

Full, Free and Informed Choice and Human Rights in Family Planning Programs

Jan Kumar, *EngenderHealth*

The RESPOND Project End-of-Project Forum

September 18, 2014
Washington DC



Managing Partner: EngenderHealth; Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council





Milestones along RESPOND's Journey



■ **Issue:** Whither female sterilization? → How much contraceptive choice is enough?

■ How did we RESPOND?

Experts consultation: A Fine Balance: Contraceptive Choice in the 21st Century, Bellagio, Sept. 2012

Principles, messages and actions for realizing contraceptive choice

Champions4Choice blog

Panel on monitoring and accountability tools at ICFP in Addis

Leveraged funds

Checkpoints for Choice



■ **Issue:** What is voluntary, rights-based family planning programming?

■ How did we RESPOND?

Coauthored a conceptual framework for Voluntary, Rights-Based FP Programs

Framework issued in Aug. 2013, published in March 2014

Systematic reviews of rights-based tools and evidence

Satellite session at ICFP, Nov. 2014

2 panels: DC and NYC (Mar., Sept. 2014)

Users' Guide for operationalizing the framework

Article on coercive contraception (to be published in Dec.)

Introduced to Ugandan MOH, Agir PF, Fistula Care+, Implants Project, Uganda and ABRI, Ethiopia



COUNTRY CONTEXT

Assess to inform interventions

INPUTS & ACTIVITIES

POLICY LEVEL

- A. Develop/revise/implement policies to respect/protect/fulfill rights and eliminate policies that create unnecessary barriers to access (All Rs)*
- B. Develop/revise/implement policies to ensure contraceptive security, including access to a range of methods and service modalities, including public, private, and NGO (R2)
- C. Create processes and an environment that supports the participation of diverse stakeholders (e.g. policymakers, advocacy groups, community members) (R2/R3)
- D. Support and actively participate in monitoring and accountability processes, including commitments to international treaties (All Rs)
- E. Guarantee financing options to maximize access, equity, nondiscrimination, and quality in all settings (R2/R3)



SERVICE LEVEL

- A. Inform and counsel all clients in high-quality interactions that ensure accurate, unbiased, and comprehensible information and protect clients' dignity, confidentiality, and privacy and refer to other SRH services (All Rs)
- B. Ensure high-quality care through effective training and supervision and performance improvement and recognize providers for respecting clients and their rights (All Rs)
- C. Ensure equitable service access for all, including disadvantaged, marginalized, discriminated against, and hard-to-reach populations, through various service models (including integrated, mobile, and/or youth-friendly services) and effective referral to other SRH services (All Rs)
- D. Routinely provide a wide choice of methods and ensure proper removal services, supported by sufficient supply, necessary equipment, and infrastructure (R2)
- E. Establish and maintain effective monitoring and accountability systems with community input; strengthen HMIS and QA/QI processes (All Rs)



COMMUNITY LEVEL

- A. Engage diverse groups in participatory program development and implementation processes (R2/R3)
- B. Build/strengthen community capacity in monitoring and accountability and ensure robust means of redress for violations of rights (R2/R3)
- C. Empower and mobilize the community to advocate for reproductive health funding and an improved country context and enabling environment for FP access and use (All Rs)
- D. Transform gender norms and power imbalances and reduce community-, family-, and partner-level barriers that prevent access to and use of FP (R3)
- E. Support healthy transitions from adolescence to adulthood (All Rs)



INDIVIDUAL LEVEL

- A. Increase access to information on reproductive rights, contraceptive choices (All Rs)
- B. Empower, through education and training about reproductive health, self-esteem, rights, life-skills, and interpersonal communication (R1/R2)
- C. Foster demand for high-quality services and supplies through IEC/BCC and empower individuals to demand their rights be respected, protected, and fulfilled (R2)

OUTPUTS

Illustrative

- Family planning services are
 - ✓ Available (adequate number of service delivery points, equitably distributed)
 - ✓ Accessible (affordable and equitable; free from discrimination; no missed opportunities for service provision)
 - ✓ Acceptable (respectful of medical ethics, culturally appropriate, and clients' views are valued)
 - ✓ Highest quality (scientifically and medically appropriate and of good quality (e.g., full, free, and informed decisions; a broad choice of methods continuously available; accurate, unbiased, and comprehensive information; technical competence; high-quality client-provider interactions; follow-up and continuity mechanisms; and appropriate constellation of services)
- Accountability systems are in place, which effectively expose any vulnerabilities, and alleged or confirmed rights violations and issues are dealt with in a significant, timely, and respectful manner
- Communities actively participate in program design, monitoring, accountability, and quality improvement
- Community norms support the health and rights of married and unmarried women, men, and young people and their use of family planning
- Agency of individuals is increased to enable them to make and act on reproductive health decisions

