Elevating Rights and Choices for All:

Guidance Note for Applying a Human Rights Based Approach to Programming

UNFPA

Acknowledgments

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Abbreviations and acronyms

AAAAQ	Availability, Accessibility, Acceptability, Quality
ASEAN	Association of Southeast Asian Nations
CCPR	International Covenant on Civil and Political Rights
CEDAW	Committee on the Elimination of Discrimination against Women
CESCR	Committee on Economic, Social and Cultural Rights
CRC	United Nations Convention on the Rights of the Child
CRPD	United Nations Convention on the Rights of Persons with Disabilities
GBV	Gender-based violence
GEWE	Gender Equality & Women's Empowerment
HRBA	Human rights-based approach
IASC	Inter-Agency Standing Committee
ICPD	International Conference on Population and Development
LGBT	Lesbian, gay, bisexual and transgender
LNOB	Leaving No One Behind
NHRI	National Human Rights Institutions
OHCHR	Office of the High Commissioner for Human Rights (UN Human Rights)
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNDS	United Nations development system
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNSDG	United Nations Sustainable Development Group
UPR	Universal Periodic Review
VAW	Violence against women
WHO	World Health Organization

Introduction

A powerful human rights-based framework for our work was set in place by the 1994 International Conference on Population and Development (ICPD) and its Programme of Action, which recognized that sexual and reproductive health services must be guided by the human rights of individuals and couples. It thereby reframed population issues from an emphasis on population numbers to an emphasis on human rights.

UNFPA, the United Nations Population Fund, has supported efforts to operationalize the human rights-based dimensions of the ICPD Programme of Action and to strengthen its normative framework. In these efforts, UNFPA has achieved a number of notable results and played a leadership role in translating international human rights norms into country-level action. This work has evolved over the years as research and knowledge in this area has grown, and also as the internal and external political context for this work has changed.

Within UNFPA, there has been a growing appreciation for the necessity of applying a human rights-based approach to the programming process. This understanding has been shaped by the increasing consensus, as reflected in the various ICPD reviews, that to achieve the full vision of the ICPD, countries must take actions beyond the health sector to change social norms, laws and policies to uphold human rights. Particularly important are reforms that promote gender equality and women's rights and contribute to women having greater control over their own bodies and lives.

The ICPD Beyond 2014 International Conference on Human Rights set out three key areas where action is needed in order to operationalize the human rights-based dimensions of the ICPD: Equality, Quality and Accountability.

The ICPD+25 Summit in Nairobi in November 2019 further emphasized the urgent need to address the unequal power dynamics and stigma that underpin discrimination and violence and that can be entrenched in law, policies and practice; the importance of championing inclusion in all forms, in particularly discrimination against women; and the need to ensure accountability for the right to sexual and reproductive health.

The present publication, *Guidance Note for Applying a Human Rights-Based Approach to Programming in UNFPA*, provides the organization with a clear and comprehensive direction for its human rights-based work to support efforts in elevating the centrality of rights and choices and accelerate the promise of the ICPD in the Decade of Action to deliver on the 2030 Agenda for Sustainable Development. Taking its cue from the ICPD Beyond 2014 conference outcome document, the Guidance Note is built around three key components for action by countries with the support of UNFPA: Equality & Non-discrimination, Quality and Accountability.

Rationale and purpose

In April 2020, the United Nations Secretary-General said that "people – and their rights – must be front and centre" of our response to COVID-19.[1] Since then the worsening pandemic has only served to underline the importance of human rights for shaping the response to this public health emergency and its broader impact on people's lives and livelihoods.

The pandemic is taking place against a backdrop of rising violence and pushback against human rights, where hard-won gains in women's rights, in particular sexual and reproductive rights, are increasingly contested. At the same time, States have legally binding obligations under international human rights law, and UNFPA has a responsibility to support States in meeting these obligations and promoting the norms and values of the UN Charter. Today's complex context calls for UNFPA to have a deliberate, strategic and coherent approach to its human rights work.

Embedding human rights into the work of UNFPA is critical to ensuring that we achieve the full vision of the ICPD Programme of Action and the transformative ambition of the Sustainable Development Goals. In a context of growing inequalities, both within and across countries, it has been widely recognized[2] that it is only by addressing structural poverty, inequalities and violations of human rights that the gaps in meeting the vision of the ICPD will be closed. The 2030 Agenda for Sustainable Development, which is grounded in human rights and puts equality and non-discrimination at the centre of its efforts, provides a major opportunity to accelerate efforts to mainstream and promote human rights throughout UNFPA's work.

The United Nations development system reform resolution recognizes that the United Nation's presence is based on national priorities, which also include obligations of States under law. The United Nation's norms and values provide UNFPA with an opportunity for partnership across United Nations agencies and for its strategic positioning within the new United Nations Sustainable Development Cooperation Framework (UNSDCF). Related guidance by the UN Sustainable Development Group includes "the human rights-based approach" as one of the Framework's six guiding principles.[3]

The United Nations Secretary-General has issued "A Call to Action for Human Rights" that seeks to reaffirm the United Nation's commitment to the Universal Declaration of Human Rights, and underlines "that human rights are the responsibility of each and every United Nations actor and that a culture of human rights must permeate everything we do, in the field, at regional level and at Headquarters".[4] This publication, *Guidance Note for Applying*

1 www.un.org/en/un-coronavirus-communications-team/we-are-all-together-human-rights-and-covid-19-response-and

2 Most notably in the *Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development.*

3 https://unsdg.un.org/resources/united-nations-sustainable-development-cooperation-framework-guidance

4 The Highest Aspiration: A Call to Action for Human Rights, United Nations, February 2020: www.un.org/sg/sites/www.un.org.sg/files/atoms/files/The_Highest_Asperation_A_Call_To_Action_For_Human_Right_English.pdf

a Human Rights-Based Approach to Programming in UNFPA, provides UNFPA with a road map for responding to and institutionalizing this call to action.

The UNFPA commitment to human rights is reflected in successive Strategic Plans that recognize human rights as key enablers to *"achieving universal access to sexual and reproductive health, reproductive rights, and reducing maternal mortality"*.

While UNFPA has a clear commitment to human rights and has invested significant efforts and resources in this area since 1994, recent UNFPA evaluations have found that translating this principle into practice has proved a challenge. Looking for human rights-based approaches (HRBA), the 2018 evaluation of the UNFPA Supplies programme found that *"HRBA concepts are not systematically or explicitly operationalized in programmes… As a result, UNFPA Supplies has missed an opportunity to promote the full realization of a HRBA to family planning"*.

This Guidance Note support UNFPA to take a deliberate, strategic and coherent rights-based approach to its work. By doing so, UNFPA will be better able to accomplish the following:

- Ensure that policies and programmes are aligned with international human rights norms and standards and help advance human rights;
- Address the underlying determinants of discrimination in regard to sexual and reproductive health and rights and gender-based violence;
- Support transformative change in the lives of the people and groups that are left behind;
- Advance accountability for the ICPD Programme of Action.

HRBA definition

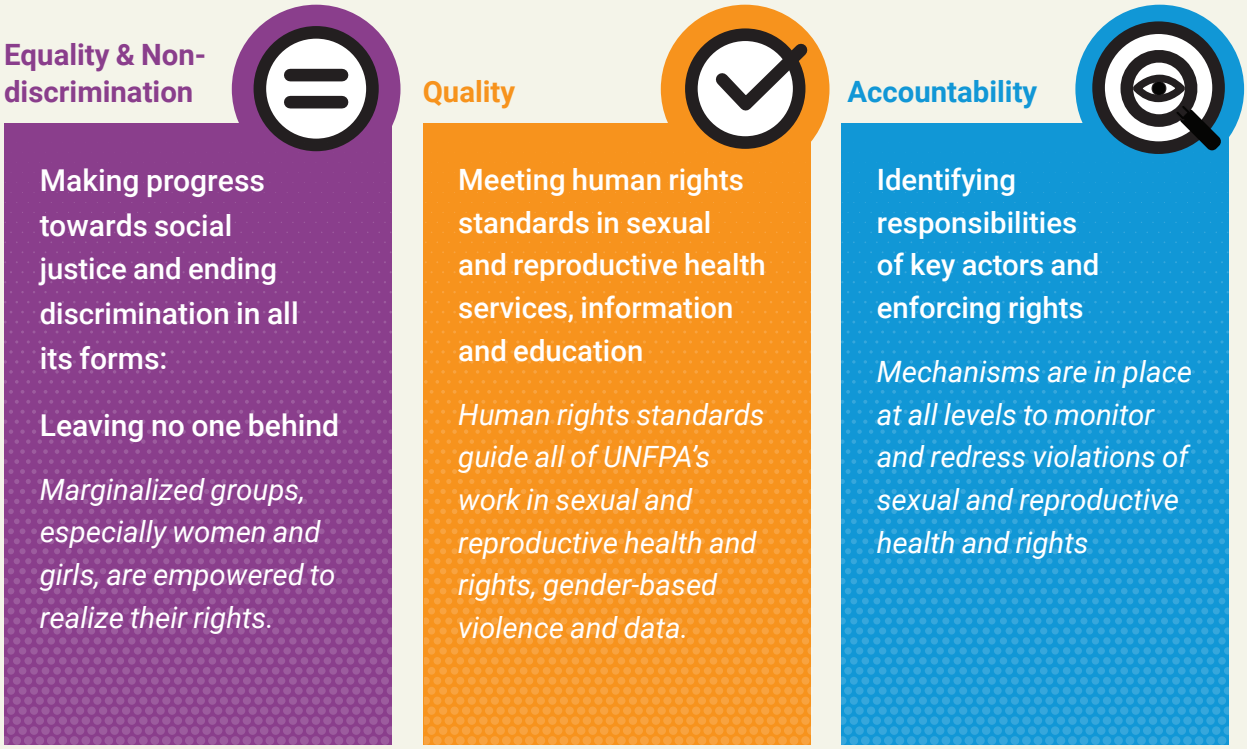
The **human rights-based approach (HRBA)** to development is a conceptual framework for the process of sustainable development that is normatively based on international human rights standards and principles and operationally directed to promoting and protecting human rights.
Under the HRBA, the plans, policies and processes of development are anchored in a system of rights and corresponding obligations established by international law, including all **civil, cultural, economic, political and social rights, and the right to development.**
HRBA requires human rights principles **(equality and non-discrimination, participation, accountability)** to guide UN development cooperation, and focus on capacity development of both "duty-bearers" to meet their obligations and "rights-holders" to claim their rights.[5]

