (M&E) of both outcomes and processes starting from measurable goals; and support for accountability to all stakeholders.

The UN Common Understanding also specifies that a human rights-based approach requires more than good programming practices. It states that an assessment and analysis of the capacity of human rights-holders to claim their rights and of duty-bearers to meet their corresponding obligations, and of the underlying structural causes of the non-realization of rights is "necessary, specific, and unique to a human rights-based approach".

UNFPA, along with all other United Nations agencies, has designed agency-specific materials on HRBA based on the UN Common Understanding. In that regard, UNFPA partnered with Harvard in 2010 to publish ***A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials***. UNFPA and Harvard summarize the UN Common Understanding definition of HRBA as: “A human rights-based approach entails consciously and systematically paying attention to human rights and rights principles in all aspects of programming work”.

More recently, the UNFPA agenda has been driven by the 2030 Agenda set by the adoption of the ***Sustainable Development Goals*** in 2015, with a focus on leaving no one behind. The global goals include specific global targets for sexual and reproductive health and reproductive rights.

In 2016, ***General Comment 22 to Article 12 of the Committee on Economic, Social and Cultural Rights (CESCR) on the Right to Sexual and Reproductive Health*** (UNCESCR, 2016) was issued. General Comment 22 builds on the Right to the Highest Attainable Standard of Health, articulated by the United Nations Committee on Economic, Social and Cultural Rights in Article 12, General Comment No. 14 from UNCESCR (2000) as Availability, Accessibility, Acceptability and Quality (AAAQ). General Comment 22 defines the elements of the right to the highest attainable standard of sexual and reproductive health, including FP. It explains in detail state parties’ obligation to respect, protect and fulfil individual’s sexual and reproductive health and rights, specifically assuring that RH/FP programmes apply the principles of AAAQ and non-discrimination and equality.

In early 2020, the Secretary-General issued *The Highest Aspiration: A Call to Action for Human Rights*. In announcing the Call to Action, the Secretary-General said: “My goal for the United Nations — as it marks its seventy-fifth anniversary — is to promote a human rights vision that is transformative, that provides solutions and that speaks directly to each and every human being. To that end, we must broaden the base of support for human rights by reaching out to critics and engaging in conversations that reach deeply into society” (United Nations, 2020: 2). United Nations agencies, including UNFPA, are currently working on an implementation plan for the Call to Action.

UNFPA strategic guidance

UNFPA, along with all other United Nations agencies, has developed its own agency-specific materials, including strategies, consistent with the 2003 UN Common Understanding. UNFPA is guided by corporate Strategic Plans, the most recent of which is the *UNFPA Strategic Plan 2018-2021* (UNFPA, 2017). Energized by the 2030 Agenda for Sustainable Development, it includes a change model in which reproductive rights figure prominently. Achieving gender equality and the empowerment of women and girls along with improving adolescent and maternal health are explicit priorities. The principles of “leaving no one behind” and “reaching the furthest behind first” run through the strategy. As noted, these align with the human rights principles of access, equity and non-discrimination. The Strategic Plan is guided by several rights-based principles: universal human rights, nondiscrimination, gender equality and equity, access for adolescents and young people, accountability and transparency.

Choices not Chance: UNFPA Family Planning Strategy 2012-2020 (UNFPA, 2012) was formulated after the London Summit on Family Planning, which raised family planning on the global health and development agenda and focused a spotlight on respecting, protecting and fulfilling individual’s human rights. *Choices not Chance* lays out a framework consisting of five results, the fourth of which reads: “Improved availability of good quality, human rights-based, family planning services”. Box 3 indicates that human rights is at the core of implementation of *Choices not Chance*.

Box 3. Choices not Chance: UNFPA FP Strategy 2012-2020

“Over the life of this strategy. ... we are working to expand access to information, services and supplies for women, men and young people. We are improving quality of care, generating demand and meeting unmet need. We are supporting the efforts of countries to strengthen health systems for a reliable and secure supply of modern contraceptives, going the last mile to reach the poor, marginalized and underserved. Human Rights is at the core of our implementation.”

UNFPA, 2012: iii.

Choices not Chance is guided by human rights principles, among others:

Principles related to human rights:

- Universal human rights (see Box 4)
- Non-discrimination
- Gender equality and equity
- Accountability and transparency
- Access for adolescents and young people

Other guiding principles:

- Evidence-based national relevance
- Innovation, efficiency quality and results
- Sustainability

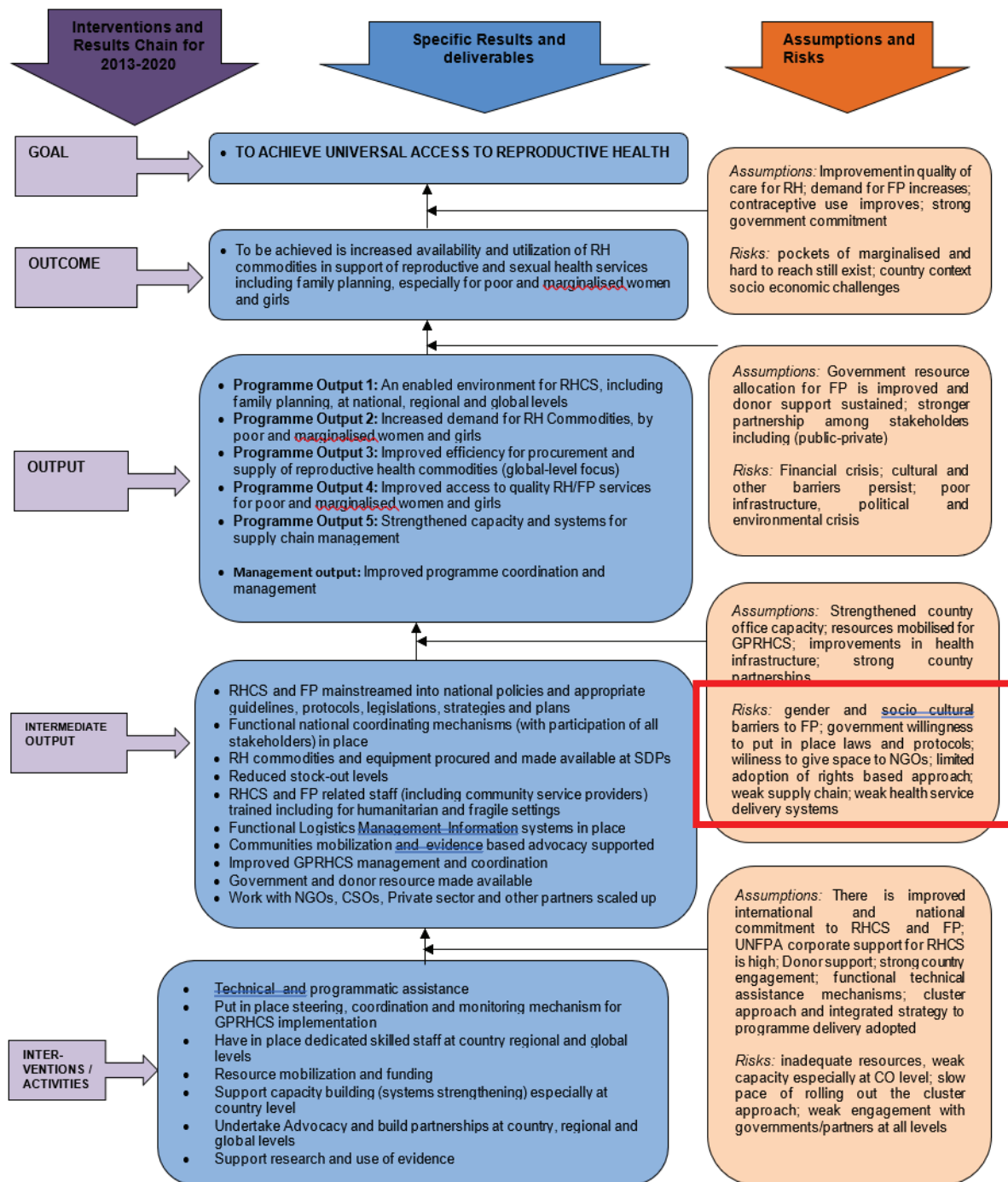
Box 4. Universal human rights in *Choices not Chance*

“All individuals are imbued with the right to health, including sexual and reproductive health; the right to decide freely and responsibly the number and spacing of their children; the right to choose whether or not to marry; the right to access comprehensive sexuality education including family planning information; the right to choose from a broad mix of modern family planning methods; the right to exercise these family planning-related rights independent of identity, race, ethnicity religion, education, age, income health or other status.”

UNFPA (2012). *Choices not Chance, UNFPA Family Planning Strategy 2012-2020*: 10.

In addition, there is the UNFPA Supplies programme’s project document, ***Global Programme to Enhance Reproductive Health Commodity Security, 2013-2020*** (UNFPA, 2013) and its Results Framework. The programme was designed to be in full alignment with and support of the *UNFPA Strategic Plan 2014-2017*. Among the five guiding principles for the UNFPA Supplies programme are: “a rights-based approach; gender equity; and geographical, social and economic equity (core underpinnings of all UNFPA efforts)” (UNFPA, 2013: 17). The goal, outcomes and outputs do not include the words “human rights”, “HRBA” or “HRBA to FP” although a section on alignment with the *UNFPA Strategic Plan 2014-2017* mentions human rights. For example: “At the outcome level; GPRHCS outcome ‘Increased availability and utilization of RH commodities in support of reproductive and sexual health services including family planning, especially for poor and marginalized women and girls’ is closely aligned to the Strategic Plan Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that meet human rights standards for quality of care and equity in access” (UNFPA, 2014: 21). The UNFPA Supplies programme document does not define what it means to “meet human rights standards for quality of care and equity in access”. The only mention of HRBA to FP in the UNFPA Supplies visual Theory of Change is in a box on assumptions and risks, where the challenge of “limitations in the adoption of a rights-based approach” can be seen highlighted in the red box in Figure 1.

Figure 1. Schematic representation of a Theory of Change of GPRHCS 2013 to 2020



Source: UNFPA, 2013

Note: GPRHCS stands for the UNFPA Global Programme to Enhance Reproductive Health Commodity Security, prior to the name change to UNFPA Supplies.

To help its staff successfully implement its strategies and projects, UNFPA has issued programme guidance specific to its different thematic areas. The publication ***A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials*** provides practical guidance on how to apply “a culturally sensitive, gender-responsive, human rights-based programming approach relative to SRH, including FP, gender, and population and development” (UNFPA and Harvard, 2010: 10). Although FP is mostly subsumed under sexual and reproductive health in the manual, the document includes useful information on systematically applying the HRBA in all stages of programming, including situation analysis, design, implementation and monitoring and evaluation (Figure 2). The manual also includes a detailed curriculum for training staff in the HRBA (see Training section below).

Figure 2. Diagram of a human rights-based approach



Source: UNFPA and Harvard, 2010.

In 2010, UNFPA and the Center for Reproductive Rights (CRR) produced ***The Right to Contraceptive Information and Services for Women and Adolescents***, a briefing paper that highlighted human rights related to contraception and described the HRBA to contraceptive information and services (CRR and UNFPA, 2010). This resource lists the components of the HRBA to contraceptive information and services as: participation, equality and non-discrimination, monitoring, accountability and international assistance and cooperation.

In recent years UNFPA has been guided with respect to human rights and FP programmes by WHO (2014) ***Ensuring Human Rights in the Provision of Contraceptive Information and Services: Guidance and Recommendations***. This document articulated nine human rights-related principles and recommended actions to promote each of them. The nine human rights principles and standards, also listed in the definition of HRBA to FP in the methodology section above (see Box 1), include principles and standards that apply to clinical services, namely accessibility, availability, acceptability, quality, informed decision-making, privacy and confidentiality, along with the more general principles and standards of non-discrimination, participation and accountability (see Annex 3 for the definitions of these rights principles and standards).

In 2015 UNFPA and WHO jointly published ***Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide***. This document combines the recommendations from the 2014 WHO guidance with those from the UNFPA Strategic Plan and the UNFPA FP Strategy *Choices not Chance*. The *Implementation Guide* unpacks human rights in practical terms, provides programmatic examples and recommends eight categories of action (see Box 1) to be taken to fulfil human rights principles and standards that can be taken at different levels of the health system to fulfil human rights related to contraceptive services. This core guidance document related to human rights and FP for UNFPA staff and implementing partners involved in FP activities and programmes. However, due to its limited roll-out, many staff are unaware of it (see Guidance roll-out below).

Beyond these essential documents for rights-based FP, UNFPA has produced numerous other resource materials that address human rights and RH/FP. They include:

- ***Sexual and Reproductive Health and Rights: An Essential Element of Universal Health Coverage*** (UNFPA, 2019c).
- ***A Guide in Support of National Human Rights Institutions Country Assessments and National Inquiries on Human Rights in the Context of Sexual and Reproductive Health and Well-being*** (UNFPA, 2019d). The document is designed “to support National Human Rights Institutions (NHRIs), including National Commissions, the office of the Ombudsperson and/ or Women Commissions, to conduct systematic national inquiries on human rights issues relating to sexual and reproductive health and well-being” (p. 7).
- Briefing materials developed for the UNFPA Global Consultation on Ending Unmet Need for Family Planning (UNFPA, 2019e) in Antalya, Turkey, including, for example, the thematic paper ***Availability of Good Quality, Human Rights-Based Family Planning Services: Exercising Choice*** (UNFPA, 2019f).
- The Gender, Human Rights and Culture Branch has developed a range of guidance on HRBA, mostly related to FGM and gender-based violence and addressing gender and social norms. One example is ***Integrating Gender, Human Rights and Culture in UNFPA Programmes*** (UNFPA, ND: 2). The Programme Review Committee (PRC) uses this when they assess human rights in assessing human rights in country programmes.
- UNFPA and UNICEF (2016). ***Manual on Social Norms and Change*** (developed for FGM).
- Through ***My Body, My Life, My World – Rights and Choices for all Adolescents and Youth: A UNFPA Global Strategy*** (UNFPA, 2019g), UNFPA upholds sexual and reproductive health and rights to ensure that all adolescents and youth can make informed choices about their bodies.
- A recent ***Gender Equality Strategy 2018-2021*** (UNFPA, 2019h) includes reference to HRBA in relation to gender equality noting the need to identify and address power differences.
- The ***Results-Based Management and HRBA Checklist*** (UNFPA, NDb), shown in Figure 3, includes several human rights principles and asks if the country programme supports the government in the implementation of human rights standards (*these are not listed or defined*), along with results-based management (RBM) principles.

UNFPA guidance for developing, reviewing and approving country programmes - and where HRBA fits in

UNFPA has a process for developing and reviewing country programmes that is driven by its commitment to achieving three UNFPA Transformative Results articulated in its 2018-21 Strategic Plan:

1. End preventable maternal death
2. End unmet need for family planning
3. End gender-based violence and all harmful practices


Human rights is a cross-cutting issue in the Strategic Plan.

UNFPA guidance documents on developing and reviewing country programmes include attention to human rights, but they do not explicitly specify how this applies to FP activities and programmes.

Guidance for developing a Country Programme Document (CPD) is provided in ***Policy and Procedures for Development and Approval of the Country Programme Document*** (UNFPA, 2017). The document does not mention human rights directly, but indicates that the strategies articulated in the CPD should be “guided and aligned with the updated core UNDAF programming principles and approaches for the United Nations integrated country-level response to achieving the Sustainable Development Goals (SDGs)” (p. 8) and align with the UNFPA Strategic Plan. UNDAF’s four programming principles: **leaving no one behind**, underpinned by **human rights, gender equality and women’s empowerment; sustainability and resilience**; and **accountability** (UNDG, ND). The UNFPA Strategic Plan, as noted above, also includes human rights.

Country programmes are reviewed by ROs before they are passed on to the Programme Review Committee (PRC) at UNFPA headquarters. The ***PRC User Guide: Quality Assurance Guidelines for Strategic Plan 2018-2021*** (UNFPA, 2019b), produced by the Policy and Strategy Division Operational Support and Quality Assurance Branch, includes a definition of HRBA (Box 5), and notes that the HRBA requires systematic attention to human rights in programme development, service delivery and monitoring and evaluation.

Figure 3. Results-based management principles and HRBA checklist



Checklist RBM principles and HRBA				
	Disagree	Undecided	Agree	How could you improve your programme?
RBM principles				
We promote and support a culture of results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We build strategic results frameworks with ownership at all levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We measure sensibly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We develop user-friendly RBM information systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We use results information for learning and managing, as well as for reporting and accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We build adaptive RBM through regular review and update	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Human rights				
My country programme promotes: <ul style="list-style-type: none"> • Universality, indivisibility and interdependence 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Participation and inclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Equality and non-discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Accountability and rule of law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We focus on the most vulnerable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We support the government in the implementation of human rights standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

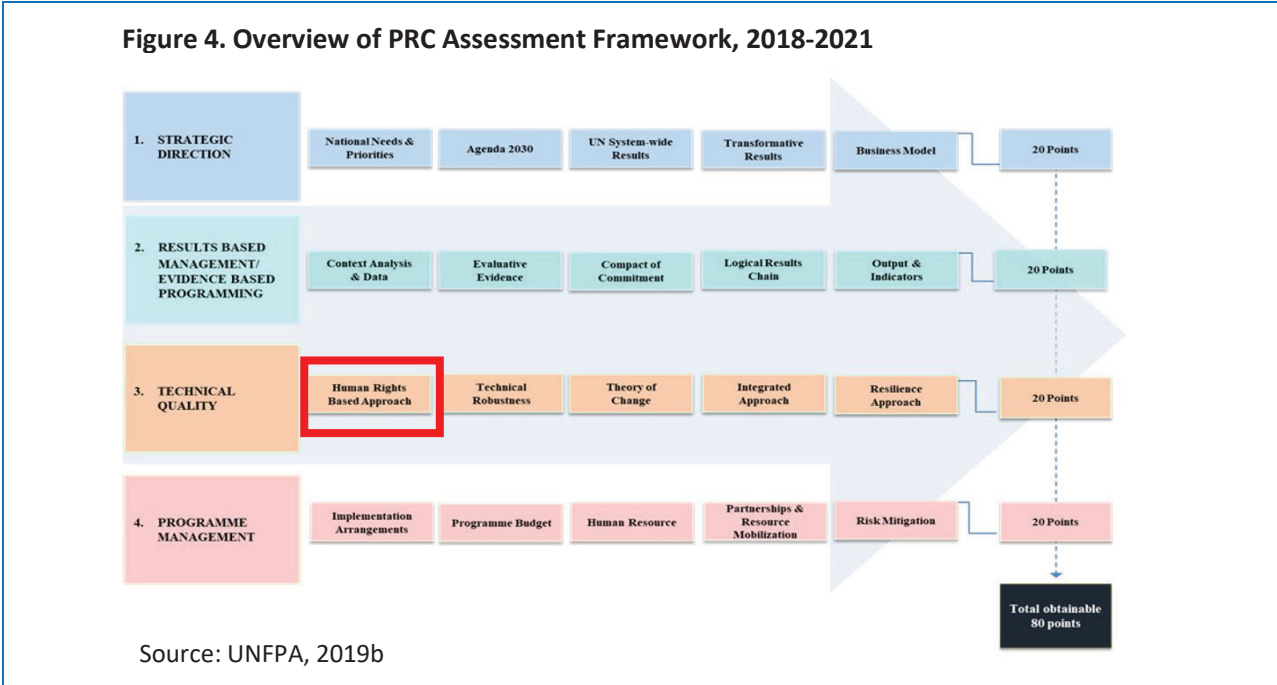
Source: UNFPA, NDb.

Box 5. Definition of HRBA in the PRC User Guide

HRBA is defined as “efforts to ensure human rights principles (equality and non-discrimination, participation, accountability) guide country programme planning and development, and focus on capacity development of both ‘duty-bearers’ to meet their obligations and ‘rights-holders’ to claim their rights. It suggests that the programme is culturally sensitive and gender-responsive in planning and design. It promotes social inclusion, cohesion and equity and is based on rights perspectives.”

Source: UNFPA, 2019b: 14.

The PRC Assessment Framework in the *PRC User Guide* used to review Country Programme Documents is based on four dimensions to quality programming. One of them is Technical Quality, which consists of five elements, including the HRBA, as shown in Figure 4.



The *PRC User Guide* includes guidance on assessing the elements within each dimension. Figure 5 shows the instructions for reviewing the PRC from the perspective of an HRBA. The *PRC User Guide* states that Country Programme Documents are supposed to use appropriate rights language.