OUTCOMES

Illustrative

- Women, men, and young people decide for themselves— free from discrimination, coercion, and violence— whether, when, and how many children to have and have access to the means to do so
- Trust in FP programs is increased
- Universal access to FP is achieved
- Equity in service provision and use is increased
- Availability of a broad range of contraceptive methods is sustainable
- Women get methods they want without barriers or coercion
- FP needs are met; demand is satisfied

IMPACT

Decreased

- Unintended pregnancies
- Maternal/infant deaths
- Unsafe abortions
- Adolescent fertility rate
- Total fertility rate

Increased

- Agency to achieve reproductive intentions throughout the lifecycle
- Well-being of individuals, families, communities, and countries

* Reproductive rights:
 R1: reproductive self-determination
 R2: access to sexual and reproductive health services, commodities, information, and education
 R3: equality and non-discrimination
 (*All Rs* indicates that all rights are encompassed)

■ **Issue:** What is full, free, and informed choice? How do we ensure it?

■ How did we RESPOND?

Checkpoints for Choice: An Orientation and Resource Package (cofunded by USAID)

Package
completed in July
2014

Field tests:

- Checkpoints: USAID, DC, July 30
- Checkpoints plus Framework Users' Guide: Uganda, Aug. 12–15, 2014



KEY MESSAGES/ LESSONS



Contraceptive choice is a right, but is still not a reality for many women. It needs to be promoted and protected, and programs need to be held accountable.

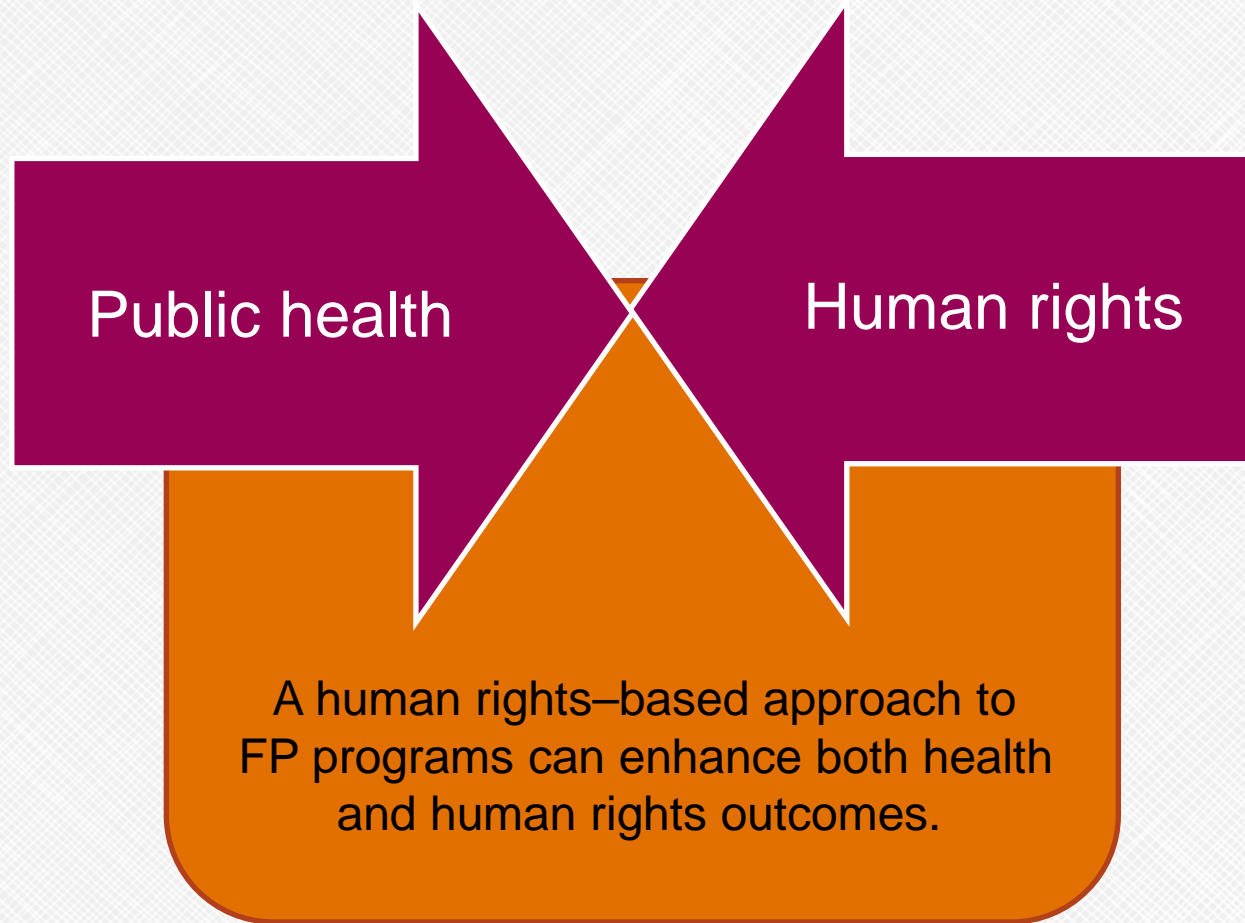
FS has an important role to play as an option for women and couples and should be made available within the context of choice and quality of care.