5 UNSDG Guidance on UN Sustainable Development Cooperation Framework. Available at: https://unsdg.un.org/sites/default/files/2019-10/UN-Cooperation-Framework-Internal-Guidance-Final-June-2019_1.pdf

Three core components for applying HRBA

Three fundamental challenges stand in the way of realizing the human rights dimensions of the ICPD Programme of Action. Perhaps the strongest articulation of these barriers emerged from the 2014 ICPD and human rights conference where more than 300 human rights leaders from 127 countries identified the three key areas for action. [6] These areas – Equality & Non-discrimination, Quality and Accountability – are where efforts need to be accelerated in order to operationalize the human rights-based dimensions of the ICPD. Figure 1 describes the three components that inform this Guidance Note.

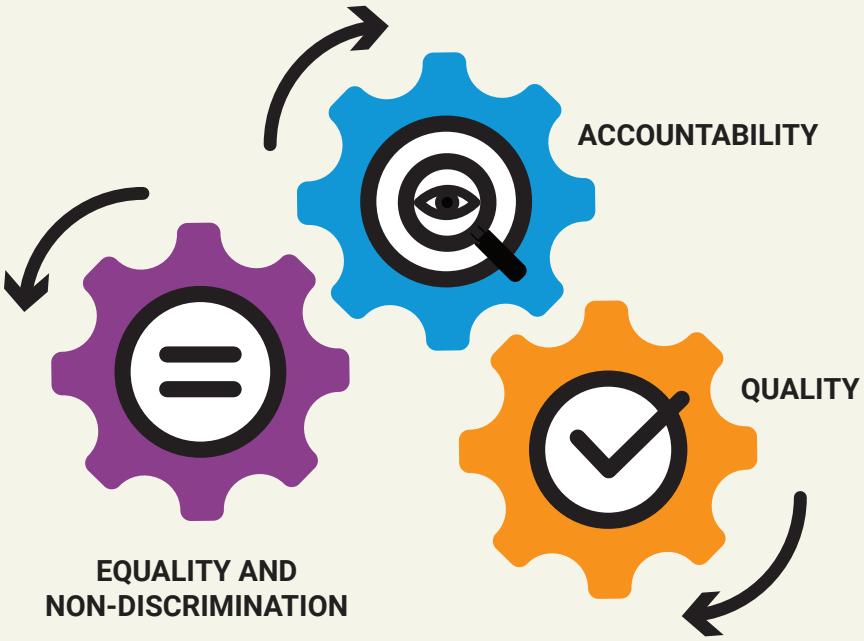
FIGURE 1: FRAMEWORK FOR HRBA IN UNFPA PROGRAMMING



6 The ICPD Beyond 2014 International Conference on Human Rights was organized by the Office of the High Commissioner for Human Rights and the Government of the Kingdom of Netherlands. It was held in July 2013 in the Netherlands. See: www.unfpa.org/news/icpd-human-rights-conference-opens-strong-calls-equality-every-person and www.unfpa.org/resources/icpd-beyond-2014-international-conference-human-rights

For UNFPA programming at every level, the question becomes: **How do we implement the human rights-based approach?** These three components provide a framework for applying the human rights-based approach to UNFPA's programming. Efforts in these areas need to be accelerated in order to operationalize the human rights-based dimensions of the ICPD Programme of Action. As a framework, the components work together and are complimentary.

FIGURE 2: THREE MUTUALLY-REINFORCING COMPONENTS FOR HRBA PROGRAMMING



For example, progress in supporting adolescent girls to have a strong voice in national programming on family planning (**equality & non-discrimination**), strengthens overall **accountability** of family planning policies, and in turn enhances the **quality** of services by better meeting the specific needs of adolescent girls.

These three components should be understood as a mutually reinforcing whole. They should be applied across all thematic areas and contexts, from development to humanitarian. Applying this framework will require both dedicated and mainstreamed human rights interventions. This **dual approach** is critical in keeping a focus and coherence on human rights across UNFPA.

1. Equality & Non-discrimination

What does "equality and non-discrimination" mean?

Making progress toward social justice and ending discrimination in all its forms: Who has been excluded and why, the barriers faced by marginalized and excluded groups, and how to ensure the realization of sexual and reproductive rights for all.[7]

—ICPD Beyond 2014 human rights conference

7 UNFPA (2013). ICPD Beyond 2014 International Conference on Human Rights: Conference Report. UNFPA: New York. UNFPA/WP.GTM.3. Available at: www.unfpa.org/sites/default/files/resource-pdf/Human%20Rights%20English%20Web.pdf

This component of HRBA is about leaving no one behind. Equality and non-discrimination are at the heart of human rights. They are embedded in Principle 1 of the ICPD Programme of Action, which states that "*all human beings are born free and equal in dignity and rights and entitled to all the rights and freedoms set forth in the Universal Declaration of Human Rights, without distinction of any kind, such as race, sex, language, religion, political or other opinion, national or social origin, property, birth or other status*". Despite these commitments, 25 years after the ICPD, the human rights principles of equality and non-discrimination have remained unrealized for many groups, particularly girls and women, and persons with diverse sexual orientations and gender identities.[8]

1.1 Leaving no one behind

The COVID-19 crisis has brought to sharp relief the extent of structural inequalities and discrimination and shown that inequalities and vulnerabilities are not static. Groups that already faced socioeconomic inequalities were in many countries further marginalized, while new groups, such as front line responders and independent business owners, have born a disproportionate burden.

Why should we use the human rights-based approach in our efforts to leave no one behind?[9] It helps us focus on the social inequalities and underlying power relations that lead to exclusion. Poverty, income inequality, systemic discrimination and marginalization are all social determinants of sexual and reproductive health, which also have an impact on the enjoyment of an array of other rights. These social determinants are often expressed in laws, policies and social practices that prevent individuals from realizing their rights. Using a human rights-based lens of analysis helps us to focus on these underlying determinants and focus on making transformational changes where people are empowered and have the agency to make decisions and choices on all aspects of their lives. Agency is defined as the ability to define goals and act on them.

A human rights lens also helps us to identify intersecting forms of discrimination. For instance gender inequalities intersect with other forms of discrimination that include not just gender but race, sexuality, ability, age, social class, caste, appearance, marital status or position as a citizen, indigenous person, refugee or asylum-seeker. It is important that our analysis gives us a full picture, not just a snapshot of the different forms of discrimination and inequality experienced.

8 United Nations, 2014, Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014, Report of the UN Secretary General, A/69/62, para. 44.

9 See Committee on Economic, Social and Cultural Rights General Comment No. 20 (2009) on non-discrimination in economic, social and cultural rights.

1.2 Key issues in non-discrimination and equality

HRBA and gender equality

HRBA and gender equality are complementary and mutually reinforcing. UNFPA's gender and human rights work complement and reinforce each other. Gender equality and the prohibition of sex discrimination are core human rights. Understanding gender equality within the context of rights enables human rights standards and mechanisms to be appropriated in efforts to advance gender equality and women's rights. It also places a greater focus on the responsibility of the State to act to address violations of women's rights, and of women to seek justice and redress when their rights have been violated.

Formal and substantive equality

The two models of equality are formal equality and substantive equality. Formal equality, which is often referred to as "de jure" equality, requires that States provide equality in law and in treatment for all groups, including men and women. This model of equality emphasizes the need for States to eliminate distinctions in laws and policies based on group characteristics, such as race or gender. As such, this model of equality has tried to eliminate stereotypes and discrimination by attempting to create a world where the law treats everyone the same.