Figure 5. Technical Quality Assessment Guidance to the PRC on HRBA

Section 3 Technical Quality Assessment			
SN	Review Dimension	Assessment criteria	Explanatory Notes
1.	Human Rights-Based Approach	<p>Critical elements of human rights and rights perspective, including appropriate rights language, inform programme design</p> <p>Guidelines/Resources: UNFPA Guidelines on Integrating Gender HRBA and Culture in Programmes</p>	<p>Instruction: Review the entire CPD sections, especially Result & Resource Framework.</p> <p>Assessment elements: Programme is culturally-sensitive and gender-responsive in planning and design. It promotes social inclusion and equity and based on rights perspectives. Programme design align with core HRBA tenets, including supporting the realization of human rights, guided by human right principles of universality, indivisibility, inalienability, equality, inclusion, and participation; and promoting the relationship between the right-holders and duty-bearers towards creating an equitable environment that allows for justice and equity for all to enjoy their human rights. CPD should integrate these critical human rights elements include:</p> <ul style="list-style-type: none"> o Empowerment of marginalized groups, women groups, and communities to claim and exercise their rights; o Supporting legal and policy reforms for the protection of human rights; o Supporting national accountability mechanisms for the protection of human rights and gender equality; o Supporting the work of international and regional human rights systems; o Supporting service provision, where applicable. <p>Rating guide: Give a score of</p> <ul style="list-style-type: none"> • 4 = CPD indicates satisfactorily that human rights-based approach is well-mainstreamed and used, and the programme would promote social inclusion, cohesion and equality. • 3 = One of these two sets of conditions is met • 2 = Programme does not reflect any of the two conditions satisfactorily • 1 = No evidence of HRBA
2.	Technical Robustness	Proposed interventions and strategies are relevant	Instruction: Review the entire CPD sections, especially Result & Resource Framework, and accompanying Compact of Commitment and Theories of Change.

Source: UNFPA, 2019b

From this guidance, PRC members are asked to score HRBA using the scoring sheet shown in Figure 6.

Figure 6. PRC Scoring Sheet for HRBA in CPD

3 TECHNICAL QUALITY							
<i>To complete this section, please familiarize with the underlisted guidelines and consult the explanatory notes section of the PRC User Guide</i>							
Technical Assessment Criteria <i>Please see explanatory note for details on each criterion</i>	Ratings <i>See explanatory notes of the PRC User Guide for rating scale</i>				Qualitative Assessment <i>Please provide succinct comments on how well the CPD meets each criterion</i>	Recommendations <i>Please state the recommendations as per level of importance</i>	
	4	3	2	1		Critical	Optional
Human Rights-Based Approach <i>I. Critical elements of human rights and rights perspective, including an appropriate rights language, inform the programme design</i> Guidelines: UNFPA Guidelines on Integrating Gender HRBA and Culture in Programmes							

Source: UNFPA, 2019b

The only guidelines or resource the *PRC User Guide* cites for the HRBA is *Integrating Gender, Human Rights and Culture in UNFPA Programmes* (UNFPA, NDa), which offers no specific guidance for a human rights-based approach to family planning. There is no mention of rights principles relevant to FP or other service delivery programming, namely AAAQ, informed decision-making or privacy and confidentiality.

The regional-level QA checklist in the *PRC User Guide* does not address programmatic content, apart from a focus on people with disability, and does not include anything on human rights.

Given the context described above, and the range of United Nations and UNFPA documents related to human rights, the human rights-based approach and HRBA to FP, the following findings and analysis are organized by key question posed to the UNFPA staff as part of this assessment.

Question 1. Do UNFPA staff have a common understanding of how UNFPA defines HRBA to FP and of its role in promoting HRBA to FP?

Q1.1. Staff understanding of UNFPA's role in promoting human rights and HRBA to FP

Most respondents said that UNFPA is a human rights organization and that human rights are in its “DNA” and its mandate. Staff agreed that UNFPA takes a leading role in promoting human rights both globally and at the country level. One respondent explained that a focus on human rights and choice has become central to UNFPA messaging – and in its branding. Staff made clear that UNFPA is not an implementer, but an influencer at the global level and a partner to country programmes, supporting governments to develop national reproductive health plans that include FP and that uphold human rights.

Q1.2. Staff understanding of how UNFPA defines HRBA to FP

That individuals and couples have the right to decide freely and responsibly the number and spacing of their children and to have the information and services to do so is commonly understood by staff. While staff universally talked about human rights being embedded in their work, several staff stated that they believe there is a lack of common understanding of what the HRBA to FP means, and that the concept is interpreted differently from one business unit to another and from individual to individual. Respondents noted that while some staff come into UNFPA with a deep understanding of human rights, other new staff require training. Several respondents reported a disconnect between understanding and application in practice. There were no foundational documents that all staff cited or said they used to understand a human rights-based approach in general or the HRBA to FP.

While all staff interviewed were able to identify some human rights principles and standards, no one identified all nine listed in the WHO (2014) *Ensuring Human Rights in the Provision of Contraceptive Information and Services: Guidance and Recommendations* (see Box 1). The ones cited most often were nondiscrimination and equitable access (leave no one behind, youth-friendly services), availability of a wide range of methods, quality of care, informed choice, privacy and confidentiality. A few respondents talked about rights-holders and duty-bearers, and about participation of rights-holders in programming. While respondents talked about monitoring and evaluation for family planning, they did not tell the assessment team that they equated M&E with accountability for family planning. Accountability was mentioned less frequently than other rights principles, and generally by respondents working on gender and human rights and on other aspects of sexual and reproductive health than on family planning.

Question 2. What guidance, training and technical support does UNFPA offer to ensure staff have the knowledge and skills they need to apply HRBA to FP?

Q2.1. Programme guidance roll-out and staff awareness and use of resources

While UNFPA has produced numerous documents related to human rights, human rights-based approaches to implementation, human rights and family planning, as shown above, it is not clear if there is a system within UNFPA to coordinate the documents to ensure non-duplication and to ensure consistency in content. It is also not clear if UNFPA has a consistent process for rolling out its documents to staff or if there is a consistent location to access these documents. Multiple informants stated that staff are overwhelmed by their job responsibilities and by the push of information and resources from headquarters. Many are not fully aware of what is available, and few have time to review in-depth those that they are aware of.

Although four respondents said they were involved in development of *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide* (UNFPA and WHO, 2015) and had shared it with Country Offices, fewer than half of the respondents said that they knew about it or used it in programming. Of the few staff members who were familiar with *A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials* (UNFPA and Harvard, 2010), just one said this is the guide he uses for HRBA to FP programming.

Several of the other existing resources were mentioned by different staff interviewed, but there was little consistency in what documents informants were aware of or said they used. No respondent mentioned the resource *The Right to Contraceptive Information and Services for Women and Adolescents* (UNFPA and CRR, 2010), so it is not clear if and how it has been used to inform UNFPA programming. No respondent mentioned the *Guide in Support of National Human Rights Institutions Country Assessments and National Inquiries on Human Rights in the Context of Sexual and Reproductive Health and Well-being* (UNFPA 2091d), although some from COs said they work with NHRIs.

Q2.2. A missed opportunity to extend the roll-out of the UNFPA and WHO (2015) *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide*

UNFPA piloted a roll-out of the *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide* in East and Southern Africa in 2015 that included seven country teams (Ethiopia, Malawi, Nigeria, Rwanda, Tanzania, Uganda and Zambia). The three-day workshop, conducted in collaboration with FP2020 and WHO, was interactive with sessions to explain what HRBA to FP is and how to use the *Implementation Guide* with different interventions and counterparts (see Annex 4 for the agenda for the roll-out). The roll-out training focused on the *Implementation Guide* and used material from the UNFPA and Harvard (2010) *A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials* to show how to incorporate human rights into all stages of programming, including assessment, design, implementation, and monitoring and evaluation. The roll-out training also included a session on monitoring human rights through NHRI and finding ways for those institutions to better monitor reproductive rights and to work with Ministries of Health to monitor services.

The workshop was intended to be followed with seed funding for implementation of the action plans developed by the participating country teams based on an analysis of the human rights gaps in their settings. Many policy

gaps and some service delivery gaps were identified. The roll-out of the *Implementation Guide* was also intended to be conducted in other regions. A concept note detailing the plan was developed but not funded (Annex 5). The concept note reflected the need to work on health systems and accountability mechanisms together, wedding accountability of health systems with equipping health-care workers with training and clarity on what would be monitored and what they would be held accountable for.

Reassignment of UNFPA staff who had spearheaded the roll-out, lack of other staff capacity and lack of funding for follow-on activities resulted in scant follow-on and a missed opportunity to widely disseminate the *Implementation Guide* and train staff on how to practically implement human rights in family planning programming – both from the health system side and from the national accountability side. Furthermore, while the *Implementation Guide* is available on the World Health Organization website, it is not posted on the UNFPA website.

In 2017, the current Human Rights Adviser in the Gender, Human Rights and Culture Branch conducted a follow-up of the training in four of the countries that had participated (Malawi, Ethiopia, Uganda and Tanzania). UNFPA staff in the four countries said they had undertaken activities following the roll-out workshop and reported that they still face challenges. In Ethiopia, a donor coordination committee for FP was established and human rights was one of the issues discussed. In Malawi, the NHRI conducted a country assessment, national inquiry and public inquiry on sexual and reproductive health and human rights, including FP. In Tanzania, the FP guidelines were revised and an orientation to them was conducted. In Uganda, the Ministry of Health (MoH) took the initiative to mainstream HRBA including initiating a pilot project for integrating HRBA in FP and maternal health in the Naguru General Hospital, also known as the China-Uganda Friendship Hospital. Selected challenges identified by the four countries included: barriers to access for adolescents and youth; lack of awareness of the available guiding documents on human rights and family planning among service providers and clients, especially in hard-to-reach areas; shortage of health care providers; and stock-out of FP commodities due to supply chain and logistics management challenges. More detail of the findings from the follow-up is provided in Annex 6.

Q2.3. UNFPA guidance for developing, reviewing and approving country programmes – and where HRBA fits in

A RO team reported that although there is guidance from headquarters about how country programmes should be developed, in practice the process varies by region. Respondents said that human rights are taken into consideration in developing country programmes, although they did not elaborate on how this is done or what resources are used. One staff member said COs have received word from headquarters to incorporate rights into programming, although no specific written guidance was mentioned. A RO respondent said they take human rights into account in determining how to address the three UNFPA Transformative Results. One RO staff member said that when the UNFPA country programme is developed, all staff are briefed on human rights and how they can be mainstreamed into all phases of programming. They train the RO staff and send staff to COs to build country capacity. Materials used in such presentations are developed by the RO and CO and are not consistent across the regions or countries. One staff member in a CO mentioned giving staff a presentation on HRBA, using material from the UNFPA and Harvard (2010) *A Human Rights-based Approach to Programming: Practical Implementation Manual and Training Materials*.

A review of the most recent CPDs for the four countries included in the assessment found that some attention to rights was included in each of them. HRBA was not mentioned, but given that CPD are short and high-level

documents without operational detail, focus on rights rather than HRBA is warranted. Table 1 shows the mention of rights related to family planning in the four CPDs. Equity/non-discrimination, access and quality are the rights principles and standards related to FP that were most noted across the four CPDs (not shown in the table).

Table 1. Mention of rights in relation to FP in current Country Programme Documents for Nepal, Lao People's Democratic Republic, Malawi and Sierra Leone

Country	Mentions of rights related to family planning
Nepal (2018-2022)	<ul style="list-style-type: none"> • Notes that the Government of Nepal has promulgated a new Constitution In support of its vision of a rights-based and equitable welfare State and that the policy and legal frameworks provide an enabling environment for fulfilling the human rights of women and young people. However, implementation remains weak, in part due to gender inequality and discrimination that affect the freedom of women and girls to make informed and independent reproductive choices. • The central goal of the country programme is to reduce maternal mortality and expand reproductive rights and choices. • To promote equitable access to gender-responsive, rights-oriented services, the country programme will work with partners and beneficiaries to generate demand for and improve availability and choice of family planning methods targeting underserved communities.
Lao PDR (2017-2021)	<ul style="list-style-type: none"> • Notes the need to expand access, including to unmarried girls and minority and marginalized groups, to ensure quality and to address equity. • Output 1 is: Increased availability of gender-sensitive sexual and reproductive health and rights information and services for adolescents.
Malawi (2019-2023)	<ul style="list-style-type: none"> • Notes that the country programme was developed in consultation with a range of stakeholders, including human rights institutions. • Output 3 related to Adolescents and Youth is: Young people, particularly adolescent girls, are more empowered to make informed choices about their sexual and reproductive health and rights, exercise leadership and participate in development at the national and local levels.
Sierra Leone (2020-2023)	<ul style="list-style-type: none"> • Supporting the provision of high quality integrated rights-based family planning, adolescent and youth-friendly sexual and reproductive health services including HIV as one component of programming related to Output 1 related to sexual and reproductive health: National health system strengthened to provide high quality, integrated sexual and reproductive health and family planning services, including in humanitarian settings. • Output 1 (related to adolescents and youth): Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights and well-being, including in humanitarian settings.

COs do seem to take human rights into account in developing country programming, although there is not a systematic or documented process for doing so, giving the impression of an ad hoc process that is left up to country staff to determine. The PRC review process includes attention to HRBA, but mostly from the perspective of the programming of the Gender, Human Rights and Culture Branch, with no link to guidance on HRBA to FP. However, the Quality Assurance (QA) Team at headquarters said it would be possible to include a link to UNFPA and WHO (2015) *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide* in the *PRC User Guide*.

Q2.4. Materials from the 2019 UNFPA Global Consultation on Ending Unmet Need for Family Planning

A few respondents mentioned the UNFPA Global Consultation on Ending Unmet Need for Family Planning, held in Antalya Turkey in June 2019, as a source of high quality content (UNFPA, 2019e) related to six areas of programming:

- Create enabling environments for human rights-based family planning as an integral part of sexual and reproductive health and rights
- Expand demand-side interventions aligned to individual’s reproductive health intentions
- Ensure availability of good quality, human rights-based family planning services
- Improve availability and reliable supply of good quality contraceptives
- Provide family planning in humanitarian and fragile contexts
- Meet young people’s need for contraception as part of adolescent sexual and reproductive health and rights

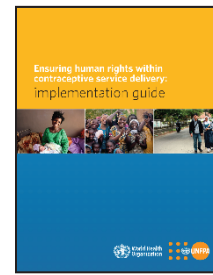
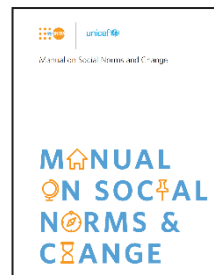
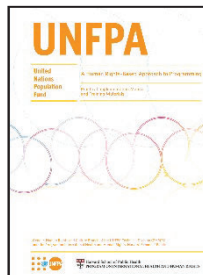
One staff member mentioned that following the Antalya consultation, the RO hosted a regional consultation to inform countries and work with them to think about integrating HRBA into their programming, and to think about their next generation of country programming. The staff member shared a SWOT (strengths, weaknesses, opportunities and threats) analysis conducted by the country for each of the six programming areas with a list of recommendations for the country to undertake for each in order to get to zero unmet need for family planning by 2030. He said the recommendations were informing country work under UNFPA Supplies to make sure the work is reflecting the HRBA to FP. No other RO or CO mentioned undertaking such an analysis.

Q2.6. Training on HRBA and HRBA to FP

Q2.6.1. Existing UNFPA training materials for HRBA, including HRBA to FP

UNFPA has developed several **training curricula**:

- A manual and training materials were developed to translate the 2003 UN Common Understanding on HRBA for UNFPA programming: UNFPA and Harvard (2010). *Human Rights-based Approach to Programming: Practical Implementation Manual and Training Materials*;
- A manual developed for Female Genital Mutilation/Cutting includes a module on HRBA: UNFPA and UNICEF (2016). *Manual on Social Norms and Change*;
- A training plan and materials were developed for the roll-out of the UNFPA and WHO (2015) *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide*.



In addition, some RO and CO have supported training that includes HRBA to FP; however, those curricula are not widely available within UNFPA nor have they been reviewed for quality and consistency.

Q2.6.2. What HRBA training has staff received?

Few staff members said they had been formally trained on human rights, or more specifically on HRBA to FP. Respondents noted staff hired into UNFPA come with expertise, including on human rights. They noted that some staff with the deepest knowledge of HRBA, including to FP, learned about it before they came to UNFPA. Staff said they were not aware of any corporate training on HRBA to FP. They did, however, say that HRBA is included in much of the training that UNFPA provides its staff.

UNFPA offers many **mandatory and elective online courses**, including during onboarding and orientation. A new staff member in a CO noted that the mandatory online training he took when joining UNFPA addresses human rights broadly with nothing specific on FP. HRBA is a cross-cutting issue that applies to all thematic areas and programmes and should underpin all of UNFPA's work; therefore, training on the HRBA is offered as part of a range of training, particularly related to gender and culture, and sexual and reproductive health. The content is general, not specific to FP; and tends to be didactic, not programmatic to assist people in applying the approach practically.

There has been just one **workshop** for seven African country teams to roll out the UNFPA and WHO (2015) *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide*, as described above. Those working on the training had intended to develop a toolkit with the training materials, but that did not occur. The assessment team has pieced together most of the materials used in the roll-out workshop from several sources (see Annex 4 for the agenda for the roll-out and materials available).

Training also takes place via **webinars** that UNFPA staff are free to listen to. For example, UNFPA participated in a series of webinars on HRBA to FP hosted by WHO in 2019. The Human Rights Adviser presented on the findings from the UNFPA Supplies midterm evaluation and noted the work UNFPA is doing on HRBA to FP, moving from a focus on products to empowerment and choice.

During Regional Planning Meetings, time is allocated for **staff development** on specific technical issues. The Gender and Human Rights Adviser has developed such sessions, which, given the limited time available, tend to be for awareness-raising rather than capacity building.

Training of CO staff varies from country to country (see above for the 2015 training on HRBA to FP for seven countries). One staff member in a CO said that training staff on HRBA, including to FP, is part of his job. He reported that he uses the UNFPA and Harvard (2010) *Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials* in training and presentations he has given on rights-based programming and that he has shared it with other staff. This staff member was not aware of the UNFPA and WHO (2015) *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide*. The same informant said that UNFPA training tends to include information on HRBA, although specific training on HRBA to FP is not provided. The staff member said such training would be useful.

One respondent in the UNFPA Regional Office for Asia & the Pacific (APRO) was involved in initial training on HRBA for UNFPA based on the 2010 UNFPA and Harvard material. She is not aware of anything specific to HRBA to FP. One respondent noted that the *Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials* was obsolete soon after it was published because it was tied too closely to the strategic plan at the time. The document is available on the UNFPA website. However, at nearly 700 pages

(notably because it contains a training curriculum and training materials as well as other guiding information), other staff members noted that it is unwieldy, asking if it could be adapted for new training technologies.

Furthermore, some COs and ROs said they supported training for their implementing partners that includes a focus on HRBA to FP. UNFPA APRO reported that they conduct a two-week training for policymakers and programme managers on FP and commodity security, of which one day is devoted to HRBA to FP. This training, offered since 2016, is conducted by the Regional Center of Excellence in India. UNFPA APRO also noted that whenever there is a training on FP, a session on HRBA to FP is included. The UNFPA Regional Office for West & Central Africa (WCARO) has designed a manual with HRBA and gender concepts that they use for training.

At the **corporate level**, the United Nations has a Human Rights Portal and a Staff College, both of which address the human rights-based approach related to some topics, although not FP specifically.

Most staff said if training on HRBA to FP were available, particularly if set in the context of the UNFPA Transformative Result of “getting to zero unmet need”, they would take it. Staff in other branches noted that they do not want to be working in silos since the three transformative results are so linked and that not addressing root causes will make it difficult to achieve any of the Three Zeros. One respondent stated that staff do not receive training in other skills they need to apply the HRBA, namely advocacy for policy reform, gender analysis and social norm change. Another said that training on human rights would be stronger if it was integrated with training on gender and culture in order to address root causes of unmet need for FP.

Q2.7 Technical support for HRBA

Q2.7.1. Expertise for HRBA, including HRBA to FP, across HQ, ROs and COs

The deepest expertise within UNFPA on human rights is in the Gender, Human Rights and Culture Branch, which has a Human Rights Adviser and in the UNFPA office in Geneva, which works with the global human rights architecture. The Gender, Human Rights and Culture Branch, working in collaboration with the Commodity Security Branch was instrumental in developing the UNFPA and WHO (2015) *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide*, and in the pilot roll-out. The Human Rights Adviser from the Gender, Human Rights and Culture Branch sits on the PRC and provides technical support across all regions and a large portfolio of programmes, including maternal health, HIV, adolescents and youth and FP. This branch is expected to work together with other thematic branches to plan for and implement activities related to human rights, since it is a cross-cutting issue at UNFPA. At the same time, there could be an expectation that because the Gender, Human Rights and Culture Branch has “human rights” in its name, that human rights is that branch’s responsibility.

According to *Integrating Gender, Human Rights and Culture in UNFPA Programmes*, the guidance that is provided to the PRC, the regional gender advisers are to provide support in a way that integrates gender, human rights and culture as one combined approach, and country representatives are responsible for ensuring that programme staff have the required skills and tools to apply this combined approach. However, technical support varies by region and tends to be stronger on gender issues than on human rights issues. Not all regional Gender and Human Rights Advisers have the capacity to train CO staff on the HRBA to FP. As noted above, most staff hired by UNFPA have some knowledge of rights and some, including some working on family planning, have gained experience with rights-based programming prior to joining UNFPA.

Question 3. Is there comprehensive and systematic application of HRBA to FP in UNFPA's work?

