

Part 1

Overview and Cross-cutting Issues

Chapter 1:

Guiding principles and approaches

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1. Quality of care

1.1 Introduction

Access to quality client-centred and rights-based care for all people is critical to sexual and reproductive healthcare delivery and programming.

The International Planned Parenthood Federation's (IPPF) quality of care framework [1] provides guidance for ensuring quality of care in delivery of sexual and reproductive healthcare by IPPF Member Associations and partners. The framework underpins IPPF's guiding principles and values, and identifies key elements and components that are essential for ensuring quality of care. It incorporates IPPF's Charter of Client Rights and Provider Needs, which requires that all Member Associations:

- Ensure the rights of clients to accurate and up-to-date information; easy access to healthcare; choice of healthcare and methods; privacy, safety, comfort, and dignity when receiving healthcare; confidentiality; continuity of healthcare; and right of opinion.
- Ensure healthcare providers have access to continuous learning and training; accurate and up-to-date information; proper infrastructure to provide high-quality healthcare; guidance and backup from managers and supervisors; and support, respect, and encouragement.

Additionally, IPPF has standards and principles that all IPPF Member Associations need to uphold and promote to be part of the Federation, including an overarching assessment of an association's quality-of-care practices [2]. These new Client-Centred Clinical Guidelines update the previous guidance from IPPF published in 2004 – the Medical Service Delivery Guidelines [3].

1.2 Guiding principles and values

1.2.1 Client-centred approach

Clients are at the centre of IPPF's approach to quality of care and have the right to receive the highest quality of healthcare. Clients should be empowered to make decisions about their health and well-being, the care and treatments they choose and receive, and to access the health system.

A client-centred approach means that healthcare providers are aware of the clients' needs and meet and respect their rights. This includes providing options for healthcare and models of care relevant to an individual's needs, preferences, and lived experiences; for example, by providing options for care through digital health interventions or support for self-care, respectful interaction with clients, and provision of accurate information. Managers and supervisors should also ensure that the rights of clients are fulfilled, as are the needs of healthcare providers.

Healthcare delivery points should provide information and education to all, regardless of age, sex, gender, marital status, ability to pay, ethnic origin, political and religious beliefs, disability, sexual orientation, or any other characteristics.

1.2.2 Rights-based approach

The rights-based approach is informed by various global treaties and declarations. Building on the 1948 Universal Declaration of Human Rights [4], which includes the right to health, and the 1994 International Conference on Population and Development (ICPD), which recognizes: *"the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health"* [5], the current integrated definition of sexual and reproductive health and rights is that: *"Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction*

should recognize the part played by pleasurable sexual relationships, trust, and communication in promoting self-esteem and overall wellbeing. All individuals have a right to make decisions governing their bodies and to access services that support that right" [6].

By placing an individual's dignity and needs at the centre of the design, implementation, monitoring, and evaluation of healthcare and healthcare delivery, IPPF aims to ensure the respect, protection, and fulfilment of every individual's human rights and protect full, free, and informed choice for sexual and reproductive health.

The rights of clients can be outlined as follows:

Right to information: All individuals have a right to know about the benefits and availability of sexual and reproductive healthcare for themselves and their families. They also have a right to know where and how to obtain information and sexual and reproductive healthcare. All sexual and reproductive health programmes should disseminate information about sexual and reproductive health, not only at healthcare delivery sites, but also at the community level.

Right to access: All individuals have a right to obtain sexual and reproductive healthcare, regardless of their race, sex, gender identity, sexual orientation, marital status, age, religious or political beliefs, ethnicity, disability, or any other characteristics that could make individuals at risk of discrimination. Fulfilment of this right requires ensuring access through various healthcare providers as well as healthcare delivery systems.

Sexual and reproductive health programmes should take the necessary steps to ensure that healthcare will reach all individuals in need, especially those for whom healthcare is not yet easily accessible. Special focus should be given to young people, under-served and marginalized populations such as sex workers, men who have sex with men, people who use drugs, sexually diverse populations, those with disabilities, and prisoners.

Right to choose: Individuals and couples have the right to decide freely whether to have children including which contraceptive methods to use and the decision to opt out of a pregnancy. Respect for the choices

of clients encompasses all sexual and reproductive healthcare throughout a client's full life cycle, and includes decisions where informed consent is critical (e.g. HIV testing, adoption of pre- or post-exposure prophylaxis for HIV, contraception, and abortion care). The information and education provided should be unbiased and enable clients to make informed, free choices and decisions concerning their fertility and other sexual and reproductive health matters in a non-coercive manner, without incentives or disincentives for clients or healthcare providers, and without clients being prevented from accessing a healthcare option if another option has been accepted.

