



IPPF STANDARDS AND RESPONSIBILITIES OF MEMBERSHIP

(Adopted by IPPF Governing Council in November 2001,
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Introduction

As a global sexual and reproductive health and rights movement, IPPF is proud of its vision for the 21st century. Based on this vision and its core values and policies, this document outlines in **Section A** the Federation's essential standards and responsibilities of membership.

IPPF expects all Member Associations who wish to be a part of the Federation to uphold and promote ten principles of membership and to comply with the standards associated with each principle.

The accreditation process, based on these principles and standards, is a tool for Member Association self-reflection and improvement. It is also a means of improving communication between Member Associations and the IPPF Secretariat and a useful mechanism for ensuring accountability to clients and donors. Specifically, the exercise of attaining accreditation will ensure that:

1. Member Associations are better equipped to assess and improve their own role and performance;
2. There is increased national public confidence in the work of Member Associations;
3. There is increased international confidence that IPPF is an effective Federation committed to results, quality and accountability.

Responsibility for ensuring compliance with IPPF's standards and responsibilities lies with each Member Association. Instances in which a Member Association fails to meet IPPF's standards will normally be resolved through action taken at the regional level, as outlined in **Section B**. Member Associations will be given ample opportunity to identify why in their situation it may not be possible to comply with certain standards. Reasonable time will be provided following an accreditation review to enable the Member Association to attend to any issues they and the region feel need to be addressed. Any remaining unresolved issues will be referred to the Director-General and the IPPF Membership Committee acting on behalf of the Governing Council.

As a last resort, failing to adhere to IPPF's standards and responsibilities of membership, may lead to withholding the IPPF grant, suspension, or expulsion from the Federation. IPPF, however, is determined that its accreditation system will be implemented in a way that will respect and empower Member Association volunteers and staff and enable the Federation to continue to be proud of its important and radical vision for the 21st century and the millions of clients it serves to a high standard all over the world.

Mandate

The IPPF Accreditation system will build a stronger Federation of locally-owned civil society organizations that champions and advances sexual and reproductive health and rights.

Values

INTEGRITY

- We respect the diversity of Associations while upholding our principles and the Standards of the Federation as a whole.
- We believe that accreditation must remain objective, impartial and free from any form of bias.

COLLABORATION

- We believe that the accreditation process is a collaborative effort between Member Associations and the Federation, which is mutually beneficial for the larger purpose of learning and sharing.
- We uphold the spirit of accreditation in order to foster confidence and trust among our Member Associations, clients, partners and donors.

ACCOUNTABILITY

- We believe in the triangle of accountability (ourselves, public and donors)
- We uphold the principle of accountability and transparency in our self-evaluation and self-renewal which improves and strengthens the MAs, the accreditation process and the Federation.
- We believe that information and data gathered for assessment during the review must be treated as confidential and cannot be shared externally without the consent of the MAs.

QUALITY

- We are committed to striving for quality, as stated in our Principles and Standards, in all realms of our work.

