

## TRANSPARENCY AND ACCOUNTABILITY

Individuals can readily access meaningful information on the design, provision, implementation and evaluation of contraceptive services, programs and policies, including government data. Individuals are entitled to seek remedies and redress at the individual and systems level when duty-bearers have not fulfilled their obligations regarding contraceptive information, services and supplies.<sup>9</sup>

### Policy and Programming:

Ensure national family planning strategies and plans include accountability and redress mechanisms, including monitoring and evaluation, which are in place and functioning regarding the provision of contraceptive information, services and supplies. Functioning monitoring and accountability mechanisms should integrate community input and share findings with all relevant stakeholders, including beneficiaries.

### Measurement:

Incorporate indicators into monitoring that reflect the community and service users' point of view regarding availability, accessibility, acceptability, and quality of information and services, as well as awareness of their rights, entitlements, and mechanisms available for them to have input and seek redress.

### Markets:

Identify potential accountability and redress mechanisms, which might be applicable in the contraceptive delivery space, including those in the private sector. Where these mechanisms already exist, ensure that they are effectively implemented and enforced.

## VOICE AND PARTICIPATION

Individuals, particularly beneficiaries, have the ability to meaningfully participate in the design, provision, implementation, and evaluation of contraceptive services, programs and policies.<sup>10</sup>

### Policy and Programming:

Ensure the meaningful participation of diverse stakeholders in the formulation of policy, and in the design, delivery and oversight of programs, including women and adolescents, poor, vulnerable and marginalized populations as part of a supportive policy and program environment.

### Markets:

Identify potential accountability and ensure that manufacturers and distributors of contraceptives seek and incorporate diverse consumer perspectives in their planning and market strategies.

9. Center for Reproductive Rights and UNFPA. Briefing Paper: The Right to Contraceptive Information and Services for Women and Adolescents. New York: Center for Reproductive Rights, 2010.

10. United Nations Population Fund (UNFPA). Programme of Action of the International Conference on Population and Development. New York: UNFPA, 1994.

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# FAMILY PLANNING 2020: RIGHTS AND EMPOWERMENT PRINCIPLES FOR FAMILY PLANNING

The fundamental right of individuals to decide, freely and for themselves, whether, when, and how many children to have is central to the vision and goals of Family Planning 2020 (FP2020). The international community has agreed that the right to health includes the right to control one's health and body, including sexual and reproductive freedom.<sup>1</sup> However, more remains to be done to ensure that human rights are in fact treated as the cornerstone of any family planning effort: from global initiatives to national programs to community-based projects.

In order to ensure that FP2020 and its mechanisms embody and espouse the ideals grounded in existing rights agreements and frameworks, the Rights and Empowerment Working Group (RE WG) has established a common understanding of rights principles as they relate to ten dimensions of family planning:

- **Agency and autonomy**
- **Availability**
- **Accessibility**
- **Acceptability**
- **Quality**
- **Empowerment**
- **Equity and non-discrimination**
- **Informed choice**
- **Transparency and accountability**
- **Voice and participation**

The rights principles outlined in this document must be realized in order to reach and sustain goals for meeting contraceptive needs. These rights principles are informed by and build upon existing human rights principles and resources that seek to integrate rights-based approaches specifically for family planning into programming. Ensuring that human rights principles are at the center of family planning policies, programs, measurement and contraceptive markets represents some of our most challenging work. However, as a global initiative, FP2020 recognizes that investing in human rights is critical to growing sustainable, equitable and effective programs with lasting impact.

By securing and fulfilling the rights of an additional 120 million women and girls to access family planning information and services by the year 2020, FP2020 efforts will result in fewer unintended pregnancies, fewer women and girls dying in pregnancy and childbirth, including from unsafe abortions, and fewer infant deaths. Moving this agenda forward will rely on fostering meaningful partnerships among governments, civil society, the private sector and beneficiaries. Rights violations must be brought to light and addressed when they occur. Yet equal attention needs to be paid to empowering and informing clients so they know, understand, claim their rights, and can become pivotal partners in ensuring the realization of rights in future family planning and health development initiatives.

1. United Nations. Committee on Economic, Social and Cultural Rights. General Comment No. 14 on Article 12 of International Covenant on Economic, Social and Cultural Rights. New York: United Nations, 2000.

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## AGENCY AND AUTONOMY

Individuals have the ability to decide freely the number and spacing of their children.<sup>2</sup> To exercise this ability, individuals must be able to choose a contraceptive method voluntarily, free of discrimination, coercion or violence.

### Policy and Programming:

Implement national and subnational family planning plans and programs to ensure that women and girls can access and use contraceptive methods of their choice without third-party authorization (e.g. spousal consent, parental consent, religious leaders or other persons) or other restrictions based on age, ethnicity, marital or other status.

### Measurement:

Develop better measures to capture the right to reproductive self-determination, including indicators that touch on community norms and service providers' attitudes around reproductive autonomy, as well as women's and girls' awareness and confidence in their ability to access and use family planning. Such indicators may require special investments such as special studies, in-depth monitoring, and collection and analysis of qualitative indicators to support quantitative measures.

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## AVAILABILITY

Health care facilities, trained providers and contraceptive methods are available to ensure that individuals can exercise full choice from a full range of contraceptive methods (barrier, short-acting, long-acting reversible, permanent and emergency contraception). Availability of services includes follow-up and removal services for implants and IUDs.

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## ACCESSIBILITY

Health care facilities, trained providers and contraceptive methods are accessible—without discrimination, and without physical, economic, socio-cultural or informational barriers.