When seeking sexual and reproductive healthcare, clients should be given the freedom to choose between methods or treatments whenever possible, such as between methods of abortion or contraception. Sexual and reproductive health programmes should assist individuals in the practice of informed, free choice by providing an adequate range of contraceptive methods and between surgical and medical methods of abortion. Clients should be able to obtain the method that they have decided to use – provided that there are no contraindications to its use – free from judgement or stigma.

A client's concept of acceptability and appropriateness changes with their circumstances. Therefore, the right of choice also involves a client's decisions about method switching or discontinuation, adoption of pre-exposure prophylaxis treatment for HIV, or pursuit of assisted reproductive care, for example.

As far as is practical, clients have a right to choose where to go for sexual and reproductive healthcare, and the type of healthcare provider with whom they feel most comfortable. Choosing where to go may involve a choice of physical location or a choice of healthcare delivery model (e.g. community-based care, pharmacy, tele-health, home-based care, hospital, health centre, or sexual and reproductive health clinic). Governmental, non-governmental, and private sector providers should welcome the establishment of alternative healthcare outlets.

Right to safety: Clients have a right to be protected from unintended pregnancy, disease, and sexual violence and,

when receiving sexual and reproductive healthcare, this right to safety implies the following:

- Although the benefits to health from contraception generally outweigh any risks, clients have a right to protection against any possible negative effect on their physical and mental health.
- Since unintended pregnancies may represent a risk to health, the right of the client to safety also includes the right to effective safe abortion care and contraception.
- When receiving healthcare, clients also have a right to protection against other health risks that are not related to a method of contraception (e.g. protection against the possibility of acquiring an infection through contaminated instruments).

Safety relates to the quality-of-care provision, including both the adequacy of the healthcare delivery facility itself, and the technical competence of the healthcare providers. Ensuring the client's right to safety includes assisting the client in making informed choices about their sexual and reproductive healthcare, screening for contraindications, use of the appropriate techniques to provide care, counselling the client about use of contraceptive methods and reproductive healthcare treatments, and ensuring proper follow-up. The conditions in healthcare delivery facilities, together with the materials and instruments, should be adequate for the provision of safe care. Any complications or serious side effects should receive appropriate treatment. If treatment is not available at a particular healthcare facility, the client should be referred to another facility.

Safety also includes provision of healthcare in a setting free of discrimination, harassment/abuse, or other harmful behaviours from providers, staff, or other clients [7]. All individuals have the right to be protected from all forms of harm, neglect, and exploitation, regardless of age, sex, race, sexual orientation, gender identity, ethnicity/origin, religion, partnership status, pregnancy or parental status, disability, health, or any analogous personal status.

Right to privacy: Clients have a right to discuss their needs or concerns in a private environment. Clients

should know that their conversation with the counsellor or healthcare provider is private.

When a client is undergoing a physical examination, it should be carried out in an environment in which their right to bodily privacy is respected. The client's right to privacy also involves the following aspects related to quality of care:

- When receiving counselling or undergoing a physical examination, the client has the right to be informed about the role of everyone in the room (e.g. individuals undergoing training, supervisors, instructors, researchers, etc). Where the presence of individuals undergoing training is necessary, prior permission from the client should be obtained.
- A client has a right to know in advance the type of physical examination that is going to be undertaken. The client also has a right to refuse any examination if they do not feel comfortable with it or to request that this examination is done by another healthcare provider.
- Any case-related discussions held in the presence of the client (particularly in training facilities) should involve and acknowledge the client.

Right to confidentiality: Clients should be assured that any information they provide or any details of the healthcare received will not be communicated to third parties without their consent. The right to confidentiality is protected under the Hippocratic oath. As such, sexual and reproductive healthcare should be performed in conformity with local legal requirements and in accordance with ethical values.

A breach of confidentiality could cause the client to be shunned by the community, negatively affect the relationship status of the client, result in sexual and gender-based violence from a partner, spouse, or family member, or put the client at risk of police harassment where sexual orientation and/or some healthcare is criminalized. It may also decrease a community's confidence and trust in the staff of a healthcare delivery programme. In accordance with the principle of confidentiality, healthcare providers should refrain from talking about clients by name or in the presence of other clients. Clients should not be discussed outside of

healthcare facilities. Client records should be kept closed and filed immediately after use. Similarly, access to client records should be restricted.