International human rights bodies have recognized the principle of substantive equality, or "de facto" equality. For women, substantive equality seeks to remedy entrenched discrimination by requiring States to take positive measures to address the diverse inequalities women face; i.e. through special measures, historical wrongs and inequalities are corrected by temporarily giving advantages to women, and giving them access to opportunities that traditionally have been out of their reach.

Intersectionality

Intersectionality refers to the way in which multiple forms of discrimination – based on gender, race, sexuality, disability and class – overlap and interact with one another to shape how different individuals and groups experience discrimination. An indigenous woman faces discrimination based on her gender, ethnicity and poverty status, thereby facing a triple burden of discrimination. Intersectionality also has concrete impacts on harmful stereotypes whereby certain groups of women are deemed "fit" for reproduction (i.e. cis-gender, white, married, heterosexual women) and other women are discouraged from reproducing – minority women, Black women, poor women and indigenous women, among others.

1.3 Clarification of principles

The following table responds to a frequently asked question: What are the difference between human rights-based approaches (HRBA), leaving no one behind (LNOB) and gender equality and women's empowerment (GEWE)?

Differences, Complementarities and Commonalities

UNSDCF Guiding Programming Principles	**HRBA** **Human rights-based approached**	**LNOB** **Leaving no one behind**	**GEWE** **Gender equality and women's empowerment**
Differences			
Different levels of State obligations	Based on legal obligations, anchored in international law	Political commitment that States made in the 2030 Agenda for Sustainable Development	Gender equality and promoting women's human rights are legal obligations and political commitments of 2030 Agenda
Use for programming	Programming tool with a conceptual framework for programming that articulates development challenges as human rights concerns	Guiding principle of the 2030 Agenda	A guiding principle and a lens of analysis
Mutually reinforcing principles (complementarities)			
HRBA: What does it bring to LNOB and GEWE?	HRBA brings a focus on **rights**, **empowerment**, **participation**, **accountability** and the need to strengthen **capacity** of both duty-bearers and rights-holders.		
LNOB: What does it bring to HRBA and GEWE?	LNOB addresses **patterns of discrimination**, compels us to focus on reaching the furthest behind first, and to prioritize groups and individuals experiencing **intersecting** forms of inequalities.		
GEWE: What does it bring to HRBA and LNOB?	Gender inequality is arguably the most pervasive human rights violation, and no country has fully achieved gender equality. Various forms of discrimination intersecting with gender are common and these need focus and targeting		
Commonalities			
Free, active and meaningful participation			
Focus on substantive equality (going beyond formal equality)			
Require disaggregated data			
Non-discrimination is both a principle and a provision of the core international treaties such as CEDAW			

Central pillars of our work to advance the principle of leaving no one behind include the following:

- **Stigma and discrimination** are major obstacles to achieving the vision of the ICPD. We must shift public narratives and perceptions through media and public awareness, challenge discriminatory norms and attitudes and the laws and policies that institutionalize them.
- **Disaggregated data** is a major challenge including for ethnic minorities, indigenous peoples, persons with disabilities, etc. We must uncover the 'invisible' through research and new data on the marginalized, with attention to the safety and confidentiality of concerned persons.
- **Real dialogue between policymakers and marginalized groups** is a prerequisite for rights-based development. We must support genuine and meaningful participation of marginalized groups in policymaking.
- We need to be better at **building and supporting "movements"**, as well as connecting across movements, in order to challenge unequal power dynamics and dismantle the structures which perpetuate discrimination across multiple identities. We must support women's rights, feminist movements, the social movements of human rights defenders and grass-roots movements.
- We need **targeted approaches** that address the specific rights and needs of different marginalized groups – indigenous, afro-descendants and persons with disabilities, among others

1.4 .Steps to support equality and non-discrimination

Examples to illustrate possible actions

✓**Make the invisible visible**	Disaggregate data to extent possible and advocate for all national survey data to be disaggregated by sex, age, location, income level, ethnicity, race, disability and other relevant identity-based factors, so that more information is available on the progress of different groups and across different geographies. Qualitative data: Think beyond disaggregation to consider small-scale surveys and other methods to capture incidences of and trends in patterns of discrimination. Recommendations from international human rights mechanisms also provide authoritative information on the groups facing the worst discrimination.
✓**Address stigma and discrimination**	Challenge discriminatory norms and attitudes and the laws and policies that institutionalize them. To do so, utilize multi-sectoral approaches at different levels (community, local, national etc.) and across different ministries (health, education, justice, women, foreign affairs etc.) as well as multi-pronged modalities (advocacy, awareness raising, technical support, capacity development) to address the social and cultural norms that underlie exclusion and discrimination.
✓**Establish participatory mechanisms**	Bring in the voices and experiences of groups left behind and create space for civil society organizations to participate in planning, implementation and review processes, including by using UNFPA's role as a convener and broker to its full effect. Engaging with the human rights mechanisms can provide a useful opportunity to support space for civil society engagement and dialogue with State actors on key human rights issues. Take steps to address barriers to meaningful participation, such as language for minority groups, accessible formats for persons with disabilities, and promoting having the confidence and experience in expressing their views for younger adolescent girls.
✓**Support movements for the long term**	Building and support "movements" (including women's movements) that challenge unequal power dynamics. In the process, support core rather than project-based funding for women's organizations to support complex and longer-term change.
✓**Target action to the needs of specific groups**	Target action to support services that respond to the specific needs and rights of different marginalized groups; for instance inter-cultural reproductive health services for indigenous women; physically accessible health service centres for persons with disabilities; youth-friendly reproductive health services for adolescents and so forth.

After taking steps to support equality and non-discrimination, there are a number of expected outcomes:

- **Raise visibility of the situation of marginalized groups and groups at risk of being left behind.**
- **Gaps in equal access to sexual and reproductive health and rights are systematically addressed and prevention of new gaps and regressions achieved.**
- **Services are people-centred and policy processes inclusive.**

2. Quality

What does "quality" mean?

Meeting human rights standards in sexual and reproductive health services, information and education: How sexual and reproductive health and rights policies and interventions can ensure availability, accessibility, acceptability and quality. [10]

—ICPD Beyond 2014 human rights conference

Quality in the context of a human rights based approach means aligning programme interventions and objectives with international human rights norms and standards. The aim is to satisfy the following objective: Human rights standards guide all of UNFPA's work in sexual and reproductive health and rights, gender-based violence and data.

10 UNFPA (2013). ICPD Beyond 2014 International Conference on Human Rights: Conference Report.

2.1 International human rights mechanisms promote progress

Much has happened since world leaders in Cairo agreed to the ICPD Programme of Action. International human rights mechanisms have contributed to a deeper understanding of the scope and content of the obligations of States regarding sexual and reproductive health and rights. In so doing, they have strengthened the normative foundation for the ICPD Programme of Action.

Since 1994, many new human rights commitments have been negotiated in intergovernmental fora. United Nations human rights mechanisms have elaborated on these and have issued general comments and recommendations to specific countries regarding their compliance with human rights obligations, and many countries have translated their global commitments into national laws and policies.

International human rights mechanisms have increasingly emphasized the impact of sexual and reproductive health rights on women's human rights across **all categories of rights, including the right to education, work and equality, as well as the right to life, privacy, freedom from torture, and the prohibition of discrimination.** This provides us with greater operational clarity on what it means to integrate human rights standards into UNFPA's work.

International human rights mechanisms have identified four essential and inter-related standards for sexual and reproductive health and rights services: **availability**, **accessibility** (including affordability), **acceptability** and **quality** of health education, information and services for all without discrimination, coercion or violence. This is known as the AAAQ framework.[11] This framework provides the guiding standards to draw upon in efforts to operationalize the human rights dimension of the ICPD (section 4.3).

2.2 Normative framework in General Comment No. 22

General Comment No. 22 outlines the normative framework and the international obligations that States have towards ensuring sexual and reproductive health and rights.[12] It was issued in 2016 by the Committee on Economic, Social and Cultural Rights. It affirms that the right to sexual and reproductive health is not only an integral part of the general right to health but fundamentally linked to the enjoyment of many other human rights.

General Comment No. 22 cements the right to sexual and reproductive health not only as an integral part of the general right to health but fundamentally linked to the enjoyment of many other human rights, including the rights to education, work and

11 General Comment No. 14 (2000). The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights). UN. Committee on Economic, Social and Cultural Rights. Geneva: UN, 11 Aug. 2000. Available at: https://digitallibrary.un.org/record/425041?ln=en.