As noted in Question 1 related to the definition of "HRBA to FP", a comprehensive application implies that all nine rights principles and standards articulated by WHO (2014) are considered in programming. UNFPA and WHO (2015) *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide* offers examples of actions that can be taken to support each of these principles and standards. Systematic application of the HRBA to FP implies that human rights are addressed in all phases of programming, including assessment/situation analysis, design, implementation and M&E. HRBA to FP includes actions at policy, service delivery, community and individual levels.

Q3.1. Incorporating human rights into family planning programming

While all respondents described how they incorporated human rights into their family planning programming, few reported applying all human rights principles and standards in all programme phases. Still, UNFPA is clearly addressing many aspects of rights-based FP.

Responses from staff indicate that they are thinking holistically:

- *Looking at what programmes have and what rights are critical, understanding that it is not possible to provide FP without addressing rights and without ensuring that duty-bearers and rights-holders know rights and can demand them/meet them;*
- *Addressing HRBA to FP at all levels, by analysing data to identify hard-to-reach groups, ensure quality and human rights-based services, and support policies to ensure that national medical standards adhere to quality of care and human rights standards;*
- *Working on equity and inclusion, described as leaving no one behind, through analysis of which marginalized groups are not receiving services;*
- *Working with implementing partners to ensure that rights are covered across programming;*
- *Bringing HRBA in when developing a FP strategy: Accessibility, availability, acceptability, quality, choices, equity – all are part of the strategies.*

Respondents note that the focus of programming is on commodities, logistics systems development and services, given that most funding for family planning at UNFPA is programmed through UNFPA Supplies:

- *Ensuring that a range of contraceptives are offered, that commodities are available with no stock-outs, that service environments are clean, providers are trained, and that there is a match between commodities and providers (that services are provided by the right providers with the right skills);*
- *Looking especially at access, availability and quality when considering HRBA to FP.*

Emphasis on the supply side has meant that demand creation receives less attention, particularly since demand generation was removed as a UNFPA Supplies programme objective effective 2016. In Lao PDR, for example, the emphasis on the supply side has focused attention on increasing the capacity of service providers and the quality of services, while few efforts have been made to influence social norms, promote equitable access, etc., according to the midterm evaluation of the UNFPA Supplies programme. One respondent from a CO explained that they try to link supply and demand programming, with funding for services through UNFPA Supplies and

funding for demand creation from the United Kingdom's DFID.¹ One CO team described close coordination among thematic teams. They reported that they conduct joint planning, hold weekly programme coordination meetings to share progress and challenges, and conduct joint monitoring.

Q3.2. Expanding beyond the health sector to address human rights

While most of UNFPA's work on FP involves the health sector, or the education sector for CSE, some UNFPA COs have undertaken work with National Human Rights Institutions to strengthen their capacity to undertake reviews of sexual and reproductive health and rights in their countries to address human rights issues. As noted in a report by UNFPA staff Barrangues and Columbia (2015: 2), working with NHRIs can strengthen the ability to "infuse independent accountability in the implementation of family planning services so that these services and information are in accordance with human rights and quality of care standards". UNFPA also works with treaty bodies, e.g. those related to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC), and contributes to the Universal Periodic Review (UPR) of human rights (UNFPA, NDc; UNFPA, NDd). One RO respondent said that UNFPA also works with members of civil society who can prepare shadow reports on human rights issues, such as adolescent sexual and reproductive health. One CO respondent said they had met with the Human Rights Commissioner and are working with her on a public hearing about women's issues, including SRH. The staff member mentioned that a previous Country Office she was posted in had worked on child marriage with that country's Human Rights Commission.

Q3.3. Working across branches on HRBA

When asked about synergies in programming among the branches and within COs, some respondents said there are silos and that everyone is busy with their own work. Two respondents said they are trying to strengthen how they work together across programme areas. One said they link family planning (in the Commodity Security Branch) with comprehensive sexuality education (in the SRH Branch) and child marriage (in the Gender, Human Rights and Culture Branch). This is important because working on HRBA to FP is not something done in isolation of other programming and thus having a good understanding about HRBA across thematic areas, in addition to HRBA to FP, is important. While human rights cut across all programme areas, certain rights principles pertain to clinical services, including FP. At the same time, addressing human rights along with gender and culture will facilitate addressing root causes of barriers to FP and sexual and reproductive health.

The Population Dynamics Branch worked with the SRH Branch on using geospatial data on who has access to the essential sexual and reproductive health package. One respondent noted that this type of analysis might be able to be applied to getting to the last mile. They also worked with the Gender, Human Rights and Culture Branch on analysis of SDG 5.6.1 (Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care) and 5.6.2 (Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education). That analysis mostly used Demographic and Health Surveys (DHS), but work is under way to incorporate the relevant questions into other surveys.

¹ The Department for International Development has closed. It's been replaced by the Foreign, Commonwealth & Development Office (FCDO).

Question 4: How does UNFPA interact with governments and implementing partners on HRBA to FP?

Q4.1. UNFPA supports governments' FP programmes and promotes HRBA as part of that support

CO respondents were clear that UNFPA's work is to support the programmes of governments. That support is operationalized through the Country Programme Document and Annual Work Plans related to the CPD. One CO respondent explained that their interaction with the government on HRBA is cordial and that they are all on the same page since UNFPA is supporting the government's programme and also since they, along with other implementing partners, participate in training and planning together. UNFPA is often the lead development partner supporting governments to develop their policies and in that capacity can support inclusion of rights. UNFPA, along with USAID and DFID are the FP2020 co-Focal Points in many countries.

Respondents from COs and ROs said they work with governments and partners on HRBA to FP in a number of additional ways:

- *Conducting situation analyses for FP to identify gaps and barriers in the national programme;*
- *Advocating for investing in commodities, youth-friendly services and informed choice;*
- *Using international standards to convince the government to apply the HRBA to FP in their strategies, policies and guidelines;*
- *Working through Technical Working Group on Reproductive Maternal Neonatal Child and Adolescent Health (RMNCAH) to monitor and address human rights issues;*
- *Being involved in developing and monitoring the CIP and helped align the plans with the HRBA and quality of care, specifically AAAQ, focusing on policies, providers and users;*
- *Supporting comprehensive training to develop the capacity of service providers to ensure method choice and quality of care; and*
- *Helping develop a CSE curriculum, incorporating language about children's human rights.*

In-country partners reported that UNFPA-supported efforts have included the following:

- *Ensured availability of contraceptives in the country;*
- *Promoted the integration of human rights into the revision of an RMNCAH policy, using international standards to influence the government;*
- *Strengthened rights awareness and the capacity of government counterparts (policymakers, directors, managers, technical officers and nurse/midwives) to promote a human rights-based approach to RH/FP; and*
- *Advocated for supportive policies for women and girls (e.g. child marriage and access for adolescents and youth to contraception).*

Q4.2. UNFPA support/technical contributions to FP Costed Implementation Plans

UNFPA has participated in development of FP Costed Implementation Plans (government plans to reach country commitments to FP2020) in most of the 46 countries with CIPs as of the end of 2019. Eight of those countries are on their second round CIP. UNFPA is acknowledged for providing funding and/or technical support in more

than 30 of the CIPs (a few CIPs do not mention any donors or partners by name). The first CIP was published in 2010. Since then, how rights have been included in CIPs has improved. UNFPA staff in COs, with some documented support from headquarters staff, have contributed to incorporating rights into the CIPs.

In Uganda, for example, the CIP (2015-2020) was the first CIP with noticeable inclusion of HRBA to FP (MoH Uganda, 2014). The former Human Rights Adviser currently working in the UNFPA office in Geneva told the assessment team that he reviewed an early draft of the FP-CIP when he was in Uganda for other UNFPA work and noted some human rights-related red flags. He did not specify the red flags, but said his input into the subsequent draft addressed those issues. Uganda's FP-CIP is among the few that articulate the components of a rights-based approach to FP service availability. It also calls for "developing and updating protocols and training tools for health care workers at all levels in order to guarantee the provision of FP information and services in accordance to human rights and quality of care standards" (MoH Uganda, 2014: 28).

In Kenya, the current (second round) CIP (2017-2020) has very strong language on rights and can serve as a model for other CIPs. This is a big advance from its first CIP (2012-2016), which had no mention of rights. The example from Kenya is shown in Box 6. At a 2017 FP2020 meeting for civil society in Nairobi that included a focus on rights-based FP linked to CIPs, "a representative from UNFPA in Kenya asked FP2020 for the materials that were presented saying that she could use them...[as] she would be helping Kenya to revise its CIP" (Hardee and Jordan, 2019: 15). The materials were compiled by FP2020 into a Rightsizing FP Toolkit in English and French (FP2020, 2018).

Among the four countries included in this assessment, three incorporated rights.

In Nepal, the FP-CIP (2015-2020), which received technical support from UNFPA to draft the document that made it rights-based, is the only CIP that does not include a quantitative goal for increasing modern contraceptive use. Instead, the goal is "Women and girls – in particular those that are poor, vulnerable and marginalized – exercise informed choice to access and use of voluntary FP through increased and equitable access to quality FP information and services" (MOHP Nepal, 2015). The FP-CIP includes five strategic areas for action that are designed to scale up FP in the country with a focus on the rights of women and girls. In addition to being acknowledged for coordinating all of the activities that led to the CIP, Rita Columbia, who was then at headquarters and also involved in the pilot roll-out of UNFPA and WHO (2015) *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide*, was thanked specifically for assisting with drafting and finalizing the CIP.

Box 6. HRBA to FP in Kenya's FP-CIP (2017-2020)

"The national FP-CIP 2017-20 details the country's plans to achieve its FP vision and goals to improve the health and well-being of its population and the nation through providing high quality, rights-based FP information and services" (MOH Kenya, 2017: 2).

A rights-based approach is defined as: "Rights-based approach entails implementing programmes that aim to fulfill the rights of all individuals to choose whether, when, and how many children to have to act on those choices through high quality SRH services and information and education; and to access those services free from discrimination, coercion and violence" (MOH Kenya, 2017: 12).

In addition to the National Commission for Population and Development and the Ministry of Health, and other service delivery and demand creation partners, the Kenyan Human Rights Commission is tasked with monitoring efforts to ensure universal access to rights-based services.

Ministry of Health of Kenya, 2017.

The CIP from Sierra Leone (2018-2020) also incorporates rights. A CO respondent from Sierra Leone explained that the FP-CIP, which was developed among all partners in the country, including UNFPA, belongs to the government. Technical support from UNFPA helped get rights into the FP-CIP, including ICPD framing. The CO respondent noted that rights, which UNFPA helped get included in the CIP, cuts across the levels of policy, supply and demand, which is confirmed in reviewing the CIP document. The introduction notes that the plan “details the country’s plan to achieve its vision and goal to improve the health and well-being of its population and the nation by supporting each person’s right to choose whether and when to have children, and how many children to have” (Government of Sierra Leone, 2017: 3). The CIP is “was designed to align with the 10 components of the FP2020’s Rights and Empowerment Principles for Family Planning” (p. 4), which are similar to the nine human rights principles and standards in WHO (2014).

In Malawi, the FP CIP (2016-2020), supported by UNFPA as part of the CIP Task Force, also includes rights (Box 7). The CIP “details the country’s plan to achieve its vision and goals to improve the health and well-being of its population and nation through providing high quality, rights-based family planning information and services” (Government of Malawi, 2015: 1). Rights are integrated into policy, service delivery and demand creation activities.

Lao PDR is among the few countries that does not mention rights in its CIP. Although the CO responded that UNFPA was involved in developing the CIP (2017-2020) and that it aligns with HRBA and quality of care, specifically AAAQ, the country’s CIP does not mention rights, HRBA or AAAQ, although it does mention the need for quality information and services.

Box 7. Approach to rights-based FP in Malawi’s FP CIP (2016-2020)

“Malawi employs a rights-based approach to family planning that includes voluntarism, informed choice, free and informed consent, respect to privacy and confidentiality without having to seek third party authorization, equality and non-discrimination, equity, quality, client-centred care, participation and accountability.”

Government of Malawi, 2015: 21.

Question 5. How is HRBA to FP monitored? Are there protocols for managing concerns that some human rights principles or standards are not being upheld?

Q5.1. UNFPA’s system for programme monitoring

Respondents said that UNFPA’s system for programme monitoring, once CPDs are approved, includes a number of elements:

- A **Strategic Information System** to monitor specific responsibilities assigned to staff is based on the annual workplan. Results are reported quarterly and at year end. Staff input updates, but the quality and completeness of the reporting varies;
- A **combined system** intended to bring programme and management data is being developed and is intended to be operational by 2021. The system will operate at the corporate and CO levels and will be linked to the Strategic Plan (2018-2021);
- **The 3+5 Framework for Self-Assessment** has been developed to help countries assess if they are meeting the UNFPA Transformative Results (to achieve the three zeros by 2030). It is provided in *Results-Based Management Principles and Standards*, published by UNFPA and the Swiss Agency for Cooperation and Development in 2019. One supporting principle standard (number 3.4) on human rights can help countries to self-assess, namely: “The UNFPA country programme and projects address

cross-cutting themes that enhance human rights, gender equality and sustainability”. Countries can assess if this standard is fully met, partially met, minimally met and not met, although no detail is given on what it means to enhance human rights by addressing cross-cutting themes.

- UNFPA has a **gender marker** that is a mandatory for staff to report on. The gender marker links to the United Nations system-wide approach to gender. There is also a humanitarian marker, but no marker for HRBA.
- For UNFPA Supplies, there is an additional **programme monitoring system** to monitor achievement of programme deliverables and donor requirements. The system has three elements: 1) facility survey, including CEIs; 2) end-of-year country questionnaire that follows the UNFPA Supplies performance monitoring framework; and 3) quarterly programme management (QPM) reviews that address stocks, supply distribution, training, etc.

Q5.2. Monitoring for FP and HRBA

Q5.2.1. Indicators

The UNFPA Strategic Plan and CPDs include indicators of progress that are monitored through the Strategic Information System. It was beyond the scope of this assessment to review all indicators from UNFPA Strategic Plans and CPDs to identify indicators that measure rights-based FP.

The UNFPA Supplies programme document (UNFPA, 2013) included some indicators related to human rights, namely:

- Number of countries with policies in place that take into consideration rights-based and total market approaches to family planning; and
- Number of countries where a 3-5 year medium-term plan for family planning, with rights-based and total market approaches, is being implemented.

Review of the revised UNFPA Supplies Performance Monitoring Framework (March 2017) did not find the words “HRBA” or “rights” in any indicators, suggesting that these indicators were not included in the actual monitoring framework, although some of the programme indicators reflect aspects of rights-based FP, particularly related to supplies and stock-outs, commodity distribution and training, measured through facility reviews and CEIs.

In 2018, the UNFPA Supplies performance monitoring framework was modified to include indicator 4.2.1 in support of the UNFPA Supply Chain Management Strategy. The indicator tracks the “number of countries where a costed supply chain management strategy is in place that takes into account recommended actions of the UNFPA/WHO implementation guide to ensuring rights-based contraceptive delivery.”

Respondents noted a range of indicators that their programmes track that support human rights principles and standards. The list of indicators mentioned by respondents included:

- *Full range of services*
- *Storage of methods*
- *Stock-outs/availability of commodities*
- *Method mix*
- *Fee for services (e.g. under the table fees where services are supposed to be free)*
- *Trained personnel (are sufficient trained staff available for the methods, e.g. LARCs)*
- *Non-discrimination (mostly through providers being judgmental)*

- Are clients able to make free and informed choices?
- Are confidentiality and privacy respected in services?

It is important to note that this is not an exhaustive list of indicators measured in country programmes, it represents what respondents told the assessment team they monitor related to rights.

A CO staff member said that every service is disaggregated to reflect adolescents, the disabled and gender. Another CO staff member noted that they have an indicator on capacity building related to skills-based training and that they are working in 2020 to include rights-based training. Another staff member said they are working on an indicator for accountability, indicating that for staff to be able to provide rights-based FP they need training, supervision/mentoring, monitoring and accountability. Respondents cautioned that most UNFPA resources are from donors, and that CO staff are under significant pressure from donors to produce quantitative results rather than rights-based indicators.

Q5.2.2. Monitoring and reporting tools

As noted above, respondents explained that they have indicators that reflect rights, but these indicators might not be identified as such. A respondent in one RO said they make sure HRBA is included in evaluations, although how this is done is not recorded in writing, which is further indication of the need to document explicitly how rights are measured in UNFPA programming, including under UNFPA Supplies. UNFPA has an *Orange Book of Indicators* for guidance. Countries can adopt or adapt indicators from the book. Indicators can become the basis for programme assessment. At the corporate level, the *Orange Book of Indicators* was updated with start of the latest Strategic Plan, which is currently undergoing a midterm review, so it will be a few years before it is updated. At the UNFPA Supplies programme level, there is more flexibility to propose new indicators that measure dimensions of rights.

Q5.3. Protocols for managing concerns that some human rights principles or standards are not being upheld

When human rights issues arise, the interaction with governments depends on the nature of the human rights issue. Issues mentioned as most sensitive include information and services for unmarried adolescents, CSE, child marriage and FGM. In some countries, human rights can be addressed directly, while in other countries rather than talking directly about rights, staff talk more indirectly about the rights principles (e.g. expand availability, improve quality) so staff can still work on the issues. They look at the political enabling environment and take that into consideration in their discussions with the government. UNFPA Representatives engage with governments on sensitive issues and generally prefer to do so discretely so as not to further inflame the issues. Sometimes Representatives engage with civil society organizations (CSOs) who might be best at advocating for sensitive issues.

ROs say it is a joint process for COs and ROs to work with countries on sensitive issues – with ROs helping to identify country needs and provide technical support for technical, programme and policy issues. One RO respondent said that UNFPA Representatives need to be skilled and nuanced, with strong relationships with governments at all levels. Between the RO and the UNFPA Representative, the RO respondents said they have the skills and comfort to manage relations with governments. The Representatives are on the ground and talking with numerous people in the country. They do not tend to involve headquarters with these challenges, which

tend to be very specific and political. One RO respondents noted the perception that the Human Rights Adviser in headquarters engages more in intergovernmental issues.

COs provide monthly environmental scans, which provide an opportunity to address rights-related issues. The monthly environmental scan template, shown in Annex 7, is not specific to human rights, although rights are likely implied in the information requested. HRBA, including to FP, could be added as a prompt on the template.

When monitoring identifies deficiencies, one respondent said that follow-up is supposed to be integrated into the programme's workplan. This can also be raised with in-country partners to advocate for corrective action. A CO respondent said that UNFPA technical staff work with their counterparts to address programmatic issues such as ensuring commodity security and addressing provider bias in counselling. They also work at the district level to address the issue, as relevant, e.g. shifting more commodities to where they are needed; providing more training where it is needed; conducting on the spot monitoring to improve service provision. Other issues, such as the need for equipment, they take to the national level, as needed. The CO respondent said they have not identified what they would consider violations of human rights, although the respondent may have been interpreting violation of human rights as outright coercion. The respondent did note gaps in service (including stock-outs) and gaps in provider availability and training that indicate an inability to uphold all principles and standards related to HRBA to FP.

A staff member at an RO reflected that rights should not be applied reflexively but require nuance, noting, for example, that it is a constant struggle to talk about rights and choice and also noting that the health worker and client interaction goes on behind closed doors, making it hard to influence. The staff member is not sure that UNFPA staff are thinking through all of the elements at all levels of the programme. The question of method mix came up, particularly related to long-acting reversible contraceptive (LARC) methods. One respondent noted that an unbalanced method mix is often perceived as a lack of a human rights-based approach, but this is not necessarily true. She said we should not automatically equate a dominant method with a rights problem. It could be clients' preference, rather than providers pushing the method. It is important to look at the range of methods offered.

Client exit interviews and human rights red flags

The UNFPA Supplies programme includes facility surveys and CEI as part of monitoring. The CEI includes information on client characteristics, the types of service delivery points they have accessed, travel distance, cost and types of transportation and – importantly – the CEI include questions on clients' perspectives on several aspects of service:

- FP service provider's adherence to technical issues
- Interpersonal aspects of FP services
- FP service outcomes
- The cost of family planning services

One question on the CEI related to interpersonal aspects of FP services asks clients if the health service provider forced him/her to accept or insisted he/she should accept the FP method. A high percentage response on that question would be considered a red flag related to human rights. The midterm evaluation of the UNFPA Supplies programme found that some countries have high percentages of clients saying that had been forced to accept a

method (e.g. nearly half in Lao PDR and a quarter in Sierra Leone in 2016), but the midterm evaluation team did not find evidence of these findings being addressed by COs when the midterm evaluation was conducted.

Following the UNFPA Supplies midterm evaluation, Lao PDR commissioned a follow-up study of the CEI to assess the findings in more detail (Lane-Barlow and Pimmasone, 2019). As in Sierra Leone, the follow-up study in Lao PDR found that women had not been forced through coercive provider practices to accept a method but that, in some cases, the methods initially desired by the women were contraindicated according to WHO Medical Eligibility Criteria (MEC) guidelines and in other cases, stock-outs precluded the women from obtaining the method they originally wanted. While stock-outs are linked to the ability of a programme to implement or not implement the HRBA to FP, these do not appear to be cases of egregious coercion as is implied by the word “forced”. The follow-up study made the following recommendations, which are applicable for UNFPA Supplies beyond Lao PDR:

- There is no evidence that the responses relating to being forced to use specific methods is a problem, clients report high satisfaction with services.
- Ensuring clients understand the reason for product selection is an important part of client counselling. More effort to clearly communicate with clients should be made.
- Buffer stock levels must be maintained.
- Consider rewording the Lao version of the client exit interview questionnaire to clarify the meaning and avoid misinterpretation.