When planning and monitoring programs, planners and managers need to increasingly incorporate clients' voices and clients' perspective.



Human rights outcomes and public health outcomes are complementary, not contradictory. A programming approach that combines both benefits people and programs.





Many FP Program Concepts Support Human Rights

Much that FP programs do to improve access to and quality of services supports a human rights approach. We have much to build on, but we need to do more.



Applying a rights-based approach to FP programs may result in the identification of new or different programmatic needs, but does not require totally overhauling the program or adding a lot of work. Much can be done by modifying existing activities and practices within existing resources.



Programs commonly believe that if they do not have a problem with blatant coercion, then they do not have a human rights concern. That is not true. Any condition or practice that exerts coercive pressure or creates an access barrier is a human rights problem that needs to be addressed.

| | Subtle | Overt |
|----------|---|---|
| Coercion | <ul style="list-style-type: none"> • Provider bias for specific methods • Incentives to providers or clients that impact individual agency, or decision making • Targets and quotas • Community/family pressure • Lack of capacity of the health system to ensure the availability of commodities or to provide range of methods at all levels of the health system | <ul style="list-style-type: none"> • Involuntary sterilization of ethnic minorities, the poor, and HIV-positive persons • Provision of substantial or material incentives to providers • Postpartum IUD insertion or sterilization without consent • Withholding of benefits for non-acceptance • Refusal to remove IUD and/or implants |
| Barriers | <ul style="list-style-type: none"> • Provider bias against specific methods or population groups • Misinterpretation of eligibility criteria • Lack of : <ul style="list-style-type: none"> ○ Accurate information ○ Community or spousal support for FP or specific methods ○ Access to new/innovative contraceptive technologies • Poor quality of services • Gender norms and low status of women | <ul style="list-style-type: none"> • Limited choice of methods available (e.g., specific methods not offered, stock-outs) • Lack of equitable distribution of FP outlets • Lack of trained providers • Costly, unaffordable services • Denial of FP to unmarried youth • Limited choice of method available (not offered; stock-outs) |