12 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). UN. Committee on Economic, Social and Cultural Rights. Geneva: UN, 2 May 2016. Available at: https://digitallibrary.un.org/record/832961?ln=en#record-files-collapse-header.

equality, as well as the rights to life, privacy and freedom from torture, and individual autonomy. It details the obligations of States within three areas:

- An obligation to repeal and eliminate laws, policies and practices that criminalize, obstruct or undermine an individual's or a particular group's access to health facilities, services, goods and information.
- An obligation to ensure universal access to quality sexual and reproductive health care, including maternal health care, contraceptive information and services, safe abortion care; prevention, diagnosis and treatment of infertility, reproductive cancers, sexually transmitted infections and HIV and AIDS.
- An obligation to ensure all have access to comprehensive education and information that is non-discriminatory, evidence-based and takes into account the evolving capacities of children and adolescents.

The General Comment highlights how the issues are indispensable for women's right to make meaningful and autonomous decisions about their lives and health and underlines the role of gender-based stereotypes in fueling violations of their rights. It also pays special attention to other groups of individuals who may face particular challenges and multiple forms of discrimination, such as people with disabilities, adolescents, and lesbian, gay, bisexual, transgender and intersex people.[8]

2.3 Availability, Accessibility, Acceptability, Quality

The AAAQ framework[13] can be applied to sexual and reproductive health and rights. The framework contains interrelated and essential elements that apply to the right to health in all its forms and at all levels.

Availability: Policies and interventions address both the underlying determinants of health (water, sanitation, food, etc.) as well as the availability of hospitals, clinics and other health-related buildings, trained medical and professional personnel receiving domestically competitive salaries, and essential drugs.

Accessibility: Policies and interventions address accessibility in four overlapping dimensions: physical, economic (affordable), non-discrimination and access to information:

Physical access: Health facilities, goods, information and services related to sexual and reproductive health care must be available within safe physical and geographical reach for all.

Economic access: Publicly or privately provided sexual and reproductive health services must be affordable for all.

13 General Comment No. 14 (2000).

Information access: This includes the right to seek, receive and disseminate information and ideas concerning sexual and reproductive health issues generally. Also, individuals receive specific information on their particular health status.

Acceptability: Policies and interventions must be acceptable in terms of respect for medical ethics and of the culture of individuals, minorities, peoples and communities. They must be sensitive to gender and life-cycle requirements and be designed to respect confidentiality and improve the health status of those concerned.

Quality: Aspects of quality include skilled medical personnel, scientifically approved and unexpired drugs and hospital equipment, safe and potable water and adequate sanitation. Quality also includes respectful care for women using health services.

2.4 Steps to support quality

Support States to meet their international obligations related to the different population and development issues being addressed

✓**Ensure the availability, accessibility, acceptability and good quality (AAAQ) of sexual and reproductive health services, including their affordability**	For example, ensure AAAQ for sexual and reproductive health services by: • Addressing disrespectful and abusive treatment at health facilities. • Supporting policies and guidelines in place that guard against individuals being coerced to accept sexual and reproductive health services that they do not want or are being subjected to medical procedures without their knowledge.
✓**Ensure the availability, accessibility, acceptability and good quality (AAAQ) of sexual and reproductive health services, including their affordability**	• Ensuring training of health workers in human rights and training on the provision of quality and respectful sexual and reproductive health services. • Supporting culturally appropriate sexual and reproductive health facilities for indigenous women and girls; ensuring physically accessible facilities, and ensuring information in accessible formats and decision-making support for persons with disabilities; and youth friendly services for adolescents. • Examining logistics and procurement policies to ensure availability of goods and conducting regular monitoring of contraceptives distribution and stocks with attention to stock outs and method mix at all levels of service delivery points. • Looking at budget processes to ensure affordability of services.

Support States to meet their international obligations related to the different population and development issues being addressed

✓**Facilitate the participation and inclusion of marginalized groups in the programming, policy and decision-making process to ensure that sexual and reproductive health and GBV services and information are tailored to the needs of these groups**	For example, facilitate participation of adolescents, persons with disabilities, minority and indigenous women and other marginalized groups by: • Addressing underlying determinants of health, which prevent women and girls from accessing sexual and reproductive health care, including by addressing social barriers in terms of norms and beliefs that inhibit individuals of different ages and genders, women, girls and adolescents from autonomously exercising their right to sexual and reproductive health. • Supporting States to repeal or eliminate laws, policies and practices that criminalize, obstruct or undermine full and equal access for women and men to sexual and reproductive health services and information. • Advocating with governments to allocate sufficient budget and invest in sexual and reproductive health services and women's rights.

✓**Draw on the General Comments from Treaty Bodies, and the thematic reports from UN Special Rapporteurs that outline the normative basis of specific rights, including the obligations of States. See Annex 1.**

✓**Draw on international standards as guidance in elaborating, implementing and monitoring UNFPA interventions, including in emergency settings. For examples, see this IASC resource: www.unfpa.org/minimum-standards.**

After taking steps to align programmes, policies and objectives with international human rights norms, there are a number of expected outcomes:

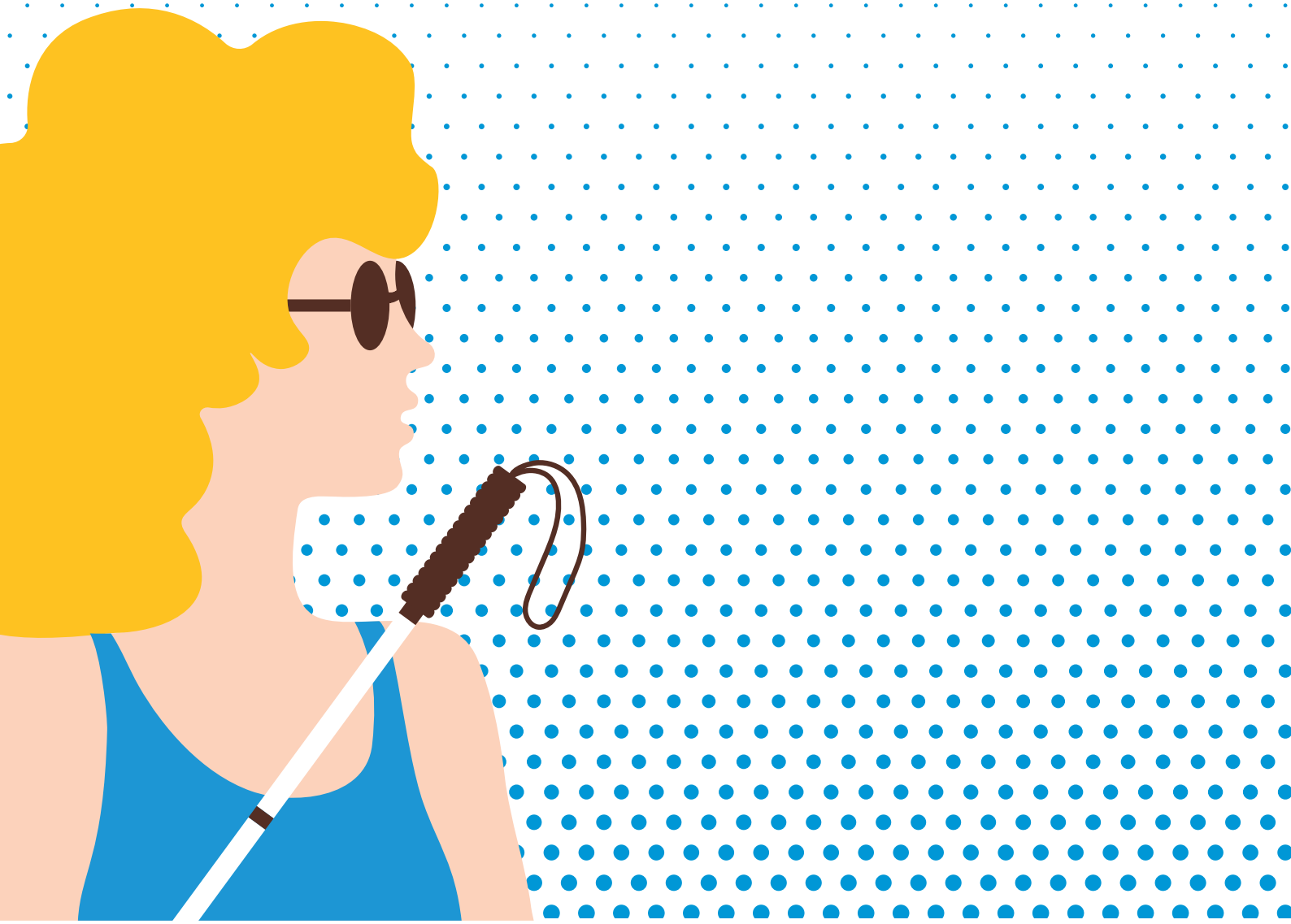
- UNFPA's interventions go beyond a focus on health services delivery to address social, cultural and gender dimensions of lack of access to sexual and reproductive health services.
- Agency, accountability, equality and quality of services are strengthened through UNFPA interventions on maternal health, family planning, data, HIV, GBV and harmful practices in both development and humanitarian contexts.
- Governments are influenced to properly finance and invest in sexual and reproductive health and women's rights in a sustainable way, recognizing that these are priority issue for achieving development and gender-transformative outcomes.