Right to dignity: Clients have a right to be treated with empathy, courtesy, consideration, attentiveness, and with full respect of their dignity regardless of their level of education, social status, race, ethnicity, marital status, gender identity, sexual orientation, or any other characteristics that could single them out or put them at risk. In recognition of this right, healthcare providers must put aside any personal prejudices while providing healthcare.

Right to comfort: Clients have the right to feel comfortable when receiving care. This right is intimately related to adequacy and organization of healthcare delivery facilities (e.g. healthcare facilities should have proper ventilation, appropriate cleanliness, lighting, seating, and toilet facilities). Clients should spend only a reasonable amount of time at the premises to receive the required care. The environment in which the care is provided should be in keeping with the cultural values, characteristics, and demands of the community.

Right to continuity: Clients have a right to receive sexual and reproductive healthcare and supplies, such as contraceptives, for as long as needed. The care provided to a particular client should not be discontinued unless a decision is made jointly between the healthcare provider and the client. A client's access to other sexual and reproductive healthcare should not depend on whether they continue with contraception (or another care option) or not. The client has a right to request transfer of their clinical record to another clinical facility and, in response to that request, the clinical record, or a copy of it, should be sent to that facility or given to the client. Referral and follow-up are two other important aspects of a client's right to continuity of care.

Right to opinion: Clients have the right to freely express their views on the healthcare that they receive. Clients' opinions on the quality of care, be it in the form of thanks or complaint, together with their suggestions for changes in care provision, should be viewed positively in a programme's ongoing effort to monitor, evaluate, and improve its healthcare.

Any new programme or healthcare delivery facility should ideally involve clients at the planning stage. The aim is to satisfy would-be clients' needs and preferences in ways that are appropriate and acceptable to them.

Programme managers and healthcare providers should achieve fulfilment of all clients' rights. This goal is directly related to the availability and quality of sexual and reproductive health information and care.

1.2.3 Inclusivity

All individuals who may need healthcare must have access to care that considers their unique needs, irrespective of visible or invisible differences. Some groups are more likely to face barriers to accessing care or to be excluded from care than others; for example, people with disabilities, sex workers, transgender and non-binary people, and young people. All efforts should be made to design healthcare and models of care to directly address barriers to accessing care for these groups.

Healthcare and the language used to describe care should be gender-inclusive of women and girls, intersex people, transgender people, and people with other gender identities or non-binary identities. IPPF recognizes that individuals who have the capacity to become pregnant may not identify as women or girls and, in this vein, accessible and inclusive healthcare requires explicit recognition of this. Concerning maternal healthcare, contraception, and abortion care, healthcare should be inclusive of all people who may have the reproductive capacity to become pregnant. The aim of these Client-Centred Clinical Guidelines is gender inclusivity; however, for the purposes of language agility, where the term 'women and girls' has been used on occasion, it refers to all people who have the capacity to become pregnant.

1.2.4 Gender-transformative approach

IPPF is committed to achieving gender equality as a human right to advance women's and girls' empowerment, closely interlinked with sexual and reproductive health and rights. IPPF embeds a gender-transformative approach in healthcare delivery, ensuring that every woman and girl is provided with healthcare

that enhances their decision-making and control over their lives, and thereby challenging gender norms, roles, and stereotypes that stigmatize women's reproductive autonomy. IPPF seeks to ensure that overcoming sexual and gender-based violence is a key component of integrated and comprehensive programming. This includes screening and counselling healthcare related to sexual and gender-based violence (see [Chapter 3: Counselling](#) and [Chapter 10: Sexual and gender-based violence](#) for more details).

1.2.5 Youth-centred approach

IPPF is committed to ensuring that the needs of adolescents and young people are acknowledged, respected, and fulfilled. This can be achieved through integrating a youth-centred approach at all levels of the organization and supporting youth leadership both inside and outside IPPF. A youth-centred approach promotes sexual rights as human rights. Youth programming enhances an understanding of respect, equity, sexual expression, and freedom from stigma and discrimination, not only among young people, but among their parents, other adults, and the communities they live in. Promoting these values will enable young people to take action to secure their own well-being and happiness, as well as show solidarity with those whose rights are being violated. This approach has implications for the way healthcare delivery programmes are designed and implemented [8].