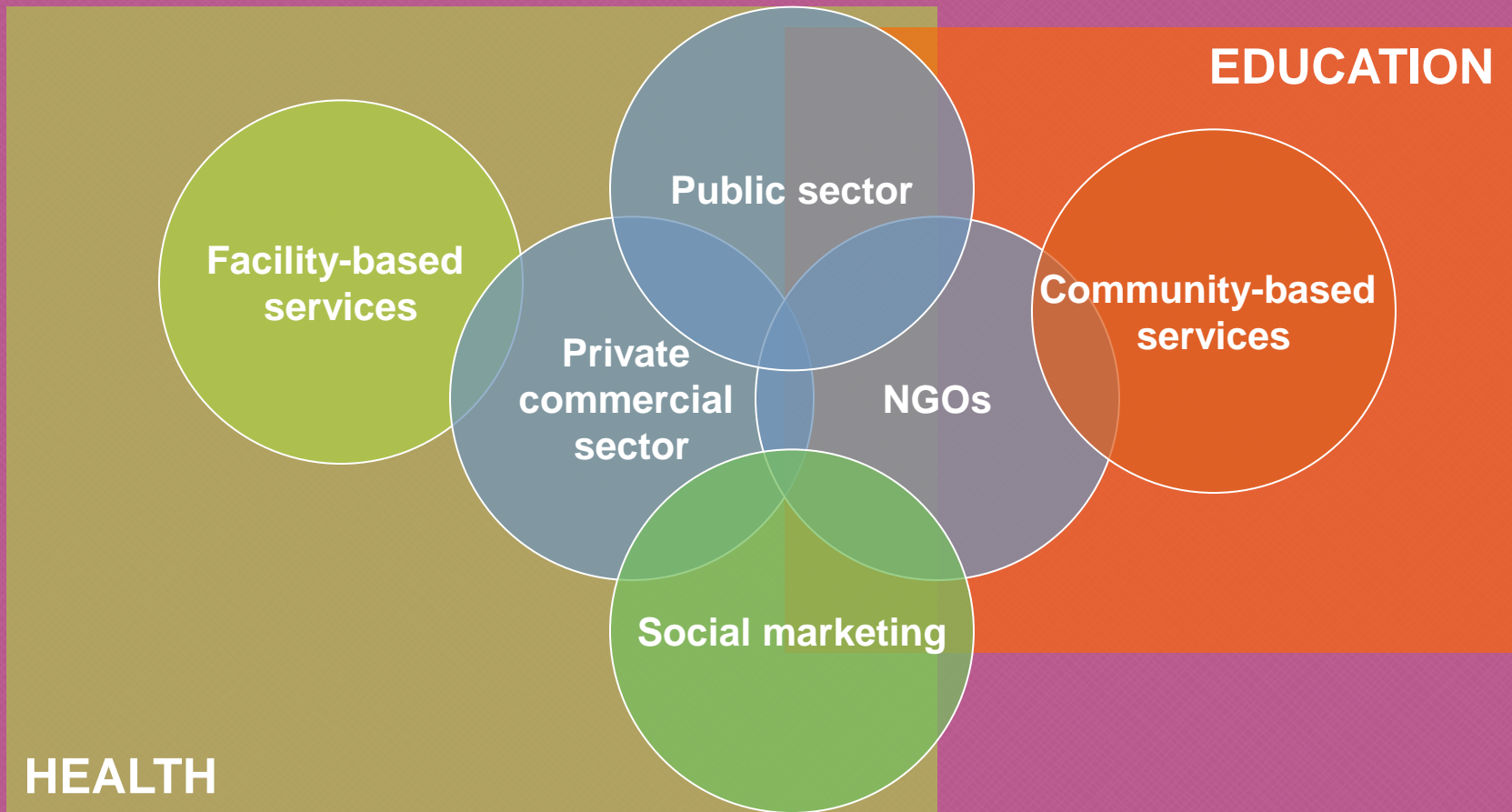
A rights-based approach requires holistic programming, strategic partnering and new alliances that involve the rights community, and a total market approach that engages all sectors.

Recognize that people obtain information, services, and commodities from different sectors within the health care system.

No single institution or project can do all that is needed.



