POLICY HANDBOOK

As amended and approved by Governing Council
November 2014
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INTRODUCTION

Each of the policies in this IPPF Policy Handbook represent a course of action adopted by the Governing Council (previously Central Council) after appropriate consideration of the issues involved.

IPPF policies are intended to provide guidance to the whole Federation on a particular subject in order to assist future action by volunteers or staff.

IPPF policies should reveal the values and internationally accepted principles-of-best-practice that IPPF wishes to bring to bear on an issue.

IPPF policies are formulated in more general terms than a detailed programme of action and as such are not time-bound in the same way. IPPF policies should be expected to have a life expectancy of at least five years but all policies need to be periodically monitored by volunteers and staff to ensure their continued relevance.

IPPF policies sometimes require separate specific detailed procedures which although not part of the policy statement may be necessary to ensure implementation. These procedures can be revised by the IPPF Director-General as requested and must remain consistent with the policy.

All IPPF volunteers and staff should have access to an up-to-date list of IPPF’s policies.

Responsibility for coordinating the drafting of IPPF policies and ensuring an up-to-date list of policies in the IPPF Policy Handbook lies with the Policy and Governance Unit in IPPF Central Office, London.
1. THE FEDERATION

Policy 1.1

AUTONOMY AND ACCOUNTABILITY

1. The Federation consists of Member Associations which have been admitted as full or associate members. The Member Associations of IPPF are autonomous entities. By entering into membership with the IPPF an Association becomes entitled to certain privileges, but at the same time, voluntarily accepts the standards and responsibilities of membership as defined by the Governing Council from time to time, and agrees to abide by the constitution and policies of IPPF.

2. IPPF recognizes its obligation to be programmatically and financially accountable to all its donors, while protecting the Federation’s autonomy.

3. In order to protect the institutional name of "International Planned Parenthood Federation" and the name "Planned Parenthood", it is the policy that such names be used with initial capitals.

As adopted by Central Council, November 1990
Last amended by Governing Council, November 2000
1. THE FEDERATION

Policy 1.2

**VOLUNTEERING**

1. The dedicated commitment of volunteers is the base on which IPPF was founded and continues to be a major source of the Federation’s strength and influence.

2. A volunteer in IPPF shares the Federation’s mission, vision and values and offers his or her time, knowledge, skills and experience free of charge to a Member Association. Volunteers do so with the aim of making a difference to their community and improving the sexual and reproductive health and well being of the people the Association exists to serve.

3. Most volunteers pay a nominal membership subscription to their Member Association which entitles them to participate in the democratic functioning of the organization. There are also volunteers who are willing to contribute their time and ideas without wishing to become a member formally.

4. Elected volunteer governing bodies provide leadership at all levels of the Federation in partnership with management.

5. The amount of time volunteers invest in the work of IPPF will depend upon the role they undertake and the needs of the Member Association. Some people will volunteer every day, some will volunteer for a few hours a week and some will volunteer for one-off events and activities. Some volunteers will wish to contribute their efforts at the local community level while others may wish to get elected to their governing body to influence policy-making and future programmes of work. Each volunteer, however, has a part to play no matter how big or small.

6. Member Associations should identify opportunities for a diverse range of volunteers from different backgrounds, including youth volunteers, to contribute to their work – perhaps as a fundraiser, as a community distributor of contraceptives, as a peer educator, or an advocate with people of influence. Whatever the case, it is the responsibility of the Member Association to ensure that these individual contributions are effective, appreciated and recognised.
1. THE FEDERATION

Policy 1.2

7. Where appropriate, Member Associations will cooperate with governments to create a favourable legal environment for volunteering in their country.

8. To meet the challenges of the 21st century, all Member Associations should specifically:

- encourage men and women, young and adult, who subscribe to the mission and core values of IPPF, to play their part in the sexual and reproductive health and rights movement in their country and in so doing meet new people and get satisfaction and enjoyment from making a difference through what they do;

- provide existing and potential volunteers with the opportunities, information and training they need to develop their interests and skills and make a contribution to the work of the Association;

- demonstrate the added value of volunteering to the work of the Association, document these results and share them on a regular basis with those volunteers who have helped to make the difference;

- encourage and develop volunteers to take on leadership and governance responsibilities;

- provide insurance for volunteers, in line with local law, to cover liability and other contingencies relating to health and travel; and

- develop a detailed written position on involving, supporting and working with volunteers based on the guidance provided in this policy.

As adopted by Central Council, November 1990
Last amended by Governing Council, November 2007
1. THE FEDERATION

Policy 1.3

GENDER EQUALITY

Introduction
The Federation is committed to a human rights framework which prohibits any discrimination, exclusion or restriction on the basis of sex, age, gender, gender identity, sexual orientation, marital status, physical and mental disability or health status. Gender equality is a human right. It is especially important for a rights-based, gender transformative organization like IPPF to ensure that the needs, rights and experiences of individuals involved in the Federation (whether as staff, volunteers or clients) are reflected in policies and processes, and that they are supported to play an equal role in the Federation.

Mandate
This policy provides a set of guiding principles that reflect the Federation’s commitment to advancing gender equality and the actions necessary to realize the goal. Gender inequality has been globally recognized as a root cause and consequence of poverty and exclusion. Gender equality mandates have emanated from core international human rights instruments in which IPPF’s Declaration of Sexual Rights is grounded.

IPPF believes gender equality to be inclusive of sexual orientation and gender identity. Throughout the policy, with exceptions where genders are significantly affected by particular issues, the term ‘individuals’ is used inclusively to cover women, men, intersex and transgender individuals of all ages regardless of their gender identities. This policy focuses on promoting gender equality, which is broader than equality between women and men and sets out specific and targeted actions required to ensure that all individuals, who identify as women, men, lesbian, gay, bisexual, transgender or intersex, have access to equality of outcome in the workplace and in programmes. The policy engages with the impact of social roles and norms, constructs of masculinity and femininity, and discrimination based on gender, sex, sexual orientation and gender identity.

Definitions of key terms are provided in Appendix 1.

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ii These instruments include the Convention on the Elimination of All Forms of Discrimination against women (CEDAW); the Cairo Program of Action (1994), the Beijing Platform for Action (1995). The Millennium Development Goals (MDGs) (2000) identified gender equality and women’s empowerment as a goal and as a basis for achieving all the other goals.

iii United Nations Resolution on Sexual Orientation and Gender Identity, Human Rights Council adopted resolution 17/19 (A/HRC/RES/17/19), July, 2011 ‘Expressing grave concern at acts of violence and discrimination, in all regions of the world, committed against individuals because of their sexual orientation and gender identity’
As the role of this policy is to achieve gender equality for all, it focuses on those social norms that impact on an individual's ability to participate equally and freely in society, to achieve their full potential. Gender norms and patriarchal structures are pervasive and affect women disproportionately. Women and girls have lower status, fewer opportunities and less access to power than men and boys. Therefore progress towards gender equality requires transformative complementary actions to promote women’s rights and empowerment, including addressing gender gaps, unequal policies and discrimination that have historically disadvantaged women and girls and affected their full participation in development. Gender norms also reinforce constructs of masculinity and femininity that have a disproportionate impact on individuals whose sexual orientation and gender identity do not conform to these rigid constructs.

**Guiding Principles**

1. This policy reflects the Federation’s commitment to human rights and to women’s and girls’ empowerment. IPPF believes that the equitable participation of women and girls from all socio-economic groups in all aspects of the Federation’s work will empower them in their diverse identities and enable them to acquire the relevant skills and confidence to promote their sexual and reproductive health and rights. This policy also reflects the importance that the Federation places on actively supporting women and girls (staff, volunteers and beneficiaries) to become leaders and to participate on an equal basis with men in every area of the Federation’s work.

2. Gender should be mainstreamed in all policies, programmes and structures of the Federation. Women and men have different needs and experiences, as well as different sexual health risks. Gender disparities often serve as additional social, economic and bureaucratic barriers to how individuals promote and protect their sexual and reproductive health and rights. Individual employees also have different needs and experiences related to gender and experience gender-based discrimination in a variety of forms. Policies, programmes and services must seek to be transformative in addressing these gender specific differences and the underlying structural inequalities that sustain them. Enabling environments must be created for everyone to be able to influence and benefit from policies, programmes and services.

3. Gender equality should be applied to all issues in the Federation, whether with regard to representation on a board or committee, or with regard to the social division of labour. In an area such as sexual and reproductive health, in which women bear the largest share of the costs, dangers and burdens (physical, mental, social and economic), it is equitable and fair that women should have at least an equal share in all institutional decision-making processes.

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* Supporting policies which complement and enhance implementation of the current policy, include the IPPF policy on Women and Family Planning (4.5); Men and Sexual and Reproductive Health (4.6); Monitoring and Evaluation (4.10); Protecting Children and Young people (4.17); Reproductive Health (4.15). A policy on Sexual orientation and Gender Identity should be developed to highlight specific issues and how they can be implemented.
4. Gender equality is achieved when all individuals, regardless of their gender identity are equal in every aspect of their lives. It does not imply that they are all the same, but that they have equal value, and that they should be treated in a way that ensures equal outcomes, not just equal opportunities. Where individuals have unequal status and unequal access to knowledge or resources in a community, special measures and affirmative action are needed to address these gender inequalities.

5. This policy reflects the importance that IPPF attaches to workplace safety and its integral link to physical and mental well-being. IPPF has a duty of care to ensure that individuals are free from all forms of sexual and gender based harassment and violence in the workplace and when travelling away from their workplace.

6. IPPF believes that promoting gender equality requires working with all gender identities. IPPF recognizes and promotes the crucial role of men and boys as partners in ensuring women’s and girls’ sexual and reproductive health and to addressing underlying power and gender inequalities, including in the service delivery and employment contexts.

7. IPPF recognizes diversity and is committed to working with all people to realize a world where they can enjoy their sexuality without fear, stigma or discrimination. This applies to gender identity and sexual orientation, both within the Federation and in the Federation’s external facing roles.

**Implementation**

8. The IPPF Secretariat should use all available mechanisms in the Federation to periodically and consistently monitor implementation of the Gender Equality Policy and report to the appropriate governing body. The implementation of this policy should be adequately resourced and supported by senior management.

**Programme Delivery**

9. To put this policy into action, the IPPF Secretariat and Member Associations should undertake actions that transform relationships of power. These transformative actions could include, promoting programmes that empower individuals (especially those individuals who are marginalized on the basis of their sex, gender, sexual orientation and gender identity) and making efforts to advance their sexual and reproductive health and rights.

10. Gender analysis (based on age and sex disaggregated data) should be undertaken, throughout the programme cycle and by:

   a. making every effort to implement programmes that lead to empowerment, including into leadership positions, in particular for those who are poor and marginalized;
   b. ensuring availability of services that actively address unique gender needs across the lifecycle;
c. engaging all, including men and boys, in sexual and reproductive health efforts and as allies in reducing gender inequality;
d. preventing, mitigating and responding to sexual and gender based violence including intimate partner violence and sexual violence in humanitarian emergencies, and promoting sexual and reproductive health and rights;
e. tackling social norms that hinder meaningful participation on an equal basis, including but not exclusively: son preference; early and forced marriage; intimate partner and domestic violence; and, female genital mutilation (FGM);
f. creating and/or strengthening gender equality concerns and perspectives with partners; strengthening IPPF’s identity as a gender expert; linking with those who work to promote women’s rights and sexual rights and engaging LGBTI and men’s organizations for gender equality, including in service delivery, programming and advocacy;
g. undertaking analysis of gender disaggregated roles and work patterns taking women’s work load and care work into consideration;
h. responding to the needs of most at risk groups, specifically: those with disabilities; sex workers; intersex and transgender individuals; those who use drugs; those in institutions; and, those trafficked for sex;
i. abolishing internal policies relating to spousal/ partner consent for access to services (e.g. for an abortion, using family planning and/or emergency obstetric care);
j. building staff capacity on gender perspectives and the effect of gender inequality on individual’s access to services and human rights, including perspectives on sexual orientation and gender identity;
k. making deliberate and focused efforts to promote meaningful participation in the programme cycle, including for adolescent girls.

**Governance**

11. To operationalize this policy, the IPPF Secretariat and Member Associations should practice affirmative action in order to alter the balance in the numbers of men and women at all levels of decision-making in volunteer bodies of the Federation, in favour of gender parity, taking into consideration women and individuals who are marginalized on the basis of sexual orientation and gender identity, including on:
   a. Member Association governing bodies;
   b. Regional Councils and Regional Executive Committees;
   c. IPPF Governing Council;
   d. IPPF Membership Committee;
   e. IPPF Audit Committee

12. Operationalizing affirmative action would include:
   a. making additional efforts to recruit and promote women candidates when posts come up for election;
b. giving preference to eligible women where there is a choice of candidates;
c. sending more than one representative to a regional or international body (where MAs are permitted to do so) to ensure equal representation.

Recruitment and Promotion
13. To operationalize this policy, the IPPF Secretariat and MAs should integrate affirmative action in employment policy (while respecting national legislation) to ensure gender parity, particularly in decision making positions, at all levels. Operationalizing affirmative action in employment would include:

a. active recruitment to high-level decision-making and high-salaried posts, as well as other posts with the objective of achieving at least 50 per cent representation by women in all posts at all levels;
b. recruitment and promotion of young women;
c. recruitment and promotion of staff from diverse backgrounds, regardless of sexual orientation and gender identity;
d. ensuring all recruitment panels have gender expertise.

Mainstreaming in the workplace
14. To ensure gender equality in the workplace (in the Secretariat and MAs) and the effective implementation of this policy, related policies will need to be audited to ensure compliance (while respecting national legislation). This should include, inter alia:

a. ensuring equitable representation and participation in senior management and relevant decision making committees;
b. ensuring equal opportunities for personal development, in training, working conditions and promotion benefits, and reviewing up-take in these opportunities by gender;
c. providing an enabling work environment so as to ensure the meaningful participation and a work/life balance for working parents – this includes, but is not limited to: providing flexible working hours; developing home-working policies; and, providing child care centres or child care subsidies.
d. ensuring equal pay and reward structures for all employees. This requires every part of the Federation to conduct equal pay reviews to identify any imbalances and implement strategies to address them;
e. providing maternity and paternity leave (for both adoptive and biological parenthood) and extending it to all staff regardless of gender, sexual orientation, gender identity or marital/relationship status;
f. reviewing and taking steps to address gender imbalance where it exists within the Federation structure with the aim of attaining at least 50 per cent representation by women;
g. identifying trained staff to act as dedicated gender focal point(s) with consistent and structured support from senior management;
h. identifying a senior manager (in every Member Association and every office of the Secretariat) to act as a gender champion;
i. undertaking refresher training for all staff, to enhance understanding and ensuring that gender perspectives are integral to new staff induction processes;

j. ensuring that staff’s access to and use of information technology is gender equitable;

k. developing Federation wide standards on confidentiality that specifically refer to the situations of gender identity and sexual orientation.

**Work place safety**

15. Providing a safe and secure environment, for all staff (in the Secretariat and MAs) to be free from sexual harassment and physical, sexual and psychological violence, including homophobia. This will require:

a. Developing and implementing policies on sexual and gender based violence, including violence against women that specifically consider the needs of the staff members experiencing harassment and violence (whether inside or outside the workplace). This should include: taking time off work for medical, psychosocial support, and social benefits appointments; confidentiality; and security while at work.

b. Extending work-related considerations as the situation requires, including secure transport facilities for staff who work late hours and ensuring security measures along with minimum basic facilities for individuals travelling in the field and individuals at personal risk on the basis of their gender, sexual orientation or gender identity;

16. Gender should be mainstreamed into all IPPF programmes, budgets, strategic plans and policies and should be systematically monitored and evaluated at all levels of the Federation on a continuous basis.

**Gender Audit**

17. Recognizing existing gaps and challenges in pursuit of IPPF’s commitment to achieve gender equality in all aspects of the Federation’s work, responsibility for implementation and oversight of this policy will include the following:

a. the implementation and reporting of progress will be the responsibility of staff (in Secretariat Offices and MAs);

b. the monitoring and oversight of implementation and progress and accountability for lack of progress is the responsibility of the respective governance structures (at Secretariat and MA levels);

c. gender audits should be conducted at all levels to establish baseline information and set targets that should be achieved in a defined period of time. The gender audit should assess: programme delivery; governance; recruitment; mainstreaming in the work place; sex disaggregated numbers of volunteers and employees; positions disaggregated by sex and salary; leave practices; work place safety practices, etc. Progress reports should be compared to baseline and shared within the relevant part of the organization and support learning across the Federation;

d. monitoring the gender balance across the Federation every three years to determine the Federation-wide gender representation at
every level of the Federation, including Member Association Boards; Regional Councils, and Regional Executive Committees; IPPF Governing Council; IPPF Membership Committee; IPPF Audit Committee; Regional Offices, Central Office, and Member Associations.

Appendix 1

Glossary of terms

**Gender** refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context/ time-specific and changeable. Gender determines what is expected, allowed and valued in a women or a man in a given context.\(^v\)

**Gender audit** refers to assessments of organizational performance on the promotion of gender equality, in order to instigate gender-related analysis and activity in organizations and programmes; monitor implementation of gender equality policy commitments; translating them into action and impact; documenting and disseminating good practice.\(^vi\)

**Gender based violence** (GBV) is violence and discrimination that is directed at a person on the basis of sex, gender, gender identity or sexual orientation. SGBV underlies the inequitable power relationships between women and men and affects women disproportionately but also affects men and boys to some extent. GBV is often used interchangeably with violence against women (VAW).\(^vii\) SGBV includes violence and discrimination experienced by individuals on the basis of sexual orientation and gender identity.\(^viii\) GBV is both a violation of human rights and a key barrier to sexual and reproductive health services

**Gender equality** means equality of opportunity for women, men, intersex and transgender people to realize their full rights and potential. It signifies an aspiration to transform structural inequalities, behaviour patterns and social

\(^v\) [http://www.un.org/womenwatch/osagi/conceptsandefinitions.htm](http://www.un.org/womenwatch/osagi/conceptsandefinitions.htm) United Nations Entity for Gender Equality and the Empowerment of Women-


\(^vii\) UN Declaration on the Elimination of Violence against Women, 1993 uses GBV to definition violence against women in part, as ‘any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (Article 1).’