Table 2 compiles findings from selected questions from the CEI for the years 2015 to 2018 for the countries included in the assessment, adding two additional years of data since the UNFPA Supplies midterm evaluation. The findings show that clients continue to be largely satisfied with the services they have received, although there continue to be issues with clients saying that they are forced to accept a method.

Table 2. Client responses to selected client exit interview questions, for four countries: 2015 to 2018 (in per cent)

Question and country	Year			
	2015	2016	2017	2018
Satisfied with the services received				
Lao PDR	100	100	100	99
Nepal	*	99	98	99
Sierra Leone	**	97	--	99
Malawi	--	96	--	***
Provided with the method of their choice				
Lao PDR	99	100	--	100
Nepal	*	99	99.3	99

Table 2. Client responses to selected client exit interview questions, for four countries: 2015 to 2018 (in per cent)

Question and country	Year			
	2015	2016	2017	2018
Sierra Leone	94	94	--	96
Malawi	--	99	--	***
Provider took clients preferences and wishes into consideration				
Lao PDR	100	100	--	99
Nepal	*	98	96	99
Sierra Leone	97	97	--	99
Malawi	--	96	--	***
Client was told about common side effects of the method				
Lao PDR	99	99	--	95
Nepal	*	91	91	90
Sierra Leone	91	88	--	89
Malawi	--	85	-	95
Client indicated she was treated with courtesy and respect by staff				
Lao PDR	99	99	98	99
Nepal	*	97	98	99
Sierra Leone	98	95	--	99
Malawi	--	97	--	98
Client responded “yes” the question: Client Indicated health service provider force him/her to accept or insisted he/she should accept FP method				
Lao PDR	56	45	10±	16
Nepal	*	7	6	11
Sierra Leone	18	25	--	25
Malawi	--	15	--	14-54†

Notes for table 2:

* Nepal 2015: CEI results not provided in report

** Sierra Leone 2015 report could not be accessed

*** Malawi 2018 total averages not provided for this indicator in the CEI report.

±Lao PDR 2017 total average not provided for this question and annex tables were not available; this is a rough average among the types of facilities.

∓ 14 per cent of clients at primary level facilities reported being forced to accept a method compared to 54 per cent in tertiary facilities.

-- survey not undertaken in this year for the country

A respondent from headquarters in the current assessment noted that when deficiencies are found, follow-up is supposed to be integrated into the workplan. The findings can also be used as a red flag to be raised with in-country partners to advocate for action. In response to the finding from the midterm evaluation of UNFPA Supplies that there was no evidence of follow-up on CEI findings at the country level, the respondent said that perhaps the follow-up was not clearly articulated in the workplans.

The assessment team asked CO respondents how they address findings from CEI. In some countries UNFPA staff monitor the findings of the surveys and say they address them with implementing partners. One CO respondent noted that implementing partners conduct periodic monitoring and look for rights issues (e.g. are there targets; are beneficiaries forced to use a method). The respondent explained that this is when they can address what might have been found in the CEI. The monitoring visits are done sometimes by government trainers or by implementing partner personnel. Those who make the visits become mentors for the providers. A respondent from Sierra Leone said “I spent an hour at a clinic today asking about this. Providers say they do not force anything. There are high stock-out rates – that compromises their ability to provide HRBA to FP and that already forces women’s choice.” He noted that issues facing the country include method mix and stock-outs; and provider training, i.e. ability to do better counselling to support clients to make voluntary, rights-based choices. Another respondent from Sierra Leone said that they follow up, asking the service provider whether commodities were available with the assumption that it is a stock-out issue. Also, it may be a counselling issue if the client comes with a method in mind that turns out not to be suitable for her according to WHO MEC guidelines.

CEI data can be disaggregated according to a number of factors to help pinpoint where issues need to be addressed. Not all CEI reports contain this disaggregation. The reports for Nepal for 2017 and 2018, for example, include a disaggregation of the finding on clients saying they were forced to use a method (UNFPA and ADRA Nepal, 2018, and UNFPA and Nepal Development Research Institute, 2017). The findings are disaggregated by level of service delivery point (primary, secondary, tertiary and NGO); type of service delivery point; province; place of residence (urban and rural); and management (government or NGO). In Malawi, disaggregation by type of facility showed that in 2018, 14 per cent of clients from primary facilities said they were forced to accept a method, 16 per cent of clients from secondary facilities said they were forced, and 54 per cent of clients from tertiary facilities reported being forced to accept a method (Ministry of Health and Population Malawi, 2018). In 2017, 44 per cent of clients from tertiary facilities reported being forced to accept a method, suggesting a worse situation in those facilities in 2018 compared to 2017. Having this level of disaggregation, with data across years can provide important information for addressing rights issues where they are occurring.

In summary, regarding questions 3 to 5, Table 2 lists principles and standards and how respondents mentioned them in the assessment, both directly and indirectly. It is important to note that respondents were not asked about each rights principle and standard individually, so Table 2 is not intended to be an exhaustive list of all the

work UNFPA does to promote human rights in family planning. Furthermore, some respondents worked on topics other than family planning (e.g. gender, or other aspects of sexual and reproductive health) and they also mentioned rights work related to their topics. Table 2 reflects what respondents told the assessment team. A respondent from a RO reflected that much of UNFPA’s programming is anchored in rights, but staff may not recognize what rights principles they are supporting – for FP and for other areas. Many elements are covered, but these have never been mapped against the list of rights principles and standards, which would be useful. This would help in cases where staff might not equate rights terms with more familiar programmatic language. The UNFPA and WHO (2015) *Implementation Guide* does link programmatic elements with rights principles and standards, but because it has not been widely disseminated, most staff are unaware of it.

Table 3. Human rights principles and standards for contraceptive information and services and UNFPA staff respondent mention of them – directly and indirectly – in the assessment

Rights principles and standards (WHO, 2014)*	Mentions in assessment by UNFPA staff
Availability	Availability was noted frequently in relation to expanding availability of contraception, strengthening supply systems and reducing stock-outs; expanding method choice. A key focus of the UNFPA Supplies programme is forecasting and procurement to ensure availability of a range of quality-assured modern contraceptive commodities.
Accessibility	When accessibility was mentioned it was in relation to equitable access – “leaving no one behind” and youth-friendly services. Staff mentioned UNFPA’s focus on contraceptive commodities and supply chain management strengthening, including getting to the last mile, to improve both physical and economic accessibility to modern contraceptives. The introduction of an injectable method of contraception seeks to improve access to a method that women can self-administer. Integration of FP in other health services are also intended to improve accessibility of FP services. Staff also mentioned conducting analysis on which marginalized groups are not receiving services to ensure equity and no one left behind. This is one of the most often noted rights principles in the CPD of the four countries.
Acceptability	This right was hardly mentioned explicitly by staff in the assessment, although UNFPA does implement work related to acceptability. For example, UNFPA supports culturally-acceptable service provision, including by training female service providers, supporting community-based distributors selected by communities and promoting adolescent-friendly services.
Quality	Quality of care was mentioned by most staff, with work related to quality mostly mentioned in terms of expanding method choice. UNFPA support work to ensure that national medical standards adhere to international (WHO) standards, and that there is a match between commodities and providers (services are provided by the right providers with the right skills). This is one of the most often noted rights principles in the CPD of the four countries.
Non-discrimination	When non-discrimination was mentioned it was in relation to “leaving no one behind,” (e.g. expanding service coverage to hard-to-reach population including ethnic minorities and remote population), and ensuring services for young people, including unmarried adolescents and youth. This is one of the most often noted rights principle in the CPD of the four countries.
Informed decision-making	Informed decision-making was linked with autonomy and letting women make their own choices to use contraception, which respondents commonly noted.
Privacy and confidentiality	Many respondents noted the importance of privacy and confidentiality for clients. This rights is often considered as part of quality of care.

Table 3. Human rights principles and standards for contraceptive information and services and UNFPA staff respondent mention of them – directly and indirectly – in the assessment

Participation	Participation was infrequently mentioned explicitly by respondents in the assessment although it routinely appears in United Nations and UNFPA documents on human rights. Some respondents mentioned participation of youth in programming and community-based distributors selected by communities.
Accountability	Accountability related to family planning specifically was infrequently mentioned, compared with accountability for other aspects of SRH and gender. Some respondents did talk about addressing duty-bearers and rights-holders in their work on family planning. One implementing partner reported that UNFPA in their country supported rights awareness and the capacity of government counterparts who are duty-bearers (policymakers, directors, managers, technical officers and nurse/midwives) to promote rights in FP/RH, which is a step towards ensuring their accountability to rights-holders. UNFPA has supported development of FP CIPs including attention to rights-based FP, which can also be used to hold governments accountable for FP programming. Some respondents described CO’s work with NHRIs to strengthen their capacity to undertake reviews of sexual and reproductive health and rights in their countries to address human rights issues, although staff working on family planning tend not to be involved in that work. Although not specific to family planning, UNFPA also works with treaty bodies such as CEDAW and CRC and supports countries in participating in the Universal Periodic Review. UNFPA also works with civil society for development of shadow reports. In one country, UNFPA promoted the integration of human rights into the revision of an RMNCAH policy, using international standards to influence the government. All four countries interviewed organize facility surveys, including client exit interviews, to monitor progress. Some questions are particularly relevant to monitor informed choice, but some COs failed to take action on potentially critical findings, which indicates that the potential of the survey to monitor rights-based FP has not been fully utilized.

See Annex 3 for the definitions of the rights principles and standards.

Question 6: How does UNFPA hold staff accountable for taking the HRBA to FP?

Respondents perceive ensuring that UNFPA applies a human rights-based approach in its FP work as a shared responsibility of staff across units and at all levels. The headquarters issues guidance; the ROs make sure CO staff are aware of it and using it; and CO teams are responsible for applying it. As indicated in Question 5, RO staff say they work closely with CO staff when issues arise, including those related to rights, and that they do not tend to involve headquarters in those issues.

One respondent at headquarters stated that UNFPA should focus on programme performance, rather than holding individual staff members accountable for HRBA to FP. The respondent recommends that no country plan be approved unless the HRBA is used to develop it and it covers all relevant principles and standards. For FP, for example, that would be the nine principles and standards articulated in WHO (2014) *Enhancing Human Rights in the Provision of Contraceptive Information and Services: Guidance and Recommendations*. Then it can be monitored with specific indicators. Currently, as noted under Question 5, the Strategic Information System (SIS) holds staff accountable to specific, assigned responsibilities based on annual workplans. However, these vary from programme to programme and there is no indication that staff are held accountable for HRBA to FP.

Respondents noted that HRBA is not explicitly part of UNFPA staff appraisals. One staff member explained that they are appraised on what is in their workplan, so to the extent that HRBA to FP is included, it is part of the

appraisal. For example, if there is an output on demand, the extent to which rights-holders are demanding their rights is appraised. On the supply side, staff might be appraised on activities to provide quality services, or that take the human rights principles and standards of access, non-discrimination, meeting the needs of marginalized and youth into consideration.

Question 7: Are there mechanisms for knowledge-sharing about HRBA to FP within UNFPA? If so, how effective are they?

Q7.1. Modes of knowledge-sharing at UNFPA

Respondents identified multiple mechanisms that UNFPA employs for knowledge-sharing:

- External website
- Intranet (MyUNFPA)
 - PPM – official UNFPA documents
 - Portals – to share internal and external documents on an area, including good practices
 - Communities of Practice – has a home page to share key documents and FAQs and a discussion function
 - iDocs (document management system)
- Google Drive and Docs (used by teams for specific topics)
- Technical webinars
- Good practice competitions and sharing (HRBA could be a theme one year)
- Venues for exchange – among ROs, between countries, and also within thematic areas (e.g. supplies, gender)
- Global, regional or country meetings (e.g. the UNFPA Global Consultation on Ending Unmet Need for Family Planning in 2019)

One staff member asked if there are better, newer ways of sharing knowledge (e.g. more use of social media). With more Millennials and Gen Z staff, UNFPA needs to adjust.

The challenge – which goes beyond HRBA to FP and is not unique to UNFPA – is in making knowledge-sharing more systematic, making people aware of available resources and knowledge, and getting them to access what is offered. Respondents said that staff are overwhelmed, especially at the country level. Respondents said it is hard to find time to browse the intranet or participate in webinars. They tend to search only when they are looking for a specific answer.

One respondent in an RO commented that with the new UNFPA Strategic Plan (2018-2021), with the focus on the three UNFPA Transformative Results, there has been better flow of knowledge from headquarters to RO to COs, among regions and among countries – often through briefing webinars and guidance documents – to ensure consistency across countries and keep technical staff up-to-date. The respondent said that knowledge-sharing tends to be a push down of what headquarters wants staff to know, rather than what staff need or want to know.

Q7.2. Making documents easier to find, and promoting sharing

Respondents said that UNFPA documents are not always easy to find. One respondent said that iDocs, described as the system for sharing documents within UNFPA, is not easy to navigate without knowing the name of the document one is searching for. As an example, a Google Docs was set up to share materials from the UNFPA Global Consultation on Ending Unmet Need for Family Planning in Antalya, Turkey, in 2019. These materials are accessible by finding the newsletters from each day of the consultation, available at https://eeca.unfpa.org/sites/default/files/pub-pdf/consultation%20newsletters_combined%20final.pdf and further by clicking on the links to the materials available in the documents, e.g. the brief on Enabling Environments for Rights-based Family Planning is available at https://drive.google.com/file/d/1bkcQQ3s-Xf3o_5dYkgP2wZi3jFOvbe-S/view. These materials are only available if someone knows what to look for. Using Google to search for “ending unmet need” is not sufficient. Adding “Antalya” to the search does yield the newsletters from the consultation.

To make materials easier to find, one RO noted that they are in the process of renewing their regional knowledge-sharing platform including identifying good practices and sharing them with countries. The RO decided to design its own platform in order to find headquarters materials relevant to the region and make them available to countries. They are endeavouring to make the platform user-friendly. The knowledge management team at headquarters has a long-term plan to make materials available on the intranet more seamless and searchable, for example, by linking technical information with data and cost information for programme development.

An internal UNFPA Google Site with a toolkit for accelerating “Getting to Zero Unmet Need,” has been developed but not yet launched so is not yet available to UNFPA staff. The intention for the site is to be a one-stop shop for materials related to this transformative result, which could include HRBA to FP.

One respondent said that for material on HRBA to FP, FP2020 has a good platform available at <http://familyplanning2020.org/rightsinfp>. The respondent suggested that UNFPA work with FP2020 to expand that platform, although UNFPA works in a larger number of countries than FP2020.

Q7.3. Ensuring the consistency and quality of materials on HRBA to FP

There is no apparent process at UNFPA for vetting “good practices” to be shared, including for HRBA to FP. It is important that practices be evidence-based, thus establishing rigorous criteria for what is a good practice related to HRBA to FP is critical. This is especially important in view of the role UNFPA plays in the promotion of HRBA to FP globally and at the country level.

Respondents described the 2019 UNFPA Global Consultation on Ending Unmet Need for Family Planning in Antalya as successful since it was focused on a transformative result (zero unmet need for FP) and because the quality of the content was high. That meeting included a strong focus on HRBA, including HRBA to FP, both in the presentations given at the consultation and also in the country analyses and case studies shared at the meeting.

Question 8. What are the internal challenges faced by UNFPA in implementing HRBA to FP?

Respondents noted internal challenges to implementing HRBA to FP related to the organizational structure of UNFPA, staff capacity issues, resource constraints and data availability.

Q8.1. Organizational structure

Some respondents, particularly at headquarters, noted that the organization of the UNFPA Technical Division poses challenges to implementing the HRBA to FP. Technical leadership on human rights sits primarily in the Gender, Human Rights and Culture Branch and more than one respondent noted that other branches may perceive that human rights is the responsibility of the branch, although Senior Management says it is everyone's responsibility. The GHRCB has a very small budget for staff development, research, etc., limiting the support the unit can provide. Furthermore, some respondents reported that the efforts of the four branches tend to be siloed and not well integrated. A respondent from the SRH Branch noted that UNFPA is most known for its work on commodities related to FP, which is the remit of the Commodity Security Branch. But UNFPA also does other work that relates to FP in the areas of adolescents and youth, CSE and gender-based violence through other branches, among others. Respondents at CO level said they were busy with their own activities, although some said that integration with other activities does happen.

Q8.2. Staff capacity

Although some staff come in with deep understanding of rights-based FP, there is a range of capacity on HRBA, including to FP, at UNFPA, according to respondents at all levels. Filmer-Wilson and Mora (2018: 256) wrote “the profile and capacity of UNFPA staff poses a challenge to mainstreaming human rights. While a large proportion of UNFPA staff have expertise in specific health sectors or demography, few have a background in advocacy, legal reform or policy needed to shift the organization's focus beyond service delivery”. At the same time, it is important for staff working on family planning to understand human rights and how they apply to family planning and how they can be operationalized in family planning programming. The same applies to other thematic areas.

Without training, in settings where human rights are a sensitive issue, staff – particularly staff who are nationals of the countries in which they work and who may share the cultural norms that are resistant to taking a human rights-based approach – may be reluctant to talk about human rights and government responsibilities explicitly out of discomfort or the belief that doing so could pose a barrier to achieving what they want to achieve. For example, a respondent from the GHRCB described training gender staff on human rights, positioning FGM as a human rights issue, as not always easy and that staff were not comfortable due to the environment in their countries that did not support human rights and preferred to keep quiet. Also, given the service delivery focus of UNFPA Supplies, staff may be more comfortable working from a medical and public health perspective rather than human rights. One respondent suggested using stories and analogies, saying that while rights language might be objectionable, but when people understand the meaning of the principles, it is more acceptable.

Respondents said that staff, particularly at the CO level, are overwhelmed by their workload and all the resources they are expected to digest and master. The heavy burden of integrating different programme initiatives and directives as well as institutional performance falls to COs, which have to juggle priorities in complex, integrated programmes. The midterm evaluation of the UNFPA Supplies programme found that in Lao

PDR, for example, staff are increasingly turning to a growing youth-focused programme, with fewer staff engaged in RH/FP. Further, the midterm evaluation found that if an alternative to a client's desired method is available, staff do not perceive there is a stock-out. Respondents described this as staff being overstretched with fewer staff but more funding, and they do not have much time to think thoughtfully about concepts such as HRBA. One staff member, however, said this is complaining about running from meeting to meeting is a cop out and that UNFPA need to change its culture to becoming a learning culture.

Q8.3. Resource Constraints

Over the past several years, it seems that funding for HRBA, including HRBA to FP, has declined. For example, the current Human Rights Adviser in the GHRCB has a much smaller budget than her predecessor. Scaling up the roll-out of the UNFPA and WHO (2015) *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide* never came to fruition, in part due to lack of funding. Furthermore, respondents have noted that donor priorities for funding do not tend to include work to advance an HRBA to FP aside from making contraceptives available, which though necessary is not sufficient for a comprehensive human rights-based approach to FP.

Q8.5. Data availability

In some countries, there is a lack of data on specific communities to inform needs and programming. Staff tend to rely on published United Nations data, which is at the macro level. Data on marginalized communities are often not available. Sufficient resources for necessary surveys are lacking. One respondent noted that UNFPA used to finance operations research, but no longer does. Some respondents noted a lack of evidence needed for advocacy.

Question 9. What additional support would be helpful to UNFPA staff to implement HRBA to FP?

A final question elicited staff perspectives on what could help them implement a human rights-based approach to FP. Respondents identified a number of needs and offered suggested actions. The suggestions are organized by the areas of investigation addressed by the other questions. These suggestions have been taken into account by the assessment team in conclusions and recommendations provided in the assessment report.

Q1: Common understanding of how UNFPA defines HRBA to FP and its role in promoting it

- Develop a standard definition of HRBA that staff can use across all areas of sexual and reproductive health and disseminate it to achieve a common understanding. Support this with practical, step-by-step guidance for programming and monitoring, bearing in mind that FP may not be a stand-alone programme. Clarify roles and responsibilities to promote accountability.
- The human rights and gender equality agenda needs to grow within UNFPA, with more recognition within UNFPA that these issues are cross-cutting and underpin all sexual and reproductive health and rights. The current focus on increasing access to commodities and the capacity of service providers, and on quantitative programme results needs to be balanced by a focus on influencing national norms and promoting governments' obligation to individuals.