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## ACCEPTABILITY

Health care facilities, trained providers and contraceptive methods are respectful of medical ethics and individual preferences, are sensitive to gender and life-cycle requirements and respect confidentiality.<sup>3</sup>

### Policy and Programming:

Ensure that individuals are confident in their ability to make reproductive decisions, including by prioritizing and elevating acceptability alongside accessibility and availability, and by minimizing provider bias. Such bias might manifest as either: denial of services or promotion of specific methods to certain subgroups or communities.

### Measurement:

Effectively collect and utilize disaggregated data to better understand and address issues of accessibility and availability, particularly for marginalized and underserved populations (e.g. adolescents, women in emergency settings, ethnic minorities, etc.).

### Markets:

Ensure that contraceptive products are consistently available at all levels of the delivery system and promote availability in diverse market segments. This may be achieved by harnessing innovative and diverse channels to eliminate stock-outs, reduce financial barriers and provide sustainable access for hard-to-reach and marginalized women and girls.

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## QUALITY

Individuals have access to contraceptive services and information of good quality which are scientifically and medically appropriate.<sup>4</sup> Quality of care is a multifaceted element that includes but is not limited to: a full choice of quality contraceptive methods; clear and medically accurate information, including the risks and benefits of a range of methods; presence of equipped and technically competent providers; and client-provider interactions that respect informed choice, privacy and confidentiality, and client preferences and needs.<sup>5</sup>

### Policy and Programming:

Programs seek to address underlying needs that impede quality, particularly by ensuring that providers have the environment, training and tools needed to provide quality information, counseling and service delivery.

### Measurement:

Capture quality from both the provider/facility and client perspectives by utilizing indicators that reflect availability and accessibility of skilled providers as well as more accurate and consistent measures of client satisfaction.

### Markets:

Ensure that products in the public and private sector meet quality standards.

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2. United Nations Population Fund (UNFPA). Programme of Action of the International Conference on Population and Development. New York: UNFPA, 1994.

3. United Nations. Committee on Economic, Social and Cultural Rights. General Comment No. 14 on Article 12 of International Covenant on Economic, Social and Cultural Rights. New York: United Nations, 2000.

4. United Nations. Committee on Economic, Social and Cultural Rights. General Comment No. 14 on Article

12 of International Covenant on Economic, Social and Cultural Rights. New York: United Nations, 2000.

5. World Health Organization. Ensuring Human Rights in the Provision of Contraceptive Information and Services: Guidance and Recommendations. Geneva: WHO, 2014.

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## EMPOWERMENT

Individuals are empowered as principle actors and agents to make decisions about their reproductive lives, and can execute these decisions through access to contraceptive information, services and supplies.

### Policy and Programming:

National and subnational family planning plans and programs ensure contraceptive use or non-use as a right that contributes to empowerment and gender equity, not simply a high-impact health intervention or contributor to other development goals. These policies, plans and programs should also acknowledge and prioritize where appropriate interventions beyond the health sector that enable women to exercise reproductive decision-making (e.g. life skills, comprehensive sexuality education, girls' education, creation of employment opportunities for women, etc.).

### Measurement:

Conduct periodic collection and analysis of community-based data designed to capture changing perceptions of and barriers to women's and girls' ability to access contraceptive services.

### Markets:

Ensure that marketing strategies as well as product and service promotion generate awareness of and promote women's and girls' right to access the contraceptive services, information and supplies of their choice.

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## EQUITY AND NON-DISCRIMINATION

Individuals have the ability to access quality, comprehensive contraceptive information and services free from discrimination, coercion and violence.<sup>6</sup> Quality, accessibility, and availability of contraceptive information and services should not vary by non-medically indicated characteristics, such as age, geographic location, language, ethnicity, disability, HIV status, sexual orientation, wealth, marital or other status.

### Policy and Programming:

Eliminate policies that deny specific populations (e.g. adolescents, unmarried women, etc.) access to contraceptive methods. In settings where these policies have already been eliminated, ensure that during program implementation, all women and girls, in practice, enjoy equitable access to contraceptive information, services and supplies, particularly for vulnerable and marginalized populations (e.g. unmarried women, poor, youth and adolescents, geographically isolated populations, etc.).

### Measurement:

Conduct and utilize disaggregation of data by wealth quintile, age groups, marital status, geographic residence and parity to track and ultimately seek to address issues of inequity and discrimination.

### Markets:

Promote equitable access to contraceptive information and services, particularly for socially and physically marginalized groups by addressing price and range of available service outlets.

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## INFORMED CHOICE

Individuals have the ability to access accurate, clear and readily understood information about a variety of contraceptive methods and their use.<sup>7</sup> To exercise full, free and informed decision-making, individuals can choose among a full range of safe, effective and available contraceptive methods (barrier, short-acting, long-acting reversible, permanent and emergency contraception).<sup>8</sup>

### Policy and Programming:

Programs prioritize access to information about and service provision (directly or when necessary through referral) of a range of methods. Full choice includes ensuring that individuals of all ages and irrespective of marital or other status are able to obtain their preferred contraceptive method.

### Measurement:

Strengthen metrics to ensure that indicators of informed choice effectively capture: provision of accurate, readily understood information about a range of contraceptive methods; and individuals' access to and ability to choose among a range of high-quality and acceptable contraceptive methods.

### Markets:

Focus on innovative efforts to ensure individuals have a choice across product categories (spacing and limiting), including those that are acceptable to special populations.

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6. World Health Organization. Ensuring Human Rights in the Provision of Contraceptive Information and Services: Guidance and Recommendations. Geneva: WHO, 2014.

7. UN Committee on the Elimination of Discrimination Against Women (CEDAW). CEDAW General Recommendation No. 21: Equality in Marriage and Family Relations. 1994.

8. World Health Organization. Ensuring Human Rights in the Provision of Contraceptive Information and Services: Guidance and Recommendations. Geneva: WHO, 2014.