RIGHTS



HEALTH

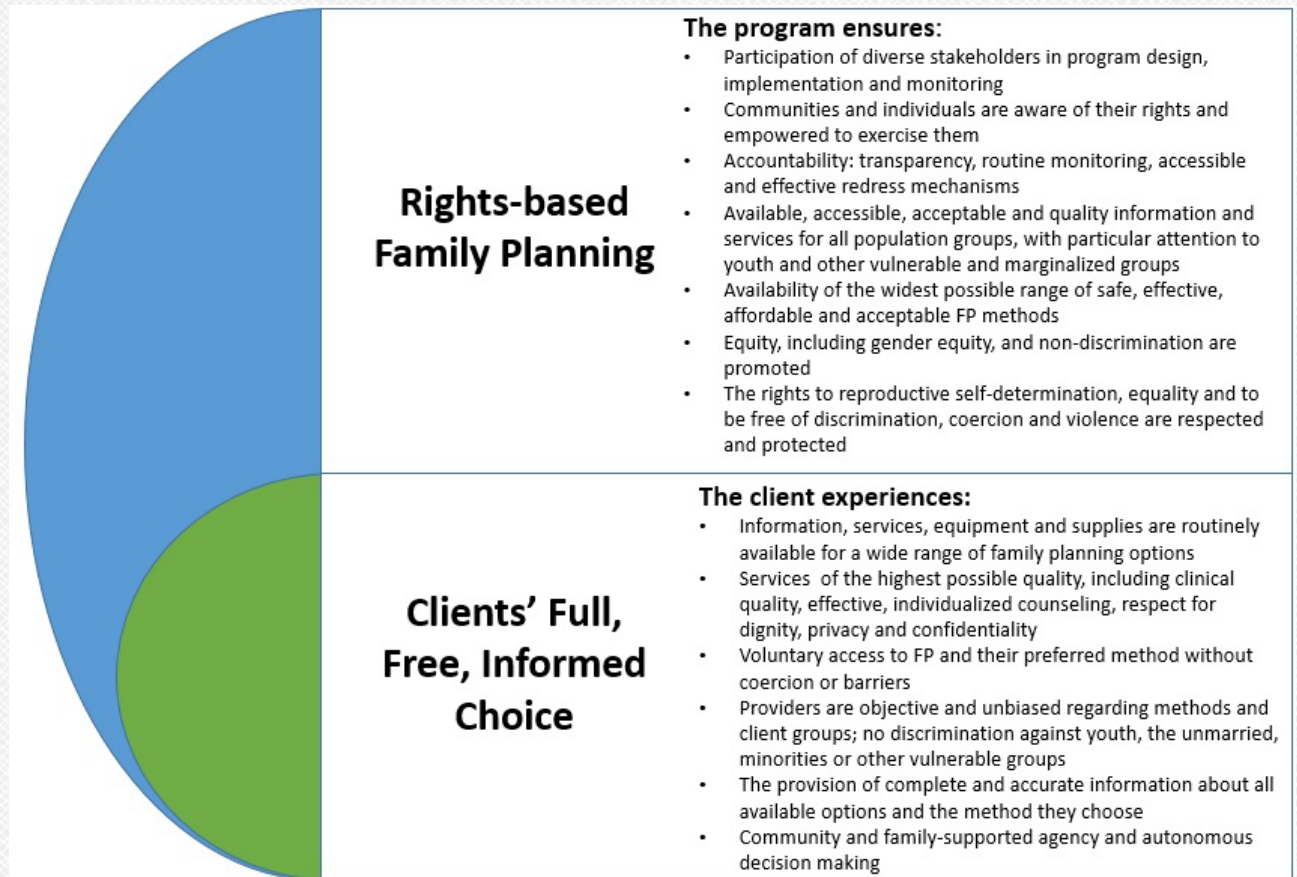
EDUCATION



Programs should be governed by an accountability framework with monitoring indicators and methodologies that generate data at both the aggregate level of the program or population and at the perspective of the individual client's experience.

Protocols to identify and investigate vulnerabilities or risk factors and redress mechanisms to take swift action to remedy problems are also essential.

Full, free, and informed choice is an important component of a rights-based approach, but it is not synonymous. It is the desired output that we want individuals to experience within the context of a rights-based program.



Governments and programs have a legal obligation to respect, protect and fulfill individuals' human rights in health care programs.

The status of human rights varies among countries and FP programs. They should start wherever they are and use any resources available to support the progressive realization of human rights for their citizens and clients.



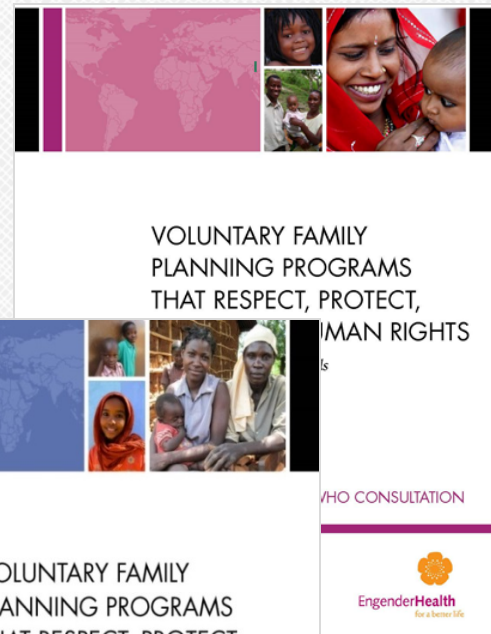
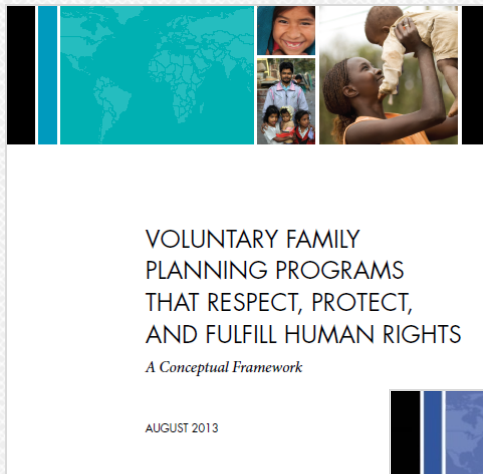