Q2: Guidance, training and technical support offered by UNFPA for HRBA to FP

Respondents suggested the following guidance and tools for programming:

- *Some respondents called for job aides to assist staff. Several said more tools is not the answer but to build on existing tools and use tools and materials from other organizations.*
- *Undertake inventory of Country Office materials on HRBA to FP (e.g. training curricula that have been developed by IPs and supported by UNFPA) to ensure consistency and identify gaps.*
- *Developing HRBA checklists (e.g. HRBA to FP, MH, Adolescents and Youth, etc.) for consultants and evaluations would be useful so that everyone is working from the same framework. Translate into other languages.*
- *Step-by-step guidance could be useful.*
- *Contextualized, minimum standards for HRBA and different areas (e.g. FP, FGM, child marriage, maternal health, HIV). Maybe framed around the three zeros: What is needed to do rights-based work related to the three zeros? This would help with partners also.*
- *Re-roll out of the UNFPA and WHO (2015) Implementation Guide, including under the new phase of the UNFPA Supplies programme.*
- *Create a package on HRBA to FP that staff can use for programming and can cascade to partners – a guide to serve as a tool for programme managers for every stage of work. Now we have to refer to many documents. The HRBA to FP package could be a pocket handbook with links to resources that staff can get if they need them. We could share this with other stakeholders.*
- *Environmental Scan used in countries; incorporate rights into it.*
- *Strengthen the HRBA checklist related to RBM.*
- *Some staff suggested that an HRBA marker, like the gender marker, would be helpful. UNFPA programmes already go through review, so adding HRBA would be helpful (for FP, etc.).*
- *Add material specific to HRBA to FP to the guidance given to the PRC in its review of country programmes.*
- *Do more work on the demand side. Use influencers to change norms. Do network analysis. Modify messaging for social behaviour change about health and medical benefits, etc.*
- *Do not forget about CSE: it affects FP. Adolescents need knowledge, skills and ability to negotiate.*

Respondents made the following suggestions for training:

- *Increase investment in training.*
- *We would benefit from training and materials, especially since this now seems to be a UNFPA priority.*
- *Mandatory training for staff working on FP that focuses on and HRBA to FP related to Getting to Zero Unmet Need, with monitoring by managers; an online module on HRBA to FP, along with orientation and refresher training.*
- *Training on HRBA to FP could be part of local onboarding. We have an online introduction. There could be sets of core mandatory reading (no more than five documents) related to one's post when people come on board. Local managers could manage this.*
- *Take Advantage of UNFPA Study Days with a Package of Readings on HRBA to FP. UNFPA allows staff seven study days a year, but many do not take advantage of this. Perhaps this could be better structured and supported. For example: Here are the five things you need to read about HRBA to FP. Here is a guided learning on HRBA to FP to complete during study days.*

- *Need a standardized training package.*
- *Adapt 2010 UNFPA/Harvard to current technology? It was used initially with regional training. It is a huge manual and not so user-friendly. It needs to be adapted.*
- *We need adaptable resources. Self-learning, other more modern training approaches. Update existing resources.*
- *Create learning opportunities. Change UNFPA's learning culture. Consider optional learning and staff development approaches beyond courses, workshops and webinars. Explore new technology-based training approaches for self and remote-learning using social media.*
- *Promote greater sharing across branches, regions, countries.*
- *Empower staff by increasing their knowledge and skills, awareness of available tools and incentivize their use of what exists.*
- *Develop staff skills in influencing without having authority to effectively advance an agenda.*
- *Need a country workshop that takes up material from the online course and helps staff tailor it to the country setting, since each country is unique and country-specific strategies are needed. This would help staff discuss and become more comfortable about rights issues related to FP and to work through how to address rights issues with stakeholders in the country.*
- *Maintain a focus on the HRBA, including HRBA to FP, in staff workshops, retreats and international meetings.*

Respondents made the following suggestions regarding technical support:

- *Acknowledge and build upon good things that are going on. Identify peak performing country programmes, assist them to fill any gaps, then use them as models for other country programmes to follow.*
- *Strengthen support from headquarters and ROs to build capacity on HRBA to FP so CO staff can better support IPs in the entire programming cycle.*
- *National staff in COs may need special attention since they work within their own cultures and are sometimes hesitant about rights.*

Q3: Comprehensive and systematic application of HRBA to FP in UNFPA's work

- *More than one respondent said a strategy (one suggested global, another suggested one for each country) is needed to make the HRBA to FP intentional and to lay out steps for reaching full adherence to all human rights standards. Acknowledge that the ideal is hard to attain, but that every country needs to strive for it. Spell out the incremental steps CO staff need to take.*

Q4: UNFPA interaction with governments and implementing partners on HRBA to FP

- *Develop stronger partnerships with NHRIs and get their help in incorporating human rights into their periodic reviews and making sure governments address these issues (since not all UNFPA staff will be human rights experts).*

Q5: Monitoring of HRBA to FP programmes and protocols for managing concerns that some human rights principles or standards are not being upheld

- *Increase investment in revising governance and indicator frameworks. Develop performance indicators for the different programmatic elements of the approach.*
- *Strengthen accountability systems. UNFPA should require that ROs and COs do this. Link accountability to the three zeros (reaching zero unmet need), including with indicators. Countries can be monitored where they are.*
- *Regular monitoring at RO and headquarters – if there could be an indicator on HRBA that would help guide us and with monitoring.*
- *Monitoring roll-out of the 2015 Implementation Guide.*
- *The next Strategic Plan could have a dedicated indicator on HRBA, as countries start to reach replacement level fertility. There is a continued need to promote choice.*

Q6: Staff accountability for HRBA to FP

- *Employ innovative ways to engage and motivate staff. For example, the Policy, Strategy and Planning Branch is testing an initiative to foster competition and incentives to improve CO performance related to RBM. Create incentives and rewards specific to HRBA to FP.*

Q7: Mechanisms for Knowledge-Sharing about HRBA to FP

- *Make materials easier to find (referring to Intranet and iDocs).*
- *Share materials across UNFPA. For example, the briefs from the 2019 Antalya meeting were shared with countries.*
- *Re-energize the FP Community of Practice and make human rights a more prominent focus.*
- *Share good/ best practices among COs.*
- *Regional and international conferences can also be helpful for staff to share experiences across countries and regions.*

Q8: Internal challenges UNFPA faces in implementing HRBA to FP

- *Leadership at all levels need to prioritize human rights and invest in this approach. UNFPA needs political commitment, as well as investment in monetary and human resource.*
- *Consider the profile of who UNFPA hires for specific roles to ensure they have the rights orientation.*
- *Review organizational structure and staff responsibilities, recognizing that the HRBA cuts across all thematic areas and that ensuring the HRBA to sexual and reproductive health, including FP, is everyone's responsibility even as certain positions require specialized knowledge and skills.*
- *Look for greater efficiencies to increase productivity and reduce demands on staff's time, allowing staff more time to digest guidance and for learning. Examine the culture of consultation that leads to a profusion of working groups. Simplify wherever possible.*
- *Organization, staffing and coordination procedures of the Technical Division should be reviewed and modified, as determined necessary, to support the agenda of the new UNFPA Supplies programme and ensure that expertise in the HRBA is embedded in all units. Qualifications and responsibilities of specific positions should be reviewed and respecting and protecting human rights be made explicit. The locus of the agency's FP programme at headquarters (currently Commodity Security Branch) and every RO should have a dedicated human rights resource person with in-depth knowledge and skill in applying the HRBA to FP.*

- *Review systems and materials (i.e. human resources, communications, monitoring and reporting, guidance documents) to ensure that the HRBA is both embedded and explicitly highlighted. This should be a cohesive, comprehensive package that supports the promotion of human rights.*
- *Encourage branches to work more with Population Dynamics on research and secondary analysis to address rights issues in programming.*

In addition, a few implementing partners offered the following suggestions for what UNFPA could do to advance human rights in FP programmes:

- *UNFPA can ensure that the commodities are in place (e.g. reduce delays, etc.) and can help from the national level (getting commodities to the country) and also getting the commodities to the last mile.*
- *UNFPA can continue advocating to the government for supportive policies.*

A few respondents noted that the development of the new UNFPA Supplies programme offers an opportunity to act upon many of the identified needs, suggested actions and recommendations. Some respondents from outside the Commodity Security Branch urged that those designing the new programme ensure that it is rooted in the HRBA that encompasses all dimensions of sexual and reproductive health programmes – rather than only focusing on HRBA to FP – and that it addresses structural issues such as unequal power structures, gender and other root causes of discrimination.

4. Conclusions

Human rights are central to the mission of UNFPA and priorities as articulated in the ICPD Programme of Action that underpins its work, and as manifest in its focus on reproductive rights, gender equality and, in concert with the Sustainable Development Goals, Universal Health Coverage and the principle of leaving no one behind. The organization's commitment to human rights is explicit in its strategy and guidance documents and cites human rights in its detailed process for assuring the quality of its country programmes and monitoring their progress. Over the years UNFPA has made some investments in building staff awareness of and capacity in human rights-based programming. UNFPA staff share a commitment to human rights and perceive the promotion of a human rights-based approach to family planning as a cross-cutting responsibility. There are many examples of UNFPA FP programming that promotes human rights, although UNFPA may not be systematically interrogating and strengthening programmes from a human rights perspective, and rights-supportive efforts might not be labelled as such. UNFPA is thus missing an opportunity for staff to have a shared understanding of and vocabulary for human rights-based programming for family planning. This is hampering programming and the ability of UNFPA to tell its story related to rights-based family planning.

The findings of this assessment reveal UNFPA's strengths with respect to human rights-based FP programming, areas needing improvement and the causes underlying gaps, as well as opportunities.

Seven conclusions are related to staff capacity and performance; organizational structure and systems; and leadership.

Conclusion 1. While UNFPA staff share a commitment to taking a human rights approach to their work in principle, they lack a shared understanding of HRBA programming and human rights principles of FP. This does not allow for consistency in how systematically and comprehensively staff apply the HRBA to FP activities planning and how well UNFPA documents and can demonstrate its contribution in this area.

UNFPA does not have a complete, concise statement of what an "HRBA to FP" is and how to implement it. Instead, descriptions of the HRBA approach and layers of guidance on human rights principles related to FP have accrued over time but as they are not consolidated, staff refer to different resources they are aware of. Some guidance was issued by the corporate level of the United Nations and applies to all United Nations agencies and to all types of programming; some was developed by UNFPA and applies to all areas of sexual and reproductive health, and some was issued by UNFPA for application to specific thematic areas, including FP.

This assessment found no evidence of a process at UNFPA for updating guidance or assuring continuity and links between pre-existing materials and new resources. Different rights and rights-related principles and standards are cited in different documents with only some overlap. And while building on the same foundation of human rights conventions and treaties, and the ICPD, the guidance has been additive over time, sometimes shifting focus to conform to the latest strategic plan, sometimes narrowing its focus to a particular programmatic area. Little obvious effort has been made to update or consolidate pre-existing documents to foster continuity and clarity.

For purposes of programming for the HRBA to FP, the most relevant documents in the judgment of the assessment team are:

- The Programme of Action of the International Conference on Population and Development (UNFPA, 1994)
- *Choices not Chance: UNFPA Family Planning Strategy 2012-2020* (UNFPA, 2013)
- *UNFPA Strategic Plan 2018-2021* (UNFPA, 2017)
- *General Comment 22 on Article 12 of the International Covenant on Economic, Social and Cultural Rights* (UNCESCR, 2016)
- *The Human Rights Based Approach to Development Cooperation Towards a Common Understanding Among UN Agencies* (UNDG Human Rights Working Group. 2003)
- *A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials* (UNFPA and Harvard, 2010)
- *Ensuring Human Rights in the Provision of Contraceptive Information and Services: Guidance and Recommendations* (WHO, 2014)
- *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide* (UNFPA and WHO, 2015)
- *Quality of Care in Contraceptive Information and Services, Based on Human Rights Standards: A Checklist for Health Care Providers* (WHO, 2017)

Moreover, the roll-out of guidance documents has been limited, including limited dissemination of WHO (2014) *Ensuring Human Rights in the Provision of Contraceptive Information and Services: Guidance and Recommendations* and UNFPA and WHO (2015) *Ensuring Human Rights in Contraceptive Service Delivery: Implementation Guide*. As a result, staff awareness and use of existing resources to guide them in human rights-based programming varies widely, as does their knowledge of the rights and related principles and standards that pertain in FP programming.

While all staff interviewed in this assessment were able to identify some human rights principles and standards, none identified all nine detailed by WHO in 2014 (availability, accessibility, acceptability, quality, non-discrimination, informed decision-making, privacy and confidentiality, participation and accountability). The rights principles and standards cited most often were nondiscrimination and equitable access (leave no one behind, youth-friendly services), availability of a wide range of methods, quality of care, informed choice, privacy and confidentiality. A few respondents talked about rights-holders and duty-bearers, and about participation. Participation and accountability were identified as rights principles that would benefit from increased attention related to family planning. This does not necessarily mean that other human rights principles and standards are not being addressed. When staff do not share a common understanding of the human rights principles and standards related to contraceptive information and services, they may only mention what they consider relevant for the programming they are involved in. Very few respondents said they adopted the HRBA to FP by addressing rights at all phases of programming (situation analysis, design, implementation and monitoring & evaluation).

This assessment lacks the data to support deeper analysis, but likely causes of the gaps in informants' responses include:

- Lack of awareness of the general HRBA principles and their application due to limited training based on this core HRBA resource: *A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials* (UNFPA and Harvard, 2010);
- Lack of knowledge of nine human rights principles and standards for contraceptive information and services due to limited dissemination of and training based on two key HRBA to FP resources: *Ensuring Human Rights in the Provision of Contraceptive Information and Services: Guidance and Recommendations* (WHO, 2015) and the publication based on it: *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide* (UNFPA and WHO, 2015);
- Higher levels of familiarity with the rights principles and standards closely associated with the focus areas of the UNFPA Supplies programme, under which most of UNFPA funding and activity related to FP falls, compared with lower levels of familiarity with other rights principles and standards;
- Lack of recognition of rights principles embedded in programmatic priorities and terminology (e.g. leave no one behind).

UNFPA lacks a cohesive training system or strategy to ensure that staff have the knowledge and skills they need to fulfil their responsibilities with respect to rights-based FP programming. As with programming guidance, training materials have been developed over the years, but they have not been widely rolled out or used. Respondents shared training materials and presentations they have developed; however, there is no apparent system in UNFPA for vetting such materials to ensure that they are up-to-date and of high quality. Two notable resources that warrant critical review and adaptation are:

- *A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials* (UNFPA and Harvard, 2010), which is not specific to FP; and
- A training package developed for a three-day, seven-country workshop to pilot the roll-out *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide*, which is specific to FP. The files for these materials were fragmented following the single roll-out workshop conducted in 2015. The assessment team has been able to reassemble most of them.

The result is that UNFPA does not have a cohesive training system or strategy to ensure that staff have the knowledge and skills they need to fulfil their responsibilities with respect to rights-based FP programming. Lack of a focused and systematic staff development strategy related to human rights programming suggests that UNFPA has not adequately prioritized and invested in the HRBA as a technical area. That said, that budget cuts over the past decade have limited resources available for resource roll-out and staff development activities.

Based on: Findings for assessment questions 1 (Do UNFPA staff have a common understanding of how UNFPA defines HRBA to FP and of its role in promoting HRBA to FP?); 2 (What training, guidance and technical support does UNFPA offer to ensure staff have the knowledge and skills they need to apply the HRBA to FP?); 8 (What are the internal and external challenges faced by UNFPA in implementing HRBA to FP?); 9 (What additional support would be helpful to UNFPA staff to implement HRBA to FP?)

Conclusion 2. Variable staff capacity to apply HRBA to FP programming and to identify and address barriers to human rights hinders systematic implementation of rights-based FP across UNFPA and all of its country programmes. Application of the HRBA requires a mindset as much as a skill set, an awareness and sensibility that enables staff to routinely and deliberately view UNFPA’s work through a human rights lens and to recognize human rights vulnerabilities when they arise. For UNFPA to fulfil its mandate to mainstream human rights into all its FP activities, rights literacy and sensibilities need to become more widely shared across programme staff.

To further the realization of individuals’ human rights in FP programmes as called for in *The Human Rights Based Approach to Development Cooperation Towards a Common Understanding Among UN Agencies (2003)*, UNFPA staff require the ability to conduct human rights assessments of their programme context. They also require the capacity to design programme interventions to address identified needs with respect to human rights, and, during the course of programme implementation, to identify practices that potentially threaten individuals’ rights and to take corrective action as needed.

In addition, staff require the advocacy and communication skills – plus the confidence and comfort level – to effectively address sensitive rights issues in contexts where they could be culturally contentious. This can be especially challenging for staff who are nationals of the countries in which they work and who share the values that resist the advancement of human rights.

It should be noted that human rights terminology and programmatic terminology can differ, making it difficult for people to understand the programmatic implications of specific human rights principles and standards. In both discourse and documents, the bridge from one conceptual frame of reference to the other is often lacking. This contributes to the possibility that staff may overlook interventions that might be called for if a human rights lens were applied. The UNFPA and WHO (2015) publication *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide* sought to bridge that gap for contraceptive information and services, but, as noted above, was not widely disseminated and is little used within UNFPA.

While some staff have deep expertise in rights-based programming, including HRBA to FP, knowledge and skills related to rights-based programming vary widely across branches at headquarters, ROs and COs. Reasons for this variance include:

- Some staff have experience with rights-based programming from their work prior to joining UNFPA; many do not;
- Staff have not all received the same training for a core base of common knowledge and skills related to the human rights-based approach to reproductive health, including family planning (RH/FP);
- Given donor interests, UNFPA’s work on family planning has focused more on the supply side (commodities and capacity to deliver them) than on addressing social, cultural and gender-related constraints to women’s empowerment and decision-making.

Based on: Findings for assessment questions 1 (Do UNFPA staff have a common understanding of how UNFPA defines HRBA to FP and of its role in promoting HRBA to FP?); 2 (What training, guidance and technical support does UNFPA offer to ensure staff have the knowledge and skills they need to apply the HRBA to FP?); 8 (What are the internal and external challenges faced by UNFPA in implementing HRBA to FP?); 9 (What additional support would be helpful to UNFPA staff to implement HRBA to FP?)

Conclusion 3. Although programme responsibility for FP activities and assuring the HRBA is shared across all branches and levels of the organization, in practice expertise in human rights is not evenly distributed and the units have become siloed, hindering coordination, integration of programming and the exchange of materials, expertise, good practices and new evidence.

While FP is UNFPA's core business, responsibility for technical leadership of different programmatic sub-themes is distributed across branches in the Technical Division. The commodities component and some other aspects of FP lies with the Commodity Security Branch; CSE and adolescent services with the Sexual and Reproductive Health Branch; research and data with the Population Dynamics Branch; and HRBA with the Gender, Human Rights and Culture Branch. And although responsibility for human rights-based programming is shared across thematic areas, there is just one Technical Adviser for Human Rights who sits in the Gender, Human Rights and Culture Branch at headquarters. ROs do not have dedicated human rights staff; that topic is folded into the work of gender advisers. At the country level also, gender advisers now have human rights added to their titles but their work seems to have remained largely focused on the UNFPA gender portfolio.

Having units and individuals serve as the locus of activity and resources for specific themes makes perfect sense. However, this comes with the risk of structure rigidifying and hindering the flow of expertise, information and learning, and of a growing perception that the prime responsibility for specific content areas (e.g. human rights) falls to the designated point person or unit. These outcomes over time are a result of heavy workloads that require staff to focus on their immediate responsibilities and deliverables. They also indicate a lack of incentives and mechanisms to promote coordination and sharing of knowledge and good practices. To implement HRBA to FP requires knowledge of both human rights AND family planning. Enhancing collaboration between staff with human rights expertise and those with family planning expertise will strengthen UNFPA's work on HRBA to FP.

More systematic knowledge management and incentives for working more closely across units would greatly enhance the cross-cutting issue of human rights-based programming, which is strengthened through creating synergies across the UNFPA Transformative Results (end preventable maternal death, end unmet need for FP, and end gender-based violence and all harmful practices) and through promoting HRBA to FP through working on supply, demand and the enabling environment; working with both health systems and National Human Rights Institutions; promoting CSE as well as contraceptive services; addressing gender and social norms that constrain women's ability to access FP and make informed choices about fertility and contraception. Moreover, the Population Dynamics Branch could expand its work to collaborate on research and analysis with other branches, including on HRBA to FP, maternal health, HIV, adolescents and youth, etc. For example, geospatial analysis could be used to identify lack of services for marginalized populations, e.g. ethnic minorities, rural communities, etc., to contribute to the Sustainable Development Goal's principle of leaving no one behind. As another example, the Population Dynamics Branch could help analyse associations between variables such as "ability to make own decisions on contraception" and "intimate partner violence".

There is also no apparent process at UNFPA for vetting "good practices" to be shared, including for HRBA to FP. It is important that practices be evidence-based, thus establishing rigorous criteria for what is a good practice related to HRBA to FP is critical. This is especially important in view of the role UNFPA plays in the promotion of HRBA to FP globally and at the country level.

Based on: Findings for assessment question 2 (What training, guidance and technical support does UNFPA offer to ensure staff have the knowledge and skills they need to apply HRBA to FP?); 3 (Is there comprehensive and systematic application of HRBA to FP in UNFPA's work?); 7 (Are there mechanisms for knowledge-sharing about

HRBA to FP within UNFPA? If so, how effective are they?); 8 (What are the internal and external challenges faced by UNFPA in implementing HRBA to FP?); 9 (What additional support would be helpful to UNFPA staff to implement HRBA to FP?)