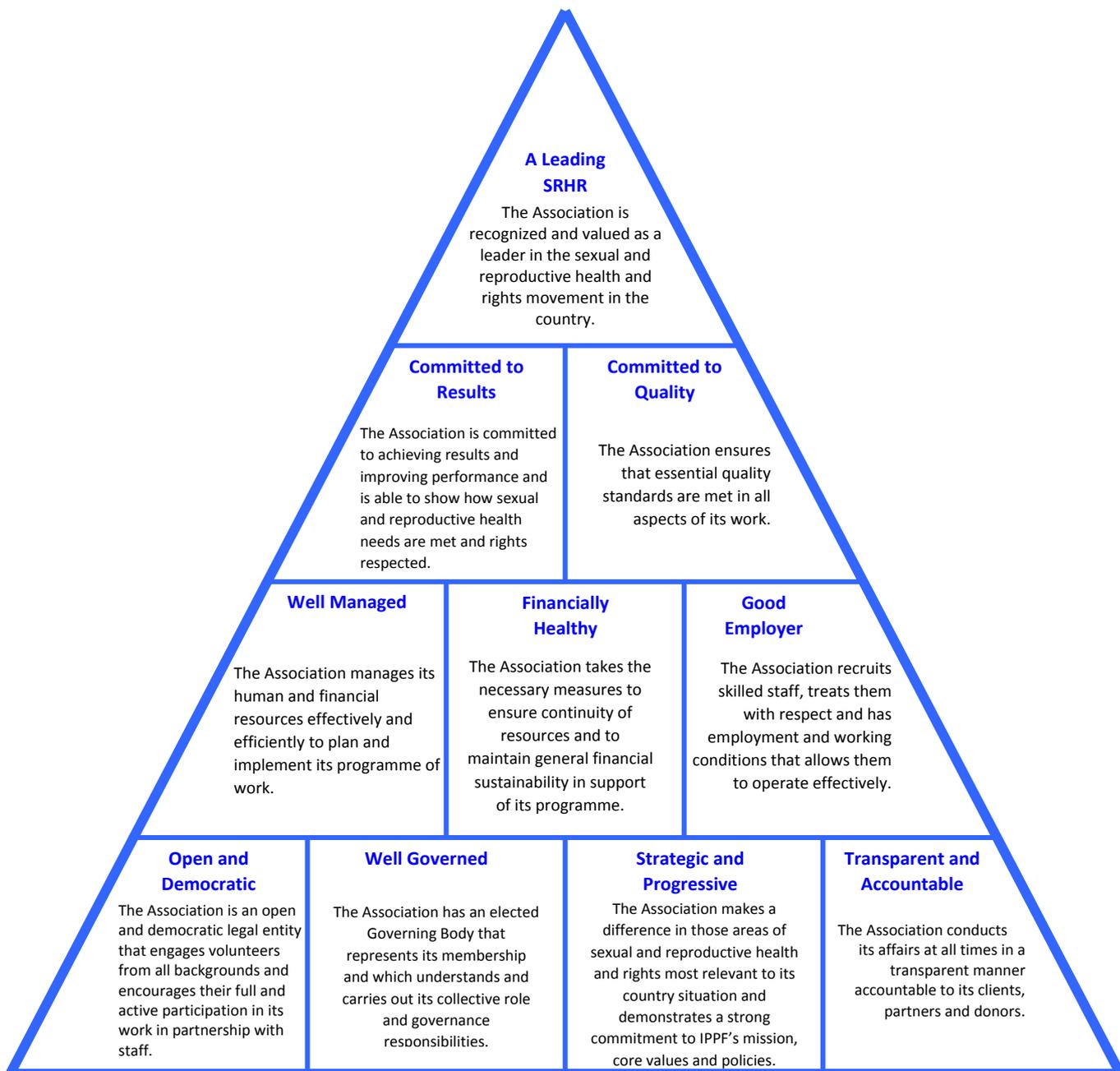
Success Factors

The success criteria for the third phase of accreditation were identified as follows (not in any order):

- Leading to stronger MAs
- Learning and evidence-based
- Clarity in standards, process, evidence, and language
- Building on a successful process
- Provides value and fit for all 140 MAs (those that it applies to in Phase 3)
- Communication of the process to all involved parties
- Implementation tools with regard to technology and resources
- Adequate resources (financial, human, etc.) to achieve the desired results

A. MEMBERSHIP PRINCIPLES AND STANDARDS

The Membership Standards are organized under ten principles which all of IPPF's members work towards fulfilling. These are the building blocks of the accreditation system. Each principle is essential and they are related to each other as shown below:



Principle 1: Open and democratic

The Association is an open and democratic legal entity that engages volunteers from all backgrounds and encourages their full and active participation in its work in partnership with staff.

Standards

- 1.1. The Association is a voluntary, civil society organization working in the field of sexual and reproductive health and rights, and bases its work on a statutory document that conforms to relevant legislation and requirements.
- 1.2. The Association encourages all people who are committed to IPPF's vision, mission and values, from all walks of life, to volunteer their services and ensures that these individual contributions are used effectively and recognized.
- 1.3. The Association's individual membership is open to all who are committed to IPPF's Vision, Mission and Values irrespective of their age, sex, marital status, ethnic origin, race, political belief, religious conviction, sexual orientation, gender identity, health status or any other factor that could make an individual the object of discrimination.
- 1.4. The Association's constitution shall state the conditions applying to each category of membership, their voting rights and how and when those rights can be exercised including fair and effective conduct of business of all elected and appointed Governing Bodies at all levels of the organization.
- 1.5. The Association's constitution makes it clear that, to ensure renewal, there is a regular rotation of Honorary Officers and Governing Body members by limiting consecutive terms that can be served and defining maximum tenure in any capacity, and that this is being practised.
- 1.6. The Association's elections to the Governing Body including Honorary Officers' positions take place at regular and specified intervals and involve the full membership entitled to vote.

Principle 2: Well governed

The Association has an elected Governing Body that represents its membership and which understands and carries out its collective role and governance responsibilities.