3. Accountability

What does "accountability" mean?

Identifying responsibilities of key actors and enforcing rights: How the requirements of a "continuous circle of accountability" across the policy cycle can be met so that the people are able to hold government and other key actors to account and seek remedies.[14]

—ICPD Beyond 2014 human rights conference



14 UNFPA (2013). ICPD Beyond 2014 International Conference on Human Rights: Conference Report.

Accountability is central to every stage of a human rights-based approach. It requires not just transparency but meaningful participation by affected populations and civil society groups. Effective accountability also requires individuals, families and groups, including women from marginalized populations, to be aware of their entitlements with regard to sexual and reproductive health and to be empowered to make claims grounded in them.[15]

The respect–protect–fulfil framework of international law outlines the obligations of States in regard to different aspects of UNFPA's mandate. Understanding the obligations of States is a first step in establishing accountability.

3.1 Respect, Protect, Fulfil

Under international law, States have responsibilities to respect, protect and fulfil their human rights obligations. **Respect** means that the State should not directly interfere with the enjoyment of rights. **Protect** means that the State is obliged to ensure that third parties do not directly or indirectly interfering with the enjoyment of the right. **Fulfil** means that the State needs to take positive measures in order to establish the enabling environment for the realization of rights.

In the case of protecting girls and women from harmful practices, States have a duty:

To respect:

- Repeal or eliminate laws, policies and practices that criminalize, obstruct or undermine access to sexual and reproductive health.
- Ensure laws on GBV and harmful practices cover all forms of violence and are in line with international standards.

To protect:

- Prevent and protect women and girls from violence, including sexual violence.
- Ensure access to effective and transparent remedies and redress, including administrative and judicial ones, for violations of the right to sexual and reproductive health.

To fulfil:

- Take appropriate legislative, administrative, budgetary, judicial, social measures and other actions. For example:
  - ensure access to contraception including emergency contraception, in humanitarian settings;
  - ensure all individuals and groups have access to comprehensive education and information on sexual and reproductive health;

15 Human Rights Council (2012). Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal morbidity and mortality. July 2012, A/HRC/21/22.

  - provide medicines, equipment and technologies essential to sexual and reproductive health; and
  - address root causes of harmful practices, which include harmful gender stereotypes, poverty and lack of education.[16]

International human rights law and the core obligations laid out in regard to sexual and reproductive health and rights and gender-based violence apply equally in humanitarian settings and should guide UNFPA's work in emergency situations.

3.2 Elements of accountability

Too often, in situations where individuals' rights are violated because of low quality of care, lack of access to care, lack of information and choice, or disrespectful and abusive behaviour, there are few mechanisms by which to **bring attention to these violations and seek redress.** It is essential to establish a continuous cycle of accountability that ensures a process for documenting and monitoring violations and provides review and remedy. Institutionalizing accountability in systems, regulatory structures and oversight mechanisms also secures a feedback loop within these systems that can bring to light systemic and structural shortcomings that underlie human rights violations and that must be tracked.

Supporting a cycle of accountability requires the following five elements[17]:

- **Administrative accountability** with regard to sexual and reproductive health calls for internal rules and norms in health facilities and within the Ministry of Health, which sets standards for conduct and makes subordinates accountable to superiors, to be monitored by a person or committee with no conflicts of interest.
- **Social accountability** calls for civil society and public participation at all levels of decision-making on development issues that affect them. Social accountability is predicated on fundamental human rights: the right to information, the right to voice, the right to organize, and the right to participate in governance functions. Community-based oversight of facility staff, finances and quality of care at facilities, such as "community scorecards", "community-based local administration" of health facilities, and accompaniment of women by family and community members, can all contribute to social accountability.
- **Political accountability** calls for both national and subnational governments to be able to justify to legislators the criteria used and decisions taken regarding sexual and reproductive health. For legislative oversight to be meaningful, the executive should transparently share budget and planning documents, as well as

16 OHCHR (updated 2020). Harmful Practices. Information Series on Sexual and Reproductive Health and Rights. Available at: www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_Harm_Pract_WEB.pdf

17 The five elements are outlined in OHCHR Technical Guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal morbidity and mortality. Available at: https://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22_en.pdf

results, and provide adequate time and information for meaningful deliberation by parliamentarians and local legislatures.

- **National legal accountability** includes the duty of the State to guarantee effective enjoyment of human rights, including the duty to provide effective legal remedies to victims. Legal remedies can be judicial and non-judicial, such as through a national human rights institution.
- **International accountability** calls for the systematic integration of information on efforts to prevent and reduce violations of sexual and reproductive health into reports submitted to international human rights mechanisms, including regional human rights bodies, treaty monitoring bodies, and for the Universal Periodic Review of the Human Rights Council, together with implementation of recommendations thereof.

Fostering accountability is a process of engaging multiple actors and at various levels, including strengthening the accountability of health care professionals, accountability of health facilities and ministries, accountability of governments to the commitments they have made, private sector accountability and donor accountability.

All five elements of accountability are important and can be drawn upon for developing accountability strategies. Such strategies should address the specific power dynamics at play in the national context.

3.3 Regional mechanisms for accountability

Regional human rights bodies and agreements have made tremendous contributions to the advancement of sexual and reproductive health and rights. In addition to the global human rights instruments and institutions, different regions have set up their own institutions working on human rights issues and produced various human rights instruments that deal with matters related to sexual and reproductive health and rights and gender-based violence. These regional instruments include the 1995 Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belem do Pará), the 2005 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, and the 2011 Convention on Preventing and Combating Violence against Women and Domestic Violence adopted by the Council of Europe.

The impact of the regional human rights mechanisms differs across regions. The ASEAN Intergovernmental Commission on Human Rights[18] in Southeast Asia and the Arab Human Rights committees are the newest regional mechanisms and their accountability mechanisms less developed in comparison to the Inter-American Court of Human Rights, the European Court for Human Rights and the African Commission on Human and Peoples' Rights.

18 New Tactics in Human Rights (2014). Available at: www.newtactics.org/comment/7095#comment-7095.

3.4 Steps to advance accountability

Examples to illustrate possible actions

Make reforms real	Accompany legal reform initiatives with social, policy and financial provisions to ensure laws are translated into practice.
✓Ensure avenues for justice	Support capacity development of law enforcement (such as the police) and strengthen the expertise of justice systems (such as the courts) on laws related to gender-based violence and sexual and reproductive health and rights to ensure that there are effective avenues for justice and redress when rights are violated. Support awareness raising and rights education and literacy to empower individuals to claim their rights when they have been violated and access justice.
✓Engage strategically with Treaty Bodies	Contribute to the reporting to, and support States implement recommendations from, international treaty bodies including the Committee on the Elimination of Discrimination Against Women (CEDAW); Committee on Economic, Social and Cultural Rights (CESCR) & Committee on the Rights of Persons with Disabilities; Committee on Civil and Political Rights and others (see annex for more information). In this process, facilitate engagement by civil society and women's movements with these bodies.
✓Engage strategically with special procedures	Support in-country visits and contribute to thematic reports of Special Rapporteurs that touch on issues related to UNFPA's mandate.
✓Engage strategically with UPR throughout cycle	Engage throughout the different stages of the Universal Periodic Review (UPR) cycle to strategically position and support implementation of recommendations related to the ICPD. Facilitate engagement by civil society and marginalized groups to engage with the UPR process so that UPR recommendations can address their rights and realities more adequately and comprehensively. See the UNFPA 2019 publication on lessons from the UPR.[19]
✓Develop strategic partnerships with NHRI	Develop long-term partnerships with National Human Rights Institutions (NHRIs) to support their capacity to monitor State performance on human rights and in particular to engage on gender equality and sexual and reproductive health and rights issues. NHRIs can operationalize international norms nationally and locally and can promote cross-sectoral approaches to these issues. A first step in this partnership can be through supporting NHRIs carry out country assessments and national inquiries on sexual and reproductive health and rights and gender equality.
✓Engage with the regional networks of NHRIs	Work with regional networks to position sexual and reproductive health and rights and gender in their work and to contribute to their capacity to engage on these issues. Work with the Asia-Pacific Forum, the Network of African National Human Rights Institutions, the Network of National Institutions for the Promotion and Protection of Human Rights on the American Continent and the European Network of National Human Rights Institutions. See the UNFPA Guide in Support of National Human Rights Institutions.[20]

19 For specific guidance on engaging with the UPR, please see: UNFPA (2019). From Commitment to Action on Sexual and Reproductive Health and Rights, Lessons from the Second Cycle of the Universal Periodic Review. Available at: www.unfpa.org/publications/commitment-action-sexual-and-reproductive-health-and-rights-0

20 UNFPA (2019). A Guide in Support of National Human Rights Institutions: Country Assessments and National Inquiries in the Context of Sexual and Reproductive Health and Well-being. Available at: www.unfpa.org/publications/guide-support-national-human-rights-institutions

Make reforms real	Accompany legal reform initiatives with social, policy and financial provisions to ensure laws are translated into practice.
✓Engage with regional human rights bodies	Regional human rights bodies include, for example, the African Commission on Human and People's Rights, the European Court of Human Rights and the Inter-American Court on Human Rights and their thematic mechanisms that relate to UNFPA's mandate.
✓Support social accountability mechanisms	Such mechanisms include the following: citizen report cards (participatory surveys that solicit user feedback on public service performance); social audits that engage citizens, service users, or civil society organizations in collecting and publicly sharing information on available resources allocated for service delivery and public works; community scorecards (a process of community-based monitoring that combine social audits and citizen report cards); health committees that involve civil society and government working together in an institutionalized oversight body to improve health system effectiveness. In addition, complaint mechanisms are formal channels to express dissatisfaction with a service and demand redress, e.g. submitting complaints to a suggestion box or an ombudsman.21
Support human rights defenders	At regional and country level, support human rights defenders, including women's movements working to build and sustain support for women's sexual and reproductive health and rights.