\(^viii\) UN Resolution on Human Rights, Sexual Orientation and Gender Identity, which brought a focus on human rights violations based on SOGI, particularly violence and discrimination.
norms, leading to social change and sustainable development. Gender equality requires specific strategies aimed at eliminating gender inequities.

**Gender equity** means justice and fairness. It is the process and gender equality is the result of that process. Gender equity recognizes that women, men, intersex and transgender individuals have different needs and historical and social disadvantages that hinder them from otherwise operating on a level playing field. Equity leads to equality.

**Gender identity** refers to an individual’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth. It includes both the personal sense of the body, which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical, or other means, and other expressions of gender, including dress, speech, and mannerisms. The gender identity of intersex and transgender individuals does not always match the sex assigned to them at birth. Transgender individuals generally choose to dress and present themselves as the gender with which they identify, rather than their birth-assigned sex. They may or may not choose to alter their body physically through hormones or surgery. Intersex and transgender people should be treated as the gender with which they identify, and referred to by their chosen name and pronoun.

**Gender mainstreaming** is the process of incorporating a gender perspective into policies, strategies, programs, project activities, and administrative functions, as well as into the institutional culture of an organization.

**Gender transformative** policies and programmes aim to change gender norms and promote relationships that are fair and just. Gender-transformative programming aims to build equitable social norms and structures; advance individual gender-equitable behaviour; transform gender roles; create more gender equitable relationships; advocate for policy and legislative change to support equitable social systems.

**Intersex** refers to people whose biological makeup (genetic, hormonal and physical features) are neither exclusively male nor exclusively female, but are typically both at once or not clearly defined as either. These features can manifest themselves in secondary sexual characteristics such as muscle mass, hair distribution, breasts and stature; primary sexual characteristics such as reproductive organs and genitalia; and/or in chromosomal structures and hormones.

**Transgender** is an umbrella term referring to individuals whose gender identity and expression does not conform to norms and expectations traditionally associated with their sex assigned at birth. Transgender individuals may self-

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ix UNAIDS, Terminology Guidelines, October 2012,
identify as transgender, female, male, transwoman or transman, transsexual, hijra, kathoey, waria or one of many other transgender identities, and may express their genders in a variety of masculine, feminine and/or androgynous ways.\textsuperscript{xiii}

Sex refers to the biological and physiological characteristics that define men and women. Sex differences are concerned with males’ and females’ physiology. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females.\textsuperscript{xiv}

Sexual orientation refers to each person’s capacity for emotional, physical and sexual attraction to, and intimate and sexual relations with, individuals of a different sex (heterosexual) or the same sex (homosexual) or more than one sex (bisexual).

Sexual violence is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. A wider range of sexually violent acts can take place in different circumstances and settings.\textsuperscript{ xv}

As adopted by Central Council, November 1995
Last amended by Governing Council, May 2014


\textsuperscript{xiv} WHO, Defining Sexual Health, http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

\textsuperscript{xv} WHO, ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies, 2007
1. THE FEDERATION

Policy 1.4

TERMS OF REFERENCE OF THE HONORARY OFFICERS OF IPPF

The President of IPPF/Chairperson of Governing Council

1. Qualities and Attributes

   (i) A broad knowledge of the IPPF and personal commitment to its aims and objects.

   (ii) Demonstrated effectiveness as a leader within the field of sexual and reproductive health, including family planning, and in advocating that cause both nationally and internationally.

   (iii) Adequate time to commit to leading the Governing Council, working with the Treasurer, Regional volunteers of IPPF, the Director-General and representing the IPPF in related national, regional and international bodies and organizations.

   (iv) The ability to communicate with politicians, parliamentarians and “civil society” in general.

   (v) The ability to inspire members of Governing Council to fulfil their roles and responsibilities.

   (vi) The political awareness and ability to chair meetings of the Governing Council effectively and to guide the Council through its agenda.

   (vii) The ability to relate easily and comfortably to all members of the Governing Council, Regional Honorary Officers and to Secretariat staff at all levels.

   (viii) The ability to achieve a relationship with the Director-General that respects the position of each.

   (ix) Demonstrate a willingness to lead.
1. THE FEDERATION

Policy 1.4

2. Responsibilities

(i) To work with the Director-General in setting the agenda for meetings of the Governing Council.

(ii) To chair meetings of the Governing Council.

(iii) To ensure new Governing Council members are oriented fully and are provided with all documents needed, e.g., strategic plans, policy manuals, and budget information.

(iv) To motivate and evaluate the way the Governing Council functions.

(v) To chair Governing Council Sub-Committee meetings as the need arises.

(vi) To attend the IPPF Audit Committee.

(vii) To attend IPPF’s Annual Donors Meeting.

(viii) To provide support for advocacy and resource mobilisation activities on behalf of the Federation as spokesperson and leader which will include: visits to existing IPPF Donors and potential new donors; attendance at Regional Council Committee meetings; visits to IPPF Regional Offices; visits to Member Associations and their activities; representing IPPF at special international meetings (UN and others).

(ix) To take a lead in ensuring that ‘good governance’ best-practice is adhered to by IPPF’s volunteers including potential conflicts of interest.

(x) To participate in selection committee meetings for the appointment of IPPF Director-General, Central Office Directors and Regional Directors.

(xi) To initiate and participate in the annual evaluation of the Director-General.
1. THE FEDERATION

Policy 1.4

3. Relationships

(i) To consult and collaborate with the Director-General to solve problems. This will require a high degree of frankness, trust and support.

(ii) To create the same type of relationship with the IPPF Treasurer, the Chairs of the Audit and Membership Committees, Governing Council Members, Regional Honorary Officers, and the chair of IMAP.

4. Eligibility

(i) To be eligible for the position of President of IPPF the person nominated must be a current member of an IPPF full Member Association and a duly elected regional representative to the Governing Council.

(ii) No-one under the age of 18 is eligible, and some people are disqualified by law from acting as charity trustees, including anyone described in section 72(1) of the UK Charities Act 1993. This includes:

   a) “anyone who has been convicted of an offence involving deception or dishonesty, unless the conviction is spent;

   b) anyone who is an undischarged bankrupt;

   c) anyone who has previously been removed from trusteeship of a charity by the Court or the Commissioners for misconduct or mismanagement; and

   d) anyone who is under a disqualification order under the Company Directors Disqualification Act 1986.”
1. THE FEDERATION

Policy 1.4

The IPPF Treasurer

5. Qualities and Attributes

(i) A broad knowledge of the IPPF and personal commitment to its aims and objects.

(ii) A broad knowledge and experience of financial matters at a high level.

(iii) Adequate time to commit to providing advice, information and support to the members of Governing Council on their financial stewardship responsibilities, and working with Regional Treasurers and the Director-General on financial matters.

(iv) The ability to relate easily and comfortably to all members of the Governing Council, Regional Honorary Officers and to Secretariat staff at all levels.

(v) The ability to achieve a relationship with the Director-General and Director of Finance that respects the position of each other.

6. Responsibilities

(i) To ensure that an appropriate financial policy framework is in place to guide the IPPF’s financial decision making.

(ii) To develop a close understanding of the key assumptions included in the IPPF’s financial planning and its annual programme/budget proposals.

(iii) To advise the Governing Council on major financial issues which arise and which are outside the boundaries of management responsibility.

(iv) To ensure new Governing Council members are oriented fully about their financial responsibilities and are provided with all relevant documents.
1. THE FEDERATION

Policy 1.4

(v) To provide financial insight and expertise to the Audit Committee, where necessary and appropriate, and to any sub-groups which may be established by Governing Council to deal with specific financial issues.

(vi) To develop an understanding of the key features of IPPF’s internal and external financial control system and procedures and to ensure that, at the international level, IPPF’s financial integrity is sound.

(vii) To provide support and advice to Regional Treasurers, the Director-General and the Director of Finance.

(viii) To present IPPF’s audited accounts to Governing Council.

(ix) To meet separately and individually with the external auditor and with the internal auditor once a year.

(x) To attend the IPPF Audit Committee.

(xi) To attend IPPF’s Donors Meeting.

(xii) To chair the IPPF Central Office Pension Fund Committee of Advisers.

(xiii) To participate in Selection Committee meetings for the appointment of IPPF Central Office Directors.

7. Relationships

(i) To consult and collaborate with the Director-General to solve financial and related problems. This will require a high degree of frankness, trust and support.

(ii) To consult and collaborate on financial matters and to provide information, advice and support to the IPPF President, the Chair of the Audit Committee, chairs of time-limited task forces, Governing Council members, and Regional Chairpersons and Treasurers.
1. THE FEDERATION

Policy 1.4

8. Eligibility

(i) To be eligible for the position of Treasurer of IPPF the person nominated must be a current member of an IPPF full Member Association and a duly elected regional representative to the Governing Council.

(ii) No-one under the age of 18 is eligible, and some people are disqualified by law from acting as charity trustees, including anyone described in section 72(1) of the UK Charities Act 1993. This includes:

a) anyone who has been convicted of an offence involving deception or dishonesty, unless the conviction is spent;

b) anyone who is an undischarged bankrupt;

c) anyone who has previously been removed from trusteeship of a charity by the Court or the Commissioners for misconduct or mismanagement; and

d) anyone who is under a disqualification order under the Company – Directors Disqualification Act 1986.”

9. Rapid response team

(i) The Honorary Officers of IPPF and the Director-General will act as a rapid response team to deal with emergency issues. This team will also include the President and the Regional Director of an affected region, except when the President of IPPF deems the issue to involve the Regional President and/or the Regional Director.

As adopted by Governing Council, May 2002
Last amended by Governing Council, November 2008
1. THE FEDERATION

Policy 1.5

TERMS OF REFERENCE OF THE HONORARY LEGAL COUNSEL

1. ROLE

As a volunteer, to act as general counsel to the Federation in matters pertaining to legal and institutional questions.

2. FUNCTIONS

(i) To provide advice to the Federation, as may be necessary on matters of legal and institutional nature, taking into account the incorporation of the Federation by the UK Parliament and the UK laws under which the Federation operates;

(ii) To serve in an advisory capacity as a legal resource person to meetings of the Federation’s central bodies on questions of interpretation of the IPPF’s basic governing instruments (IPPF ACT and Procedural Byelaws, Policy and standards) and generally on legal matters and procedure, as applicable;

(iii) To assist the Chairperson of GC and the Director-General at the time of meetings of the Federation’s central bodies, on questions of procedure, relating to the orderly transaction of business and to the duties of Chairperson, Officers and members in connection with the meetings;

(iv) To review during the meetings the text of resolutions adopted, to verify their constitutionality under the IPPF ACT and UK laws and advise the Chairperson on legally required redrafting.

3. TERM OF OFFICE

The Honorary Counsel to the Federation appointed by the Governing Council shall serve for a term of three (3) years and his/her total consecutive service shall not exceed two terms. If the Governing Council elects to another office a member who is currently Honorary Counsel to the Federation, or if the position becomes vacant for any other reason, a replacement shall be appointed forthwith.
1. THE FEDERATION

Policy 1.5

4. QUALIFICATIONS (desirable)

(i) Legal education, preferably with training under the English law system, considering the enactment of the IPPF ACT under the UK Parliament and other UK law regulating the operations of the Federation (Charity Law, Companies Law, Inland Revenue Code);

(ii) Knowledge of the IPPF system and its constitutional framework;

(iii) Well-informed knowledge or experience with procedures in general, defined as rules of order for group discussion and action during meetings;

(iv) Specific knowledge of IPPF Procedural Byelaws designed as the IPPF special standing rules of order governing the procedure at meetings of the Governing Council, Membership Committee, Audit Committee and any other committees, panels or subgroups set up by Governing Council.

As adopted by Central Council in 1984
Amended by Governing Council in November 2010
1. THE FEDERATION

Policy 1.6

IPPF MEMBERSHIP CATEGORIES

Rationale

1. This policy gives effect to the implementation of the new membership categories approved by the Governing Council at its November 2010 Meeting and makes clear the various responsibilities and privileges of Full and Associate Members of IPPF.

2. The policy also provides the necessary steps to be followed by an existing Full Member which decides to become an Associate Member and also makes clear the way each Region should handle the status of a non-member observer organization.

Introduction

3. IPPF is a volunteer led organization and has two categories of membership:

   (i) Full Membership
   (ii) Associate Membership

4. There are two types of Associate Members: Associate Member 1 (AM1) and Associate Member 2 (AM2). The responsibilities and privileges for these two types of Associate Members and also for Full Members and Collaborative Partners are clearly defined in the table below.
5. Table summarizing the different type of affiliation with IPPF

<table>
<thead>
<tr>
<th>PRINCIPLES</th>
<th>MEMBERS</th>
<th>PARTNERS</th>
<th>PARTNERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FULL MEMBER</td>
<td>ASSOCIATE MEMBER</td>
<td>NATIONAL/REGIONAL COLLABORATIVE PARTNERS</td>
</tr>
<tr>
<td></td>
<td>AM1</td>
<td>AM2</td>
<td></td>
</tr>
<tr>
<td><strong>Subscribes to</strong></td>
<td>Vision</td>
<td>Vision</td>
<td>Vision</td>
</tr>
<tr>
<td>Vision</td>
<td>Mission</td>
<td>Mission</td>
<td>Mission</td>
</tr>
<tr>
<td>Values</td>
<td>Values</td>
<td>Values</td>
<td>Values</td>
</tr>
<tr>
<td><strong>Standards of Membership</strong></td>
<td>Full adherence</td>
<td>Admission criteria as identified in the IPPF accreditation procedure and includes complying with governance and constitutional standards</td>
<td>Continue to:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Satisfy Governance Standards</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Satisfy Constitutional Standards</td>
</tr>
<tr>
<td><strong>Time Limit</strong></td>
<td>Unlimited (with 5 yearly accreditation)</td>
<td>Maximum of 5 years (with yearly confirmation)</td>
<td>Unlimited with annual confirmation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Accreditation Review</strong></td>
<td>Every 5 years</td>
<td>Not before 2 years</td>
<td>No review</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Renewal of Status** | Once every 5 years  
Accreditation recommended by REC\(^1\) to MC\(^2\)/ GC\(^3\) following a review | Yearly  
Recommended by REC to MC for GC approval as per IPPF Regulations | Yearly  
Recommended by REC to MC for GC approval as per IPPF Regulations | As per MOU terms  
As identified by MOU with the Region | As per partnership agreement terms and conditions |
|----------------------|-------------------------------------------------|---------------------------------------------|---------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| **Change of Status** | Anytime if they choose to revert to Associate Status AM2 | After two years\(^4\) they undergo accreditation | Review at the end of which either:  
Remain AM1 up to 3 years maximum | Become AM2 |  
Not applicable |
| Becomes a full member |  |  |  |  |  |
| **In Case of Non-Compliance** | As per IPPF regulations | As per IPPF regulations | As per IPPF regulations | MOU | As per partnership agreement |

---

1. REC: Regional Executive Committee  
2. MC: Membership Committee  
3. GC: Governing Council  
4. From the date of admission of new associate members and/or the adoption of this policy
<table>
<thead>
<tr>
<th>Governance: Attendance at RC Meetings¹</th>
<th>Attend as Full Member</th>
<th>Attend as Associate Member</th>
<th>Attend as Associate Member</th>
<th>Attend as observer (as identified in MOU)</th>
<th>May attend GC as an observer under IPPF Regulations 2 (2)(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voting Rights²</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Election Eligibility</td>
<td>Yes to REC and GC</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Core Funds²</td>
<td>Eligible</td>
<td>Eligible up to five years</td>
<td>No</td>
<td>As identified in MOU</td>
<td>As identified in Partnership Agreement</td>
</tr>
<tr>
<td>Restricted Funds</td>
<td>Eligible</td>
<td>Eligible up to five years</td>
<td>Eligible</td>
<td>As identified in MOU</td>
<td>As identified in Partnership Agreement</td>
</tr>
<tr>
<td>Membership Fee</td>
<td>As deemed necessary by the Regions</td>
<td>As deemed necessary by the Regions</td>
<td>As deemed necessary by the Regions</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

¹ As per IPPF Regulations

² Eligibility for core funding is subject to a country’s inclusion in the OECD DAC list of aid recipient countries: [http://www.oecd.org/document/45/0,3746,en_2649_34447_2093101_1_1_1_1,00.html](http://www.oecd.org/document/45/0,3746,en_2649_34447_2093101_1_1_1_1,00.html)
Implementation

6. Following adoption of this policy, any newly joining Associate Members (AM1) will need to make a decision about their future status within the Federation two years after being admitted. They will either go through an accreditation review in order to become a Full Member or decide to join the second type of Associate Member (AM2).

7. Those who are Associate Members of IPPF at the time of the adoption of this policy (AM1) will have two years to make a decision to either go through an accreditation review and become a Full Member or to join the second type of Associate Member (AM2).

8. Full Member Associations can apply to become an Associate Member (AM2) under the following circumstances:

   (i) a decision to change their membership status by the highest governing body of the Association
   (ii) a subsequent review of the application and recommendation by the Regional Executive Committee to the Governing Council.

9. When a Full Member Association becomes an Associate Member (AM2), it will remain with that status for at least two years and will need to successfully go through an accreditation review should it wish in the future to become a Full Member, as per IPPF Act and Regulations.

10. Regional Offices have the responsibility to implement this policy and to inform the Regional Executive Committee who will make the necessary recommendation on membership status to the MC/GC as per the IPPF Act and Regulations.

11. IPPF CO will monitor implementation of this policy and inform the Membership Committee accordingly.

As adopted by Governing Council, May 2011
As amended by Governing Council, November 2013
2. THE SECRETARIAT

Policy 2.1

THE UNIFIED SECRETARIAT

1. All the employees of the IPPF Central Office, the Regional Offices and IPPF offices worldwide, shall comprise the IPPF Secretariat whose Chief Executive Officer shall be the Director-General.

2. It is the responsibility of the Unified Secretariat to interpret and apply in a consistent fashion the policies of the Federation in a manner that is in harmony with regional and Member Association realities and requirements.

3. The Secretariat should contribute to the evolution and initiation of policies for consideration by international and regional bodies responsible for policy decisions and ensure full involvement of the volunteers in the development of these policies.