1.3 Key elements and essential components

The key elements and essential components of IPPF's quality of care framework [1] provide practical approaches to ensure that sexual and reproductive healthcare meets the needs of the client.

1.3.1 Safe and confidential environment

Ensuring a safe and confidential environment is essential to providing quality sexual and reproductive healthcare. Sexual and reproductive health programmes should aim to create healthcare delivery points that are safe spaces where clients can receive care, fully self-expressed, without fear of being made to feel

uncomfortable, unwelcome, or challenged on account of sex, race, ethnicity, sexual orientation, gender identity or expression, cultural background, age, or physical or mental ability. Individuals' self-respect, dignity, and feelings should be acknowledged and respected.

Healthcare delivery points should be set up at appropriate locations that are secure for both clients and healthcare providers. In addition, facilities should ensure privacy and confidentiality. The healthcare delivery point should have adequate space requirements and adequate set-up for the category of sexual and reproductive healthcare being delivered. Client information and data should also be maintained and kept confidential (see [Chapter 2: Facility requirements and client history/examination](#) for more details).

1.3.2 Comprehensive integrated healthcare

A wide range of sexual and reproductive healthcare should be available at the healthcare delivery point to meet the needs of clients. IPPF's recommended package of healthcare includes a strong referral system and feedback mechanisms (see [Section 2](#)) and ensures that a client receives comprehensive integrated healthcare, preferably at a single location [9].

Providers must offer comprehensible, medically accurate, and comprehensive information about the healthcare available. Healthcare delivery should be informed by medically accurate and up-to-date healthcare delivery standards and protocols and/or nationally agreed best practices and guidelines.

1.3.3 Well-managed healthcare

Well-managed healthcare combines professional competency with outstanding personal attention and care. The care must be compatible with the needs and demands of clients, including follow-up, and safe and reliable referral for healthcare not offered at the delivery point.

The systems (such as staffing, equipment, and drug supply) should be sufficiently resourced and have adequate distribution to enable the delivery of appropriate and quality healthcare. Furthermore, collected data should be accurate, complete, and inform necessary improvements or changes to healthcare

delivery. This involves clear planning, implementation, monitoring and evaluation, and effective management of staff, income, finances, equipment, supplies, and time.

1.3.4 Highly skilled and respectful personnel

To ensure high-quality healthcare for clients, healthcare delivery points must be equipped with an appropriate number of staff required to support the listed functions defined by the level of healthcare provision.

All staff members (including healthcare providers and support staff) must adhere to IPPF's mission and core values. They must be respectful and non-judgemental to all clients, including young people and other marginalized groups.

Healthcare providers should receive support, in the form of training, coaching, mentoring, supervision, and motivation, to provide a wide range of quality sexual and reproductive healthcare, including a range of contraceptive methods. They must have the technical and interpersonal skills to provide such care and meet the needs of all clients. Healthcare providers should be trained in youth-friendly healthcare provision and be supportive of the rights of young people and other marginalized and under-served groups, such as transgender people and people living with HIV and AIDS. Healthcare providers must feel comfortable providing healthcare to unmarried young people and other marginalized groups. They should also be comfortable providing the full range of sexual and reproductive healthcare including abortion care, regardless of personal beliefs or religion.

Staff members should be able to jointly review clinic performance and make changes and improvements when necessary. They must also be able to assess their own performance, in part based on feedback on their competence and attitude as assessed by clients and staff. Feedback is necessary from all involved in the healthcare delivery system, including managers, supervisors, colleagues, and clients.

1.3.5 Secured supply chain management system

Healthcare delivery points need effective supply chain management to ensure a continuous supply of sufficient

quantities of quality commodities. The supply chain should ensure that the client receives the right product (that is, the range of products necessary to meet the diverse needs of users), in the right quantities and in the right condition (products of good quality, intact and in date), to the right place at the right time for the right cost (including the cost of the commodities and indirect costs such as transportation, loss of income, etc).

1.3.6 Adequate financial resources

Sufficient resources are needed to effectively deliver high-quality sexual and reproductive healthcare that includes the right team, with the right training, a good infrastructure, the right equipment, and the right commodities. These resources must be forecasted, planned, and administered using healthcare data and a value-for-money approach, with a view to ensuring healthcare delivery points become financially sustainable over a period of time.