After taking steps to strengthen accountability, there are a number of expected outcomes:

- Women and girls become empowered to claim their rights.
- More effective reporting and monitoring procedures on sexual and reproductive health and rights, sex and gender-based discrimination and GBV are implemented at the national and global level.
- Access to effective remedies and redress for violations of the right to sexual and reproductive health is achieved, advancing the right to equality and non-discrimination and the right to freedom from violence.
- Systemic change occurs in national structures, laws and policies to advance women's rights and gender equality.

21 USAID (2014). Social Accountability: What are the Lessons for Improving Family Planning and Reproductive Health Programs? A Review of the Literature. Victoria Boydell and Jill Keesbury, Working Paper, October 2014. Available at: http://evidenceproject.popcouncil.org/wp-content/uploads/2014/11/2014_RightsBasedProg_SocAcctWP.pdf

4. Key elements of HRBA across UNFPA's three transformative results

In 2018, UNFPA set in motion a strategic effort, based on quality data, to achieve three zeros by 2030: **zero** unmet need for contraception; **zero** preventable maternal deaths; and **zero** gender-based violence and harmful practices, such as child marriage and female genital mutilation. UNFPA offices at all levels, but especially UNFPA Country Offices, should apply human rights-based approaches to initiatives working towards these goals.

4.1 Contraceptive services

Under the ICPD and international human rights laws, States have an obligation to ensure access without discrimination to unbiased, comprehensive and evidence-based **information and services for family planning and contraception**. The rights implicated include the **right to decide the number, spacing and timing of children**; the **rights to health and to life**; the **right to non-discrimination**; and the **right to private life**.

Applying a human rights-based approach to family planning leads to a **comprehensive approach** to programming, which includes capacity development of health workers, advocacy, data, targeted interventions for marginalized groups, addressing gender inequality, and strengthening accountability mechanisms.

Equality & non-discrimination

- Provide special attention to the contraceptive choices and needs of women and adolescents, as well as those of marginalized populations, such as racial and ethnic minorities, indigenous peoples, migrants, refugees and persons with disabilities, and sex workers (particularly women) belonging to this group. These groups are particularly at risk of being denied services and are subject to stigma and discrimination in access.
- Remove any laws and policies that prescribe **involuntary, coercive or forced medical intervention**, including **sterilization,** as well as laws and policies that **indirectly perpetuate coercive medical practices**, including incentives or quota policies.
- Ensure that civil society and other stakeholders play a central role in the development of laws, policies and programmes on family planning.

Quality

Ensure that contraceptive services are aligned with human rights standards requires adherence to the AAAQ framework.

Availability

Ensure that contraceptives are available:

- Family planning services should be fully integrated and readily available in clinics and reproductive health and other health services.
- Countries should ensure that the commodities listed in national formularies are based on the WHO Model List of Essential Medicines. This includes emergency contraception.

Accessibility

Ensure that health-care facilities, commodities and services are accessible to everyone. This means financially and physically accessible, as well as in a non-discriminatory manner.

- For instance, States have a responsibility to remove legal barriers to contraception, including third party authorization requirements (such as parental, spousal and judicial authorization) which are discriminatory.
- States have an obligation to support informed decision-making and to provide accurate and comprehensive sexual and reproductive health information, particularly on family planning and modern contraception.

Acceptability

Health-care facilities, commodities and services must be acceptable to all. They must be provided in a manner respectful of medical ethics and of the culture of individuals, minorities, peoples and communities; sensitive to gender and they must be youth-friendly.

Quality

Ensure that contraceptives are of quality in line with international standards:

- Ensure the high quality of contraceptive commodities and services, within access to and choice of a range of contraceptive methods.
- Ensure that health workers provide services in a way that respects the privacy and confidentiality of their patients, and protect an individual's privacy.

Accountability

Mistreatment or violations of people's human rights may occur in the context of contraceptive services. Complaints may not be taken seriously and there may be an absence of remedy or redress.

Actions for accountability:

- Empower citizens and communities, informing them about their rights to quality and equitable services;
- Support civil society organizations to advocate for and monitor the delivery of quality contraceptive services and facilitate discussions between the users (particularly those from marginalized groups) and service providers;
- Involve communities in ensuring that health services are accountable to them, e.g. through the use of a "report card" for obtaining and integrating client/user feedback;
- Support civil society organizations to monitor budgets to hold governments accountable for increasing family planning investments and ensure that these funds are properly disbursed and spent;
- Ensure recent and reliable country-specific family planning data are accessible to local advocates and supporting them to use data to effectively foster accountability.

For more detailed guidance on applying a HRBA to contraceptive service deliver see: (UNFPA & WHO, 2015) Ensuring Human Rights within Contraceptive Service Delivery: Implementation guide. Available at:

www.who.int/reproductivehealth/publications/family_planning/hr-contraceptive-service-delivery/en/.

4.2 Maternal health

Under international human rights law, maternal mortality has been recognized as a violation of women's **rights to life,** to the **highest attainable standard of health,** and to **equality and non-discrimination.**

The human rights-based approach to maternal health helps to uncover the power dynamics that perpetuate inequities. It also suggests strategic interventions such as the reallocation of resources, strengthening accountability mechanisms within health systems and communities, challenging existing hierarchies in health facilities, and addressing negative social and cultural norms. In doing so, it focuses on empowering women to claim their rights, and not merely avoiding maternal death or morbidity.[22]

Equality & non-discrimination

Discrimination based on sex is an underlying factor that contributes to maternal mortality and morbidity because women and girls have less access to the resources and education that would enable them to obtain needed health care, including sexual and reproductive health information and services. Further, poverty, income inequality and gender discrimination affect women's ability to realize their sexual and reproductive health and rights. Failure to provide services that only women need is a form of discrimination. Of particular concern are laws and policies in a number of countries that restrict or criminalize access to sexual and reproductive health services for women. There is therefore a need to take the following steps.

- Support the efforts of countries to protect the rights of women and girls to education, opportunities for decent work, and health care, including comprehensive sexual and reproductive health services.
- Ensure that facilities account for intersectional discrimination. Certain groups of women and girls are subjected to multiple forms of discrimination. This affects not only their access to facilities but also the way in which they are treated at facilities, which in turn affects their willingness to return to such facilities.
- Pay special attention to adolescents, ethnic and racial minorities, indigenous women, women with disabilities, sex workers, HIV-positive women, displaced and war-affected women, women living in underserved areas and other stigmatized and excluded populations.

22 DFID (2005). Developing a Human Rights-Based Approach to Addressing Maternal Mortality. Available at: https://webarchive.nationalarchives.gov.uk/20081024000458/http://www.dfid.gov.uk/pubs/files/maternal-desk.pdf

Quality

Women's sexual and reproductive health rights requires meeting human rights standards with regard to health facilities, goods and services.

Availability: Is there availability of water, sanitation, food etc. (the underlying determinants of health) as well as hospitals, clinics and other health-related facilities, trained medical and professional personnel receiving domestically competitive salaries, and essential drugs?

Accessibility: Health facilities, goods, information and services for maternal health care should be accessible to all individuals and groups without discrimination and free from barriers. This includes physical, economic (affordable) and information accessibility.

- Ensure physical accessibility: Health facilities, goods, information and services related to sexual and reproductive health care must be available within safe physical and geographical reach for all, especially for persons belonging to disadvantaged and marginalized groups. When dispensing sexual and reproductive services to remote areas is impracticable, positive measures must ensure that persons in need have communication and transportation to such services.
- Ensure that publicly or privately provided sexual and reproductive health services must be affordable for all.
- Ensure information accessibility. This includes the right to seek, receive and disseminate information and ideas concerning sexual and reproductive health issues generally, and also for individuals to receive specific information on their particular health status.

Acceptability: Ensure respect for medical ethics and of the culture of individuals, minorities, peoples and communities, including by ensuring language availability and provision for traditional birthing customs.