4. It is the responsibility of the Secretariat to serve the Member Associations effectively through a rational use of personnel and other resources and to manage IPPF resources effectively in the interests of global sexual and reproductive health including family planning.

As adopted by Central Council, November 1990
Last amended by Governing Council, November 2000
2. THE SECRETARIAT

Policy 2.2

TERMS OF REFERENCE OF THE DIRECTOR-GENERAL

1. The Director-General will be the Chief Executive of the Federation and as such shall be responsible for:

   (i) ensuring that the operational planning of the activities of the Federation is complete and thorough and in line with the strategic plan of action and policies approved by the Governing Council;

   (ii) devising and maintaining appropriate systems and procedures to implement policies approved by the Governing Council including an effective and efficient internal control system;

   (iii) the effective and efficient management of IPPF in all respects, particularly in the role of the Federation’s financial officer; and informing the Governing Council of any executive actions that may have policy implications;

   (iv) supervising the implementation of the IPPF Secretariat’s Annual Programme Budget at Central and Regional Office level;

   (v) ensuring that every staff member understands IPPF’s role and mission and that each part of the Secretariat has clearly defined objectives and targets;

   (vi) devising and maintaining suitable systems and procedures, to:

   (a) mobilise the resources needed for IPPF’s programme of work and to provide for its financial sustainability in line with IPPF policy;

   (b) allocate resources to the different levels of the Federation in accordance with the financial policies and directions approved by the Governing Council; and
2. THE SECRETARIAT

Policy 2.2

(c) ensure that resources are used effectively and efficiently and that such use is accounted for completely and accurately, in accordance with IPPF policies;

(vii) hiring the most capable staff possible within an acceptable salary range, established staff positions and organisational structures in the Central and Regional Offices; and

(viii) ensuring that formal appraisals are carried out every year of the Unified Secretariat staff performance in relation to agreed objectives and standards;

2. In carrying out the above responsibilities the Director-General shall:

(i) consult with the IPPF President and IPPF Treasurer as and when necessary or as may be provided for by the Governing Council from time to time;

(ii) meet with the Regional Director and the regions’ senior volunteers, once per year, at the time of the Regional Council, a Regional Executive Committee or Governing Council meeting, as appropriate, to review the implementation of the regional Programme Budget and other work-related issues;

(iii) meet with all the Regional Presidents once per year at a meeting immediately following Governing Council;

(iv) provide the Governing Council periodically with timely and complete information about the outcome of approved plans and budgets.

3. The Director-General shall also:

(i) provide advice and support to IPPF volunteers generally and to the Central and Regional Honorary Officers in particular;

(ii) maintain appropriate links with international organizations;
2. THE SECRETARIAT

Policy 2.2

(iii) maintain effective communications with and between all levels of the Federation.

4. The Director-General shall assist the Governing Council in developing the IPPF’s strategic plan and in monitoring and reviewing its implementation at regular intervals.

5. The Director-General shall play a leading role in advocacy activities pertinent to the advancement of IPPF’s aims and objects.

6. The Director-General will appoint the Regional Directors and Directors, Central Office, following a recommendation from a Selection Committee comprising those identified below:

   (i) For Regional Directors the Selection Committee comprises:

      (a) the IPPF President, the Chair/President of the Region concerned, the Director-General, or their nominees.

   (ii) For Directors, Central Office, the Selection Committee comprises:

      (a) the IPPF President, the IPPF Treasurer and the Director-General, or their nominees.

7. All appointments will be made within the framework of the terms and conditions of employment of the Federation current at the time of that appointment. The Director-General will also consult and seek agreement with Honorary Officers prior to the renewal or termination of the appointment of such staff.

As adopted by Central Council, November 1990
Last amended by Governing Council, May 2003
2. THE SECRETARIAT

Policy 2.3

TERMS OF REFERENCE OF THE REGIONAL DIRECTORS

1. The Regional Director, as the representative of the Director-General for the Region, shall be the Chief Executive Officer of the Federation for the Region and is directly responsible to the Director-General, acting within the authorities delegated by the Director-General.

2. The Director-General, in accordance with his terms of reference, will advise and assist Regional Councils in their programme activities and is responsible to Regional Councils for implementation of their decisions which are within the scope of regional authority. These responsibilities are delegated to the Regional Directors who, in discharging them, will consult and communicate on a continuing basis with appropriate regional volunteers.

3. The Regional Director will:

(i) Act as Secretary to the Regional Council and the Regional Executive Committee and provide all the administrative and logistic support necessary for the efficient functioning of the Council and its Committee and panels by:

(a) the preparation of papers for the meeting;

(b) ensuring that important issues are presented to the Council so as to enable decisions to be made after a full consideration of all available options;

(c) making all other arrangements necessary for the proper conduct of their business.

(ii) Maintain an adequate system of communication and reporting between the Member Associations, the Regional Council and its committees, the Central Committees of the IPPF and the Secretariat.
2. THE SECRETARIAT

Policy 2.3

(iii) Identify the needs within his/her Region, identify the resources available both within and outside the Federation for meeting the needs, and where possible develop resources for the purpose.

(iv) Meet with the Director-General and the regions’ senior volunteers, once per year, at the time of the Regional Council, or one of the Regional Executive Committee or Governing Council meetings, as appropriate, to review the implementation of the regional Programme Budget and other work-related issues.

(v) Assist the Director-General to interpret the policies of the Federation within the context and needs of the Region, promote them within the Region, and communicate and interpret the needs of the association and of the Regional Council to the Centre so as to contribute to the development of the policies of the Federation and re-definition of its goals.

(vi) Assist the Regional Council and the associations in the development of programmes for furthering the goals of the Federation and implement the agreed programmes of the Regional Council.

(vii) Provide advice and support to IPPF volunteers generally and to the Regional Honorary Officers in particular.

(viii) Assist the associations to obtain technical support for the implementation of their own programmes.

(ix) Be responsible for:

(a) Advising the Director-General and the Regional Council on budgetary requirements;

(b) Administering the budget for the Regional Offices and for all Regional activities;

(c) Administering the Terms and Conditions of Funding Agreements with Member Associations;
2. **THE SECRETARIAT**

**Policy 2.3**

(d) Reporting on Member Association Annual Programme Budgets and the interpretation and analysis of programme and financial reports.

(e) Hiring the most capable staff possible within an acceptable salary range, established staff positions and organisational structures in the Regional Office.

(f) Ensuring that formal appraisals are carried out every year of the Regional Office staff performance in relation to agreed objectives and standards.

(g) Ensuring that Member Associations comply with the Standards and Responsibilities of IPPF Membership.

(x) Provide leadership for Regional staff and be responsible for the management and development of staff.

(xi) Share responsibility with other senior staff for providing leadership to the Secretariat as a whole, including the development of staff and for advising the Director-General on the development of policies and management of the Secretariat.

(xii) Maintain and develop relations with other appropriate agencies, both governmental and non-governmental, within the Region in order to facilitate and promote the work of the Federation.

(xiii) Contribute, as appropriate, to the international role of the Federation and to the implementation of the international programmes of the Federation.

*As adopted by Central Council, November 1990
Last amended by Governing Council, May 2003*
2. THE SECRETARIAT

Policy 2.4

DELEGATION OF RESPONSIBILITIES TO THE DIRECTOR-GENERAL

1. The 1977 Act of the British Parliament which established the International Planned Parenthood Federation as an incorporated body vested certain powers and responsibilities in the IPPF central governing bodies.

3. The Central Council, which shall be known as the Governing Council, may delegate to the Director-General acting either alone or in consultation with the Governing Council such powers and responsibilities of the Governing Council as they may determine from time to time and as is consistent with the letter and spirit of the 1977 Act of Incorporation.

As adopted by Central Council, November 1990
Last amended by Governing Council, November 2000
2. THE SECRETARIAT

Policy 2.5

EMPLOYMENT PRINCIPLES

1. It is IPPF’s policy that the Federation shall strive to be a fair employer by ensuring that salaries and benefits of the Federation and its constituent parts be commensurate with those offered by good local employers, and that the principle of equal opportunity be adhered to in the hiring and promotion of staff. The hiring practices of the Federation shall not discriminate on the grounds of race, colour, creed, gender, sexual orientation, physical handicap or age, provided the prospective employee can fulfil the requirements of the job.

As adopted by Central Council, November 1990
Last amended by Governing Council, November 2000
3. **FUNDING AND ACCOUNTING**

Policy 3.1

**RESOURCE MOBILIZATION**

Introduction

1. The ability of the Federation to carry out its programmatic work and thus successfully achieve the IPPF Strategic Framework rests largely on the resources it commands. Sustained investment in resource mobilization at all levels of the Federation is, therefore, a crucial pre-requisite to improving sexual and reproductive rights and health for women, men and young people around the world.

2. The principles, commitments and guidelines for implementing resource mobilization contained within this policy are intended to guide the work of the Federation in their efforts to achieve the Strategic Framework.

Principles

3. Resource mobilization refers to effective planning for fundraising and implementation of strategies in order to attain necessary resources, including human resources. This is closely aligned with advocacy for political commitment to sexual and reproductive health and rights including supplies. All staff and volunteers share this obligation for resource mobilization.

4. Resource mobilization activities undertaken at global, regional and national levels work in synergy to maximize possibilities for renewed and additional financial resources for the entire Federation.

5. The IPPF Secretariat (Central and Regional Offices) and Member Associations have a responsibility to openness, transparency and accountability in their relations with donors and potential donors. Relations with donors at any level add value and goodwill to IPPF’s overall relationship with existing and potential donors.
3. **FUNDING AND ACCOUNTING**

**Policy 3.1**

6. IPPF Member Associations will balance their efforts to achieve a diversified sustainable funding base, including user fees, with their commitment to meet the needs of poor and marginalized people.

7. Resource mobilization activities should be devolved to the regional and the country level when and where this is practical.

8. The IPPF Secretariat and Member Associations may seek support from any source, provided that the acceptance of such support does not impose conditions that violate any IPPF policy.

**Commitments**

9. The IPPF Secretariat and all Member Associations are therefore committed to:

   i. undertaking activities to increase funds available to implement the Strategic Framework;

   ii. achieving a sustainable diversified funding base in alignment with IPPF’s mission.

**Implementation**

The IPPF Secretariat and Member Associations have a number of distinct roles to play to realize these principles and commitments. In order to implement this policy:

10. The IPPF Secretariat and Member Associations will:

   i. invest financial and human resources in resource mobilization activities and ensure that systems and procedures are in place to support this work;

   ii. share pertinent information on the programmatic and geographical priorities of key donors; and


3. **FUNDING AND ACCOUNTING**

**Policy 3.1**

iii. foster collaborative, mutually respectful partnerships with donors, acknowledging their knowledge and expertise as well as their financial resources.

11. The IPPF Secretariat will:

   i. allocate financial and human resources to generate income from *new* sources of funding on an ongoing basis; and

   ii. inform and, when appropriate, coordinate with relevant Member Associations when undertaking resource mobilization activities with governments in their respective countries.

12. Central Office will:

   i. develop and implement a coordinated resource mobilization advocacy and fundraising strategy aimed at increasing funding and diversifying the funding base of the Federation, with the following funding priorities:

      a. to maximize unrestricted grants committed over long periods; and
      b. to secure restricted grants that further the delivery of the Strategic Framework; and

   ii. coordinate the Secretariat’s resource mobilization advocacy where the activity involves two or more Regions or where activities target OECD donor countries.

13. Regional Offices will:

   i. develop and implement a coordinated regional resource mobilization advocacy and fundraising strategy;
3. FUNDING AND ACCOUNTING

Policy 3.1

ii. provide political, management and financial support to Member Associations, with the aim of enabling Member Associations to access and manage funding independently.

14. Member Associations will:

i. develop and implement a coordinated resource mobilization and advocacy strategy that complements the work of the Secretariat as far as possible;

ii. advocate for increased funding for sexual and reproductive health and rights from donors in accordance with the Strategic Framework;

iii. work collaboratively and share lessons learned with other Member Associations to increase capacity and opportunities to raise and manage funding from a variety of sources;

iv. inform and, when appropriate, coordinate with relevant Regional Offices where other Member Associations support international programmes or activities.

As adopted by Central Council, November 1990
Last amended by Governing Council, November 2007
3. FUNDING AND ACCOUNTING

Policy 3.2

EFFECTIVE FINANCIAL MANAGEMENT AND REPORTING

Introduction

1. As a Federation of not-for-profit organizations funded by governments, multilaterals, foundations and private individuals, the Member Associations and Secretariat of IPPF have an obligation to ensure that financial management and reporting displays the characteristics of transparency, clarity and accuracy. IPPF must ensure that in order to enable the strategic objectives of the organizations to be achieved we must have systems and procedures in place to promote and encourage good financial management and reporting. This policy is to be implemented by the Governing body and Management of Member Associations with the overall intention of maximising the financial resources allocated to service delivery, and advocacy for sexual and reproductive health and rights.

Principles

2. The Member Associations and Secretariat of IPPF are guided by the following principles in terms of good financial management and reporting:

3. Honesty, integrity, probity, transparency and accuracy shall be the hallmarks of financial systems and those that operate them.

4. IPPF has zero tolerance towards fraud of any type or in any circumstances whether carried out by volunteers, staff, contractors, partners or clients.

5. Robust and effective financial systems and procedures must be in place to prevent and detect fraudulent and inappropriate activities which deplete resources and undermine programme delivery.

6. Financial resources should be utilized with consideration of value-for-money and having minimum overheads in order to maximize the use of funds in terms of programmatic inputs. This supports the objectives of the donor community to increase the effectiveness of aid as outlined in the Paris Declaration\(^1\).

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\(^1\) Paris Declaration on Aid Effectiveness, 2 March 2005
3. **FUNDING AND ACCOUNTING**

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7. Accurate, up-to-date and comprehensive financial information is required to ensure that our organizations are well managed and monitored.

8. Donors (including IPPF) should receive timely reports indicating how their resources have been utilized and, that utilization has been in accordance with the funding conditions.

9. Financial reporting systems should promote and facilitate performance measurement, cost effectiveness, efficiency and value for money.

**Implementation**

10. Member Associations and the Secretariat shall ensure that the following are considered and implemented:

    **Governance**

11. The role of the Governing body is key to effective financial oversight within the Member Association. The Governing body have a responsibility to ensure that realistic annual budgets are set for the organization which includes all expenditure commitments and that the income estimates are achievable. The Governing body should meet regularly during the year to review budget performance and where necessary take action to ensure the organization remains financially viable. The Governing body should ensure that resources within the annually approved budget are allocated in order to meet the Strategic Plan of the organization. They should also ensure that the structure of the organization, staffing and allocation of resources is aligned to achieve strategic performance targets and overall effectiveness and efficiency.

12. In order to achieve the role of effective financial oversight the Governing body should have members with appropriate skills and experience in the field of financial management and decision making.
3. FUNDING AND ACCOUNTING

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Electronic Integrated Management System (eIMS)

13. The eIMS is the system used by IPPF to enable the reporting of results against the Strategic Framework for the financial resources provided by donors. The Secretariat and grant receiving Member Associations are required to implement the system in order to plan, monitor, evaluate and report against the aims and objectives of the Strategic Framework.

14. Financial Reporting at every level of IPPF must be able to link income and expenditures to the IPPF strategic areas in order to measure and assess financial performance and outcomes.

Staffing

15. The Governing body shall ensure the appointment of an Executive Director who shall then ensure that appropriately qualified staffs are in place to operate financial systems. Finance staff are expected to uphold the characteristics of honesty, integrity, probity and competency. In order to attract and retain effective financial staff, suitable capacity building and staff development should be undertaken.

Accounting Systems

16. Suitable computerized accounting systems should be in place to ensure that all the transactions of the organization are accurately recorded on a timely basis. The system should be up-to-date and be capable of producing financial statements and regular monthly management reports showing budget and actual performance for both income and expenditure within three weeks of the month end. The accounting system should be adequately protected to prevent the loss, destruction or alteration of data.

Internal Control Systems

17. Management is expected to develop, implement, monitor and review internal control systems on a continuous basis.
3. **FUNDING AND ACCOUNTING**

**Policy 3.2**

18. On an annual basis the external auditors will supply a Management Letter outlining any issues of concern with the internal control systems. Issues raised will be followed-up and resolved as soon as possible.

**Value for Money**

19. Goods and services purchased should be undertaken with value for money considerations. The highest possible quality goods and services necessary should be purchased at the lowest possible cost in order to optimize value for money. This is achieved through appropriate tendering, the process for awarding contracts and the subsequent monitoring of such contracts and the supply of goods. This supports the desire of the donor community to increase the effectiveness of aid as outlined in the Paris Declaration.

20. The methods of undertaking purchasing, organizing service delivery and programme implementation should be done in order to optimize the funds available.

**Financial Statements**

21. On an annual basis grant receiving Member Associations shall prepare for IPPF and other donors financial statements in accordance with internationally accepted accounting standards. These statements shall include all sources of income not just IPPF funding (including donated items such as commodities). These statements shall be audited by reputable auditing firms. For this purpose the Secretariat will issue annually an approved list of international auditing firms which are recommended for use.

22. The financial year to be followed is 1 January to 31 December.

23. Audited financial statements should be approved by the Governing body of the organization on a timely basis and within five months of the year end at the latest. The Governing body should also ensure that the Management responses to the Management Letter are appropriate and that recommendations will be implemented in a timely and effective manner. The Management Letter shall be submitted to IPPF together with the audited financial statements.
3. **FUNDING AND ACCOUNTING**

**Policy 3.2**

**Donor Reporting**

24. Where donor funds are received for restricted purposes the accounting system and internal controls must be capable of ensuring that the income and expenditure is correctly identified. Items of expenditure cannot be charged to more than one donor. Where items of expenditure are charged against donor funds these must be in line with any of the donor's funding requirements and / or the donor grant agreement.

25. Donor reporting must be undertaken on a timely and accurate basis ensuring that the reported figures agree to the underlying accounting records.

**Budgeting**

26. Comprehensive and timely budgeting should be undertaken in order to plan the allocation of resources and ensure that suitable funding is in place to meet expenditure requirements. Budgeting should be based on accurate cost information and cover all the expense items of the organization. Annual budgets should be in place in advance of the start of the year to allow effective implementation of programme activities. Longer term budgeting should also be undertaken as part of the strategic planning process with indications provided of long term sustainability in terms of local income, donor diversification and other income generating initiatives.