Standards

- 2.1. The Association's Governing Body is composed of individuals with a diverse set of skills and backgrounds and includes at least 50% women and 20% young people.
- 2.2. The Association's Governing Body ensures member integrity and collective responsibility in the interests of the Member Association.
- 2.3. The Association's Governing Body determines the Association's strategic direction and policies.
- 2.4. The Association's Governing Body appoints and supports the Executive Director, respecting the division of roles and responsibilities between governance and management.
- 2.5. The Association's Governing Body monitors and reviews the Association's performance.
- 2.6. The Association's Governing Body provides effective oversight of the Association's financial health.
- 2.7. The Association's Governing Body ensures its own review and renewal.

Principle 3: Strategic and Progressive

The Association makes a difference in those areas of sexual and reproductive health and rights most relevant to its country situation and demonstrates a strong commitment to IPPF's mission, core values and policies.

Standards

- 3.1. The Association has an up-to-date Strategic Plan with clear goals, objectives and expected results which is consistent with IPPF's Strategic Framework.
- 3.2. The Strategic Plan is derived from a consultative process that involves volunteers including young people, staff, clients and partners, and is based on a thorough analysis of the country's situation.
- 3.3. The Association champions and promotes sexual and reproductive health and rights for all regardless of age, sex, marital status, ethnic origin, race, political belief, religious conviction, sexual orientation, gender identity, health status, ability to pay or any other factor that could make an individual the object of discrimination.
- 3.4. The Association works to advance human rights, in particular women's rights, and works for change relating to sexual and reproductive rights.

Principle 4: Transparent and Accountable

The Association conducts its affairs at all times in a transparent manner accountable to its clients, partners and donors.

Standards

- 4.1. The Association ensures that the requirements of any funding agreement with donors, including IPPF, are met in full and on time, and that periodic reports are submitted according to the guidelines laid down by each funding agency.
- 4.2. The Association provides information to those clients, community members, partners and the public who wish to know about its work and the use of funds.
- 4.3. The Association ensures that members of its General Assembly have access to all key governance documents.

Principle 5: Well Managed

The Association manages its human and financial resources effectively and efficiently to plan and implement its programme of work.

Standards

- 5.1. The Executive Director ensures that the Association's annual programme gives effect to the strategic direction and operational plans approved by the Governing Body, and establishes clear lines of authority and reporting; objectives and expected results.
- 5.2. The Executive Director ensures that the risks facing the continuity of the Association's activities are identified and prioritised, and that appropriate action is taken to manage them.
- 5.3. The Executive Director provides effective and efficient management of the Association, implements systems and procedures to carry out policies agreed by the Governing Body, and inform the Governing Body of any executive actions that may have policy implications.
- 5.4. The Executive Director appoints and dismisses staff and in doing so follows the Association's agreed procedure and country legislation.

Principle 6: Financially Healthy

The Association takes the necessary measures to ensure continuity of resources and to maintain general financial sustainability in support of its programme.

Standards

- 6.1. The Association has and effectively implements an appropriate control framework to protect its assets from loss of any kind arising from fraud, waste, corruption or extravagance and ensure efficient administration and good value for money.
- 6.2. The Association has and effectively implements appropriate regulations covering its financial affairs.
- 6.3. The Association's financial accounting systems enable it to identify the costs of its operations on a monthly basis.
- 6.4. The Association's accounts are audited annually by external auditors who shall have due regard to the requirements of IPPF and other funding agencies and are appointed by the Association's Governing Body.
- 6.5. The Association mobilises appropriate resources to support its annual programme of work and takes the necessary steps to ensure longer term financial sustainability and solvency.

Principle 7: Good Employer

The Association recruits skilled staff, treats them with respect and has employment and working conditions that allow them to operate effectively.

Standards

- 7.1. The Association's recruitment and selection procedures are transparent and non-discriminatory and ensure that staff are recruited on merit only and have the required qualifications, skills and experience to perform the duties of the position.
- 7.2. The Association has and effectively implements a policy prohibiting the appointment of related persons (spouses, partners and co-habitees, parents, grandparents, siblings, children, grandchildren, cousins, in-laws) of volunteers and staff to any position within the organization or to consultancies.
- 7.3. The Association has and effectively implements written Human Resource policies and procedures that are in line with IPPF policies and national laws, including child protection, harassment and bullying policies, and staff and volunteers have access to these policies.
- 7.4. The Association is able to recruit and retain staff of the required quality; staff have the resources needed to carry out their work in a satisfactory physical environment and are encouraged and enabled to enhance their skills and knowledge.
- 7.5. The Association carries out at least annual appraisals of staff performance in relation to previously agreed individual objectives and expected results.