Quality: Ensure that services include skilled medical personnel, scientifically approved and unexpired drugs and hospital equipment, safe and potable water, and adequate sanitation. Ensure respectful care for women using health services.

For more information on maternal health and HRBA see ***OHCHR Technical Guidance on a Human Rights-Based Approach to Maternal Mortality***. Available at:

www.ohchr.org/Documents/Issues/Women/WRGS/Health/TGReduceMaternalMortality.pdf

Accountability

Ensure mechanisms are in place to hold States accountable for meeting their international commitments to reducing maternal mortality. This will ensure the monitoring of the enjoyment of rights related to maternal mortality and morbidity. It also provides States and other stakeholders with information about key challenges that should inform policymaking, structural changes and remedial action. In supporting accountability for maternal health:

- Ensure that meaningful and effective administrative, regulatory, institutional, political and judicial remedies are in place and that they are accessible, affordable, and available to women. This may include taking the following measures to guarantee women access to the necessary information and resources to seek redress for violations of their right to safe pregnancy and childbirth:
  - Ensure appropriate mechanisms are in place for women to file complaints against individuals and institutions;
  - Strengthen national human rights institutions and their ability to monitor the enjoyment of sexual and reproductive health and rights;
  - Provide free legal assistance as needed to women whose rights are violated; supporting social accountability mechanisms such as citizen score cards;
  - Support civil society organizations monitor budgets to hold governments accountable for increasing investments in sexual and reproductive health and ensuring that these funds are properly disbursed and spent; as well as strengthening birth and death (including maternal death) registration systems.

4.3 Gender-based violence

Violence against women is a human rights violation and a form of discrimination against women.[23] It is recognized as a human rights violation by many international and regional human rights mechanisms, including the Committee on the Elimination of Discrimination against Women (CEDAW).

Approaching violence against women from a human rights perspective brings an important conceptual shift, recognizing that women are not exposed to violence by accident, or because of an in-born vulnerability. Instead, violence is the result of structural, deep-rooted discrimination, which States have an obligation to address.

Equality & non-discrimination

Some women are more at risk of violence and experience different degrees of violence due to their social economic status, age, ethnicity, disability or sexual orientation. These forms of discrimination, which are often multiple and intersecting, need to be taken into account when designing interventions. Gender inequality and discrimination against women are at the root of violence against women. Human rights-based approaches can help us to address these forces through multi-sectoral interventions. Key elements of HRBA to promote equality and non-discrimination include the following programmatic steps:

- Disaggregate data by type of violence, relationship between the victim/survivor and the perpetrator. Data should also capture the intersecting forms of discrimination against women and other relevant sociodemographic characteristics.
- Address GBV at multiple levels, e.g. structural and underlying causes as well as more immediate causes. HRBA can help ensure that programming addresses patriarchal attitudes and stereotypes, inequality in the family and the neglect or denial of women's rights. Programming that employs HRBA promotes the empowerment, agency and voices of women.
- Ensure women's participation in programme design and implementation and provision of services. Representatives of different groups of women should participate.
- For social norms change, implement awareness-raising campaigns on zero tolerance for violence. Such campaigns can reduce stigma associated with GBV and change attitudes that tolerate this human rights violation.
- Also, For social norms change, engage with customary, traditional and religious leaders (who ascribe to human rights and gender equality) to reach underserved populations with whom they often have contact, e.g. the elderly, women with disabilities, immigrants and ethnic minorities.

23 General recommendation No. 35 on gender-based violence against women, updating General Recommendation No. 19, 2017: CEDAW/C/GC/35.

Quality

Ensure that GBV services are aligned with international human rights standards. One way to focus on the quality of programming is to apply the Availability, Accessibility, Acceptability, Quality (AAAQ) framework.[24]

Availability refers to the existence of services: Are services sufficient in terms of quantity and type?

Accessibility:

- Physical accessibility: Are facilities located within a reasonable distance? Is the route to and from the facility safe to travel?
- Financial accessibility: How is the service funded? Do users have to pay a fee? If so, is the fee reasonable/manageable for those who need this type of care?
- Bureaucratic/administrative accessibility: Are there procedural steps a survivor must complete before accessing certain services? For example, must s/he report to the police before receiving medical treatment? Are the facilities open at times that are convenient?

Acceptability: Are the services culturally acceptable for indigenous groups and ethnic minorities? Do service providers respect confidentiality and informed consent? Are services gender-sensitive? Are there certain characteristics of the service providers (e.g. male or female service provides, international or local staff) that make the community more/less comfortable accessing services?

Quality: Do service providers possess the necessary skills/training? Are there adequate supplies (drugs that aren't expired, etc.)? Is the environment appropriate? Are the facilities safe and sanitary? Quality also extends to the way people are treated when accessing services.

24 The source of AAAQ list is the Global Protection Cluster: Tip Sheet: Addressing Gender-Based Violence (GBV) in Health Assessments and Initial Programme Design. Available at: www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/GBV%20Tip%20Sheet%20Health%20FINAL.pdf.

Accountability

GBV is not a "private matter" but a human rights violation that generates State responsibility.

Key elements of HRBA can help ensure the accountability of all actors in the prevention and treatment of gender-based violence:

- Support States in their efforts to establish human rights-based accountability mechanisms to ensure access to justice and redress for victims of violence.
- Support States in their efforts to repeal laws and policies that indirectly excuse, condone and facilitate violence.
- Carry out legal rights training for women and girls so that they are aware of their right to be free from violence and can claim it.
- Strengthen the GBV capacity of members of the judiciary, lawyers and law enforcement officers, including forensic medical personnel, legislators and health-care professionals.
- Invest in and support feminist organizations and facilitating their participation in national development processes is essential for changing patriarchal social norms. Such organizations amplify the voice of women and address the priorities of women and girls.
- Ensure the participation of women survivors of violence in the formulation, implementation and monitoring of strategies and programmes on violence against women. Set in place related mechanisms and procedures.
- Promote mass public education and awareness raising campaigns on GBV and to debunk harmful gender stereotypes, including through local and national media.

Annex 1: International Human Rights Framework:

The right to sexual and reproductive health and reproductive autonomy

Human rights standard	Source	Application to UNFPA's mandate
The right to life	• Universal Declaration of Human Rights (article 3) • International Covenant on Civil and Political Rights (article 6) • Convention on the Rights of the Child (article 6) • Convention on the Rights of Persons with Disabilities (article 10)	In **General Comment No. 36** (2018) on the right to life, the CCPR finds an obligation for States to provide safe, legal and effective access to abortion when the life and health of the girl or woman is at risk, or when carrying a pregnancy to term would cause substantial pain or suffering, namely in cases of incest, rape and non-viability. In his **report to the Human Rights Council** in January 2016, the Special Rapporteur on extrajudicial, summary or arbitrary executions and other cruel, inhuman or degrading treatment or punishment, asserted that where unsafe abortion leads to death in the context of bans on abortion this should be understood as a "gender-based arbitrary killing, only suffered by women, as a result of discrimination enshrined in law."[25]
The right to be free from torture and other cruel, inhuman or degrading treatment	• Universal Declaration of Human Rights (article 5) • International Covenant on Civil and Political Rights (article 7) • Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (article 1) • Convention on the Rights of the Child (article 37) • Convention on the Rights of Persons with Disabilities (article 15)	In **General Recommendation No. 35** on gender-based violence against women, the CEDAW committee States that gender-based violence may amount to torture or ill-treatment, namely in case of domestic violence, rape and harmful practices. In his **report to the Human Rights Council** in January 2016, the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment finds that States fail their duty to prevent torture and ill-treatment when their laws, policies and practices perpetuate harmful gender stereotypes in a manner that directly or indirectly enables acts of violence and discrimination. Failure to prevent and protect from inter-prisoner violence against women, humiliating and invasive body searches and examinations of LGBT persons in detention, the extraction of confessions from women seeking emergency medical care as a result of illegal abortion, the detention of post-partum women in health care facilities for failure to pay medical bills, as well as condoning or failure to protect victims of domestic violence despite knowledge, can all amount to ill-treatment or torture. In Joint General Recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices, the CEDAW and CRC committees note that *"harmful practices are often associated with serious forms of violence or are themselves a form of violence against women and children."*