Conclusion 4. UNFPA programme development, approval and monitoring processes do not systematically or adequately address human rights, including human rights related to family planning.

In order to succeed, staff need clear performance expectations plus the training and support to achieve them. In addition to the guidance documents and training related to rights-based FP programming already discussed, they need routine processes and systems that reinforce the prioritization of human rights. This is currently a gap. Although UNFPA has a robust and layered quality assurance and results monitoring system that incorporates human rights at a generalized level across UNFPA programming, it includes few specifics about human rights and none related to human rights and family planning. Its detailed processes for developing, approving and monitoring programmes involve reviews at the country, regional and headquarters levels. However, the focus is on the Country Programme Document, which is a high level document that does not require details of the rights elements of the programme. Guidance provided for programme development does not currently require that programming routinely starts with a human rights assessment (or that human rights be incorporated into a broader needs assessment); nor does it provide details of the essential principles and standards of rights-based FP programmes. And monitoring plans are not required to explicitly track human rights.

Failure to incorporate the human rights assessment as an essential first step in programming may be a failure to connect the dots among guidance documents over the years. Though such an assessment and analysis are stipulated in *The Human Rights Based Approach to Development Cooperation Towards a Common Understanding Among UN Agencies (2003)* as an essential element of a human rights-based approach, it has not been carried over into UNFPA's programme quality assurance and results monitoring system. Moreover, CO staff who are focused on implementing a UNFPA project, like the UNFPA Supplies programme, may not recognize it as their responsibility to exercise UNFPA's broad convening and facilitation power to engage governments and other implementing partners in a conducting a comprehensive human rights assessment to identify supporting factors and barriers in their programme context. As a consequence, a variety of rights-related challenges may go unrecognized and fall through the cracks. This could entail sociocultural barriers; gaps in rights literacy; policy barriers; barriers to service availability, access or acceptability; factors that determine quality of care and informed choice; factors that affect the participation of community members, potential clients and clients in designing and monitoring programmes; and/or factors that affect programme accountability.

Based on: Findings for assessment question 3 (Is there comprehensive and systematic application of HRBA to FP in UNFPA's work?); 5 (How is HRBA to FP monitored?); 6 (How does UNFPA hold staff accountable for taking HRBA to FP?); 8 (What are the internal and external challenges faced by UNFPA in implementing HRBA to FP?); 9 (What additional support would be helpful to UNFPA staff to implement HRBA to FP?)

Conclusion 5. UNFPA is in an unrivalled position to facilitate human rights-based programmes at the country level.

UNFPA is recognized for its leadership in promoting human rights-based reproductive health and enjoys an unparalleled relationship with national governments as a partner in human rights-based FP. UNFPA should continue to use its convening power to bring governments and multisectoral stakeholders together to foster

strategic partnerships, enhance coordination and collaboration, and plan joint activities, including rights assessment and planning exercises.

At the same time, UNFPA staff at the country level confront many barriers to rights-based FP. They are many. In multiple countries human rights are culturally sensitive. Gender and social norms around marriage, fertility, family size, abortion, sexual identity and women and girls' autonomy can challenge the implementation of the HRBA to FP. Traditional gender norms can result in reluctance of female clients to be seen by male providers. Some believe that comprehensive sexuality education (CSE) promotes sexual activity among adolescents. Norms around female genital mutilation (FGM) and child marriage also affect programming.

Levels of human rights awareness and literacy are typically low among policymakers, service providers, managers and community members, which impede rights-holders from knowing and demanding their rights and duty-bearers from protecting and fulfilling those rights. The language of population control is still used in some countries. Even the narrative about the demographic dividend can foster a non-rights-based narrative of overpopulation that can lead to the reductive message "just get your numbers down and Gross Domestic Product will go up".

Government policies and priorities frequently hinder the advancement of human rights in FP programmes. Some create access barriers to information and services people want; some create pressures to accept FP or specific methods they may not want. Examples include policies that limit or promote the number of children per family, that limit or promote particular methods, that limit the range of services providers can offer, that limit contraceptive access to particular population groups (e.g. unmarried adolescents), that limit autonomous decision-making and policies that set numerical performance targets. In addition, the readiness of service delivery points to protect and fulfil clients' human rights with adequate and clean physical facilities, adequate commodities, supplies and equipment and acceptable service hours must be assured. And providers must be supported to ensure that their competence, attitudes and practices support client-centred, rights-based care.

Funding restriction impose further constraints. UNFPA operates in many setting with considerable domestic resource constrains and need for inter-donor coordination to fill them. While donors are generally supportive of a human rights-based approach in principle, their funding decisions and reporting requirements do not always support this.

Based on: Findings from assessment question 1 (Do UNFPA staff have a common understanding of how UNFPA defines HRBA to FP and of its role in promoting HRBA to FP?); 4 (How does UNFPA interact with governments and implementing partners on HRBA to FP?); 8 (What are the internal and external challenges faced by UNFPA in implementing HRBA to FP?); 9 (What additional support would be helpful to UNFPA staff to implement HRBA to FP?)

Conclusion 6. UNFPA plays a critical global leadership role on human rights and family planning.

In addition to being a key partner to governments, UNFPA is a co-Chair of FP2020, a founding member of the Reproductive Health Supplies Coalition (RHSC), a member of the Inter-agency Working Group on Reproductive Health in Crises (IWAG), a co-sponsor of the FP High Impact Practice Initiative (HIP), a member of the Implementing Best Practices (IBP) partnership, and a co-sponsor of the Global HIV Prevention Coalition, among other groups. UNFPA is well positioned to coordinate with and to undertake joint activities with these entities at

both the global and country levels to advance human rights-based FP. Its focus on serving underserved population groups, youth-friendly services, assuring access to a choice of methods, commodity security, informed decision-making and programme accountability places it at the forefront of the rights agenda. Additionally, UNFPA, as an agency of the United Nations, is contributing to operationalizing the Secretary-General's 2020 Call to Action for Human Rights (UN, 2020), which should serve to further strengthen UNFPA's work on human rights.

Conclusion 7. UNFPA is well positioned to undertake evidence-based advocacy for greater donor and government investment in demand-side activities that include changing cultural norms, gender equality and rights literacy.

Given donor interests, UNFPA's work on family planning has focused more on the supply side (commodities and capacity to deliver them) than on addressing social, cultural and gender-related constraints to women's empowerment and decision-making. However, the follow-on UNFPA Supplies programme, the development of the next UNFPA Strategic Plan, and the transition from FP2020 to FP2030, provides a timely opportunity for UNFPA to address these challenges.

Based on: Findings from assessment question 8 (What are the internal and external challenges faced by UNFPA in implementing HRBA to FP?); 9 (What additional support would be helpful to UNFPA staff to implement HRBA to FP?)

5. Recommendations

Recommendation 1: Internal interrogation within UNFPA of root causes and solutions to ensuring systematic implementation of HRBA to FP

Undertake an internal consultation, or a series of consultations of relevant UNFPA leaders and staff to review the findings, conclusions and recommendations of this assessment to interrogate the reasons for the contradiction of UNFPA being a global leader in promoting family planning as a human right but failing to adequately support its staff with the knowledge, skills and tools they need to systematically implement the HRBA to FP and to resolve rights challenges when they arise. Link the consultation(s) with UNFPA's work to operationalize the United Nations Secretary-General's 2020 Call to Action for Human Rights.

Priority: High

Based on conclusion: All

Directed to: Technical Division – all branches, Policy and Strategy Division

Timing: By the end of Q4 of 2020

Operational implications:

1. Requires reviewing and internalizing the findings, conclusions and recommendations of the assessment report and discussing root causes and solutions.
2. Requires engagement, commitment and coordination across headquarters Divisions, ROs and COs to have honest discussions about root causes and to constructively co-create solutions to linking UNFPA's global promotion of human rights with practical implementation of its FP programming.
3. Requires endorsement by Executive Director of UNFPA.

Recommendation 2. Country assessment/audit to identify gaps

Armed with the findings from this assessment, UNFPA Country Offices should conduct a rights audit of their programmes to identify strengths, weaknesses and gaps in taking the HRBA to FP (i.e. phases of programming in which human rights are not explicitly addressed, rights-related principles and standards that are not addressed, levels of the FP programme that are not considered). Such an exercise would reveal commonalities across countries as well as country-specific variance. Further root cause analysis would pinpoint underlying causality that could inform necessary action.

Priority: Medium

Based on conclusion: All, particularly 5

Directed to: Country Offices and relevant Regional Office FP and human rights advisers, in conjunction with headquarters FP and human rights advisers

Timing: By the end of Q4 of 2020

Operational implications:

4. Requires engaging CO staff, in conjunction with relevant RO staff, working on FP to review the assessment report and discuss the findings, conclusions and recommendations.
5. Requires engaging CO staff, in conjunction with relevant RO staff, working on FP to review UNFPA country programming in relation to human rights and FP and to identify gaps and solutions.
6. Requires engagement, commitment and coordination by CO staff working on FP to have honest discussions and constructively co-create solutions to strengthening HRBA to FP in its work.
7. Requires approval of, and support from, Country Representatives.

Recommendation 3: Statement on HRBA to FP, operational guidance for HRBA programming and its application to FP, and staff capacity development

UNFPA should consolidate elements from existing resources of the United Nations, World Health Organization, UNFPA and others to provide a clear, concise and complete statement about what “HRBA to FP” is and operational guidance for programming and its application to family planning. UNFPA should develop and roll out a package of the key UNFPA guidance documents for programme design and implementation for human rights-based FP plus a training strategy and materials to provide staff with the awareness, practical knowledge and skills their roles require to ensure human rights-based FP activities and programmes.

Priority: High

Based on conclusions: 1 and 2

Directed to: *Statement on HRBA to FP:* Technical Division – Commodity Security Branch and Gender, Human Rights and Culture Branch; *Guidance:* A cross-branch task team comprised of members of the Commodity Security Branch; Gender, Human Rights and Culture Branch; and the Sexual and Reproductive Health Branch. This will require the full support of the Director of the Technical Division.

Timing: By the end of Q4 of 2020

Operational implications:*Statement on HRBA to FP*

1. Requires review of essential United Nations, WHO and UNFPA guidance and strategy documents to identify all human rights and rights-related principles and standards that pertain to FP, as well as processes that are necessary and specific to applying a human rights-based approach.
2. Requires scanning of key external resources that contribute important elements to a complete definition of HRBA to FP.
3. Requires creation of a terminology crosswalk that equates UNFPA priorities and programmatic language (e.g. leave no one behind) with human rights principles and standards.
4. Requires engagement, commitment and coordination across branches, linked to the work of the Human Rights Adviser to develop guidance for UNFPA on HRBA.
5. Requires endorsement by Head of Technical Division.

Guidance and capacity development

6. Requires commitment from the Director of the Technical Branch to mobilize necessary resources.

7. Requires leadership at all levels to prioritize the application of the HRBA to all phases of UNFPA programming for all thematic areas, and finding ways to engage and motivate staff to strengthen rights elements in their programmes.
8. Requires engagement, commitment and coordination across branches and the active involvement of Human Resources and UNFPA training specialists.
9. Requires review, selection and updates of key United Nations, World Health Organization and UNFPA guidance, strategy and training documents and tools (e.g. training materials developed for the 2015 roll-out of UNFPA and WHO (2015) *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide*).
10. Requires scanning of key external programming and training resources specific to HRBA to RH/FP.
11. Requires an analysis of staff needs for HRBA knowledge and skills, based on their roles and responsibilities and modification of training to meet the needs of target groups.
12. Requires an analysis of training methodologies and platforms currently employed, and others that could be employed, to best meet staff needs.
13. Requires a roll-out plan with orientations and a training of trainers for RO staff to cascade to COs.

Recommendation 4: Programming processes and materials

Incorporate the HRBA to FP more explicitly into UNFPA programme development, quality assurance, monitoring, evaluation and accountability processes and materials. Make a human rights assessment of the programme context a required first step in programming, and ensure that human rights-related indicators are included in programme monitoring plans. Foster synergies among thematic areas and results to strengthen rights-based programming.

Priority: Medium/high

Based on conclusion: 4

Directed to: All Branches in the Technical Division plus Regional Office and Country Office representatives, under the leadership of the Director of the Technical Division

Timing: Q1 of 2021

Operational implications:

1. Requires commitment from top leadership of the Technical Division to prioritize the HRBA to all thematic areas, including RH/FP.
2. Requires coordination among COs, ROs and Technical Division branches at headquarters, along with the Policy and Strategy Division, including the Operational Support and QA Branch.
3. Requires reviewing existing country assessment, programme development and approval, quality assurance, monitoring and reporting processes and templates to identify and implement ways to make HRBA, including to FP, more explicit. This could entail developing a checklist/decision support tool, encouraging a human rights-related outcome in every Theory of Change and CPD, and/or adding rights-specific indicators to programme monitoring plans.

Recommendation 5: Knowledge management

Strengthen knowledge management with a clear, well-publicized information hub to promote the exchange of new evidence, resources and good practices with respect to HRBA programming related to thematic areas, including FP, among and between UNFPA branches, regional offices and Country Offices. Furthermore, identify opportunities for coordination and exchange among units using both interpersonal and online mechanisms. And create incentives to foster a culture of learning among units at headquarters, among RO and COs, and between headquarters staff and field staff.

Priority: Medium

Based on conclusion: 3

Directed to: This involves all programmatic business units (branches, programmes, thematic areas, headquarters, ROs and COs) under the guidance of the Director of the Technical Division, and the head of knowledge management at UNFPA

Timing: Q1 of 2021

Operational implications:

1. Requires a review of existing exchange mechanisms and successes to inform the development of a knowledge management approach (as part of the UNFPA knowledge management strategy) that aligns practical mechanisms with target groups to foster routine knowledge exchange among levels of the organization, across units and between UNFPA and other institutions. A wide range of interpersonal and technology-based mechanisms should be employed to disseminate new evidence, materials and good practices.
2. Requires re-energizing the FP Community of Practice and making the Ending unmet need for FP acceleration toolkit, with materials on HRBA to FP, available to staff requires providing clear guidance on the criteria for and documentation of good practices; these could be used to develop a guide to HRBA to FP as a good practice that could be disseminated through the Family Planning High Impact Practices Initiative.
3. Requires fostering a learning culture and finding ways to ensure that staff have protected time to participate in routine exchanges and updates.

Recommendation 6: Organizational structure, staff roles and responsibilities

Assess UNFPA's organizational structure, staff roles and responsibilities, and adjust as necessary to ensure that HRBA capacity cuts across thematic areas, and that resources and priorities align with the organization's commitment to rights-based programming. Link this assessment of structure, roles and responsibilities with UNFPA's work to operationalize the United Nations Secretary-General's 2020 Call to Action for Human Rights.

Priority: Medium

Based on conclusions: 3

Directed to: Director and all Branch Chiefs in the Technical Division

Timing: Q2-3 of 2021

Operational implications:

1. Requires direction from the Director of the Technical Division in consultation with Branch Chiefs, RO Directors and Human Resources.
2. Requires leadership commitment to breaking down existing silos among business units and promoting stronger synergies across units to support quality, rights-based (integrated, whenever possible) programming.
3. Requires a review of the existing organizational structure, staffing and responsibilities to determine where capacity in rights-based programming is strong and where it needs to be strengthened, with consideration given to restructuring if deemed necessary.
4. Requires review of eligibility criteria and qualifications used in recruiting programme staff.
5. Requires strong coordination with the training strategy described in Recommendation 2.

Recommendation 7: Global and country leadership and advocacy

Assert UNFPA's leadership role in advocating for increased funding, holistic programming and accountability for the HRBA to FP with donors, governments, implementing partners, and the FP2020/FP2030 Global Partnership.

Priority: High

Based on conclusion: 6

Directed to: Technical Branch Director and Branch Chiefs, Regional and Country Representatives and staff working on FP in countries

Timing: ongoing

Operational implications:

1. Requires maintaining and growing strategic partnerships at global, regional and national levels to advance human rights-based programming for RH/FP, e.g. through FP2020/2030.
2. Requires evidence-based advocacy for rights-supportive policies and for investing in rights-based programming with donors and governments.
3. Requires use of UNFPA's convening power to bring a broad array of stakeholders together for jointly-conducted rights assessments and design of FP policies, strategies and programmes.
4. Requires providing technical support to implementing partners to advance their understanding and incorporation of human rights into their FP strategies, activities and programmes.
5. Requires establishing strong links to NHRIs and treaty bodies to hold programmes accountable.

Recommendation 8: Convening stakeholders at country Level

UNFPA should use its convening role and coordinate partners' support to the host country to meet the rights standards in the national FP programme, through taking a human rights-based approach, including assessment, planning (e.g. through FP CIP development), coordinated support for implementation and monitoring. Advocacy is needed to raise awareness and keep HRBA for FP high on the government agenda, including working beyond health sector including national and international human rights systems.

Priority: Medium

Based on conclusion: 5

Directed to: Country Representatives and staff working on FP in countries, with support from headquarters and RO human rights and FP advisers, as needed

Timing: ongoing

Operational implications:

1. Linked with all other recommendations to ensure that all staff working on FP at UNFPA have a common understanding of what HRBA to FP is and how to implement it. This will ensure consistency across countries.
2. Requires convening all stakeholders working on FP in countries to interrogate the FP programme from a human rights lens and to ensure that policies, strategies and programmes moving forward are developed using the HRBA to FP.
3. Could benefit from support from RO and headquarters human rights and FP advisers

Recommendation 9: UNFPA Supplies

Ensure that human rights underpin the design of the next phase of the UNFPA Supplies programme, including its goals and objectives, Theory of Change, strategies, and monitoring and evaluation plan, and that to the extent possible it addresses structural issues that challenge human rights.

Priority: High

Based on conclusions: 1-5

Directed to: Commodity Security Branch/The new UNFPA Supplies programme

Timing: Q3-4 of 2020 (design of next phase of **UNFPA Supplies**); ongoing once next phase of UNFPA Supplies is started.

Operational implications:

1. Requires intentional inclusion of human rights in the design of the next phase of the UNFPA Supplies programme.
2. Requires getting the buy-in of donors funding the next phase that human rights underpins all aspects of UNFPA Supplies and commitment to funding the rights-based programming.
3. Requires providing training on HRBA to FP and roll-out of the resource package (see Recommendation 2) to all staff members working on UNFPA Supplies.

Annex 1. List of respondents

Headquarters

Technical Division

Benoit Kalasa, Director

SRH Branch

Geeta Lal, HRH and Midwifery Programme

Mandira Paul, SRHR and MH Linkages

Gender, Human Rights and Culture Branch

Nafissatou Diop, Chief

Emilie Filmer-Wilson, Human Rights Adviser

Commodity Security Branch

Gifty Addico, Chief

Mieko Yabuta, FP Adviser

Benedict Light, Policy Adviser

Ayman Abdelmohesen, Global Lead, UNFPA Supplies

Desmond Koroma, M&E Adviser

Population Dynamics Branch

Rachel Snow, Chief

Policy and Strategy Division

Strategic Engagement Branch

Charles Katende, Chief

Operational Support and QA Branch

Wilfred Oyekamni, Programme Specialist

Communications/ KM / Internet

Vivienne Wang, Knowledge Management

Regional Offices

UNFPA Regional Office for East and Southern Africa (ESARO)

Justine Coulson, Regional Director

Ramatu Daroda, SRHR/FP Adviser

Felicia Jones, Regional SRH Specialist

Elissa, Programme Specialist

Amanda, Youth and Gender Specialist
Maria Baccarudis, CSE Specialist, Disability, Gender Specialist
Innocent Modisaotsile, HIV Adviser

UNFPA Regional Office for Asia & the Pacific (APRO)

Annette Sachs Robertson, Deputy Regional Director
Vinit Sharma, FP Adviser
Katherine, MH and SRHR Adviser
Ingrid Fitzgerald, Gender and Human Rights Adviser
Jo, Adolescents and Youth
Kamma Blair, HIV, Discrimination and Innovation Adviser
Galanne Deressa, Programme Officer

UNFPA Regional Office for West & Central Africa (WCARO)

Fensoa Ratsimanetrimanana, SRHR/FP
Idrissa OUEDRAOGO, FP Adviser
Dian Karim, FP and Human Rights
Jean Sidibe, Quality Assurance

Country Offices

Nepal

UNFPA staff

Begum Hashina, Deputy Representative
Jagadishwor Ghimire, FP Adviser
Latika Maskey Pradhan, Assistant Representative, SRHR
Amit Dhungel, RHSC Adviser, UNFPA Supplies
Pankaj Bhattarai, FP Officer

Country FP programme

Kabita Aryal, Family Welfare Division, Ministry of Health and Population

Lao PDR

UNFPA staff

Mariam Khan, Representative
Victor Valdivieso, Deputy Representative
Sally Sakulku, SRH Programme Coordinator - FP2020/CIPs focal point
Oulayvanh Sayarath, National Programme Analyst - Family Planning/Supply Chain
Sisouvanh Vorabouth, Gender Officer
Soukphansa Saysamone, Youth Friendly Service focal point
Oloth Sene-Asa, Adolescent Sexual Reproductive Health Analyst - CSE/HIVs

Country FP programme

Dr. Phonepaseart Ounaphom, Director General, Department of Hygiene and Health Promotion, MoH

Dr. Panome Sayamoungkhoun, Acting Director, Mother and Child Health Center, Department of Hygiene and Health Promotion (DHHP), MoH

International NGO

Viengsamay Vongkhamsao, Country Director, PSI

Thongdy Phommavongsa, Programme Director, PSI

Sierra Leone

UNFPA staff

Abiodun Oyeyipo, FP Adviser

Safiatur Agnes Foday, National Programme Officer

Sonia Gilroy, Gender and Human Rights Programme Officer

INGO

Emerika King, Public Sector Programme Director, Marie Stopes Sierra Leone (MSSL)

Ufuema Omo-Obi, Programme Manager, MSSL

Malawi

UNFPA staff

Dorothy Nyasulu, Assistant Country Representative

Milika Mdala, RHSC Officer

Other UNFPA Staff

Rita Columbia, Country Representative, Moldova

Alfonso Barragues, Human Rights Adviser, Geneva

Annex 2. Mapping of Interview / Group discussion Questions by Key Assessment Question and Respondent Group

The list of questions by respondent group is found in the inception report. Here the questions are mapped to the nine key assessment questions, with an indication of which respondent groups were asked each question.