Principle 8: Committed to Results

The Association is committed to achieving results and improving performance and is able to show how sexual and reproductive health needs are met and rights respected.

Standards

- 8.1. The Association has effective systems in place to regularly monitor and evaluate its programme, and to demonstrate whether it is achieving its objectives and expected results.
- 8.2. The Association uses accurate data to inform decision making, to adjust its programme where necessary and to continuously improve performance.
- 8.3. The Association demonstrates and shares its results, good practices and lessons learned within the Association and with other interested parties including the Federation.

Principle 9: Committed to Quality

The Association ensures that essential quality standards are met in all aspects of its work.

Standards

- 9.1. The Association facilitates, either by provision, advocacy or referral, access to an integrated package of essential services and additional SRH services without regard to the age, sex, marital status, ethnic origin, race, political belief, religious conviction, sexual orientation, gender identity, health status, ability to pay of persons or any other factor that could make an individual the object of discrimination.
- 9.2. The Association ensures that services are delivered in a way that promotes, protects and fulfils the rights of clients, including their right to make informed decisions free of inducement, coercion or discrimination.
- 9.3. The Association assesses and cares for the rights and needs of service providers to enable them to provide quality services and promote client's rights. Provider rights and needs include training, information, adequate physical and organizational infrastructure, supplies, guidance, safety, respect from clients and support and respect from supervisors.
- 9.4. The Association's service delivery outlets have effective and continuous quality improvement systems in place that meet IPPF's Quality of Care standards.
- 9.5. The Association has well-functioning supply management processes in place to provide the optimal quality, range and quantity of commodities when and where required.
- 9.6. The Association ensures high quality in all its services throughout a person's life cycle, and pays special attention to those services for young, marginalized and underserved people.
- 9.7. The Association is committed to high quality information, education and communication for its clients.
- 9.8. The Association takes appropriate action to reduce its harmful impact on the environment.

Principle 10: A Leading SRHR Organization

The Association is recognized and valued as a leader in the sexual and reproductive health and rights movement in the country.

Standards

- 10.1. The Association positively influences the sexual and reproductive health and rights agenda by engaging with the public, the media, government departments and other bodies.
- 10.2. The Association is an active Civil Society Organization (CSO) within the country and has built effective partnerships with other organizations, including donors, to pursue its mission.
- 10.3. The Association advocates in support, or in defence, of policies, laws and budget allocations that advance sexual and reproductive health and rights, in line with IPPF's mission and values and will therefore make its IPPF membership visible.

B. PROCEDURE FOR ADHERENCE TO IPPF STANDARDS AND RESPONSIBILITIES OF MEMBERSHIP

1. Procedures applicable to all Member Associations

- 1.1 Accreditation is the system through which a Member Association's level of compliance with IPPF Standards and Responsibilities of Membership is determined. It is the mechanism for gaining and maintaining full membership of IPPF.
- 1.2 The first line of responsibility for the promotion and maintenance of IPPF Standards and procedures lies with each Member Association. Each member of the Federation, irrespective of whether they receive an IPPF grant, is scheduled for a periodic review (once every five years) to ensure compliance with IPPF Standards and Responsibilities of Membership. This is called an Accreditation Review and is the means through which IPPF's Governing Bodies, Secretariat and Member Associations ensure that Member Associations comply with the Federation's standards. The process includes a self-assessment, a desk review, and an Accreditation Review Visit resulting in an action plan and follow up support and reporting.
- 1.3 It is the responsibility of the accreditation review team members to record evidence of the extent to which a Member Association complies with all of the Standards.
- 1.4 It is the responsibility of all individuals and parties involved to ensure that the accreditation review is conducted in such a manner as to respect everyone's skills, time, opinions and roles in the process.
- 1.5 Regional Directors have a responsibility to monitor the compliance of all Member Associations in their region with IPPF's Standards on an on-going basis and to keep the regional governing bodies and the Director-General regularly informed. The Director-General will keep the IPPF Governing Council informed, through the IPPF Membership Committee.

2. Accreditation Review Procedures

In terms of the formal accreditation of a Member Association, the following procedure applies:

- 2.1 For each Member Association undergoing accreditation, a written self-assessment will be reviewed and submitted by the Member Association's President and Executive Director on behalf of the Governing Body. This self-assessment is completed online using the form provided by the IPPF Secretariat. The Member Association is also required to submit supporting documents, including information of other certification

procedures and/or quality controls to be taken into account in the accreditation review. This is then shared with the Regional Director indicating the extent to which the Member Association complies with IPPF Standards.