25 A/HRC/35/23 (2017), para. 94.

Human rights standard	Source	Application to UNFPA's mandate
The right to non-discrimination and equal treatment	• Universal Declaration of Human Rights (article 2) • International Covenant on Civil and Political Rights (articles 2, 3, 26) • International Covenant on Economic, Social and Cultural Rights (article 2) • Convention on the Rights of the Child (article 2) • Convention on the Elimination of All Forms of Discrimination against Women (article 2) • Convention on the Rights of Persons with Disabilities (article 5)	In **General Recommendation No. 35** on gender-based violence against women, the CEDAW committee states: *"Gender-based violence against women constitutes discrimination against women".* In **Joint General Recommendation No. 31** of the Committee on the Elimination of Discrimination against **Women/General Comment No. 18** of the Committee on the Rights of the Child on harmful practices, the CEDAW and CRC committees note that *"harmful practices are […] grounded in discrimination based on sex, gender and age".* Both reports of the Special Rapporteur on the rights of persons of persons with disabilities to the General Assembly in 2017 and 2018 were preceded by an effort of the CRPD committee to address the multiple and intersecting discriminations that women and girls with disabilities face in General Comment No. 3: Article 6 (Women and girls with disabilities). The CRPD committee finds the presence of harmful stereotypes that limit the ability of women and girls with disabilities to exercise their right to sexual and reproductive health and that also subject them to forced medical procedures which can amount to torture or ill-treatment.
The right to privacy and family life	• Universal Declaration of Human Rights (article 12) • International Covenant on Civil and Political Rights (article 17) • Convention the Rights of the Child (article 16) • Convention on the Rights of Persons with Disabilities (article 22, 23)	In **General Comment No. 28: Article 3** (The Equality of Rights Between Men and Women), the CCPR notes: *"another area where States may fail to respect women's privacy relates to their reproductive functions"*, citing requirements for third party authorizations and conditionality clauses for sterilization, and the obligation to report for abortion.
The right to marry and found a family	• Universal Declaration of Human Rights (article 16) • International Covenant on Civil and Political Rights (article 23) • International Covenant on Economic, Social and Cultural Rights (article 19) • Convention on the Elimination of All Forms of Discrimination against Women (article 16)	In **General Comment No. 28: Article 3** (The Equality of Rights Between Men and Women), the CCPR finds that "*States are required to treat men and women equally in regard to marriage"* extending this to legal of marriage and full and informed consent before marriage, and to customary and statutory provisions on legal guardianship of women and polygamy.

Human rights standard	Source	Application to UNFPA's mandate
The right to decide the number and spacing of children	• Convention on the Elimination of All Forms of Discrimination against Women (article 16) • International Covenant on Economic, Social and Cultural Rights, General Comment No. 22 on the right to sexual and reproductive health.	
The right to the highest attainable standard of physical and mental health	International Covenant on Economic, Social and Cultural Rights (article 12) Convention on the Rights of the Child (article 24) Convention on the Rights of Persons with Disabilities (article 25)	In **General Comment No. 22** (2016) on the right to sexual and reproductive health, the CESCR found sexual and reproductive health to be determined by social and underlying determinants such as gender, age, disability or ethnic origin, and to be inked to the enjoyment of other human rights. The committee also found this right to imply obligations for States to respect, protect and fulfil, while providing a framework to assess this right (availability, accessibility, acceptability and quality). In **General Comment No. 15** (2013) on the right of the child to the enjoyment of the highest attainable standard of health, the CRC committee stresses the right of children to sexual and reproductive health, providing linkages with gender equality, comprehensive sexuality education and considering the evolving capacities of children. These findings where preceded by **General Comment No. 4** (2003) Adolescent health and development in the context of the Convention on the Rights of the Child, in which the CRC committee conceptualized adolescence as a period of maturation and rapid changes during which States have an obligation to provide comprehensive sexuality counselling and education, as well as services and goods to prevent sexual and reproductive health hazards such as adolescent pregnancy, child marriage and HIV. In her July **2017 report to the General Assembly, the Special Rapporteur on the rights of persons with disabilities** notes: "*the forced sterilization of girls and young women with disabilities represents a widespread human rights violation across the globe. Girls and young women with disabilities are disproportionately subjected to forced and involuntary sterilization for different reasons, including eugenics, menstrual management and pregnancy prevention.*" In her **2018 report to the General Assembly**, she also remarks: *"persons with disabilities, especially girls and women, face serious human rights violations in the exercise of their sexual and reproductive health and rights. They are generally prevented from taking autonomous decisions with regard to their reproductive and sexual health and are regularly exposed to violence, abuse and harmful practices, including forced contraception, forced abortion and forced sterilization."*

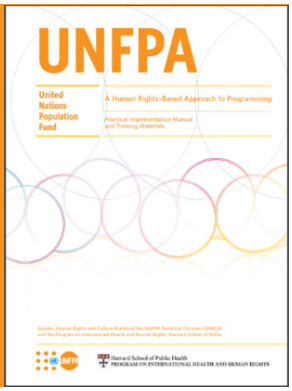
Human rights standard	Source	Application to UNFPA's mandate
The right to seek, receive and impart information	International Covenant on Civil and Political Rights (article 19) Convention on the Rights of the Child (article 13) Convention on the Elimination of All Forms of Discrimination against Women (articles 10, 14, 16)	This right has been pivotal in ensuring access to comprehensive sexuality education as well as sexual and reproductive health information to children, including adolescents, most notably in **General Comment No. 4 (**2003) Adolescent health and development in the context of the Convention on the Rights of the Child, as well as specific **General Comment No. 9** (2006) on the rights of children with disabilities and **General Comment No. 11** on indigenous children.
The right to benefit from scientific progress	Universal Declaration of Human Rights (article 27) International Covenant on Economic, Social and Cultural Rights (article 15)	In her 2012 **report to the Human Rights Council**, the right to enjoy the benefits of scientific progress and its applications, the Special Rapporteur in the field of cultural rights finds this right to often be a prerequisite to the enjoyment of other human rights, including the right to health.

Annex 2: Useful Resources

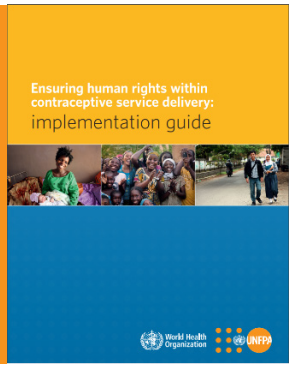
EQUALITY & NON-DISCRIMINATION

Leaving No One Behind: A UNSDG Operational Guide for UN Country Teams (Interim Draft)
Available at: https://unsdg.un.org/sites/default/files/Interim-Draft-Operational-Guide-on-LNOB-for-UNCTs.pdf

QUALITY



A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials (2010)
Available at: www.unfpa.org/resources/human-rights-based-approach-programming



Ensuring Human Rights within Contraceptive Service Delivery: Implementation guide (UNFPA & WHO, 2015)
Available at: www.who.int/reproductivehealth/publications/family_planning/hr-contraceptive-service-delivery/en/

ONLINE RESOURCES

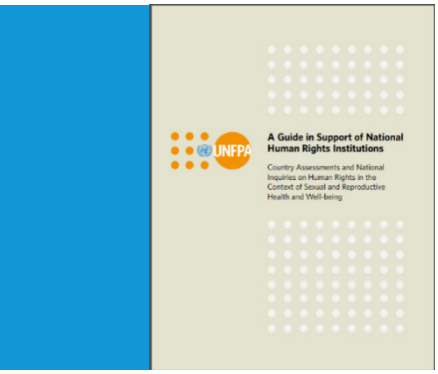
UNFPA Human Rights website
www.unfpa.org/human-rights

OHCHR Information Series on Sexual and Reproductive Health and Rights
www.ohchr.org/EN/Issues/Women/WRGS/Pages/HealthRights.aspx

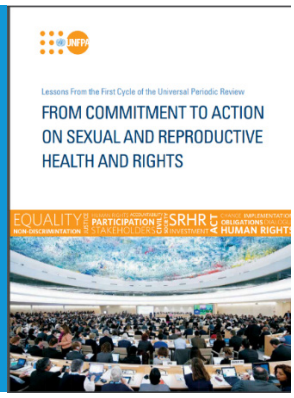
UNSDG Common Learning Package on HRBA
https://hrbaportal.org/resources/the-un-common-learning-package-on-hrba

ACCOUNTABILITY

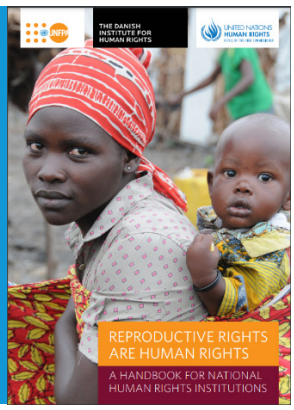
From Commitment to Action on Sexual and Reproductive Health and Rights: Lessons from the Second Cycle of the Universal Periodic Review (2019)
Available at: www.unfpa.org/publications/commitment-action-sexual-and-reproductive-health-and-rights-0



A Guide in Support of National Human Rights Institutions: Country Assessments and National Inquiries in the Context of Sexual and Reproductive Health and Well-being (2019)
Available at: https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2019_EN_Support_of_national_human_rights_report_29_online.pdf



From Commitment to Action on Sexual and Reproductive Health and Rights: Lessons From the First Cycle of the Universal Periodic Review (2014)
Available at: www.unfpa.org/sites/default/files/pub-pdf/Final_UNFPA-UPR-ASSESSMENT_270814..pdf



Reproductive Rights are Human Rights: A Handbook for National Human Rights Institutions (2014)
Available at: www.unfpa.org/sites/default/files/pub-pdf/NHRIHandbook.pdf

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