1. Do UNFPA staff have a common understanding of how UNFPA defines HRBA to FP and of its role in promoting HRBA to FP?

- How does UNFPA define a human rights-based approach (HRBA) to FP? How does this construct relate to Quality of Care? (All within UNFPA)
- What is your understanding of UNFPA's definition of/approach to human rights-based FP? (International NGO)
- What do you consider as UNFPA's role in promoting and ensuring rights-based family planning? Globally? At the country level? (All within UNFPA)
- Who do you see as holding responsibility for ensuring UNFPA applies the HRBA in its FP work? (Directors of Technical Branches) (RO)
- What is your / your Branch's responsibility or input with respect to assuring the HRBA is systematically applied in UNFPA's FP programmes? (Directors of Technical Branches) (RO) (CO)
- What role does your organization play in advancing human rights in FP in this country? (International NGO)
- What role does UNFPA play in promoting human rights in your FP programme? country? How does it do this? (Government); What role do you see UNFPA playing in advancing human rights in FP in this country? (International NGO)

2. What guidance, training and technical support does UNFPA offer to ensure staff have the knowledge and skills they need to apply HRBA to FP?

- How are UNFPA staff trained on rights? (Provided by whom? For which staff? Length? Content? Frequency?) (Director, Technical Division) On HRBA for FP? Have you received training HRBA and/or HRBA for FP? (When? What content?) (Directors of Technical Branches) (RO) What more is needed? (CO)
- What guidance, policies, systems and/or mechanisms are in place to support UNFPA staff in routinely applying a human rights-based approach in FP? (Director, Technical Division) Are human rights integrated into general programme guidance? How has guidance been rolled out to staff? (Directors of Technical Branches) (RO)
- Do guidance and templates used for developing new programmes, including FP programmes, annual workplans or programme monitoring plans explicitly address human rights/ related principles? (Directors of Technical Branches) (RO)
- How / were you made aware of existing UNFPA guidance and tools to support HRBA programming? What guidance and tools for HRBA for FP – from UNFPA and other organizations -- are you aware of / do you use? (CO)
- How do you go about developing a new FP programme, annual workplan or programme monitoring plan? What guidance or templates do you follow? Do you specifically think about applying the HRBA for FP? If so, please explain. (CO)

- Is the importance of HRBA, including for FP, reinforced in directives from headquarters to regional and Country Offices between planning cycles? If so, please explain. (Directors of Technical Branches)
- How much of a priority do you feel UNFPA makes of applying the HRBA for FP? Are there any consequences for not systematically applying this approach? If so, please explain. (CO)

3. Is there comprehensive and systematic application of HRBA to FP in UNFPA's work?

- How does UNFPA assure that the HRBA is being applied comprehensively (namely that all rights principles are addressed)? (Prompt with WHO, 2014 and UNFPA/WHO, 2015 rights principles) (Directors of Technical Branches) (RO)
- How does UNFPA assure that the HRBA is being applied systematically (in all phases of all programmes, namely assessment, design, implementation, and M&E)? (Directors of Technical Branches) (RO)
- How do you prioritize what rights elements / principles to focus on? (CO)
- How do staff from different UNFPA teams coordinate to ensure consistency and foster synergy in applying a HRBA to all FP activities? What are the key challenges? (CO)
- What action is taken, by whom, when gaps or weaknesses in applying the HRBA for FP are identified? (Directors of Technical Branches) (RO)
- When developing a programme that involves FP for adolescents, do you specifically address their human rights? If so, how? (CO)
- Have you been involved in developing FP2020 CIPs? If so, how/ were human rights specifically addressed? What was UNFPA's role in including rights in the CIP? (CO)
- Have you / UNFPA been involved in working with human rights institutions in your country to monitor reproductive rights? If so, please explain (CO)

4. How does UNFPA interact with governments and implementing partners on HRBA to FP?

- How does UNFPA address human rights with host governments? Do you use rights terminology or programmatic language that relates to specific rights or rights principles? (CO)
- What do you do if you encounter resistance among government partners or implementing partners with respect to human rights? (CO)
- How does your national FP programme address human rights, if at all? What human rights or related principles are involved? (Government and INGO partners)
- How are human rights related to family planning addressed in the national FP programme in this country, if at all? What human rights or related principles are involved? (INGOs)
- Do your government or institutional policies, priorities, cultural context and systems prioritize individuals' human rights in FP? Please elaborate. (Government)
- What do you find most challenging about addressing human rights in the context of your national FP programme?
- Has UNFPA provided any orientation or training to you and/or other policymakers / programme staff in your country regarding human rights related to FP. If so, please elaborate. How was it received? (Government/INGO)
- How does UNFPA engage with implementing partners on HRBA in their FP work? How does it coordinate with other entities to collectively advance human rights in FP programmes? What are the key challenges? (CO)

- How does UNFPA monitor whether or not the HRBA is being comprehensively and systematically applied in all UNFPA FP programmes? In your region (RO). Are rights-specific indicators used in routine programme monitoring and evaluation? If so, what are they? (Directors of Technical Branches)

5. How is HRBA to FP monitored? Are there protocols for managing concerns that some human rights principles or standards are not being upheld?

- Do you routinely monitor the status of human rights in UNFPA's FP activities? If so, how? Are rights violations ever brought to your attention? If so, what do you do? (Director, TD) Does your monitoring plan include indicators to track human rights issues? If so, what are they? (CO)
- How/do you routinely report to your RO/HQ on rights-related issues? (CO)
- What red flags to human rights related to family planning do staff routinely track? (CO)
- Are there protocols for staff to follow if/when alleged human rights violations related to FP are identified? If so, please explain. (Director, TD) If so, please explain. (Directors of Technical Branches) (RO)
- What do you do if you identify alleged or confirmed human rights violations in family planning in the country? (For UNFPA Supplies staff: ask about findings in the CEI that raise questions about rights, e.g. that the client felt forced to accept a method). (CO)

6. How does UNFPA hold staff accountable for taking the HRBA to FP?

- How are staff held accountable for applying the HRBA in UNFPA's FP programmes? Are human rights addressed explicitly in staff performance appraisals (of staff you supervise? Your own?) Do you talk to staff about human rights between annual appraisals? (Directors of Technical Branches) (RO) Does your supervisor explicitly address human rights with you in your performance appraisals? (CO)

7. Are there mechanisms for knowledge-sharing about HRBA to FP within UNFPA? If so, how effective are they?

- Is there a mechanism for knowledge-sharing across branches and Country Offices with respect to what works/ doesn't in applying the HRBA to FP? (Director, TD). If so, how well is it working? (Directors of Technical Branches) (RO)

8. What are the internal and external challenges faced by UNFPA in implementing HRBA to FP?

- What are the main institutional challenges to applying HRBA to FP? (Director, TD) (CO) What variation do you see across regions? (Directors of Technical Branches)
- Do any UNFPA policies, goals or measures hinder a focus on protecting and fulfilling rights? If so, please explain. (Directors of Technical Branches) (RO)
- What are the main challenges that are external to UNFPA to taking the HRBA to FP? (Director, TD) (Directors of Technical Branches) (RO) What external factors (e.g. donor or government policies or priorities, cultural or gender norms) support/ hinder applying a human rights-based approach in your country context? (CO)
- What do you find most challenging about addressing human rights in the context of your national FP programme? (Government)

9. What additional support would be helpful to UNFPA staff to implement HRBA to FP?

- What resources/ staff support do you rely upon for rights-based programming? Do you find it sufficient? What more is needed? (CO)
- What more, if anything, do you think UNFPA could do to assure that its staff applies the HRBA in its FP programmes comprehensively and systematically? (Director, Technical Division)
- What is needed to help you and your colleagues systematically apply an HRBA for family planning in your work? (Directors of Technical Branches) (RO) (CO)
- What could UNFPA provide, do more or do differently to help you advance human rights in your FP programme? (Government)
- How effective they think UNFPA is advancing human rights in the national FP programme and what more could they do to advance it? (INGO)

Annex 3. Human rights principles and standards related to contraceptive information and services (WHO, 2014)

Availability
<p>Functioning public health and health-care facilities, goods and services, as well as programmes, have to be available in sufficient quantity within the state. The characteristics of the facilities, goods and services will vary depending on numerous factors, including the state’s developmental level. They must, however, address the underlying determinants of health, such as provision of safe and potable drinking water, adequate sanitation facilities, hospitals, clinics and other health-related buildings, and trained medical and professional personnel receiving domestically competitive salaries. As part of this core obligation, states should ensure that the commodities listed in national formularies are based on the World Health Organization model list of essential medicines, which guides the procurement and supply of medicines in the public sector (12, 36). A wide range of contraceptive methods, including emergency contraception, is included in the core list of essential medicines</p>
Accessibility
<p>The fulfilment of human rights obligations requires that health commodities, including contraceptives, be physically accessible and affordable for all. The goal of universal health coverage is to ensure that all people can obtain the health services they need without suffering financial hardship caused by paying for them. Services must be within safe physical reach for everyone, including for marginalized populations. They should be affordable, whether they are privately or publicly provided, and poorer households should not be burdened disproportionately with health expenses, including with the cost of contraceptives, in comparison to richer households. This applies to both low- as well as high-income countries where some sectors of the population do not have access to these services and information</p>
Acceptability
<p>All health-care facilities, commodities and services must be respectful of medical ethics and of the culture of individuals, minorities, peoples and communities, sensitive to gender and life cycle requirements, and must be designed to respect confidentiality and improve the health status of those concerned. States should place a gender perspective at the centre of all policies, programmes and services affecting women’s health and should involve women in the planning, implementation and monitoring of such policies, programmes and services.</p>
Quality
<p>The fulfilment of human rights requires that health-care facilities, commodities and services be scientifically and medically appropriate and of good quality. This requires, among other things, skilled medical personnel, scientifically approved and unexpired drugs and hospital equipment, safe and potable water and adequate sanitation</p>
Non-Discrimination
<p>The human rights principle of non-discrimination obliges states to guarantee that human rights are exercised without discrimination of any kind based on race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status such as disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation.</p>

Informed Decision-Making

Individuals have the right to be fully informed by appropriately trained personnel. Health-care providers have the responsibility to convey accurate, clear information, using language and methods that can be readily understood by the client, together with proper, non-coercive counselling, in order to facilitate full, free and informed decision-making. The information provided to people so that they can make an informed choice about contraception should emphasize the advantages and disadvantages, the health benefits, risks and side effects and should enable comparison of various contraceptive methods. Censoring, withholding or intentionally misrepresenting information about contraception can put health and basic human rights in jeopardy. Clear guidelines should be available concerning the requirement of “informed consent”.

Privacy and Confidentiality

The right to privacy means that individuals should not be subject to interference with their privacy, and they should enjoy legal protection in this respect. Sexual and reproductive health involves many sensitive issues that are not widely discussed within families or communities, and health workers are often entrusted with very personal information by their patients. Confidentiality, which implies the duty of providers to keep secret or private the medical information they receive from patients and to protect an individual’s privacy, has an important role to play in sexual and reproductive health.

Participation

Participation can range from communities coming together to plan strategies to address local priorities, to the delivery of community-based responses for SRH, or social movements advocating for national policy change. Participation also includes the active involvement of individuals, communities or community-based organizations in the design, implementation, management or evaluation of their community health services or systems, including in matters relating to their sexual and reproductive health.

Accountability

Accountability is achieved through a variety of processes and institutions, which vary from country to country and may involve both national and international mechanisms and multiple forms of review and oversight, including, administrative, social, political and legal forms. Examples of these processes and institutions include courts, National Human Rights Institutions, professional disciplinary proceedings, international and regional human rights bodies’ state reporting processes, and individual complaint mechanisms. Civil society participation in the development and monitoring of laws and policies, including budgets and use of public funds, is an important element of accountability

Note: See WHO (2014) for references associated with the definitions of the rights principles and standards.

Annex 4. Agenda for roll out of UNFPA and WHO (2015) Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide

Regional Technical Workshop
 Strengthening Family Planning Services in Accordance with Quality of Care and Human Rights Standards
 Johannesburg, South Africa
 October 2015

Agenda

Day1

Time	Activity	Facilitator/ Presenter	Format
8:30 – 9:00	Registration		
9:00 – 9:45	Opening by Julitta Onabanjo, UNFPA Regional Director, follow by round of introductions		The formal opening will be followed by a tour de table on the main human rights and family planning issues in the invited countries (one person per country)
9:45- 10:15	Workshop objectives , expectations and presentation of the pilot initiative in the seven countries	Rita Columbia	
10:30-12:00	Session 1: overview of human rights and sexual and reproductive health and rights <ul style="list-style-type: none"> - Sexual and reproductive health and rights in the international human rights framework, Alfonso Barragues, GHRCB - Human Rights in Family Planning 2020, Chelsea Ricker, FP2020 	Alfonso Barragues, Chelsea Ricker Rajat Kholsa Rita Columbia Chair: Dairo (tbc)	Two presentations followed by open debate <i>(Note: presentation by Alfonso Barragues is available)</i>

Day1

Time	Activity	Facilitator/ Presenter	Format
	<ul style="list-style-type: none"> - WHO guidelines Ensuring the Provision of Contraceptive Information and Services, Rajat Kholsa - The UNFPA Family Planning Strategy 2012-2020: Choices not Chance, Rita Columbia 		
12:00-13:00	<p>Session 2: Panel on human rights and family planning- country experiences</p> <p>Panel: MoH participants from Ethiopia, Tanzania, Kenya, Nigeria, Rwanda, Uganda, Zambia and Zimbabwe</p>	Rita Columbia (facilitator)	Panel discussion in talk show format
14:00- 14:30	Power walk	Alfonso Barragues	Group dynamic
14:30- 16:00	Session 3: Human Rights-based situation analysis	Alfonso Barragues	Presentation followed by working group <i>(Note: presentation by Alfonso Barragues is available)</i>
16:15- 17:45	Human rights-based situation analysis	Alfonso Barragues	Working group
17:45- 18: 00	Evaluation of the day	Rita Columbia	

Day 2

Time	Activity	Facilitator/Presenter	Format
9:00 – 9:45	Recapitulation from previous day	Alfonso Barragues	Tour de table to discuss the relevance of findings from situation analysis in each country context
9:45-10:00	moving from problem analysis to assessment of contraceptive services	Yilma Melkamu, IPPF	Remarks based on outcome of previous tour de table
10:00-12:00	Session 4: Ensuring non-discrimination and human rights standards in contraceptive service delivery	Rajat Kholsa	Presentation followed by working groups to identify: <ul style="list-style-type: none"> - Challenges - Measures - Good practices Coffee break will be available between presentation and working group <i>(Note: presentation by Rajat Khosla is available)</i>
12:00 -13:00	Plenary debriefing	Rita Columbia	Rotation by stations followed by plenary debriefing
14:00-15:30	Session 5: Ensuring inclusive participation and accountability in the design, delivery and monitoring of family planning services, Seynabou Tall	Chelsea (facilitator) Seynabou Tall, (presenters)	Presentation and exercise by country groups to identify: <ul style="list-style-type: none"> - Key participatory mechanisms in the area of family planning - Key avenues for accountability <i>(Note: presentation by Seynabou Tall is available)</i>
15:45-17:15	Session 6: sharing of experiences from National Human Rights Institutions in enhancing national accountability on family planning	Presenter Alfonso	Presentation followed by Panel- informal conversation in a talk show format

	Presentation of UNFPA tools in support of national accountability: Guide to support NHRIs to conduct country assessments and public inquiries, Alfonso Barragues experiences in the area of accountability (NHRI participants: Uganda, Malawi and Zambia)	Seynabou Tall (facilitator)	(Note: presentation by Alfonso Barragues is available)
17:15- 17:30	Evaluation of the day	Alfonso	

Day 3

Time	Activity	Facilitator/Presenter	Format
9:15 – 9:30	Recapitulation from previous day		
9:30-11:00	Session 7: Country groups to make recommendations on critical interventions in two areas: 1. Developing a set of interventions to ensure quality of care in service delivery; (ii) Developing a set of interventions to monitor human rights in the context of delivering SRH and FP services	Alfonso Barragues/Rita Columbia	Working groups by country to identify: - Key interventions - Gaps and capacity needs - Next steps in the short term
11:15- 12:30	Plenary debriefing of initial country plans and follow-up actions- by country	Alfonso/Rita	
12:30- 13:00	Final evaluation and closing		

Annex 5. Draft concept note – CSB/GHRCB joint initiative: Strengthening Family Planning Services in Accordance with Quality of Care and Human Rights Standards, Draft 19 June, 2015

Aim:

To ensure that women and adolescents have access to quality contraceptive services and enabled to utilize a method of their choice. This initiative consists of two phases– a multi-country workshop and a follow-up through a piloting approach in a select group of countries that have made commitments to FP2020 and in the phase of their operationalization. CSB is the UNFPA Commodity Security Branch and GHRCB is the UNFPA Gender, Human Rights and Culture Branch.

The specific objectives of the initiative are as follows:

- To support selected countries with analysis of existing gaps in ensuring quality of family planning service using UNFPA/WHO guide on ensuring human rights in provision of contraceptive services and developing strategic interventions to address the gaps;
- To strengthen the capacity of national stakeholders to implement the strategic interventions at national and district levels; and
- To strengthen the capacities of National Human Rights Institutions (NHRI) and other relevant organizations to assess the fulfilment of human rights in the provision of family planning services in accordance with AAAQ, including quality of care standards.

As a result, a set of critical interventions will be identified, based on a dialogue among a diverse group of partners including Ministries of Health, NHRIs, civil society organizations from a select group of pilot countries, which will contribute to the strengthening of national capacities for delivering quality family planning services in accordance with human rights principles and standards and increased government accountability.

Following the organization of the workshop, UNFPA in collaboration with the World Health Organization and the selected countries, will be able to present this project and the specific pilot initiatives at the 4th International Conference on Family Planning to be held in Jakarta in November 2015 and highlight the unique human rights brand and added value of a partnership between UNFPA and WHO in the field of contraceptive service provision. As far as UNFPA is concerned, this could also be utilized for resource mobilization for the UNFPA Supplies programme (formerly GPRHCS) and UNFPA's human rights work through evidence-based framing family planning.

Rationale:

Further to UNFPA's commitment to roll out the corporate strategy on family planning "Choices not Chance" ensuring the human rights of every woman and adolescent girl, this intervention responds to the strategic focus of UNFPA Strategic Plan **outputs 2 and 9**. The project directly contributes to the output 2 by strengthening human rights approach in family planning that ensures quality of care, increasing access to services, higher demand for modern contraception, and strengthened enabling environment.

In regards to output 9, this project's contribution will be twofold: first it will contribute to develop the capacity of National Human Rights Institutions to ensuring an independent monitoring of national policy efforts to increase access to quality SRH and family planning and related human rights shortcomings, including through country assessments and national inquiries; and second, it will contribute to track the implementation of recommendations from international human rights mechanisms related to family planning and will generate further evidence and input to support international review processes including the Universal Periodic Review and the work of United Nations treaty monitoring bodies.

A group of selected countries was identified based on the following criteria:

- Countries that have developed national strategies, including Costed Implementation Plans (CIPs) to achieve FP2020 commitments
- Countries with National Human Rights Institutions in place with the mandate and capacity to ensure an independent monitoring and review of the implementation of family planning strategies in accordance with human rights

Countries providing an enabling legal and policy environment to ensure genuine spaces for national policy dialogue and social change (See more detail information on these criteria and selected countries in annex I).

Activity 1:

- a) Organization of a workshop for the selected group of countries with a purpose to identify gaps in strengthening access to and quality of family planning services in the context of human rights; support countries to strengthen accountability mechanisms in the context of national policy efforts to meet family planning commitments; and develop country-specific action planning in the context of ongoing family planning strategies and CIPs.

The workshop will be held in September or October 2015 and will bring together country delegations comprising: MoH officials, UNFPA Focal Points, National Human Rights Institutions (NHRIs) and civil society organizations. The workshop will also bring regional resource persons and experts from UNFPA, the broader United Nations family and the academia in order to map out and generate capacity on human rights, gender and family planning. This mapping and capacity development component will be critical in ensuring that the project is regionally owned and country pilots are adequately supported within the respective regions.