**Overheads**

27. Overheads are defined as indirect costs which cannot be attributed to a particular programme project and include the salaries and other costs of the following departments: finance, human resources, information technology and office facilities. All organizations require overheads to ensure that their programme delivery is provided with adequate support from finance, human resources, office support and information technology. IPPF believe these need to be in place to ensure well managed organizations but at a level which demonstrates value for money. No more than 20 per cent of an organization's overall annual budget (all donor
3. FUNDING AND ACCOUNTING

Policy 3.2

income, local raised income, clinical service fees etc) should be allocated to such overhead costs. Where the percentage is higher, the Governing body will need to justify this to IPPF and demonstrate that plans are in place to meet this target in future years through cost reductions and/or income increases. Generally accepted targets for overhead costs are between 10 and 15% of total budget and organizations should strive towards these targets.

Commodities

28. Suitable stock management systems should be in place to ensure that stock movements are correctly recorded and that an effective stock management system can be implemented to prevent stock wastage. The stock management system and the financial system recording stock values should reconcile.

Investments

29. Member Associations should have a clear policy in place outlining the investment of surplus cash. This policy should be risk based ensuring maximization of returns at an acceptable level of risk.

Reserves

30. Adequate general reserves are required in order to maintain a healthy financial situation and in particular the cash flow of the organization. Associations should plan their overall budgets in line with their expected levels of reserves. A general reserve in excess of three months unrestricted annual budget will need to be justified by the Governing body. Associations can utilize excess general reserve to establish a foreign currency reserve where this is required to provide protection against fluctuating donor receipts.

31. On an annual basis the Secretariat shall review the working capital (excess of current assets over current liabilities) of the Association and the rate of exchange at which it has received funding remittances. Where the Association is found to have excess working capital then the level of the funding provided may be adjusted depending upon the level of unrestricted reserves held.
3. **FUNDING AND ACCOUNTING**

**Policy 3.2**

**Endowment / Capital or Trust Funds**

32. Where capital is retained and invested for the purpose of generating income to be used for the activities of an Association this is referred to as endowment / capital or trust funds. Such funds are created by the Governing body of the organization. The capital to create such funds can often arise from large bequests or legacies being received, surplus unrestricted reserves identified or a donor provides funding specifically to allow this. The aim is to create a long term and regular method of generating an income flow from investing such a fund. In establishing such funds the Association should ensure that an investment strategy is in place to maximize the returns against the level of risk which is deemed to be acceptable. As the decision to create such a fund will lead to short term service delivery not being expanded, consideration must also be given to any impact on future fundraising efforts from maintaining such funds.

**Exchange Rates**

33. The reporting currency of IPPF is United States Dollars.

34. IPPF will provide core funding based in the local currency of the Member Association. The U.S. dollar conversion amount will also be quoted, but this will be based on the exchange rate in effect on the specific day the grant is settled. The grant remittance itself will be paid in US dollars and the total dollar amount paid in a particular grant year will equal the agreed local currency funding amount when converted using quoted rates (OANDA or similar).

35. In certain extraordinary circumstances, for example hyper inflation, the payment of grants in local currency will result in Member Associations being unable to complete agreed activity. In these circumstances grants will be made in US dollars up to the amount of the original dollar conversion referenced in point 35.

36. IPPF funding shall be transferred through recognized banking channels and will not be used to circumvent local exchange regulations.

*As adopted by Governing Council in May 2008, amended in November 2010*
3. **FUNDING AND ACCOUNTING**

**Policy 3.3**

**ALLOCATION OF RESOURCES**

1. Criteria which govern the allocation of IPPF resources take account of the cultural, social and religious difficulties facing individual Member Associations in addition to the economic problems in each country.

2. The following seven principles apply to the allocation of resources:

   (i) IPPF support is only given to programmes respecting the right of parents freely and responsibly to plan the number and spacing of their children.

   (ii) IPPF gives preference to programmes which have a direct and demonstrable benefit to the welfare of individuals and families.

   (iii) IPPF, where appropriate, supports programmes designed to demonstrate that large scale family planning programmes are feasible and may undertake support of programmes designed to provide the major proportion of national family planning services.

   (iv) IPPF support is given to develop acceptance of family planning in the expectation that local resources will increasingly be devoted to family planning.

   (v) IPPF gives preference to programmes which are innovative in nature, demonstrate high quality, or provide services in a simple, safe and effective manner.

   (vi) IPPF gives preference to programmes which are based on volunteer effort and broad community participation.

   (vii) IPPF takes into account the unmet needs and the social and economic setting within recipient countries.
3. FUNDING AND ACCOUNTING

Policy 3.3

3. On the approval of the Director-General, Regions and Member Associations may reallocate unspent funds from one budget item to another.

4. Funding Family Planning Through Other Organisations:

   (i) IPPF allocates its funds on the basis of quality and effectiveness of programmes in meeting family planning needs. No Member Association should regard itself as the sole means by which IPPF funds shall be channelled to meet the family planning needs of the people.

   (ii) IPPF may provide funds to other organisations on the basis of the following guidelines and in accordance with procedures determined by the Governing Council from time to time.

   (iii) In allocating funds to other organisations IPPF will seek where appropriate to:

         (a) complement and extend family planning efforts;

         (b) form partnerships with Member Associations in extending family planning work;

         (c) provide alternative channels for the delivery of family planning education, information and services.

   (iv) Each member must make best use of available resources to implement its own priorities and strategies within the overall policies and strategic directions of the Federation. Each member should seek to build partnerships with the Government, other international agencies and local NGOs working in related areas. Such partnerships will increase the influence and prestige of the Association and enable it to access additional resources from new and existing donors.

As adopted by Central Council, November 1990
Last amended by Governing Council, November 2000
3. FUNDING AND ACCOUNTING

Policy 3.4

PURCHASE OF CONTRACEPTIVES, CONDOMS AND REPRODUCTIVE HEALTH MEDICINES

Introduction:

1. IPPF’s purchasing policy and operational guidelines reflect the need to ensure that contraceptives and other reproductive health supplies meet acceptable levels of quality and that adequate insurance arrangements are in place to protect against the risk of poor product supply.

2. Over the past decade unprecedented changes have taken place in the hormonal contraceptive manufacturing and supply environment and more generally with reproductive health commodities. As the patents for the formulations for contraceptives have lapsed, many of the pharmaceutical companies that have provided products in the past have ceased to manufacture as they have faced competition from manufacturers in lower cost environments. Whilst the emergence of these lower priced generic alternatives has been welcomed, many of the generic manufacturers have struggled to gain the required international quality assurances that had been provided by the traditional pharmaceutical companies.

3. Three international quality assurance systems currently exist:

   a) WHO pre-qualification system; although few contraceptives have been approved, and almost no generics have been put through this lengthy and costly process.

   b) WHO/UNFPA Expert Review Panel (ERP1); WHO & UNFPA through this panel assess the quality standards of the requesting manufacturers and will make a decision towards recommending or not the procurement of their commodities but this is only granted for a maximum period of 12 months.

   c) Stringent Drug Regulatory Authorities (SRA2); this includes WHO as well as the regulatory authorities in specific countries (such as the US

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1 The WHO/UNFPA Expert Review Panel Process is acceptable as an alternative, interim standard for those products/manufacturers currently undertaking WHO Pre-Qualification that have not yet completed the process.

2 Stringent Drug Regulatory Authority (SRA) means a regulatory authority which is (a) a member of ICH (as specified on www.ich.org); or (b) an ICH Observer, being the European Free Trade Association (EFTA) as represented by Swiss Medic, Health Canada and World Health Organization (WHO) (as may be updated from time to time); or (c) a regulatory authority associated with an ICH member through a legally binding mutual recognition agreement including Australia, Norway, Iceland and Liechtenstein (as may be updated from
Food and Drug Administration (FDA)) that are subject to high standards of regulatory oversight.

4. The second issue arising from the changing supply environment relates to ensuring that products supplied by IPPF and its Member Associations are covered by appropriate product liability insurance. Such liabilities can arise at any point in the supply chain and are broadly divided into the following three areas:

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<tr>
<th>Area of Responsibility</th>
<th>Liability</th>
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<tbody>
<tr>
<td>Product manufacture and supply</td>
<td>Manufacturer’s Liability</td>
</tr>
<tr>
<td>Product delivery to Member Association</td>
<td>Procurement Agent’s Liability</td>
</tr>
<tr>
<td>Product receipt storage and use with clients</td>
<td>Member Association’s Liability</td>
</tr>
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5. Neglect can happen anywhere in the distribution chain from the manufacturer to the end user. Even if the procurement agency isn't found to be directly responsible for the cause of claims, the absence of adequate processes and precautions initiated by the procurer to prevent the occurrence of such problems at the point of practice of other involved parties may give reason to a claim. As the final supplier of the product to the client, Member Associations will generally find themselves as being the first point of contact dealing with product quality issues.

6. Whilst all manufacturers should have liability insurance to cover manufacture and supply (i.e. quality and safety of the product), the reality is that some manufacturers do not. Some have far-reaching product liability cover that protects them against manufacturing risk and product malfunction. Their procedures and processes for liability protection are highly elaborate and sophisticated to distance the company and the product from neglect in having made the product available.

7. A number of producers have been found not to provide adequate product liability coverage to indemnify third parties, such as a procurement agency, from liability claims, or if product liability coverage does exist; the amount of coverage is normally low. This situation requires the procurement agency to establish its own product liability coverage to be protected against claims, justified or unjustified, and their related costs. Benefiting from its own product liability coverage a procurement agency is then free to procure from generic manufacturers who do not have third-party liability coverage in place and distribute these products into markets of its choice.

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3 ‘Procurement Agent’ refers to any internal or external service provider delivering products.
Policy

8. It is IPPF's Policy:

(i) Only to offer hormonal contraceptives, condoms, IUDs and other reproductive health commodities whose formulation and specifications have been reviewed and recommended by WHO;

(ii) To procure and supply only hormonal contraceptives, condoms, IUDs and other reproductive health commodities that are manufactured in accordance with current Good Manufacturing Practice (cGMP) quality assurance standards, from facilities which have obtained quality approval for these products from Stringent Regulatory Authorities, and/or have been assured under the appropriate WHO prequalification programme or the WHO/UNFPA Expert Review Panel Process. This is to ensure that all products procured and/or supplied by IPPF and its Member Associations are of verifiable quality regardless of the manufacturer/supplier or country of origin;

(iii) Products received by IPPF Member Associations as a donation from the national government will be registered and approved for use in that country by that government and may therefore be accepted. This would also apply to products made available at subsidized price by governments;

(iv) Products received by the Secretariat and Member Associations as a donation from another third party must meet the minimum requirements stated above in (i) and (ii);

(v) Where locally feasible, Member Associations supplying reproductive health products must ensure that adequate product liability insurance cover (manufacture’s / procurement agent’s and Member Association’s liabilities) is in place in order to indemnify against claims and their related costs, minimize risk and safeguard the reputation of the Federation.

Policy Implementation:

To implement this policy:

9. Member Associations supplying reproductive health commodities must have in place documented policies, procedures and controls to ensure that all supplies meet the requirements of the procurement policy. These should cover both purchases made by the Member Association as well as donated items received from donors and third parties that are distributed by the Member Association.

10. Member Associations should review and document on a regular basis their insurance coverage to ensure that it meets with best practice in relation to product liability risks. Where commodities are supplied through the
Secretariat, Member Associations must ensure they have ‘product receipt storage and use with clients’ cover in place. Where Member Associations obtain commodities that have not been supplied through the Secretariat they must ensure that liability insurance covers: ‘product manufacturer and supply’, ‘product delivery’ as well as ‘product receipt, storage and use with clients’ where locally feasible.

11. Where donated products are supplied to the Federation for disbursement, the Secretariat will ensure that internal processes for accepting these donated items meet the requirements of this policy and are documented.

12. The Secretariat will provide commodity procurement advice and guidance on matters in relation to the procurement policy to Member Associations in order that they can purchase commodities that meet recognized quality standards but at the same time benefit from the reduced costs as a result of the generics market-place.

13. Central Office when acting as a procurement agent will maintain product liability insurance cover to allow it to procure products from generic manufacturers who do not have third party liability insurance in place in order to allow it to distribute such products.

As adopted by Governing Council, November 2007
Last amended by Governing Council, November 2013
3. FUNDING AND ACCOUNTING

Policy 3.5

MEMBER ASSOCIATION BUILDING LOANS

1. The Director-General has the power in consultation with the Governing Council to consider and approve building loans by IPPF to Member Associations to the extent necessary in exceptional circumstances.

2. Commercial loans or loans from IPPF obtained by a Member Association for the purpose of acquiring land or buildings shall be governed by guidelines laid down from time to time by the Governing Council and found in the Finance and External Audit Manual.

As adopted by Governing Council, November 1999
Last amended by Governing Council, November 2000
3. FUNDING AND ACCOUNTING

Policy 3.6

EMERGENCY FINANCIAL SUPPORT FOR PEOPLES IN COUNTRIES FACING DISASTERS

Introduction

1. As a Federation working in more than 150 countries, IPPF and the communities living in areas where we provide sexual and reproductive health and rights, are affected by the impact of disasters resulting from natural forces (i.e. droughts, floods, famines, hurricanes) or man-made situations (i.e. civil strife and economic crises).

2. This policy provides guidance as to where additional emergency financial support funding can be provided and the process through which it is approved by the organization.

Principles

3. IPPF is not a Disaster Relief organization and is not in a position to respond to the needs arising from disaster situations. It does however recognize that as a result of such disasters, serious humanitarian assistance can be required in order to meet the sexual and reproductive health and rights (SRH&R) needs of the suffering populations.

4. IPPF also recognize that such disasters can put short term pressure on a Member Association to continue their services, due to damage to key facilities, equipment etc.

5. In granting funds for emergency support we aim to ensure that normal services can be restored as soon as possible and / or that the immediate SRH&R needs of the suffering populations can be met.

6. Funding can only be granted to organizations who are members of IPPF.

Emergency Support Funding

7. The Governing Council shall aim to set aside an adequate fund each year within the Programme Budget for an Emergency Support Fund.
8. The fund shall be administered by the Director-General who will make decisions on the funding to be provided.

9. The maximum amount which any organization can receive in any one year is US$50,000.

10. Member Associations will apply for funding through the Regional Director within four weeks of the situation occurring. The application should state the background to the emergency situation and how this has affected the Association, the expected outcomes and a detailed budget as to how the funding will be utilized.

**Purpose of Funding**

11. Funding is provided to meet additional costs arising from a disaster. It is not a means of providing recurring costs normally included within the Programme Budget of the Association.

12. Funding must be linked to the SRH&R needs of the population. Whilst providing an integrated response can sometimes involve provision of shelter, food and other basic needs there must be a clear element and linkage to SRH&R, for example providing support to pregnant women.

13. Funding can be used for repairs and replacement to property and equipment of the Member Association which have been destroyed as a result of a disaster.

**Reporting**

14. All Member Associations receiving funding from the Emergency Support Fund should provide the Regional Office, within six months of receiving the funds, a detailed breakdown of how the funds were spent and the specific outcomes.

*As adopted by Governing Council, November 1999*  
*Last amended by Governing Council, November 2007*
3. **FUNDING AND ACCOUNTING**

**Policy 3.7**

**RELATIONS WITH THE PRIVATE SECTOR**

**Introduction**

1. The objective of this policy is to enable the creation of sound partnerships with the corporate sector, in pursuit of advancing global sexual and reproductive health and rights. It aims to extend the potential for IPPF and Member Associations to access funds from commercial firms in ways that do not contravene principles of prime concern to IPPF relating to the need for the Federation and Member Associations to be objective, and to be seen to be objective with regard to advice, information, education and services related to sexual and reproductive health in general, and contraceptives and other methods of fertility regulation in particular. The policy aims to maximize IPPF’s potential to improve and uphold sexual and reproductive health and rights around the world, by enabling the Federation to develop strategic alliances with the private sector with the capacity to increase IPPF’s visibility, impact and, where appropriate, resource base, while maintaining principles relating to the avoidance of conflict of interest.

2. IPPF recognises that mutual benefits can flow from entering into constructive partnerships with the private sector to advance IPPF’s strategic potential to fulfil its mission, with the overall objective of advancing global sexual and reproductive health and rights. The following principles apply to the development of such partnerships with the private sector, including pharmaceutical companies.

**Partnerships with the Private Sector - General Principles**

3. Partnerships with the private sector must be consistent with the need for the Federation and Member Associations to be objective, and to be seen to be objective with regard to advice, information, education and services related to sexual and reproductive health in general, and contraceptives and other methods of fertility regulation in particular.
3. **FUNDING AND ACCOUNTING**

**Policy 3.7**

4. Partnerships based on contracting for goods and/or services, or the purchase of contraceptives should take place within accepted practices and guidelines that represent best value for IPPF.

5. In cases where those firms are engaged primarily in the manufacture and/or marketing of products whose sale is against IPPF’s mission, such relationships are not acceptable.

6. Factors to be assessed before entering into partnerships would include the human rights record of the company with regard to employment and other relevant policies and practices, and any views that the company may have expressed about reproductive health issues in general, or IPPF and Member Associations in particular.

7. IPPF recognizes two distinct elements within the private sector: the vast majority of companies, which do not produce goods and services related to reproductive health, and pharmaceutical companies; each are dealt with separately in the policy.

**Partnerships with the Private Sector Excluding Pharmaceutical and other Companies Working in the field of Reproductive Health**

8. Several organizations of international repute, both in the non-governmental and inter-governmental sectors, are now working in partnerships with the private sector in ways that have produced substantial results on two related, but distinct fronts of key strategic importance: resource mobilisation and public information and advocacy. Partnerships can relate to specific programmes/projects, or take the form of a more general corporate collaboration.

9. The vast majority of commercial firms do not manufacture products directly related to IPPF’s work: accepting funds from such firms would be unlikely to involve conflicts of interest; IPPF and Member Associations are encouraged to intensify efforts to enter into partnerships with such companies. Some Member Associations are already actively involved in
such partnerships, with successful results, for example working with factory owners to offer reproductive health care in the workplace. Where potential exists for strategic alliances with the private sector which do not involve working with companies engaged primarily in the manufacture, promotion or marketing of contraceptives and other drugs and devices used for reproductive health, and no conflict of interest exists, such relationships are acceptable, and should be actively pursued, provided that they are consistent with the general principles outlined above.