- 2.2 The Regional Office will review the self-assessment and supporting documentary evidence provided by the Member Association, and may seek further clarification from the Member Association on any matter as necessary.
- 2.3 A desk review of the submitted self-assessment and supporting evidence will be carried out by the Regional Office staff. This review will record those Standards with which it is clear that the Member Association complies. For those Standards remaining, a specific Terms of Reference will be developed for how these will be verified on-site during the Accreditation Review Visit. The Terms of Reference will identify which issues will be further explored with the Member Association and will include a programme for the visit identifying who the review team needs to meet and when. This Terms of Reference will be shared with the Member Association at least three weeks in advance of the on-site visit.
- 2.4 Regional Office staff responsible for accreditation will convene a review team that is properly trained and has suitable skills, including a volunteer with suitable skills for the issues identified in the Terms of Reference.
- 2.5 Every Accreditation Review will include an on-site visit to the Association. The specific team composition, length and focus of the review will depend upon an up-to-date Regional Office assessment of the Association's needs and activities (including size and geographic spread) carried out in advance of the visit, and on the issues identified in the Terms of Reference. The aim will be to make the Accreditation Review visits effective and beneficial for all parties involved, especially for the Member Association. The Member Association will be required to complete a post-review evaluation form and submit it to the Policy and Performance division in IPPF Central Office.
- 2.6 The names of those Member Associations that comply with IPPF's standards or can provide an acceptable explanation for those instances when they cannot comply (as for example if complying with the IPPF requirements produces a conflict with local law then the local requirements will take precedence) are passed to the Director-General for forwarding to the Membership Committee.

In instances of non-compliance and no adequate explanation, as identified either by the Member Association or Regional Office:

- 2.7 The Regional Director will discuss and attempt to resolve these issues with the Member Association. The issues of non-compliance must be resolved within 12 months of the review visit unless very exceptional circumstances make this impossible.
- 2.8 If the issue is not resolved within the aforementioned period, the Regional Director is responsible for bringing it to the attention of the Regional Executive Committee.
- 2.9 If the REC is unable to resolve the matter, the REC needs to consider one of the following three options:
 - (i) Referral to Membership Committee for an opinion on non-compliance under IPPF Regulation 5(7) (d); or
 - (ii) Referral to Membership Committee for arbitration under Regulation 5(7) (h); or
 - (iii) Recommendation that Governing Council suspend or expel the Member Association.

3. Monitoring of the Accreditation System by the Membership Committee

- 3.1 As preparation for the May and November Membership Committee meetings, Regional Directors will report to the Director-General end-February (for period July-December) and end-August (for period January to June) on:
 - Member Associations reviewed during this period
 - Outcome of the accreditation reviews
 - Actions proposed or taken by Regional Office in cases of Member Association non-compliance
 - Update of progress of previous accreditation reviews involving non-compliance.
- 3.2 The Membership Committee will make recommendations to Governing Council about actions necessary to ensure compliance with Membership Standards.
- 3.3 To assist Membership Committee monitoring, the Director-General may conduct, as necessary, independent reviews of Member Association compliance with standards.
- 3.4 If any of the parties involved in the Accreditation Review have a concern that the Accreditation Review procedures were not followed or if the behaviour of any of the parties involved has been considered unprofessional or disrespectful, it can submit a complaint to the Regional Director who will inform the Director-General. The complaint should be

specific and also state which part of the procedure is considered not to have been followed. Disagreements about the team's assessment of compliance or non-compliance do not fall under this procedure.

- 3.5 The complaint will be recorded and it is the responsibility of the Director-General, in consultation with the Regional Director, to ensure that any necessary investigations are carried out and that all parties involved receive a report within 60 days of receipt of the complaint by the Regional Director.
- 3.6 The Membership Committee will receive an update every May meeting on the results of the post-review evaluations and in particular of the content of any submitted complaints and information about actions taken in each case

4. Confidentiality and openness

- 4.1 Information obtained or created during the Accreditation Review shall be considered confidential to those parties involved in the Accreditation Review (see 1.2 above). IPPF shall inform the Member Association in advance of any information it would like to make accessible to parties other than those involved in the Accreditation Review.
- 4.2 IPPF will maintain and provide public access to appropriate information about the Accreditation System, and about the accreditation status of any Member Association.

5. IPPF Policy

The IPPF Standards and Responsibilities of Membership as adopted by the IPPF Governing Council form a part of the IPPF Policy Handbook and may be amended by a majority of the Governing Council at subsequent meetings.