1. Apply the voluntary, rights-based FP framework to raise awareness of HR in FP and to design and strengthen programs (*use the Users' Guide*); evaluate rigorously
2. Orient stakeholders to full, free and informed choice (*use Checkpoints for Choice*)
3. Build rights literacy into provider training, and supportive behaviors for ensuring choice and rights into staff performance expectations and reviews
4. Make choice and rights explicit in monitoring and evaluation
5. Build in protective safeguards
6. Strengthen accountability and redress mechanisms
7. Routinely watch for risk factors; act swiftly when alleged problems are identified
8. Partner strategically with civil society and rights groups to inform and empower communities



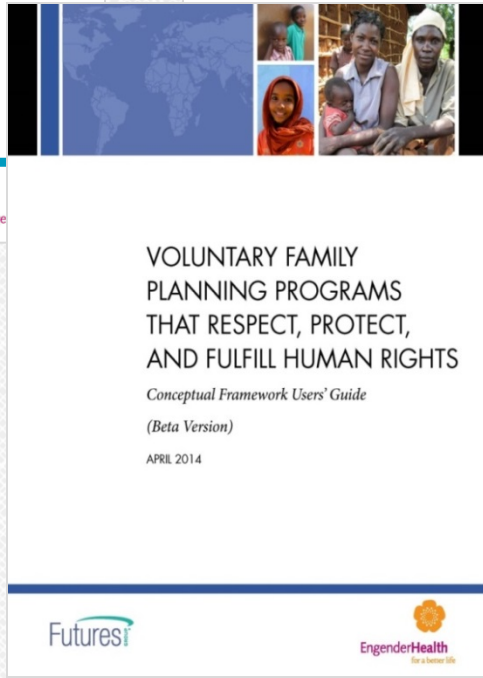
- Pledge of political will and resources with FP2020
- Costed Implementation Plan development process
- Availability of new resources for operationalizing abstract human rights concepts in healthcare programs
- An appetite for the RB approach in country programs





Checkpoints for
Choice
Orientation and
Resource Package

(Available by Oct. 2014)



- **A Fine Balance: Contraceptive Choice in the 21st Century— An Action Agenda**, Bellagio consultation report, <http://champions4choice.org/wp-content/uploads/2013/07/Bellagio-Report-February2013-FINAL.pdf>
- An article on the rights-based FP framework: **Voluntary, Human Rights–Based Family Planning: A Conceptual Framework**: <http://onlinelibrary.wiley.com/doi/10.1111/j.1728-4465.2014.00373.x/pdf>
- **A brief on the Voluntary, Rights-Based Family Planning Framework**: http://champions4choice.org/wp-content/uploads/2014/05/Voluntary-Rights-Based-FP-Conceptual-Framework-Summary-Brief_FINAL.pdf
- The beta version of the **Framework Users’ Guide**: http://champions4choice.org/wp-content/uploads/2013/12/Voluntary-Rights-Based-FP-Users-Guide_FINAL.pdf
- **Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights: A Systematic Review of Tools**, http://champions4choice.org/wp-content/uploads/2014/05/VRBFP-Tools-paper_FINAL.pdf

- **Voluntary Family Planning Programs That Respect, Protect and Fulfill Human Rights: A Systematic Review of Evidence** http://champions4choice.org/wp-content/uploads/2014/05/VRBFP-Evidence-paper_FINAL.pdf
- **Checkpoints for Choice: An Orientation and Resource Package** (publication pending)
- **Choices in Family Planning: Informed and Voluntary Decision Making** <http://www.engenderhealth.org/files/pubs/counseling-informed-choice/choices.pdf>
- **Comprehensive Counseling for Reproductive Health: An Integrated Curriculum** http://www.engenderhealth.org/files/pubs/counseling-informed-choice/ccrh_tm.pdf
- **Champions4Choice blog** <http://www.Champions4Choice.org>



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