**Partnerships with Pharmaceutical and other Companies Working in the field of Reproductive Health – General Principles**

10. In cases where firms are engaged primarily in the manufacture, promotion or marketing of contraceptives and other drugs and devices used for reproductive health, such relationships may be acceptable, provided that they are consistent with the following principles:

(i) Partnerships can be entered into provided they do not give rise to a conflict of interest with regard to IPPF’s role in setting standards on the safety, effectiveness and acceptability of any drugs or devices used for reproductive health, which must be based solely on science and evidence, and be free from commercial interests.

(ii) Partnerships can be entered into with single commercial organizations provided they do not have a direct financial vested interest in the outcome of the activity they would be sponsoring. Where the advantage of such partnerships would appear to be compelling, without giving rise to a conflict of interest, it is important that the process of selection of the organization be transparent, and include other companies. Care must be taken with such arrangements to ensure that the integrity and independence of the Member Association or IPPF is not compromised, or seen to be compromised. Where possible, other commercial organizations with a similar interest should have an opportunity to contribute to the programme/project.
3. FUNDING AND ACCOUNTING

Policy 3.7

(iii) Partnerships featuring large-scale contributions in kind, particularly of pharmaceutical products, may not be promotional in character, and should not generate a demand for the product that is not sustainable after the donation has ended. All such products must have been approved by IMAP, if they are within the Panel’s sphere of expertise, and the distribution of these products must be justifiable on the basis of current best evidence and practice. Product distribution shall be on the basis of objective criteria for the selection of recipient countries, communities, or programmes and projects.

(iv) Volunteers or employees of IPPF or of Member Associations may only accept gifts or gratuities of nominal or token value, for example pens, key rings, flowers, or commemorative plaques, from pharmaceutical firms or other commercial suppliers to the Federation or Association. Any amounts outside this limit, which would include sponsorship to attend international conferences, must be declared to the Member Association or IPPF, and mechanisms must be in place to ensure that such individuals have no influence on the procurement policy and practices of the association or Federation that would involve the sponsoring organization.

Partnerships with Pharmaceutical and other Companies Working in the field of Reproductive Health – Operating Principles

11. The following operating principles shall apply to any arrangement entered into with pharmaceutical or other companies working in the field of reproductive health by IPPF or any Member Association or combination of Member Associations:

(i) IPPF and Member Associations must be able to demonstrate that their policies and practices on the safety, effectiveness and acceptability of all drugs and devices used for reproductive health are free from outside influence.

(ii) IPPF and Member Associations must be free to dissociate
themselves from any product with which they may have been associated in the past, for any reason. No social marketing, or other arrangement should bind IPPF or an Member Association to associate itself with a product in the event of any new evidence related to its risks, benefits, or acceptability.

(iii) IPPF and Member Associations should not endorse any product in a way that implies that it is better than other products that have identical formulations, or endorse manufacturer’s claims of product superiority over other similar products that have not been recognized by the IPPF International Medical Advisory Panel (IMAP).

(iv) For particular events, publications, etc., IPPF or Member Associations should endeavour to seek support from more than one commercial firm to ensure that they are not identified solely with one company. Where this is not possible, the Member Association must make every effort to ensure that its integrity is not compromised by the use the private sector partner makes of the arrangement. Efforts should be made to distinguish between acknowledging the company as sponsor of an event, and directly endorsing named products produced by the company. Partnerships entered into with one firm should be for a finite period of time, which should not normally be for longer than five years, at which time the arrangement should be reviewed.

(v) Commercial firms in partnership with IPPF or Member Associations may not use the name or logo of IPPF or the Member Association for the purpose of marketing their own products without prior agreement at the relevant national, regional and international levels, which would normally be conditional on ensuring that the integrity and independence of the Member Association or IPPF is not compromised, or seen to be compromised, and that its use is consistent with best practice in this field.

**Research and/or Monitoring of Contraceptive Use Projects**

12. IPPF recognizes that research in collaboration with pharmaceutical and other companies working in the field of reproductive health can present

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1 It is recognized that Member Associations make an effort to offer their clients products of high quality and that, therefore, the fact that a Member Association offers a particular brand can be seen as an implied endorsement of the product. This clause does not preclude this kind of collaboration with suppliers of selected product brands.
ethical dilemmas; such proposals should be reviewed by IMAP prior to entering into agreement with the company. Cash or in-kind grants offered for the purposes of research and/or monitoring the use of contraceptives and other drugs and devices used for reproductive health may be accepted only under the following conditions:

(i) It must be possible for IPPF to demonstrate convincingly in all situations that donations from such firms do not affects IPPF’s behaviour in any way and so do not alter IPPF’s independent status. Particularly it must be possible always to demonstrate that such donations cannot be in any way linked with the design or outcome of research and monitoring programmes.

(ii) Manufacturers or distributors of contraceptives – especially if donors to the monitoring programme – must reach agreement with IPPF or the Member Association before they can use results of any IPPF- or Member Association-related monitoring programme in any advertising or promotional material as an endorsement by IPPF or the Member Association of its product. The study must be conducted according to established scientific criteria, and the results must be presented in a fair and objective way.

**Policy Implementation**

13. Nothing in this policy shall contravene the IPPF Constitutional provisions principle 1.1.3, which states that “The Member Association Constitution should state that it is a not-for-profit organization which is not and shall not be controlled by commercial interests and that all its income, commodities and property shall be applied solely towards the promotion of its objects.”

14. IPPF will monitor the implementation of this policy closely, and will continue to review best practice with regard to NGO relationships with the private sector.

*As adopted by Central Council, November 1990
Last amended by Governing Council, November 2000*
3. FUNDING AND ACCOUNTING

Policy 3.8

RISK MANAGEMENT

Introduction

Risk management is a central part of any organization’s strategic management. It is a key organizational planning and monitoring tool. This policy outlines the way in which Member Associations and the Secretariat of IPPF should address risk management.

Definitions

Risk

Risk is measured in terms of the probability of an event occurring and its negative consequences.

Risk Assessment

Risk assessment is the overall process of risk analysis and evaluation based on the chance of something happening that will have a negative impact on the achievement of the organization’s objectives. This is the shaded component of the diagram.

Risk Management

Risk management is the culture, processes and structures that are directed towards the effective management of potential opportunities and adverse effects within the organization’s environment.

Diagrammatically, the risk management process is depicted in the following flow-diagram:
3. FUNDING AND ACCOUNTING

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Risk Management Process

Risk management process is the systematic application of management policies, procedures and practices in relation to risk. It is a continuous process of identifying, analysing, evaluating, treating, monitoring and communicating risk so that it becomes a basis on which the organization is managed. The process involves the Governing Body, Senior Management and other staff.
3. **FUNDING AND ACCOUNTING**

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**Risk Register**

A risk register is a document which lists the most important risks facing the organization together with the likelihood and impact of those negative events occurring. The document should include details of steps which have or will be taken to reduce the impact should the risk occur.

**Principles**

1. The focus of good risk management is the identification of and treatment of organizational risks. The objective is to add value to all the activities of the organization.

2. Risk management should be a continuous and dynamic process which runs throughout the organization’s strategy and implementation of that strategy.

3. It should address methodically all the risks surrounding the organization’s past, present and, in particular, future activities.

4. Effective risk management requires a reporting and review structure to ensure that risks are effectively identified and assessed and that appropriate controls and responses are in place. This structure should involve the Governing Body and Senior Management. Senior Management should ensure that an effective system is in place to manage the risks. The Governing Body takes the lead on reviewing the risk register and ensuring that senior management have suitable plans in place to treat risks where controls were identified as inadequate.

5. Where internal audit operates, their work should be focused on the significant risks identified in order to provide Management and the Governing Body with periodic assessments that these are being adequately managed.
3. **FUNDING AND ACCOUNTING**

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**Major risks**

Most organizations face similar major risks and these can be summarized as:

- Change in political environment
- Change in legislation
- Change in strategic direction
- Reduced income
- Lack of financial sustainability
- Loss of reputation
- Ineffective governance
- Ineffective management
- Inadequate staffing and skills
- Information technology failure (hardware / software)
- Major incident response (terrorism / flood / fire / disease).

**Implementation**

**For Member Associations:**

6. Member Associations are encouraged to adopt a clear risk management process outlining the roles that the Governing Body and Senior Management should undertake. The Governing Body should approve a risk management policy.

7. Member Associations are encouraged to include risk management within their strategic planning process.

8. Associations should document the main risks facing the organization and ensure that controls are in place to minimize the financial impact of risks. The Governing Body should approve on an annual basis the most important risks facing the organization. It is considered good practice for each Governing Body meeting to review the risk register as a standing item on the agenda. This should include follow-up on actions taken from the previous year to the risk register.
3. FUNDING AND ACCOUNTING

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9. Senior Management shall promote a systematic and consistent approach to risk by ensuring that risks are assessed and considered as part of the day-to-day management of the organization.

10. Where Internal Audit are in place they should utilize the results of the annual risk assessment to plan their work and provide an assurance to the Governing Body that controls are in place to minimize these risks.

For the Secretariat:

11. The Director-General shall ensure that a comprehensive risk register is in place for the Secretariat including each Regional Office and the Central Office. This shall identify the major risks and the controls in place to minimize and monitor those risks.

12. The Director-General shall present to the Governing Council on an annual basis the most significant important risks facing the organization. Regional Directors will present similar regional risk registers to their Regional Executive Committees.

13. The Governing Council will review on an annual basis the Secretariat risk register, including follow up on actions taken from the previous year to the risk register. This will follow a detailed review by the IPPF Audit Committee.

14. The Regional Offices shall provide assistance to Member Associations in developing risk management within their organizations.

15. Senior Management shall promote a systematic and consistent approach to risk by ensuring that risks are assessed and considered as part of the day-to-day management of the organization. They shall also ensure that controls are in place to minimize the financial impact of risks.

16. Internal Audit will utilize the results of the annual risk assessment to plan their work and provide an assurance to the Audit Committee that controls are in place to minimize these risks.

As adopted by Governing Council, November 2007
3. FUNDING AND ACCOUNTING

Policy 3.9

EXPENSES OF AND PAYMENTS TO VOLUNTEERS

Volunteers who are IPPF Trustees

1. The UK Charities Law requires that a registered charity have a clearly identifiable body of people who are responsible for the general control and management of the administration of the organisation. In the UK these are referred to as “trustees”, but they may be called executive or management committee members, board, council of management, or directors, or they may be referred to by some other title. Whatever the trustees are actually called, their responsibilities, as trustees, are the same.

2. The trustees of IPPF are the thirty elected members of Governing Council.

3. This section of the policy applies to volunteers who represent their regions on the IPPF Governing Council and are IPPF’s trustees. They are subject to the United Kingdom Charities Law and the rules laid down by the Charity Commission.

4. The UK Charities Law states that trustees cannot receive any benefit (which includes payment, services, facilities, funds or other benefits of measurable value) from their charity unless they have express legal authority to do so. This is to uphold the principle that if trustees are not allowed to receive any benefits from their charity they will not have any conflict of interests when they come to allocate resources.

5. The restrictions on payments and other benefits to IPPF trustees apply equally whether the payment or benefit is received directly, or indirectly through a “related party” of the trustee such as a relative or member of the same household, business partner, or company in which the trustee has an interest.
3. **FUNDING AND ACCOUNTING**

**Policy 3.9**

6. Examples of indirect benefits would include:

   (i) Employment of a relative\(^1\) or member of the same household of a trustee by IPPF or a Member Association.

   (ii) Ownership by the trustee or a “related party” of land or buildings rented by a Member Association.

   (iii) Payment for goods or services by IPPF or a Member Association to a company in which the trustee or its “related party” has a directorship position or share ownership over 1%.

7. A more comprehensive list of examples of potential indirect benefits can be found in the Declaration of Material Transactions and Interest form that all trustees complete annually. It is the responsibility of Governing Council members to seek advice from the Secretariat, in case of doubt, as to whether a transaction represents an “indirect benefit”, before it takes place.

8. Members of Governing Council, i.e. the trustees of IPPF, should not receive such indirect payments or benefits unless it is necessary and reasonable in the best interest of the Federation and approved in advance by the UK Charity Commission.

9. The refund of legitimate expenses to IPPF trustees are allowed. Expenses are refunds of amounts a trustee has needed to meet personally or which have been met on his or her behalf, in order to carry out trustee duties. Even in the absence of anything specific in the governing document, the law clearly entitles a trustee to repayment from the charity of expenses that have been properly incurred. The law enables the trustee to recover out-of-pocket expenses as long as the trustee does not profit from his or her role as a trustee.

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\(^1\) The definition of relative is defined as: “grandparents and parents, brothers and sisters, sons and daughters, grandsons and granddaughters and in-laws”. 
3. **FUNDING AND ACCOUNTING**

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10. It shall be the responsibility of the Director-General to devise suitable systems and procedures to meet the Charity Commission requirements on expenses and payments to IPPF trustees.

**Volunteers who are Regional Council Trustees and Member Association Trustees**

11. This section of the policy applies to volunteer members of Member Associations who are not members of IPPF Governing Council but are either:

   (i) a member of a Regional Council; or

   (ii) a member of the governing body of the association of which he or she is a member.

12. For the purposes of this policy such persons shall be defined as “Regional Council Trustees” and “Member Association Trustees” respectively.

**Payments**

13. Generally, neither Regional Councils nor the Governing Bodies of Member Associations shall make payments to Member Association volunteers who are exercising a trustee role and responsibilities. This is to avoid creating situations where there may be the potential for a conflict of interest.

14. In this connection the term “payments” shall mean payment by money or other material benefit given to a trustee out of the Region’s or a Member Association’s funds in return for a service that the trustee has performed for the region or the Member Association. This definition includes payments for loss of earnings; and honoraria even if the sum involved is a token one that does not reflect the real value of the service provided.

15. However, it is recognised that there may be occasions, such as where a volunteer has specialised skills or is a leading expert in the field, when the Region or the Member Association may wish to contract for the volunteer’s services.
3. FUNDING AND ACCOUNTING

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16. Such payments may be allowed provided certain conditions are met.

   (i) The person receiving the benefit has had no part in the decision to pay for his or her services. Normally this would mean the member concerned leaving the meeting while the agenda item is discussed and a decision taken.

   (ii) The payments are for a specific purpose and a limited period. No payments should be made for non-specific services or on an open-ended basis.

   (iii) Their rights as volunteers are suspended at the level at which they are functioning for the period during which the contract is in operation. Thus a Member Association Board member who is receiving a fee or an honorarium for services provided cannot serve in this capacity until the contract is completed. Nor would they be able to serve as a Regional Council member during this period.

Loans

17. Loans shall not be made to any Regional Council or Member Association trustee from Regional or Member Association funds.

Expenses

18. Expenses are refunds of amounts a trustee has needed to meet personally or which have been met on his or her behalf, in order to carry out trustee duties at the regional or local level. Claims for expenses have to be supported by bills or receipts from third parties. However, to avoid unnecessary administration, a per diem may be paid or part of the individual’s travel costs paid directly to the supplier and the remainder covered by a per diem. The aim should be to ensure that out-of-pocket expenses are met and that there is no element of profit.
3. FUNDING AND ACCOUNTING

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Accounting

19. It shall be the responsibility of Regional Directors and the Executive Directors of Member Associations to:

(i) devise suitable systems and procedures to meet the general criteria set out above; and

(ii) ensure that the nature and amounts of all payments and refunds of expenses to trustees are identified clearly in the relevant accounting records.

Ordinary Volunteers – Member Association Members

Payments

20. Normally any services provided to an association by its volunteer members should be free. However, on an exceptional and occasional basis, if ordinary volunteers, who are not members of the Member Association’s Governing Body, render specialized professional services then an appropriate payment may be made.

21. Examples of such payments are:

(i) occasional sessional clinic fees for providing services;

(ii) one-off fees for preparing and delivering a lecture;

(iii) one-off fees for preparing or editing educational or information material.

Expenses

22. Expenses are refunds of amounts a volunteer has needed to meet personally or which have been met on his or her behalf, in order to carry out his or her duties within or on behalf of the Member Association. Claims for expenses have to be supported by bills or receipts from third parties. However, to avoid unnecessary administration a per diem may be
paid or part of the individual’s travel costs paid directly to the supplier and the remainder covered by a per diem. The aim should be to ensure that out-of-pocket expenses are met and that there is no element of profit.

**Loans**

23. Loans shall not be made to ordinary volunteer members from Member Association funds.

**Accounting**

24. It shall be the responsibility of the Executive Directors of Member Associations to:

   (i) devise suitable systems and procedures to meet the general criteria set out above; and

   (ii) ensure that the nature and amounts of all payments and refunds of expenses to non-trustee volunteers are identified clearly in the relevant accounting records.

**Expenses of IPPF Honorary Officers**

25. IPPF recognises that its Honorary Officers at Central and Regional level may incur personal expenses in connection with performing their official duties on behalf of the Federation.

26. This policy shall apply to the following:

   (i) the IPPF President;

   (ii) the IPPF Treasurer;

   (iii) Regional Honorary Officers.
3. **FUNDING AND ACCOUNTING**

**Policy 3.9**

**Expenses**

27. Examples of the type of expenses are:

   (i) travel and appropriate meal allowances;

   (ii) identifiable secretarial or administrative assistance over and above that supplied by an IPPF office or by the Member Association of which the Honorary Officer is a member;

   (iii) postage, fax and courier costs;

   (iv) telephone calls.

**Accounting**

28. Where allowable expenses are incurred on IPPF business their actual cost will be refunded by IPPF on the production of relevant accounting statements, receipts or other vouchers from third parties.

29. It shall be the responsibility of the Director-General to ensure that suitable systems and procedures exist within the Central and Regional Offices to identify all such payments and to record them in their accounting records. Due account shall be taken of the accounting and reporting requirements of the Charity Commission for England and Wales.