6. Associations applying for Associate Membership of IPPF

- 6.1 Associations wishing to become members of IPPF must demonstrate their adherence to IPPF's vision, mission and core values and their ability and commitments to solvency and financial, programmatic and governance capability.
In order to ensure these conditions are met, the applicants must comply with the following requirements:
 - a) Evidence of existence or operation or relevant activities for at least two (2) years before application;
 - b) Compliance with key governance and constitutional provisions as per **Annex B** Template (in line with IPPF's Standards and Responsibilities of Membership);

- c) Evidence of registration at country level as an NGO working in the area of SRHR; Assessment of the organization's relevance at country level through a review of the views and work of others working in the field within the country (UN, Government, other NGOs);
- d) Review of relevant audit reports, financial reports and/or statement, annual reports and project reports submitted to various stakeholders during the past two (2) years; and
- e) A check on the organization's Governing Body and senior staff to assess their commitments to IPPF's vision, mission and core values.

6.2 The Regional Executive Committees will act as a review committee for Associations seeking to become Associate Members of IPPF and those Member Associations wishing to amend their existing constitutions, and make recommendations to the IPPF Membership Committee as appropriate.

ANNUAL DECLARATION OF INTERESTS***Name:****Position held in the Association:**

Please answer all questions fully and use a separate sheet of paper if necessary

QUESTION	ANSWER
1. Do you hold a position of authority with a donor to your Association? If so, please give details.	
2. Do you hold a position, paid or unpaid, with any supplier of goods or services to your Association? If so, please give details.	
3. Please give details of any of the following: a) directorships, including non-executive directorships held in private companies; b) ownership or part ownership of private companies, businesses or consultancies, supplying goods or services to your Association, or seeking to do business with your Association; c) a majority or controlling shareholding in an organisation supplying goods or services to your Association, or seeking to do business with your Association; d) a position of authority in a non-governmental organisation in the fields of health, social care, or reproductive and sexual health; e) ownership or part ownership of any interest whatsoever, in land or property used by your Association, or likely to be used by your Association?	
4. Do you have any related persons (spouses, partners and co-habitees, parents, grandparents, siblings, children, grandchildren, in-laws) that have any of the interests detailed in paragraph 3 above or who work for the Member Association? If so, please give details of any interests.	

I certify that the information given above is complete and correct, to the best of my knowledge and belief.

Signed:

Date:

*This should be completed by Governing Body members and senior staff and a record of all declarations kept on file.

**GOVERNANCE AND CONSTITUTIONAL CHECKLIST
FOR ORGANIZATIONS APPLYING FOR ASSOCIATE MEMBERSHIP OF IPPF**

NAME OF ORGANIZATION:

COUNTRY:

DATE:

Items to be checked	Yes/No (1)	Evidence (2)
1. Is the organization a voluntary, civil society organization working in the field of sexual and reproductive health and rights, and bases its work on a statutory document that conforms to relevant legislation and requirements (national legislation and IPPF requirements)?		
2. Does the organization's constitution state that it is not and shall not be controlled by commercial interests and that all its income, commodities, property and other assets shall be applied solely towards the promotion of its objects?		
3. Is the organization's individual membership open to all who are committed to IPPF's Vision, Mission and Values irrespective of their age, sex, marital status, ethnic origin, race, political belief, religious conviction, sexual orientation, gender identity, health status or any other factor that could make an individual the object of discrimination?		
4. Does the organization's constitution state the conditions applying to each category of membership, their voting rights and how and when those rights can be exercised including fair and effective conduct of business of all elected and appointed Governing Bodies at all levels of the organization?		
5. Does the constitution state clearly who is eligible to vote and under what conditions, and that the organization's staff do not have voting rights?		

Items to be checked	Yes/No (1)	Evidence (2)
6. Does the organization's constitution state that all sexual and reproductive health services including contraceptive information and services shall be provided strictly on the basis of voluntary acceptance and informed choice with no coercion?		
7. Does the organization have an agreed policy and/or procedures that volunteers volunteering their services to the organization shall not receive any payment for those services except for expenses incurred in line with IPPF Policy on volunteers' reimbursement?		
8. Do the organization's statutory documents clearly stipulate: frequency of meetings; procedure for calling meetings; timely dissemination of meeting documents; and when a meeting is quorate and are these being implemented?		
9. Does the organization hold governing bodies' meetings and elections in accordance with its constitution and with the relevant national laws?		
10. Does the organization's statutory documents state how decisions are taken and define when simple or qualified majority of votes is needed?		
11. Is the membership record complete and up to date at all levels (if applicable local, regional, national, etc.)?		
12. Does the organization's constitution make it clear that, to ensure renewal, there is regular rotation of Honorary Officers and Governing Body members by limiting consecutive terms that can be served and defining maximum tenure in any capacity?		
13. Is there a provision in the organization's constitution or bylaws on how its assets will be handled in the event of the dissolution of the association?		