The outcome of the workshop will consist of sets of identified key priorities and actions for each country ensuring accessibility and quality of family planning services in the context of human rights, including actions to strengthen accountability around provision of family planning services. While the actions to be identified will vary from country to country, in general terms, the following potential actions will be part of the discussion during the workshop to support countries:

- a. Development of national country assessment led by NHRI and/or MoH that includes review of (1) policy documents, strategies and CIP for family planning; (2) normative and regulatory documents; (3) data including qualitative and quantitative studies; (4) facility based protocols, training curricula and quality of service delivery; (5) cases of violations.
- b. Identification of in-country interventions in three areas: (i) Service Delivery; (ii) empowering individuals and couples especially marginalized and young people to claim rights; and (iii) National Monitoring/Accountability systems. Potential interventions to be identified could include the following:
 - i. Service delivery: Revision/adapting clinical guidelines and protocols on rights-based family planning; development or midterm review of CIP; integrating a human rights approach in pre- service and in-service training curricula for service providers; revision of service delivery modalities including quality improvement management and financing with focus on adolescents and marginalized women, assessing results-based financing modalities from perspectives of quality of care and human rights standards.
 - ii. Demand: Mobilize community to increase awareness on rights, quality of care and financing; build mechanisms for public participation in family planning related processes.
 - iii. Monitoring/accountability: Development of quality of care (QoC) indicators; ongoing monitoring of policy and CIP implementation; addressing human rights related to SRHR and FP through a NHRI-led national inquiry or a country assessment; monitoring the implementation of recommendations from international human rights mechanisms, including the Universal Periodic Review (UPR); and identifying and supporting

social accountability initiatives in the context of rolling out CIPs and similar strategies and plans (use of community, score cards, social auditing, etc.).

Activity 2: Following the workshop, the national partners will be supported by COs, ROs and Technical Division to implement the key interventions identified in 2015-2016 with focus on the integration of quality of care and human rights in service delivery and the monitoring and accountability of FP strategies and CIPs.

Activity 3:

Following an initial conversation with the Human Rights Commission of India, UNFPA CO will explore the possibility to support a *national expert group meeting in New Delhi where health agencies, Human Rights Commissions and CSOs from four to five states in India* will take part and receive training in the UNFPA/WHO *Implementation Guide* and other tools related to the promotion and protection on reproductive rights. This event will mirror the mechanics of the regional workshop described in activity 1 and will be followed up by the implementation of key activities at the State level, as described in activity 2.

Costs:

Activities	Estimated costs in US\$
1a. Workshop (to be hosted possibly in one of the participating countries), September, 2015 Travel and DSA for 30 participants, venue, conference facilities	80,000
1b. Provision of technical support and monitoring on a piloting basis to five country action plans	80,000
2. Expert group meeting in New Delhi, September 2015	The NHRI fully funds this, excluding the travel of international and regional UNFPA experts
TOTAL	160,000

Due to varied country contexts it will be a matter of negotiations with respective Country Offices and NHRIs to determine the approach.

Annex I:

Selection criteria of five countries:

This pilot initiative will target the countries in the GPRHCS (now named UNFPA Supplies) that made commitments to FP2020 and /or in the process of development and implementation of a CIP. Another criterion is the A-status of the NHRI as per the Paris Principles. It is key that the given NHRI has interest and capacity in order to ensure sustainable change. Based on considerations of regional diversity the suggested countries are marked below.

The five countries marked in yellow are suggested for the first pilot initiative taken into account that they are all English-speaking countries, which is conducive for the regional meeting. The countries marked in grey also meet the criteria and could be involved at a later stage. India is marked in blue to indicate the separate activity.

CIP countries	NHRI status	UPR review
Bangladesh	B	16
Burkina Faso	B	16
Ethiopia	B	19
DRC		19
Guinea		21

India	A	13
Kenya	A	21
Mauritania	A	23
Nigeria	A	17
Niger		24
Rwanda	A	23
Senegal	B	17
Tanzania	A	25
Togo	A	26
Uganda	A	26
Zambia		14

This is just a tentative list to facilitate a decision-making process jointly with regional offices from ESARO and WCARO for the final selection of countries and approaches.

Annex 6. Overview of reports in 2017 from participants from four countries of the 2015 Regional Workshop on “Strengthening Family Planning Services in Accordance with Quality of Care and Human Rights Standards”

Country	Summary of follow-up actions/achievements	Follow-up questions	Challenges (mentioned in the report)
<p>Malawi</p> <p>Good practices:</p> <ol style="list-style-type: none"> 1. NHRI 2. Media sensitization 3. Inclusion of HR in the national FP protocol 4. Evidence-based policy development 	<ol style="list-style-type: none"> 1. NHRI conducted a country assessment, national inquiry and public inquiry on SRH and human rights, including FP 2. Media sensitization on human rights protocol on issue related to FP 3. The Ministry of Health strengthened orientation programme on human rights-based FP protocols 4. MoH developed a knowledge-sharing platform, to support evidence-based health policy development. Utilizing this platform, a policy brief for dialogue was developed on increasing contraceptive uptake among adolescents 5. National Population and Development Conference in September 2016 had a focus on human rights, access to youth-friendly SRH services 6. Following up FP2020 commitments, improving accesses to and use of quality family planning services with a specific focus on adolescents 	<ol style="list-style-type: none"> 1. How did you follow-up issues identified in the NHRI assessments 2. Details of media sensitizations 3. How does the national family planning protocol address human rights? (such as non-discrimination, availability, accessibility, acceptability, quality, informed decision-making, privacy and confidentiality, participation, accountability) 4. What was the aim of policy dialogue? How does this aim to support HRBA to FP? 5. What were the outcomes of National Population and Development Conference in September 2016? 6. What were the actual follow-up actions to FP2020 country commitment (“Malawi plans to increase the contraceptive prevalence rate (CPR) to 60 per cent by 2020 with focus on 15-24 age group”) 	<p>Challenges (mentioned in the report)</p> <ul style="list-style-type: none"> - Funding to meet the increased demand for FP - Increase with the teenage pregnancies and high need for youth programmes - Lack of number and quality of health care providers - Health policy and education policy are not complementing each other and limiting access of contraceptives in school - Lack of awareness on the available guiding documents on human rights and family planning for all service provider and users especially in hard-to-reach areas

Country	Summary of follow-up actions/achievements	Follow-up questions	Challenges (mentioned in the report)
<p>Uganda</p> <p>Good Practices:</p> <ol style="list-style-type: none"> 1. Pilot project to integrate HRBA in FP 2. Facility Assessment by NHRI 3. Procurement for ensuring HRBA 4. Leadership of MoH 5. Capacity building 	<ol style="list-style-type: none"> 1. Initiated a pilot project for integrating HRBA in FP/MH in China Uganda Friendship Hospital. MoH took the initiative to mainstream HRBA 2. Uganda Human Rights Commission (UHRC) carried an assessment of Health Facilities, shared the findings with the Administration and agreed on priority areas of interventions, including HRBA task force 3. Procurement of the equipment to ensure privacy, confidentiality dignity and respect of clients and also conducive working environment for health workers 4. The Ministry of Health led the coordination of rights-based activities with in the health system by coordinating other United Nations agencies (UNFPA, WHO, OHCHR) 5. Capacity building of health care providers 	<ol style="list-style-type: none"> 1. More details of the project? What was the key for successful involvement of MoH? And health care staff in the pilot hospital? 2. What were the findings from the health facility assessment? What are the roles of HRBA task force? 3. Is there any guidelines for procurement, to ensure HRBA? How did your address conducive environment for health workers? 4. What are the rights-based activities conducted? 5. How does FP training module address HRBA? 	<p>-Stock-out of FP commodities due to supply chain and logistics management challenges</p> <p>-Government bureaucracy is delaying procurement process</p> <p>-Under staffing to cope with high workload especially in antenatal care and maternity and</p> <p>-Limited space for clients thus overcrowding in ANC and maternity</p>

Country	Summary of follow-up actions/achievements	Follow-up questions	Challenges (mentioned in the report)
<p>Ethiopia</p> <p>Good practices:</p> <p>Youth-focused interventions</p> <ol style="list-style-type: none"> Capacity Development of health care workers National survey on utilization of FP among adolescents) 	<ol style="list-style-type: none"> In-service family planning training modules revised, capacity development of health care workers including on counselling National survey –utilization of FP among adolescents, RH commodity Adolescent and youth health strategy developed Donor coordination committee for FP is established and human rights was one of the issues discussed 	<ol style="list-style-type: none"> How were human rights addressed in revised training module and trainings for health care workers? What were the findings from the national survey? Any key barriers? (in terms of human rights, for instance, lack of policy/legal framework, age-appropriate FP services?) How were human rights addressed in Adolescent and Youth Health Strategy What was the follow-up to the discussion on human rights issues in youth-targeted interventions 	<p>- Synergy between interventions is important to bring changes, such as provider capacity building (with regular refresher courses), management support as well as establishment of systems or linkages for service data capturing/reporting and commodity supply</p>
<p>Tanzania</p> <p>Good Practice; Joint Monitoring (all reported activities were conducted in Zanzibar only)</p>	<ol style="list-style-type: none"> Capacity building of health care providers on FP service provision FP guideline revised and orientation was conducted Conducted quarterly joint monitoring with United Nations and district health officials, organized feedback meeting with health care providers' discussion on the how to address the gaps in RH and FP 	<ol style="list-style-type: none"> 1,2 How were human rights addressed in capacity building and a revised FP guideline? 3.What were the findings from the joint monitoring, in terms of human rights? Any key barriers? (in terms of human rights, for instance, lack of policy/legal framework, age-appropriate FP services?) 	<p>-Shortage of health care providers</p>

Annex 7. Environmental scan template – example from East and Southern Africa region

Country:

Month:

UNFPA East and Southern Africa Country Offices to kindly complete by XXX and review/update on a monthly basis (submit to the Regional Director Onabanjo@unfpa.org with copy to XXX by 15th of each month reflecting information for the month preceding the 15th).

Please **analyse** the country's external environment along the various categories (political/policy; security; natural disasters/humanitarian; sociocultural; economic) with a focus on the present **critical events in the reporting month and/or trends in the upcoming months**. Most important **describe the implications** (risks and opportunities) for the ICPD beyond 2014 agenda and the post-2015 process and UNFPA's cooperation/support and reputation. Further, **indicate actions** that are being taken or need to be taken to mitigate, overcome and/or leverage risks and opportunities. Finally, **specify any needed support** indicating the UNFPA organizational unit which you would need to address this – such as the UNFPA Regional Office for East & Southern Africa or headquarters units.

Please note that the following does not replace the ALERT system (communication escalated to ESARO within 24hrs).

Events/ trends	Sub-area	Description of the situation	Implications		Mitigating actions	Support needed	
			Risks	Opportunities		ESARO	Others
Political							
Economic							
Sociocultural							
Security							

Events/ trends	Sub-area	Description of the situation	Implications		Mitigating actions	Support needed	
			Risks	Opportunities		ESARO	Others
Humanitarian							
Other							

Describe the sub-area as applicable – if nothing to describe or report leave blank.

¹Indicate actions that are being taken or need to be taken to mitigate, overcome, and/or leverage risks and build on opportunities

¹Example: Election dates, description of elections, outcomes, change in government, political changes, opposition.

¹Example: Changes or reforms in laws and policies

¹Conflict and security threats: describe the nature of the conflict, its magnitude, parts of the country/region affected

¹Are floods currently or predicted to affect the country? Which parts?

¹Are droughts affecting the country? Which part of country?

¹Social protests and transformations

¹Civil Society: Describe the situation with NGOs (international or local), media and other CSOs and particularly with respect to relationship with government and UNFPA

¹Religious institutions and their interests and strength of their influence as relate to government and citizens

¹Economic growth/decline/crisis, poverty, drivers of the economy, predictions

¹Revenue and budget: Describe any new aspects in respect to national budget allocations for health and if possible for SRHR/MH/RHCS/HIV/FP, expenditure frameworks, financial sectors, prospects of voluntary contribution to core/regular resources of UNFPA or `counterpart funding for country programmes.

¹Donor profiles/interests and changes in donor policies

References

- Anonymous. 2017. "Overview of reports from the participants of Regional Workshop on "Strengthening Family Planning Services in Accordance with Quality of Care and Human Rights Standards." Unpublished summary of responses from Malawi, Uganda, Ethiopia, and Tanzania, countries that had participated in a 2015 training done by UNFPA – and interviews from Malawi, Uganda and Tanzania.
- Barrangues, A, and R Columbia. 2015. Travel report summary for facilitating a regional workshop on human rights in family planning with seven country delegations. 15 to 17 October. Internal UNFPA document.
- Center for Reproductive Rights (CRR) and UNFPA. 2010. "The Right to Contraceptive Information and Services for Women and Adolescents." *Briefing Paper*. New York: CRR and UNFPA.
<https://www.unfpa.org/sites/default/files/resource-pdf/Contraception.pdf>
- FP2020. 2015. Rights and Empowerment Principles for Family Planning. Washington, DC.
- FP2020. 2018. Right-sizing Family Planning Toolkit. http://familyplanning2020.org/sites/default/files/Rights-sizing_Family_Planning_Toolkit_EN.pdf
- Filmer-Wilson, E, and L Mora. 2018. "The United Nations Population Fund. An Evolving Human Rights Mission and Approach to Sexual and Reproductive Health and Reproductive Rights." Chapter 12 in Meier, BM, and LO Gostin. 2018. *Human Rights in Global Health: Rights-based Governance for a Globalizing World*. Oxford Scholarship Online.
- Government of Malawi. 2015. Malawi Costed Implementation Plan for Family Planning, 2016–2020. Lilongwe: Government of Malawi.
- Government of Sierra Leone. 2017. Sierra Leone Family Planning Costed Implementation Plan. Freetown: Ministry of Health and Sanitation.
- Hardee, K, J Kumar, K Newman, L Bakamjian, S Harris, M Rodriguez, and W Brown. 2014. "Voluntary, Human Rights-based Family Planning: A Conceptual Framework." *Studies in Family Planning*. 45(1): 1-18.
- Kumar, J, Bakamjian, L, Hardee, K, Jurczynska, K, and Jordan, S. 2017. "What is a Human Rights-Based Approach to Family Planning?" In FP2020. 2018. Rights-Sizing Family Planning: A Toolkit for Designing Programs to Respect, Protect, and Fulfill the Rights of Girls and Women. Washington, DC.
- Lane-Barlow, C, and Pimmasone, S. 2019. "Final Report: In-Depth Analysis of SAS Stocking Behaviour and Client Exit Interview Findings." Unpublished report for UNFPA.
- Ministry of Health [Kenya]. 2017. *National Family Planning Costed Implementation Plan 2017-2020*. Nairobi: Ministry of Health.
- Ministry of Health and Population [Malawi]. 2018. A Survey Report on Availability and Accessibility of Modern Contraceptives and Essential Life-Saving Maternal and Reproductive Health Drugs in Service Delivery Points in Malawi. Lilongwe: Ministry of Health, Reproductive Health Directorate.
- Ministry of Health and Population [Nepal]. 2015. *National Family Planning Costed Implementation Plan 2015-2020*. Kathmandu: Ministry of Health and Population Department of Health Services Family Health Division.

Ministry of Health [Uganda]. 2014. Uganda Family Planning Costed Implementation Plan, 2015–2020. Kampala: Ministry of Health, Uganda.

United Nations (UN). 2020. *The Highest Aspiration A Call to Action for Human Rights*. https://www.un.org/sg/sites/www.un.org.sg/files/atoms/files/The_Highest_Aspiration_A_Call_To_Action_For_Human_Right_English.pdf

United Nations Committee on Economic, Social and Cultural Rights (UNCESCR). 2000. International Covenant on Economic, Social and Cultural Rights. Article 12, General Comment No. 14. “The Right to the highest attainable standard of health.” [http://www.unhcr.ch/tbs/doc.nsf/\(symbol\)/E.C.12.2000.4.En](http://www.unhcr.ch/tbs/doc.nsf/(symbol)/E.C.12.2000.4.En).

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

UNDG. ND. *Programming Principles. UNDAF Companion Guidance*. <https://unsdg.un.org/sites/default/files/UNDG-UNDAF-Companion-Pieces-1-Programming-Principles.pdf>

UNDG Human Rights Working Group. 2003. *The Human Rights Based Approach to Development Cooperation. Towards a Common Understanding Among UN Agencies*. https://undg.org/wp-content/uploads/2016/09/6959-The_Human_Rights_Based_Approach_to_Development_Cooperation_Towards_a_Common_Understanding_among_UN.pdf

UNFPA. NDa. “Integrating Gender, Human Rights and Culture in UNFPA Programmes.” Included in the *PRC User Guide*. UNFPA internal document.

UNFPA. NDb. “Results-based Management and HRBA Checklist.” Internal UNFPA document.

UNFPA. NDc. *Lessons From the First Cycle of the Universal Periodic Review*. New York: UNFPA. https://hrbaportal.undg.org/wp-content/files/Final_UNFPA-UPR-ASSESSMENT_270814.pdf

UNFPA. NDd. *Lessons From the Second Cycle of the Universal Periodic Review*. New York: UNFPA. https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2019_EN_Lessons_from_the_second_cycle_of_the_universal_periodic_review.pdf

UNFPA, 2012. *Family Planning Strategy 2012-2020: Choices Not Chance*. New York: UNFPA.

UNFPA, 2012. *Choices Not Chance: Family Planning Strategy 2012-2020*. New York: UNFPA.

UNFPA. 2013. *Global Programme to Enhance Reproductive Health Commodity Security, 2013-2020*. New York: UNFPA.

UNFPA. 2017. *Strategic Plan 2018-2021*. New York: UNFPA.

UNFPA. *UNFPA Support to Family Planning (2008-2013)*,

UNFPA. 2016. *Evaluation of the UNFPA support to family planning 2008-2013*. New York: UNFPA. <https://web2.unfpa.org/public/about/oversight/evaluations/search.unfpa?method=byInput#searchResults>

UNFPA. 2017. *Policy and Procedures for Development and Approval of the Country Programme Document*. New York: UNFPA. <https://www.unfpa.org/admin-resource/country-programme-document-cpd>

UNFPA. 2018. *Mid-term Evaluation of the UNFPA Supplies Programme (2013-2020)*. New York: UNFPA.

UNFPA. 2019a. *Getting to Zero: Good Practices on Ending Preventable Maternal Deaths, Ending Unmet Need for Family Planning and Ending Gender-Based Violence and All Harmful Practices*. New York: UNFPA.

UNFPA. 2019b. *The PRC User Guide: Quality Assurance Guidelines for Strategic Plan 2018-2021*. Internal UNFPA document.

UNFPA. 2019c. *Sexual and Reproductive Health and Rights: An Essential Element of Universal Health Coverage*. New York: UNFPA.

UNFPA. 2019d. *A Guide in Support of National Human Rights Institutions Country Assessments and National Inquiries on Human Rights in the Context of Sexual and Reproductive Health and Well-being*. New York: UNFPA.

UNFPA. 2019e. Daily Newsletters for the UNFPA Global Consultation on Ending Unmet Need for Family Planning. Antalya, Turkey, 17-20 June. https://eeca.unfpa.org/sites/default/files/pub-pdf/consultation%20newsletters_combined%20final.pdf. (Links to materials from the consultation are imbedded in the newsletters).

UNFPA. 2019f. *"Availability of Good Quality, Human Rights-based Family Planning Services: Exercising Choice."* Brief prepared for the UNFPA Global Consultation on Ending Unmet Need for Family Planning. Antalya, Turkey, 17-20 June. <https://drive.google.com/file/d/1WltKlOlgPzv80pfYMtSvELfeDwxBLauk/view>

UNFPA. 2019g. *My Body, My Life, My World - Rights and Choices for all Adolescents and Youth: a UNFPA Global Strategy*. New York: UNFPA.

UNFPA, 2019h. *Gender Equality Strategy 2018-2021*. New York: UNFPA.

UNFPA and ADRA Nepal. 2018. *Facility Based Assessment for Reproductive Health Commodities and Services 2018*. Kathmandu: UNFPA and ADRA Nepal. Unpublished.

UNFPA and CRR. 2010. *The Right to Contraceptive Information and Services for Women and Adolescents*.

UNFPA and Harvard. 2010. *A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials*. New York: UNFPA.

UNFPA and National Development Research Institute [Nepal]. 2017. *Facility Based Assessment for Reproductive Health Commodities and Services 2017*. Kathmandu: UNFPA and National Development Research Institute.

UNFPA and UNICEF. 2016. *Manual on Social Norms and Change*. New York: UNFPA and UNICEF.

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

WHO. 2014. *Ensuring Human Rights in the Provision of Contraceptive Information and Services*. https://www.who.int/reproductivehealth/publications/family_planning/human-rights-contraception/en/

WHO. 2017. *Quality of Care in Contraceptive Information and Services, Based on Human Rights Standards: A Checklist for Health Care Providers*. <https://apps.who.int/iris/bitstream/handle/10665/254826/9789241512091-eng.pdf;jsessionid=985A1F4B651ED71B8B1F7C92F4482ECA?sequence=1>



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