*As adopted by Central Council, November 1990*

*Last amended by Governing Council, May 2002*
3. **FUNDING AND ACCOUNTING**

**Policy 3.10**

**VOLUNTEERS AND STAFF TRAVEL**

1. Travel by IPPF volunteers, Secretariat staff and other persons, while on IPPF business, shall be by the most appropriate means. Value for money shall always be sought, in consideration of:

   (i) The nature of the work to be undertaken;

   (ii) The timing and duration of the trip; and

   (iii) The means of travel and standard of services.

2. Requests for travel should always indicate the specific purpose and intended results of the trip to be undertaken.

3. Concerning the class of travel:

   - Individuals, who make journeys on IPPF business where a flight is 10 hours or more, are entitled to travel in premium economy. In the event of premium economy not being available, economy class will be used;
   - In cases where a flight is less than 10 hours, economy class will be used;
   - Individuals who fly 10 hours or more, whether in economy or premium economy, may, if they wish, add an additional day to their travel to recover from their journey. IPPF will bear the hotel costs for the additional day;
   - Individuals who suffer a physical disability that results in a medical requirement to travel business class shall submit medical certificates to support this. Business class travel in these cases will need approval by the President in the case of volunteers, and the Director-General for staff;
   - If an individual decides to upgrade his/her class of travel, he/she can receive the cost of the ticket as calculated by IPPF and use this to buy his/her own ticket in a different class or with a different carrier;
   - Business class travel may be undertaken by the President, Director-General and Treasurer; and
   - Use of premium economy will not require the Director General’s sign off.

4. IPPF will pay for single occupancy in a hotel of a comfortable but not luxurious standard on an actual basis. Meals and other trip expenses will
be covered by payment of daily allowances in accordance with IPPF travel procedures.

5. The Director-General shall be responsible for devising and maintaining appropriate procedures to implement this policy.

As adopted by Governing Council, November 2000
Last amended by Governing Council, May 2011
3. FUNDING AND ACCOUNTING

Policy 3.11

TRANSPARENCY

Principles

1. IPPF believes that the timely free flow of information in accessible language is essential for ensuring accountability, learning, trust and good performance. This policy reflects IPPF’s commitment to transparency and to the sharing of information with clients, volunteers, staff, collaborating partners, donors and members of the public.

2. The purpose of the policy is to guide volunteers and staff of the Federation in the open sharing of information and to inform the general public what they can expect or demand, in terms of information from IPPF. This policy does not affect any legal requirements related to disclosure or non-disclosure.

3. The policy describes the minimum information that IPPF will share proactively with the general public and how it will do this. IPPF will share additional information with its own staff and with organizations it collaborates with and this will be done in a timely and accessible manner guided by the relevant agreements and documents related to the specific relationship.

4. This policy applies primarily to the IPPF Secretariat. IPPF’s Member Associations are strongly urged to develop their own transparency policy in line with local circumstances and the principles and guidelines outlined in this policy.

Confidentiality and non-disclosure

5. IPPF is committed to disclosing information except in the following instances:

   i) Personal details of volunteers and staff.
3. **FUNDING AND ACCOUNTING**

**Policy 3.11**

ii) Intellectual property or other information which has been disclosed or provided to IPPF under any obligation of confidentiality or which is subject to legal disclosure restrictions, or intellectual property of IPPF, unless consent of such disclosure has been obtained from the owner of such intellectual property.

iii) Legal advice and matters in dispute or under negotiation including disciplinary and investigative information generated in or for IPPF.

iv) Information dealing entirely with internal administration or operating systems which have no direct effect outside the organization, or internal documents written by staff to their colleagues, supervisors or subordinates, unless those documents are intended for public circulation.

v) Information that could jeopardise IPPF’s competitiveness in fundraising.

vi) If the sharing of information in a specific local situation will make volunteers, staff and the organization or its partners vulnerable or put them at risk, IPPF may choose not to share specific information for a specified period.

**Information to be shared freely and openly**

6. The following categories of information will be shared freely, openly and proactively:

i) Purpose and principles: (IPPF’s vision, mission, values, goals and objectives as laid out in the Strategic Framework, IPPF Act & Regulations, Legal registration and status).

ii) Governance, organizational and staff structure: (names of members of Central and Regional Governing Bodies and its committees; Senior Management Team members; structure, functions and responsibilities of the various entities of the Federation).
3. **FUNDING AND ACCOUNTING**

**Policy 3.11**

iii) Policies: (as described in the IPPF Policy Handbook and the Standards and Responsibilities of IPPF Membership).

iv) Work plans and strategies: (IPPF’s international, regional and country specific strategies, and annual work plans including financial information pertaining to key cost centres).

v) Performance: (an account of the Federation’s achievements, challenges, lessons learned and indicators of performance in relation to IPPF’s strategic goals will be available in an IPPF Annual Performance Report. Programme and finance data are also available in Regional Annual Reports.).

vi) Funds and finance: (types, proportion and absolute figures of income; sources of income, expenditure by categories; actual cost ratio for staff cost, support cost, project cost, fundraising cost, administration cost; types and location of fund investments as recorded in IPPF’s Annual Financial Statement)

vii) Relationships: (key relationships IPPF has in terms of client groups we serve, collaborating partners, networks, coalitions, and alliances we belong to and work with, who we receive money from, where we invest our money, who are our bankers, auditors, lawyers).

(viii) Human Resource Principles: (this includes IPPF’s commitments as a good employer and includes procedures related to how the Secretariat receives and deals with grievances and how we receive feedback and comments from within and outside).

**Ways and means of sharing information**

7. IPPF Central Office and Regional Offices will be responsible for sharing information on actions and information relating to the Federation and the Secretariat according to this policy. It will be the responsibility of each Member Association to share information regarding their organization and activities, in line with this policy.
3. FUNDING AND ACCOUNTING

Policy 3.11

8. All information shared will be timely. Information shared will be dated to indicate the timeliness.

9. At international level, IPPF will share information mentioned above in English. Member Associations at national level will share information in the official national language or other local suitable language as they deem appropriate.

10. IPPF websites will be the main venue for sharing the information mentioned above proactively to a wide audience. IPPF, within the limits of its resources, will also send information as requested (as per this policy) in electronic or printed form to an authentic address of a person or organization requesting information.

11. Anonymous requests for information will not be responded to.

12. Heads of different levels of the organization – Director-General, Regional Directors, and Executive Directors of Member Associations – will be the custodians of this policy but the day to day responsibility of implementation and management will be the responsibility of the person appointed by them to be responsible for external communications.

13. Reviewing compliance of this policy will be the responsibility of the Director-General and will be discussed in Senior Team Meetings and Governing Body Meetings as and when requested.

Making an information request

14. All email requests for information will be dealt with promptly. In those cases where information is denied, an appeal can be made to the IPPF Director-General whose decision is final.

As adopted by Governing Council, November 2010
3. **FUNDING AND ACCOUNTING**

**Policy 3.1**

**IPPF POLICY TO COMBAT BRIBERY**

1. **Introduction**

1. IPPF is committed to conducting business honestly without corrupt practices or acts of bribery, ensuring adherence to the highest legal and ethical standards. This must be reflected in every aspect of the way in which IPPF operates.

2. Bribery is a criminal offence in most countries in which IPPF operates, and penalties can be severe. In the UK, where IPPF is registered for legal purposes, the Bribery Act 2010 not only makes bribery and corruption illegal, but will also hold IPPF liable for failing to implement adequate procedures to prevent such acts by those working for the organization or on its behalf, no matter where in the world the act takes place. Corrupt acts committed abroad, including those by partners working directly on our behalf for example, consultants or MAs when working on global projects, may well result in a prosecution.

3. Bribery and corruption have a range of definitions in law, but the fundamental principles apply universally. Bribery is the offer, promise, giving, demanding or acceptance of an advantage as an inducement for an action which is illegal, unethical or a breach of trust. Corruption is the misuse of public office or power for private gain; or misuse of private power in relation to business. Acts of bribery or corruption are designed to influence the individual in the performance of their duty and to incline them to act dishonestly.

4. Bribery and corruption harm the societies in which these acts are committed and prevents economic growth and development. It has been estimated that up to 25% of all aid is wasted through corruption and bribery, which results in aid failing to reach those who have the greatest need.

5. Bribes can take on many different shapes and forms, but typically they involve corrupt intent. There will usually be a 'quid pro quo' – both parties will benefit. A bribe could be the:

   - Direct or indirect promise, offering, or authorisation, of anything of value
   - Offer or receipt of any kickback, loan, fee, reward or other advantage
   - Giving of aid, donations or voting designed to exert improper influence
3. FUNDING AND ACCOUNTING

Policy 3.12

6. IPPF will seek to apply a “zero tolerance” approach to acts of bribery and corruption by any of our volunteers, staff, Member Associations or by partners working on our behalf. Any breach of this policy will be regarded as a serious matter by IPPF and will result in disciplinary action.

2. Actions to be taken to prevent bribery and corruption across the Federation:

i. Risk Assessment: Effective risk assessment is at the very core of the success or failure of this policy. Risk identification pinpoints the specific areas in which bribery and corruption risks arise and enables better evaluation and mitigation of these risks.

ii. Facilitation Payments: In many countries, it is customary business practice to make payments or gifts of small value to government officials in order to speed up or facilitate a routine action or process. It may be that IPPF needs to obtain licences or permits faster than the normal course; or, needs to lawfully import commodities or materials. Despite this, facilitation payments as defined here are against this policy. IPPF takes the view that they are illegal within the UK as well as within most countries in which we operate. The UK Bribery Act 2010 makes no distinction between facilitation payments and bribes – regardless of size or local cultural expectations, even if that is “how business is done here”. However, in the event that a facilitation payment is being extorted, or if staff are forced to pay under duress or faced with potential safety issues or harm, such a payment may be made. If such a situation arises, the payment should be recorded clearly within IPPF’s books and records as a bribe, reflecting the reason for the underlying transaction.

iii. Gifts, Entertainment and Hospitality: It is IPPF’s practice not to accept gifts unless refusal causes offence. In these cases physical gifts should be given to the Human Resource (HR) department for appropriate disposal without causing offence to the donor. Some activities will fall within the bounds of normal business practice and are acceptable provided they fall within reasonable bounds of value and occurrence. All gifts of significant value should be reported and recorded. A variety of factors such as customs, culture and expectations may influence the level of acceptability. If staff feel
3. **FUNDING AND ACCOUNTING**

Policy 3.12

uncertain at any time regarding cultural acceptability of gifts, entertainment or hospitality, they should consult their line Manager or HR department. The provision of gifts and hospitality by IPPF should also be reasonable in terms of value and occurrence.

iv. **Accurate Books and Record-Keeping:** It is imperative that accurate books, records and financial reporting, within offices and books are kept. Overall financial reporting must be maintained and be transparent. False, misleading or inaccurate records of any kind could potentially damage the organization.

v. **Effective Monitoring and Internal Control:** All parts of the Federation must maintain an effective system of internal control and monitoring of our transactions. Once bribery and corruption risks have been identified and highlighted via the risk assessment process, procedures can be developed within a comprehensive control and monitoring programme in order to help mitigate these risks.

vi. **Relationship with partners:** Member Associations, Central or Regional Office are responsible for the evaluation of their partner relationships and informing them of our Bribery policy and the need to adhere to it.

vii. **Local Adaptation:** In order for this policy to be effective, it is necessary for it to be applied across IPPF worldwide, taking into consideration the diverse cultural environments in which we operate. This may require each Member Association or Region to adapt certain sections of this policy – such as gifts, entertainment and hospitality – to ensure they are fair, appropriate, and applicable and within national laws and charity guidelines.

viii. **Raising concerns:** All individuals, volunteers and staff, have a responsibility to help detect, prevent and report instances not only of bribery, but also of any other suspicious activity or wrongdoing. The organization is absolutely committed to ensuring that all staff and volunteers have a safe, reliable, and confidential way of reporting any suspicious activity. In the event of a concern regarding a suspected instance of bribery or corruption, staff and volunteers as highlighted in the whistle blowing policy can contact their own Manager, Regional or Divisional Director. If this is not practical, contact the Head of Human Resources in London or the Director General.
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Policy 3.12

7. This policy should be read in conjunction with IPPF policies and guidelines on whistle blowing, gifts, fraud and transparency which are all complementary.

As adopted by Governing Council, May 2012
3. FUNDING AND ACCOUNTING

Policy 3.13

IPPF FRAUD POLICY

1. Introduction

1.1. IPPF has a responsibility to ensure that it acts in the best interests of its clients and supporters at all times. This includes ensuring that its resources are used efficiently for the purposes intended and are not wasted or diverted due to fraudulent activities.

1.2. Consequently, this responsibility passes down to all staff and volunteers engaged by the IPPF Secretariat and its Member Associations.

1.3. Fraud covers acts such as deception, bribery, forgery, extortion, corruption, theft, conspiracy, embezzlement, misappropriation, false representation, concealment of material facts and collusion. It usually involves depriving someone of something by deceit or obtaining something by deceit, which might either be straight theft, misuse of funds or other resources, or more complicated crimes such as false accounting and the supply of false information. Fraud is not restricted to monetary or material benefits but includes intangibles such as status and information.

1.4. Fraud can be perpetrated not only against IPPF, but also in favour of IPPF, such as deceiving donors into providing funds for non-existent activity, or double-reporting single activities to more than one donor. IPPF does not tolerate either kind of fraud.

2. Policy

2.1. IPPF has zero tolerance of fraud of any type or in any circumstances, whether carried out by volunteers, staff, contractors, partners or clients. Fraud against IPPF depletes funds intended for the accomplishment of programme delivery, undermines effective functioning and jeopardises sustainable development by diverting donor contributions.

2.2. Fraud detection and prevention is the responsibility of everybody in IPPF, not just leadership and management.

2.3. Staff reporting fraud should be protected by local whistleblowing or complaints policies.
2.4. Employees found to have been involved in fraudulent activities must expect to be dismissed for gross misconduct in accordance with local policy and legislation.

2.5. It is recognized that fraud has a different legal standing in each country in which IPPF operates and therefore the legal response to fraud must reflect this local context.

2.6. Notwithstanding paragraph 2.5, any person (employee or otherwise) or organization implicated in a fraud should be dealt with through the local legal system where appropriate.

3. Implementation

The IPPF Secretariat and Member Associations have a number of distinct roles to play in implementing this policy.

3.1. Each IPPF Secretariat office and Member Associations will:

3.1.1. Have a fraud response plan and ensure it is effectively implemented. The fraud response plan will provide full details of how the organization reports, responds to, and investigates fraud allegations. It is extremely important to consider the local legal situation regarding fraud and build this into the fraud response plan. The fraud response plan should contain information on the followings areas: scope of the plan; summary of the fraud policy; possible sanctions for fraud; securing and gathering evidence; relevant Human Resource policies to consider whilst investigating employees; reporting and communication lines; roles and responsibilities; guidance on police involvement; and approach to impact assessment and lesson learning. The Secretariat approach to policy implementation is laid out in the Secretariat Fraud policy guidance.

3.1.2. Maintain a fraud register that contains summary details of all alleged frauds. The register should include, as a minimum, information on the following areas: date of the fraud; nature of the fraud; details of those involved; value of the fraud; and the outcome of the investigation, including whether legal action was taken.

3.1.3. Be responsible for local fraud reporting in compliance with local legislation.

3.1.4. Implement an effective approach to fraud risk management. This will involve identifying the key fraud risks and evaluating the likelihood and impact of their occurrence. For a fraud to occur four basic elements are essential: people to carry out the fraud; assets to acquire fraudulently; intent to commit the fraud; and opportunity to defraud. Fraud detection and prevention addresses
these elements through such measures as appropriate internal controls, including recruitment procedures, physical controls and controls to detect and punish fraudsters, but also through promotion of an anti-fraud culture.

3.1.5. Ensure that organizational culture encourages and facilitates the detection and prevention of fraud. Leadership of IPPF at all levels must demonstrate that fraud is unacceptable and perpetrators will be dealt with seriously. The actions and words of the leadership will give confidence to staff to report fraud and deter staff from committing fraud.

3.1.6. Fraud targeted at the Secretariat or against the cash or commodities transferred to a Member Association by the Secretariat must be reported to the IPPF fraud email address (fraud@ippf.org) and to the Director General. The fraud email address is monitored by the IPPF Central Office for reporting purposes, the final outcome of reported fraud will be reported to the Director General.

As adopted by Governing Council, November 2014
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.1

THE HUMAN RIGHT TO FAMILY PLANNING

1. It has been internationally agreed that the right of all individuals and couples to decide freely and responsibly the number and spacing of their children is a basic human right. The right to decide freely and responsibly also includes the right of individuals to have the necessary information, education and counselling on family planning, and the means to practice it.

2. Member Associations have a responsibility to actively promote, by means of advocacy and persuasion, that this freedom to choose is respected by the state and should do their utmost to educate individuals exercising the right to take into account the needs of their living and future children and their responsibilities to their community and to society at large.

3. Member Associations should ensure that the promotion of the right to and practice of family planning continues to receive the highest priority in their programmes.

As adopted by Central Council, November 1990
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.2

DELIVERY OF FAMILY PLANNING SERVICES

1. IPPF supports service delivery programmes which are directed towards those segments of the community which are most likely to be bypassed by the conventional facilities of governments.

2. High priority is given to programmes that serve the needs of the underprivileged in rural and peri-urban areas, the poor, the illiterate, minority groups, immigrants and young people in all countries and societies.

3. As a fundamental principle in both the provision of and advocacy for family planning services, Member Associations are urged to ensure the availability of all safe and effective methods of fertility regulation; campaign actively against any restrictions on any of these methods, and maintain a multi-faceted, accessible service delivery programme.

As adopted by Central Council, November 1990
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.3

INFORMED CHOICE

1. The right to ready access to family planning information, education and services must be accompanied by the right to make voluntary and informed choices on the methods of contraception available, be they temporary or permanent, traditional or modern. The right to accept or reject particular forms of contraception must be fully protected in all countries.

2. The exercise of both the right of access to family planning and the right to make informed and responsible decisions about childbearing requires full knowledge of the benefits, purposes and practice of family planning, and the personal, familial and societal consequences of individual reproductive behaviour.

As adopted by Central Council, November 1990
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.4

IPPF PUBLICATIONS

1. In furtherance of its aims and objectives, IPPF undertakes the publication of various documents and books, magazines, newsletters, brochures, etc., each of which adheres to and supports IPPF's policies and goals.