Items to be checked	Yes/No (1)	Evidence (2)
14. Do Governing Body Members and senior staff complete a conflict of interest declaration annually and are these reviewed by the Governing Body regularly? (See Annex A for sample).		
15. Does the organization's elections to the Governing Body and Honorary Officers' positions take place at regular and specified intervals and involve the full membership entitled to vote (either as individual members or as representatives of branches or similar entities where these exist)?		
16. Is the organization's Governing Body composed of individuals with a diverse set of skills and backgrounds and does it include at least 20% young people who were below the age of 25 at the time of being elected and at least 50% women in accordance with IPPF policy?		
17. Does the organization have a written policy on the responsibilities and obligations of volunteers serving on the Governing Body?		
18. Are there constitutional provisions for the accounts of the organization to be audited annually by external auditors who shall have due regard to the requirements of IPPF and other funding agencies and are appointed by the organization's Governing Body?		
19. Do the organization's statutory documents clearly define the Governing Body's responsibility to appoint, support, assess and dismiss the Executive Director while respecting the division of roles and responsibilities between governance and management?		
20. Do the organization's statutory documents and/or the job description of the Executive Director define the powers and responsibilities of the Executive Director, which includes operational management, implementation of policies as well as the recruitment and dismissal of staff?		

Items to be checked	Yes/No (1)	Evidence (2)
21. Do Governing Body members have a common understanding of how their role and responsibilities are distinct from the role and responsibilities of management?		
22. Do minutes of Governing Body meetings reflect the review, discussion and approval of the organization's annual work programme and budget as well as regular (at least quarterly) review and analysis of financial reports and any actions to be taken?		
23. Does the Governing Body regularly (at least annually) assess its own performance according to the objectives of its mandate and work plan and take necessary steps to improve its work?		
24. Does the organization have and effectively implement a policy prohibiting the appointment of related persons (spouses, partners and co-habitees, parents, grandparents, siblings, children, grandchildren, cousins, in-laws) of volunteers and staff to any position within the organization or to consultancies?		

Notes:

(1) If there is a provision in the constitution, bylaws or regulations that meets the standard, enter "Yes", if not, enter "No".

(2) Enter the relevant constitutional article or bylaw or regulation that provides the written evidence that the requirements of the standard are met in cases where the constitution has a general provision which is amplified by a bylaw or regulation both references should be quoted. Or quote the necessary evidence from any source.

Below are three components that are referred to in checks 9.1.1, 9.1.3 and 9.6.2 in the accreditation self-assessment. They outline the Integrated Package of Essential Services (IPES) and additional services (9.1.1), referral system (9.1.3) and youth friendly services (9.6.2).

COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH SERVICES

A. Integrated Package of Essential Services (IPES):

1. **Counselling:** Sex and Sexuality Counselling **and** Relationship counselling.
2. **Contraception:** Counselling **and** provision of contraceptives including oral contraceptive pills **and** condoms **and** injectable **and** at least one long-acting and reversible contraceptive: intrauterine device/system **or** implants **and** at least one emergency contraceptive method.
3. **Safe Abortion Care:** Pre and post abortion counselling **and** provision of safe abortion services including at least one of: surgical abortion **or** medical abortion **or** incomplete abortion treatment.
4. **STIs/RTIs:** Provision of at least one STI/RTI treatment method **or** at least one STI/RTI laboratory test.
5. **HIV:** Pre- and/or post-test counselling **and** HIV laboratory tests
6. **Gynaecology:** manual pelvic examination **and** manual breast examination **and** Pap smear **or** other cervical cancer screening method.
7. **Prenatal Care:** Confirmation of pregnancy **and** prenatal care.
8. **Gender-based Violence:** Screening for Gender-based violence **and** Referral mechanisms for clinical, psychosocial and protection services

B. Additional Sexual and Reproductive Health Services:

- **Counselling:**
 - Counselling, pregnancy, detection and treatment of STI's and RTI's including HIV infection.
- **Contraception:**
 - Provision of services for vasectomy.
 - Provision of permanent family planning methods.
 - Other contraception methods not included in IPES Contraception.
- **Safe Abortion Care:**
 - Provision of any other safe abortion services not outlined in IPES Safe Abortion Care including post-abortion follow up; treatment of complications (other than incomplete abortion); harm reduction initial consultation and follow up consultation.
 - Provision of post-abortion contraception.
- **STIs/RTIs:**
 - Testing, detection, management and treatment of RTI/STI's including HIV infection.
- **HIV:**
 - Information and education on HIV infection including risk assessment.
 - Prevention of transmission of HIV from mother-to-child.
 - Promotion of dual protection.