Financial health and sustainability can be gauged by the availability of adequate financial resources to ensure continuance of healthcare delivery, which can be assessed by zero stock-outs, growing net revenue (adequacy of revenues to cover expenses), and diversity of funding streams to enable contingency if any stream of funding is negatively affected by any events.

1.3.7 Effective communication and feedback system

Healthcare delivery points must be client focused and should have well-functioning monitoring and evaluation systems, in which both client and community are empowered to take an active part in achieving and ensuring the highest quality of care and continuous quality improvement. Accordingly, there should be a mechanism to receive client feedback at the healthcare delivery point and within the community, and to respond to it in a timely and appropriate manner. At IPPF, anyone can report a concern, including clients, members of the public, and anyone working or volunteering for the IPPF Secretariat, Member Associations, etc, through SafeReport [10].

Assessment mechanisms that use performance data and obtain feedback from healthcare providers so that

improvements can be made are also essential, including for adverse events reporting and learning mechanisms, generally via clinical governance systems. Community engagement ensures that healthcare is responsive to community needs, which fosters quality assurance and improvement, responsive planning and programming, creates demand and empowerment, and promotes rights.

1.3.8 Meeting healthcare provider needs

The needs of healthcare providers must also be addressed to make clients' rights a reality, or it may be impossible for healthcare providers to truly uphold clients' rights. The needs of healthcare providers include training, information and guidance, appropriate infrastructure and supplies, respect and recognition, encouragement and feedback, and self-expression. Healthcare providers also need to be reassured that whatever the environment in which they are working – from the community level to the most comprehensive clinical healthcare delivery site – they are members of a wider community and network of support.

Working tirelessly, often in difficult legal, economic, and social environments, healthcare providers can be at risk of harassment, abuse, discrimination, and stigmatization for delivering healthcare to clients. This is especially true for those who provide stigmatized healthcare, such as abortion care, or work with marginalized groups such as sex workers. Healthcare providers and clinic staff must have their right to safety, dignity, and well-being protected to enable them to carry out their work. This means providing a safe working environment and ensuring policies and procedures are in place to prevent and mitigate risk, and to assist and support healthcare providers when needed.

2. Integrated package of essential healthcare

2.1 Background

IPPF is committed to delivery of comprehensive, integrated, quality sexual and reproductive healthcare to all clients. A package of healthcare should address the minimum sexual and reproductive health needs of the population that IPPF has committed to deliver. The package of care places the client at the centre of healthcare delivery and ensures that quality, integrated healthcare is delivered to all.

The range of included healthcare reflects IPPF's commitment to ensure universal access to sexual and reproductive healthcare and takes a life-course approach that emphasizes a continuum to sexual and reproductive health, framed in a rights-based approach. The package of healthcare can be used as a framework to support the achievement of IPPF's organizational and programmatic goals.

These Client-Centred Clinical Guidelines have been designed to reflect a package of essential sexual and reproductive healthcare. Healthcare providers and other users of the guidelines can refer to relevant chapters for general information and healthcare delivery guidance on the components of essential sexual and reproductive healthcare, complete with relevant links and references to support holistic and comprehensive provision of care.

A package of essential healthcare can serve as the entry point for further integration of other health and support services, minimizing missed opportunities for care. For example, if a client seeks abortion care, the client may have had unprotected sex and been exposed to sexually transmitted infections including HIV, or sexual and gender-based violence. It may provide a good opportunity to offer additional healthcare, ensuring that the client receives all of the required care in a single visit.

Providing a package of integrated healthcare not only benefits the individual by ensuring access to a wide range of care, but also contributes to strengthening the health system:

- **A client-centred framework for healthcare provision.** IPPF promotes client-centred healthcare delivery by addressing the most pressing sexual and reproductive health needs of the individual, resulting in improved health outcomes for the client by providing a holistic approach to healthcare delivery.
- **A framework for prioritization of resources.** Defining core healthcare enables Member Associations to prioritize a comprehensive range of sexual and reproductive healthcare.
- **A framework for programming.** At the global and regional level, integrated healthcare provides a framework for the IPPF Secretariat to define its technical priorities allowing effective and efficient support within IPPF.
- **A framework for developing systems.** Integrated healthcare can be used as a framework for developing and refining systems, including health management information systems, supply chain management, quality of care, and performance measurement and governance to support the strengthening of integrated sexual and reproductive healthcare delivery.

3. References

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3.1 Resources

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