As adopted by Central Council, November 1990
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.5

WOMEN AND FAMILY PLANNING

1. IPPF upholds the principle that the attainment of real equality between the sexes is based on the empowerment of women to regulate their own fertility. Without the achievement of this basic freedom, within the sexual partnership, women are disadvantaged in their attempt to benefit from other social reforms.

2. The Federation therefore expects all its Member Associations to press for measures within their country which recognize the basic human right of women to decide the number and spacing of their children; provide for the constitutional recognition of the rights of women, and divert an equitable share of national resources into creating greater education and employment opportunities for women as a means of improving their status and creating a more favourable climate for the acceptance of family planning.

3. The Federation advocates that joint decision-making and shared responsibility by women and men be a goal in all its family planning programmes.

As adopted by Central Council, November 1990
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.6

MEN AND SEXUAL AND REPRODUCTIVE HEALTH

Introduction

1. IPPF is committed to working with men and boys as clients, partners and agents of change in our efforts to meet the goals and objectives of the Federation’s Strategic Framework. This applies to males of all sexual orientations, including those who have sex with other men (homosexual, bisexual and transgender) and regardless of HIV status.

2. This policy reflects the importance the Federation attaches to addressing male sexual and reproductive health and rights, and the need to work with men and boys, together with women and girls, as equal partners in the provision of comprehensive sexual and reproductive health services. This is critical to meeting today’s global public health challenges, and is in line with the ICPD Program of Action, the Millennium Development Goals (MDGs) and a wide body of international research.

3. This policy builds upon existing programmes and initiatives within IPPF, and provides guidance to volunteers and staff on where these may need to be developed or expanded. It outlines a number of steps to be undertaken by Member Associations and the IPPF Secretariat in order to implement services in line with this commitment. All policies and programmes within the Federation should be planned taking account of this policy, and implemented and evaluated accordingly.

Men’s role in Promoting Gender Equity in Health

4. IPPF believes that in order to address underlying power and gender imbalances, and their effects on health, it is essential to work with men in promoting gender equity. Strategies and programmes seeking to challenge the practices and structures creating gender inequalities should, therefore, explicitly engage men and highlight their positive and influential role. Such engagement should, at all times, enhance rather than diminish women’s autonomy. IPPF undertakes, where possible, to:
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.6

i. Promote gender equity as an issue of concern for men as well as women, and highlight the benefits of a more equal society for everyone.

ii. Work with positive male role models and undertake campaigns and educational programmes to empower men and boys to fully understand and promote gender equity and support the sexual and reproductive health and rights of others, in particular women and young people.

iii. Work with both sexes to challenge often ‘negative’ gender norms/stereotypes, tackle homophobia, and promote more equitable ways of living and loving.

iv. Work with women and girls to support the development of more equitable attitudes and behaviours amongst men and boys.

Reaching Boys and Young Men

5. IPPF is committed to reaching boys and young men, together with girls and young women¹, through comprehensive sexual and reproductive health information and services, to address the specific vulnerabilities and sexual and reproductive health needs of this group. The Federation also recognises the importance of early intervention to foster healthy sexual health attitudes and behaviours among boys and young men. The Federation undertakes, where possible, to:

i. Address the specific needs of boys and young men within existing sexual and reproductive health programmes, clinics and youth friendly services.

ii. Provide appropriate information, counselling and outreach that empower boys and young men to feel respected and confident in accessing support and using condoms.

iii. Work with young men and boys through comprehensive sexuality education and peer education programmes to increase their life skills and understanding of personal health, equitable relationships and the negative impact of traditional gender stereotypes.

¹ Boys, young men, girls and young women refer to those between the ages 10-24
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.6

Men as Partners in preventing HIV and other Sexually Transmitted Infections

6. IPPF believes that the programmes and services of Member Associations should recognise the critical role that men and boys play as partners in addressing the HIV epidemic and preventing other Sexually Transmitted Infections (STIs), and seek to facilitate their involvement. IPPF undertakes, where possible, to:

i. Increase male access to, and utilisation of, voluntary counselling and testing (VCT) services, and to increase their uptake of necessary treatment, care and support.

ii. Advocate for the involvement of positive male role models (particularly those living with HIV) to encourage other men and boys to use condoms and be tested for HIV and STIs.

iii. Address the sexual and reproductive health and positive prevention\(^1\) needs of men living with HIV, their partners and family members, including providing support for men in serodiscordant relationships.

iv. Support the involvement of male partners in the prevention of mother-to-child transmission (PMTCT).

v. Involve men in strategies to reduce HIV and STI related stigma and discrimination.

Men as Partners in the provision of safe abortion services

7. IPPF acknowledges that men and boys have a role to play in increasing their partners’ access to safe abortion services, thus contributing to a decline in maternal morbidity and mortality related to unsafe abortion. This approach to working with men and boys should, at all times, be underpinned by support for a woman’s right to choose. The Federation undertakes, where possible, to:

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\(^1\) Positive prevention is defined as prevention for, and with, people living with HIV.
4. **SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS**

**Policy 4.6**

i. Provide specific information and education for men on abortion and how to support interventions to increase access to safe abortion services.

ii. Work with men and boys to advocate for changes in legislation, to address stigma and discrimination, and to remove obstacles to accessing safe abortion services.

iii. Enable and encourage men and boys to participate in pre- and post-abortion counselling sessions, if a woman so desires.

**Men as Partners in improving access to services**

8. IPPF recognises the importance of working with men to reduce barriers and increase access to sexual and reproductive health information, sexuality education and high quality family planning services. This includes sensitising men to their responsibilities in promoting women and adolescents’ sexual and reproductive health, well-being and rights. IPPF undertakes, where possible, to:

i. Strengthen information and education which promote male responsibility and the sexual and reproductive health needs and rights of women, men and adolescents.

ii. Work with men to encourage them to assume full responsibility for their sexual behaviour and to protect the health, well-being and rights of their partner and family.

iii. Promote joint decision-making and shared responsibility by men and women, particularly in relation to use of contraception and other safer sex techniques, within a gender equity framework.

**Men as fathers**

9. IPPF promotes the important role that men play as fathers. The Federation supports the development and promotion of gender equitable fatherhood, and recognises the important role of fathers in safe motherhood and antenatal care, as well as in the promotion of women and adolescents’ physical and psychological well being. The Federation undertakes, where possible, to:


4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.6

i. Provide specific support, education and information to fathers, and promote the role of responsible fathering in improving family health and reducing fatality risks pre and post child birth.

ii. Embrace fatherhood in its diversity of forms, recognising that working with men as parents provides an important opportunity to also address other sexual and reproductive health needs and issues.

iii. Provide support and counselling services to facilitate the greater sharing of family responsibilities and the concerns for pregnancy support.

Men as Partners in eliminating Gender Based Violence

10. The Federation is committed to involving men in the reduction of gender based violence. The Federation believes that policies, programmes, services and campaigns should explicitly highlight the role of men as part of the solution to addressing and preventing this violence. Such an approach should remain accountable to women, and promote their empowerment. IPPF undertakes, where possible, to:

i. Highlight that violence against women also negatively impacts upon men and boys and their families, and that an end to such violence will bring benefits to everyone’s health and wellbeing.

ii. Support men’s anti-violence activism that demonstrates clear alignment with principles of gender equity.

iii. Promote violence prevention strategies which address the root causes and impacts of violence, including violence and abuse against men and boys, particularly in high-risk settings.

Men’s Sexual and Reproductive Health Needs and Rights

11. The Federation is committed to ensuring that programmes and services also identify and address the sexual and reproductive health needs and rights of men and boys. IPPF believes that this is necessary both to improve the health of men and boys themselves, and as an important way of encouraging men to enhance the sexual and reproductive health of others, in particular women and young people. The Federation undertakes, where possible, to:
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.6

i. Create or expand programmes and services to specifically address men and boys’ sexual health and reproductive needs and concerns.

ii. Review existing sexual and reproductive health policies, programmes and interventions to ensure that they actively promote the greater engagement of men and boys and facilitate their access to services.

iii. Promote the use of male role models to encourage other men to take greater care of their sexual and reproductive health.

iv. Enhance understanding among men of the sexual and reproductive health rights and needs of their partners, lovers and children.

POLICY IMPLEMENTATION

In line with this policy, the IPPF Secretariat and Member Associations are urged to raise awareness among volunteers and staff to develop their own appropriate strategies. More specifically:

12. Member Associations should endeavour to:

i. Integrate, based on the appropriate areas of this policy, a focus on working with men and boys, and addressing their sexual and reproductive health needs, within existing policies and programmes.

ii. Provide training and support to build the capacity, skills and attitudes of staff, service providers and peer educators to work with men and boys, particularly the most vulnerable.

iii. Create and maintain strategic partnerships with other organisations working with men and boys, including linkages to enable appropriate referrals.

iv. Work with parliamentarians and other decision-makers on this issue.

v. Use language that will not exclude men and boys from our work.

vi. Review and/or plan, implement and evaluate programmes and activities in line with this policy.
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.6

13. The Central Office and Regional Offices will seek to:

   i. Support development of these programmes and services and, where possible, provide Member Associations with technical support. The IPPF Central and Regional Offices will also endeavour to raise funds for the implementation, and scaling-up, of this work.
   
   ii. Ensure that relevant IPPF standards and guidelines (clinical and non-clinical) reflect the above policy.
   
   iii. Develop strategies, where possible, to integrate a stronger focus on men and boys within the Federation’s core business, including a monitoring and evaluation and gender analysis framework for this aspect of the strategic framework.
   
   iv. Establish and/or develop existing links with organisations working on this issue.

*As adopted by Governing Council, May 2008*
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.7

Meeting the Sexual and Reproductive Health Rights of Young People

Introduction

1. IPPF is committed to working for and with young people to ensure that they are supported and empowered in their decisions relating to sex and sexuality. IPPF believes young people who are fully informed about their sexual and reproductive health (SRH) choices grow into healthy individuals and have healthy fulfilling relationships. IPPF’s Youth Manifesto and IPPF’s Declaration for Sexual Rights provide a framework to respect, protect and fulfil young people’s right to make autonomous decisions about their SRH in line with their evolving capacities. IPPF advocates for the eradication of barriers that inhibit access to comprehensive sexuality education (CSE), information and SRH services that respond to all young people’s needs and realities\(^1\).

Guiding principles

2. This policy provides a set of guiding principles that reflect the Federation’s commitment to meeting and advancing the SRH needs and rights of young people and the actions necessary to realize this goal. These guiding principles include IPPF’s and the MA’s:

(i) Belief that young people with knowledge, confidence and comfort with their own bodies are better equipped to negotiate relationships, including any sexual relationships they may have. The policy also acknowledges the right of all young people to enjoy sex and express their sexuality in the way that they choose.

(ii) Commitment to empower young people, to give them confidence in themselves and to encourage them to know their rights, exercise their rights and respect the rights of others. A positive approach to sexuality is necessary in order to ensure young people’s sexual and reproductive health and well-being.

\(^1\) As outlined in Vision 2020
(iii) Recognition of our role in investing in young people’s engagement, to become advocates and proactive members within their communities concerning SRHR issues; to provide them opportunities to contribute to policy and programme development, implementation, monitoring and governance.

(iv) Recognition of the importance that young people’s sexual and reproductive health programmes, including CSE, are placed in the context of their overall development and wellbeing. These should be aimed at enabling young people to take control over their own lives, to be empowered and resilient and foster self-reliance and independent thinking.

(v) Acknowledgment of the gender gap that hinders adolescent girls and young women from enjoying the same freedoms as adolescent boys and young men, making them especially vulnerable to various forms of discrimination and sexual and gender based violence (SGBV). Young mothers are among those most powerless, and face pressures to bear children early despite the risks to their health, life and educational attainment. These inequalities early in life can contribute to poor health, economic insecurity and diminished quality of life.

(vi) Recognition that while boys and young men may benefit from different freedoms to girls and young women, in many places the pressure to conform to gender norms makes them vulnerable to violence, dangerous risk-taking and accidental death, and keeps them from fulfilling their life’s potential. IPPF promotes an approach that enlists boys and men as allies in the empowerment of girls and women, supports them to access services and seeks to transform gender norms in a way that improves health and life outcomes for all. Moreover, create a platform/empower boys and young men to take an action against gender based discrimination and violence against girls and young women.

(vii) Commitment to work towards removing all social, legal, administrative and institutional barriers that adversely affect young people’s sexual and reproductive rights.

(viii) Recognition of the diversity of young people’s situations and a commitment to strive to ensure that their SRH needs are met, and that they are neither excluded nor restricted on any basis as outlined in the Framework of Non-Discrimination within IPPF’s Declaration for
IPPF is committed to addressing the factors that render young people especially vulnerable to HIV, sexually transmitted infections (STIs), unwanted pregnancies and other sexual and reproductive health issues.

(ix) Recognition that physical and mental well-being includes remaining free from all forms of sexual violence and coercion, and that IPPF and Member Associations should commit themselves to eliminating sexual and gender based violence towards young people, including female genital mutilation (FGM) and early and forced marriage. Member Associations are encouraged to offer services for young survivors of violence and advocate on the issues of sexual and gender-based violence.

(x) Will not tolerate any type of abuse or exploitation towards any child or young person and commits to ensuring that all staff, partners and associates are made aware of, and supported in their responsibilities to prevent abuse and protect children, young people and vulnerable adults.\(^2\)

(xi) Recognition of the role that information technology plays in young people’s lives and is a key determinant of their wellbeing and mental health.

**Implementation**

3. The IPPF Secretariat should use all available mechanisms in the Federation to regularly monitor the implementation of this policy and report to the appropriate governing body. The implementation of this policy should be adequately resourced and supported by IPPF Senior Management Team.

4. To put this policy into action, the IPPF Secretariat and Member Associations should undertake actions that address the needs and rights of young people. These actions include; creating a supportive and enabling environment for young people to participate; promoting programmes and CSE that empower young people; especially those who are poor and vulnerable; and making efforts to advance their sexual and reproductive health and rights.

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1 See glossary

2 See policy 4.17
Participation

5. IPPF expects Member Associations to play a role in supporting young people to reach their full potential and ensure they receive practical skills and knowledge so they can participate to the best of their ability in society. IPPF and Member Associations should:

(i) Make efforts to actively recruit young people as volunteers and/or members of staff.

(ii) Ensure that young people have equal opportunity when applying for membership and or jobs and in any other aspect of work, subject to local law.

(iii) Involve young people in the design, implementation and evaluation of their programmes and services at every stage, and ensure they have real decision making power.

(iv) Have at least twenty percent of their decision-making bodies made up of young people, in line with IPPF’s Governing Council structure.

(v) Ensure the participation of young people is built around the equal partnership of young people and adults.

(vi) Ensure young people are supported to participate in all of the above through the provision of resources, (material and financial) mentoring, information and training.

Rights Based, Gender Sensitive Information and Comprehensive Sexuality Education

6. IPPF and Member Associations are urged to advocate for and provide both SRH information and comprehensive sexuality education (CSE) that enhances the independence and self-esteem of young people and provides them with the knowledge, skills and confidence to make informed choices. The following should be taken into account: ¹

(i) Information and CSE should be accessible to young people of all ages in accordance with their evolving capacities.

(ii) Information and CSE should be provided which enables young people to feel comfortable and confident about their bodies and their sexuality regardless of whether they are sexually active or not.

¹ See policy 4.8
(iii) CSE should be provided that helps young people acquire the skills to negotiate relationships and safer sexual practices, including whether and when to engage in sexual intercourse, as outlined in IPPF’s CSE Framework\(^1\).

(iv) CSE strategies that are gender equitable and inclusive, accessible and non-discriminatory are needed to address young people both in and out of school. Special attention should be paid to the most poor and vulnerable young people.

**Access to Youth Friendly Sexual and Reproductive Health Services**

7. IPPF is committed to the provision and promotion of youth-friendly services which are easily available to all young people. Member Associations should ensure access to youth friendly services and advocate for their provision. The criteria for Youth friendliness includes:

(i) SRH services for young people that are accessible, stigma free and which assure privacy and confidentiality.

(ii) Trained staff members who treat young clients with respect, in a supportive and non-judgmental manner.

(iii) Special attention and specific approaches that meet the different needs of vulnerable young people such as the very young and those who identify as lesbian, gay, bisexual, transsexual and intersex.

(iv) Access to a full range of SRH services\(^2\)

(v) Access to comprehensive safe abortion services, including counselling which is non-directive, non-judgmental and that are responsive to personal circumstances and cultural background.

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\(^1\) A Frameworks for Comprehensive Sexuality Education (Updated 2010)

\(^2\) Integrated package of essential services (IPES)
(vi) Sensitive and supportive post abortion counselling and follow-up for young women. Contraceptive counselling and services should be made available to reduce the risk of further unwanted pregnancies.

Glossary

**Adolescents/ Young People:** In IPPF we use the following definitions based on the World Health Organisation’s recognition:
- Adolescence is defined as 10 – 19
- Young People: 10-24 years

**Comprehensive Sexuality Education (CSE):** Education which is provided ‘in’ or ‘out of school’ settings, the IPPF Framework for Comprehensive Sexuality Education states: “Comprehensive Sexuality Education seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships. It views ‘sexuality’ holistically and within the context of emotional and social development. It recognizes that information alone is not enough. Young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values.”

**Empowerment:** Empowerment is based on the idea that giving people the knowledge, skills, authority and opportunity as well holding them responsible and accountable for outcomes of their actions, will contribute to them becoming more motivated and competent to take control of their lives.

**Framework of Non-Discrimination within IPPF’s Declaration for Sexual Rights:** prohibits any distinction, exclusion or restriction on the basis of sex, age, gender, gender identity, sexual orientation, marital status, sexual history or behaviour, real or imputed, race, colour, ethnicity, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status, including HIV/AIDS, and civil, political, social or other status which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.
**Participation:** IPPF used a model of youth participation whereby young people can critically explore programmes and policies, can identify possibilities for change and have genuine influence.

**Youth-friendly:** IPPF’s Medical Advisory Panel describes youth friendly services as follows: ‘They are able to effectively attract young people, responsively meet their needs, and succeed in retaining these young clients for continuing care. Youth friendly services should offer a wide range of SRH services relevant to adolescents’ needs.