- Provision of anti-retroviral treatment.
- Detection and management of opportunistic infections.
- Psychological support.
- Palliative care.
- Post exposure prophylaxis.
- **Gynaecology:**
 - Provision of HPV vaccine.
 - Consultation and information about available gynaecological services.
 - Pre and Post-test counselling.
 - Medical and/or surgical management of gynaecological abnormalities.
 - Use of diagnostic imaging for further gynaecological investigation.
 - Management of menopause.
- **Prenatal Care:**
 - Intrapartum and postnatal care.
 - Pre and Post-natal counselling.
- **Gender-based Violence:**
 - Information and education on gender-based violence.
 - Advocacy for the elimination of harmful practices such as female genital mutilation.
- **Other:**
 - Promotion of healthy sexuality.
 - Information and education on sexual health, reproductive health and rights.
 - Support for substance abuse and mental health problems.
 - Screening for and management of sub-fertility and infertility.
 - Screening for prostate cancer.
 - Male Circumcision.
 - Any other provision of urological health services including consultation, investigation, counselling and medical or surgical management.
 - Any provision of paediatric services including consultation, counselling, investigations, prevention and medical or surgical management.

COMPONENTS OF AN EFFECTIVE REFERRAL SYSTEM

The aim of a referral system (referenced in check 9.1.3) is to ensure access to comprehensive sexual and reproductive health services for clients even if the Association itself does not provide all such services.

The burden of ill-health continues to rise in many countries where IPPF Member Associations operate, and it is often not possible for one organization to address all of the health needs for the people we serve. However, by establishing partnerships and robust referral networks we can enable clients to receive the best possible health services.

A well-functioning network of service providers ensures that referral mechanisms are in place and that patient information is also referred so that providers have a complete picture of patient needs and care requirements. A well-functioning referral system ensures that patients receive services in a timely manner.

A. The referral system should coordinate service delivery to ensure that:

- Access to necessary services is expedient
- Formalized communication and transport arrangements are in place
- Confidentiality is maintained
- Referrals across organizations can be tracked
- Referral outcomes are documented
- Gaps in services are identified

B. The essential elements of a referral network are as follows:

- A group of organizations that provide sexual and reproductive health services that meet the needs of clients within a defined geographical area
- A coordinating unit comprised of the network of providers
- Periodic meetings of network of providers
- A designated staff member responsible for referrals
- A directory of services and organizations within the catchment area
- A standardized referral form
- Agreed setting-specific protocols for referrer and receiver
- A feedback loop to track referrals
- Documentation of referrals

COMPONENTS OF YOUTH FRIENDLY SERVICES

The aim of providing youth friendly services is to enable young people to have prompt access to services which are provided in ways that meet the rights and expectations of adolescents and young people.

For this to be the case, the following points need to be addressed:

- Sexual and reproductive health services for young people should include sexual and reproductive health counselling, contraceptive counselling and provision (including emergency contraception), STI/HIV prevention, counselling and testing, treatment and care, prenatal and postpartum care, sexual abuse counselling, sexuality and relationship counselling and safe abortion and abortion care services
- Services should be accessible to all adolescents/ young people irrespective of their age, marital status, sexual orientation or financial situation
- Clinic opening hours should be convenient for adolescents/ young people. Such times usually include late afternoons (after school), evenings, and weekends
- Services must be confidential, non-judgemental, and private
- Clinic/services should have an appealing and clean environment
- Service delivery ensures consultations occur in a short waiting time, with or without appointment and, where necessary swift referral
- Providers should be especially trained to work competently, sensitively and respectfully with adolescents/ young people on their sexual and reproductive health needs
- Opportunities should be made available for adolescents/ young people to be involved in the design, implementation and evaluation of the programme
- Services should seek to involve and gain the support of those important in the lives of young people and in the local community; such as partners, parents/guardians and schools
- Services should have local strategies in place for providing information to both young people and healthcare professionals and educators on the choices available within the service and on routes to the service
- Organisational policies should be adopted and implemented, particularly on child protection
- Partnerships should be in place to enhance adolescent sexual and reproductive health and rights, including with organisations outside the SRH field
- Access to services should be ensured for young people with special needs, for example for those living with HIV, young LGTBQ and those with physical and sensory limitations as well language barriers
- Services should ensure to address the best interest of the young people and take in consideration their evolving capacity to make their own decisions