*As adopted by Central Council, November 1990
Last Amended November 2014*
4. **SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS**

**Policy 4.8**

**COMPREHENSIVE SEXUALITY EDUCATION**

12. IPPF acknowledges the importance of young people’s access to Comprehensive Sexuality Education (CSE), both within formal and informal settings. IPPF urges MAs to promote a model of sexuality education that is rights-based and gender-sensitive and that considers the various socio-cultural, economic and power dynamics that influence sexual choices as well as the resulting emotional, mental, physical and social impacts on each young person’s development.

13. The provision of CSE in IPPF should use a model of learning that takes a positive and respectful approach to sexuality and sexual relationships for young people, whether or not they are sexually active. A holistic, community-based approach with a focus on participatory learning is preferred, and the environment within which it is provided should encourage critical thinking about gender equity and rights.

14. CSE should equip people with the information and life skills they need to make informed decisions and enjoy a healthy, pleasurable sexual life free from unwanted pregnancy, STIs, HIV and AIDS and sexual violence.

15. Comprehensive sexuality education programmes should be closely linked to and mutually reinforced by youth-friendly sexual and reproductive health service provision.

*As adopted by Central Council, November 1990*
*Last amended by Governing Council, May 2011*
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.9

INTEGRATION OF FAMILY PLANNING WITH DEVELOPMENT

1. IPPF adheres to a principle of development that strives for equity and social justice. IPPF advocates development policies and programmes that are dedicated to meeting the basic needs particularly of the deprived and under-privileged and in general to improving the quality of life.

2. IPPF works to increase public and government awareness of the interrelationships between population, development, resources and the environment, supports long-term, multi-faceted population policies to be implemented together with relevant services and education programmes as integral components of national and international development plans.

3. IPPF contends that, when a society faces many urgent development problems it is essential to adopt a caring attitude to the family and the community as a whole and not deal with family size alone. Although recognizing the mutually reinforcing relationships between family planning and other aspects of development, IPPF concentrates on those aspects which are most closely related to its own area of work and expertise.

4. IPPF does not adhere to a single model for the integration of family planning with development but maintains that the service structure should be viable, collaborative, participatory and designed to benefit all groups in the community.

5. IPPF funding of integrated programmes will be primarily for the family planning component, and should, if possible, be combined with funding from other sources. Following specific criteria to be developed, provision may be made for funding of other activities when they are deemed necessary in order to accomplish family planning objectives.

As adopted by Central Council, November 1990
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.10

MONITORING AND EVALUATION

Introduction

1. The most important work of IPPF takes place at the country level where Member Associations advocate to their governments and serve their clients through the implementation of sexual and reproductive health and rights programmes.

2. This policy makes clear the importance that the Federation attaches to the monitoring, evaluation\(^1\), learning and sharing of its work, and highlights key principles and commitments that volunteers and staff should be guided by in its implementation.

3. The Federation recognizes shared values and responsibilities across the whole organization, while also noting that separate duties and abilities apply to different levels.

Principles

4. Organizational effectiveness in IPPF means the ability of the Federation to fulfil its mission through a combination of sound management, good governance and a persistent dedication to achieving results.

5. Monitoring, evaluation, learning and sharing:

   (i) are integral to organizational effectiveness since they are concerned with measuring results achieved, and analyzing and reflecting upon the process that led to those results in ways that enable continuous improvement

   (ii) should be carried out at and be useful for all levels of the Federation

   (iii) empower volunteers and staff to understand what works well and not so well, to improve policy, plans, programmes and projects, and to inform the design of new ones

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\(^1\) Monitoring is the ongoing collection and analysis of data to review progress and make adjustments where necessary. Evaluation is the assessment of results achieved.
(iv) lead to high quality reporting on the performance of the Federation, which increases accountability to those we serve (our clients) and to those who support our work (our donors and all other partners) and to ourselves

**Commitments**

6. IPPF is therefore committed to:

   i. providing support to volunteers and staff to increase their monitoring and evaluation skills and improve decision making
   
   ii. implementing a participatory approach to monitoring and evaluation in which key people who have a concern and interest in a programme or project are actively and meaningfully involved in its evaluation
   
   iii. monitoring and reporting on results to assess whether or not the Federation is achieving its strategic goals and objectives
   
   iv. recommending changes and required interventions based on the results and findings
   
   v. demonstrating the effects of the Federation’s work at national, regional and global levels in ways that are convincing, easy to understand and intellectually honest, following standard ethical considerations and codes of conduct in the evaluation practices

**Implementation**

To realise these principles and commitments:

7. Governing bodies will:

   i. ensure that IPPF’s Monitoring and Evaluation Policy remains relevant and is implemented
   
   ii. ensure that management has included budgetary allocation for monitoring, evaluation and learning in Annual Programme Budgets
   
   iii. monitor, challenge and support the work of IPPF by reviewing performance data and monitoring progress in implementing strategic plans

8. The Director General, Regional Directors and the Executive Directors of Member Associations will ensure that:

   i. resources are available to undertake ongoing monitoring and evaluation of programmes and projects
ii. systems and procedures are in place (with continual update and improvement) to undertake monitoring and evaluation of programmes and projects

iii. programme and resource allocation decisions are based on analyses of both performance and needs

iv. IPPF’s governing bodies at all levels of the Federation are provided with the evidence they need to monitor IPPF’s performance, and to challenge and support the work of IPPF

v. monitoring and evaluation practices are aligned with accreditation standards wherever relevant

9. Member Associations will plan and implement ongoing, participatory and robust monitoring and evaluation practices, with indicators of performance, to ensure project, programme and organizational effectiveness. They will:

i. have rigorous monitoring and evaluation plans with indicators of performance

ii. implement practices that encourage all relevant volunteers and staff to review, analyse, reflect upon and make decisions based on data

iii. conduct needs assessments

iv. conduct baseline, midterm and endline/end-of-project surveys

v. disseminate and share results

10. Regional Offices will:

i. support Member Associations to monitor and evaluate their work. This will involve the provision of technical assistance, capacity building and systems support on monitoring, evaluation, learning and reporting

ii. measure regional performance and progress of Member Associations

11. The Secretariat, working in their respective roles, will:

i. facilitate collaboration and sharing across the Federation of monitoring and evaluation best practices

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1 A needs assessment is a tool for project designing and planning which should be conducted before the logical framework is finalized. It is used to identify the needs of the target community and the programme strategies and activities that are best suited to meet the needs.
ii. facilitate development of standardized methodologies and tools for monitoring and evaluation

iii. ensure maximum use of data for data-driven decision making

iv. ensure that resources are allocated to support best practices in monitoring and evaluation, including integration into global resource mobilization efforts

v. ensure effective global systems for data capture, analysis and interpretation are in place and continually improved

vi. develop guidelines and procedures on monitoring and evaluation

vii. support evaluation capacity building to ensure the quality of evaluation throughout the Federation

viii. measure progress in implementing IPPF’s Strategic Framework by analyzing data on the Federation’s global performance indicators

ix. supplement global performance data with in-depth programme reviews and evaluations

12. Performance results and evaluation findings will be made available on IPPF websites (global and regional) and IPPF Exchange to:

i. share lessons learned and good practice globally, both within and beyond the Federation

ii. raise the profile of the Federation by demonstrating results and being open and transparent

*As adopted by Central Council, November 1990
Last amended by Governing Council, May 2014*
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.11

MEMBER ASSOCIATION/GOVERNMENT RELATIONS

1. A population policy is the prerogative of governments. IPPF maintains that the participation of broad-based Member Associations is valuable to governments in the formulation of such a policy.

2. IPPF maintains that national governments should have primary responsibility for providing family planning services. This responsibility should not lead to a diminished role for the Member Associations.

3. Member Associations can complement the role of government by developing innovative approaches to service delivery and by undertaking work in areas that the government may be unable or unwilling to enter.

As adopted by Central Council, November 1990
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.12

RELATIONS WITH OTHER ORGANISATIONS

1. In pursuit of its aims and objectives, it is IPPF's policy to build and strengthen relationships with groups and organisations with similar objectives. These initiatives are to be undertaken at the international, regional and Member Association levels.

As adopted by Central Council, November 1990
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.13

WORLD POPULATION PLAN OF ACTION

1. IPPF affirms that it must use its influence within the international forum responsible for formulating the World Population Plan of Action and vigorously promote the achievement of the objectives of the Plan.

As adopted by Central Council, November 1990
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.14

CONTRACEPTIVE SERVICES

1. It is IPPF's policy to offer only contraceptives which have been approved by its International Medical Advisory Panel (IMAP) as safe and effective and which meet national and/or international standards of quality.

2. IMAP keeps under continuous surveillance the already approved contraceptive methods and new methods that are being developed, and reserves the right to update and modify its statements, and/or make new statements, according to the latest available information.

3. IPPF believes that as broad a choice of methods as possible should be made available to contraceptive users. Clients should be provided with their chosen method on condition that they have been given counselling and adequate information to enable them to make such a decision and that they have no medical contra-indications to its use.

4. The introduction of new methods should be preceded by the training of health workers, infrastructure support, and, where needed, the provision of back-up and referral facilities.

5. Member Associations should explore and advocate different approaches for service delivery (e.g. clinical and community-based services) and all possible means of maximizing the potential of all health personnel, including community health workers and traditional health workers.

When providing contraceptive services, the recommendations of IPPF's International Medical Advisory Panel (IMAP) should be followed. They appear in its various statements on methods of contraception and the statements on 'The role of health personnel in family planning services', 'Community family planning services (CFPS)', 'Breast feeding, fertility and post-partum contraception', 'Contraception for women over 35' and 'Contraception for clients who are HIV positive', 'Contraception for Women with Medical Disorders', 'Contraception for Adolescents', 'Contraceptive Efficacy' and 'Contraceptive Counselling'.

As adopted by Central Council, November 1990
Last amended by Governing Council, November 2000
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.15 REPRODUCTIVE HEALTH

Policy 4.15.1

REPRODUCTIVE HEALTH

Infertility

1. The IPPF believes that the concepts of reproductive health and reproductive rights include concern for individuals and couples who are unable to have children when they so wish.

2. Member Associations have a responsibility for education in the prevention of infertility and for promoting programmes which prevent infertility including: the control of STDs, better obstetric care and the prevention of unsafe abortion. Member Associations should assist infertile clients in obtaining counselling and appropriate treatment, either in their clinical facilities or through referral.

The recommendations of IPPF's International Medical Advisory Panel (IMAP) in its statement on 'Infertility' should be followed when working in this field.

As adopted by Central Council, November 1990
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.15.2

REPRODUCTIVE HEALTH

Diagnosis of Pregnancy

1. Member Association clinics should offer clinical and/or biochemical pregnancy diagnosis and counselling to any woman in need, whether or not she is a registered client of the clinic.

*The recommendation of IPPF’s International Medical Advisory Panel (IMAP) in its statement ‘Diagnosis of pregnancy’ should be followed when providing these services.*

*As adopted by Central Council, November 1990*
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.15.3

LINKING HIV AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Introduction

1. HIV is the pre-eminent health, social and human rights issue of our time, which threatens the survival of individuals, communities and nations. With the adoption of the new strategic framework IPPF renewed its commitment to ensuring that addressing HIV is clearly part of a comprehensive response to the sexual and reproductive health and rights challenges of the day. As a key signatory to the Code of Good Practice for NGO’s Responding to HIV IPPF’s response finds resonance with these guiding principles.

2. Overwhelmingly, the main transmission route of HIV is sexual. As such, the links to broader sexual and reproductive health and rights issues and the inherent value of linking HIV responses to a comprehensive sexual and reproductive health (SRH) response cannot be underestimated. IPPF has committed to integrating comprehensive HIV services into its existing sexual and reproductive health (SRH) services. Linking HIV with our SRH policies, programmes and services enables us to meet some of the main challenges of HIV and address poor sexual and reproductive health.

3. The rapid spread of HIV infringes the human rights of men, women, adolescents and children and affects them in various ways, especially those who are at greatest risk or most vulnerable. Risk is defined as the probability or likelihood that a person may become infected with HIV. Certain behaviours create, increase, and perpetuate risk. Examples include unprotected sex with a partner whose HIV status is unknown, multiple sexual partnerships involving unprotected sex, and injecting drug use with contaminated needles and syringes. Vulnerability results from a range of factors outside the control of the individual that reduce the ability of individuals and communities to avoid HIV risk. A combination of these individual and structural factors may include: 1) lack of knowledge and skills required to protect oneself and others; 2) factors pertaining to the quality and coverage of health and other services (e.g. inaccessibility of service due to distance, cost or other factors); and 3) societal factors such as human rights violations, or social and cultural norms.
4. In many regions, key populations (such as men who have sex with men (MSM), sex workers and people who use drugs) are those who are most vulnerable to HIV. IPPF works from an evidence and rights-based approach to meet the sexual and reproductive health needs of all, including key populations. IPPF believes that all people should have the right to a full and satisfying life in which each person is able to develop to his or her full human potential.

5. The success of HIV prevention, treatment, care and support programmes ('prevention to care continuum') depends, in large part, on the creation of an enabling environment where individuals live free from stigma and discrimination; and have the capacity, skills, and opportunities to meaningfully make the decisions that affect their sexual and reproductive lives and wellbeing. An enabling environment facilitates behaviour change to reduce HIV transmission and promotes the quality of life for people living with HIV and their families. IPPF encourages all Member Associations to review the situation in their countries with regard to HIV and to formulate a strategy which emphasizes various entry points for linking its HIV and SRH response along this prevention to care continuum. The main HIV related services along this continuum include:

   a. Information, Education and Communication (IEC) / Behaviour Change Communication (BCC) materials
   b. Condom distribution
   c. STI management
   d. Voluntary Counselling and Testing (VCT) services
   e. Psychosocial support and counselling
   f. Prevention of Mother to Child Transmission (PMTCT)
   g. Treatment of opportunistic infections
   h. Antiretroviral treatment (ART)
   i. Palliative care

6. As an employer IPPF will uphold the values of inclusion and diversity that it promotes through an HIV workplace policy. HIV workplace policies are crucial in supporting staff living with HIV and AIDS. They facilitate a caring and supportive work environment for staff living with or affected by HIV. Programmes to support staff should aim to eliminate stigma and discrimination in the workplace on the basis of real or perceived HIV status, or vulnerability to HIV infection. These programmes should ensure that all staff are provided with basic information on HIV and AIDS, including: prevention; management of HIV infection; universal precautions; legal and ethical issues; gender and sexuality; stigma and
discrimination; and treatment, care and support. The policy should adhere to International Labour Organization (ILO) guidelines. As an accreditation requirement, all Member Associations need to develop and implement their own HIV workplace policy and programme.

**Advocacy**

7. As a learning organization IPPF is committed to ensuring its response to HIV is informed by the best evidence and not by ideology. IPPF supports evidence-informed broad-based and comprehensive prevention programmes. These should be based on the concept of ‘knowing your epidemic’ and address the particular needs of young people.

8. Advocacy should be carried out at all levels of the Federation to campaign for legislative and policy change against laws that are ideologically and not evidence-based. National and international laws and policies should respect, protect and fulfil the rights of all, especially young women and girls and key populations. Advocacy work will be carried out with local, national and international partners to change discriminatory and damaging customs, laws and policies. In all its work, IPPF will promote and promulgate the IPPF Charter on Sexual and Reproductive Rights and the IPPF Sexual Rights Declaration.

9. Stigma, and its resulting discrimination, is the greatest hurdle to achieving HIV treatment and prevention goals. Stigma and discrimination, or even the fear of them, can prevent people from being open about their status and inhibit their access to services. IPPF supports steps to overcome stigma and mitigate discrimination. This includes legislation that outlaws discrimination based on HIV status. In particular, IPPF does not support the application of criminal law to prosecute HIV transmission or exposure to another person. Education and awareness raising programmes that ensure communities are supportive of the rights of people living with HIV (PLHIV) are important, as are workplace policies to ensure the protection of PLHIV at work. Reducing stigma and discrimination means facing and talking openly about issues and behaviours that are all too often silenced or taboo, such as sex, sexuality, drug use, sex work, gender inequality, poverty, ethnicity and race. IPPF, working at the local, national, regional and international levels, will address key topical human rights issues and advocate for an end to HIV-related stigma and discrimination.
4. **SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS**

**Policy 4.15.3**

**Partnerships**

10. IPPF and its Member Associations should make every possible effort to communicate and collaborate with governmental, non-governmental, United Nations organizations, and other groups such as the private sector, professional groups and community based organizations, in order to facilitate a coordinated response to HIV.

11. IPPF urges Member Associations to build effective coalitions with local and national groups working on different aspects of HIV prevention, treatment, care, stigma reduction, tuberculosis, and harm reduction to maximise the social and public health impact of their work.

12. Strengthened efforts should be made at all levels of the Federation to partner and work closely with local, national, regional and international networks of people living with HIV.

**Working from a rights-based approach for:**

**a) Gender**

13. IPPF aims to secure the freedom, well-being and dignity of all people everywhere, within a framework of essential standards, principles, duties and obligations. In addition to this, our clients and stakeholders are not solely the recipients of services that respect their individual rights, but also have the right to influence and shape how we as a Federation respond to the HIV epidemic.

14. Member Associations should develop gender-transformative programmes that take into account the factors that increase the vulnerability of women, especially young women and girls, to HIV and other STIs. Reproductive health programmes should also engage men particularly through community and workplace activities, as they are critical to HIV and STI prevention. Programmes directed to reduce risk behaviour among men will benefit their female partners as well. The five key principles of gender-transformative programming are to:

   a. build equitable social norms and structures;
   b. advance individual gender-equitable behaviour;
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.15.3

- transform gender roles;
- create more gender-equitable relationships; and
- advocate for policy and legislative change to support equitable social systems.

IPPF maintains a wide definition of gender and actively seeks to address gender discrimination in order to guarantee equal access to HIV services for all, including women and girls, men and boys, lesbians, gays, bisexuals and transgenders.

b) People living with HIV

Promoting and addressing the sexual and reproductive health and rights of PLHIV is part of IPPF’s core response. These should be based on the right of PLHIV to have a full and satisfying sexual life where the fertility choices and desires of HIV positive people are respected. In particular IPPF will support all efforts to address the stigma and discrimination faced by PLHIV.

IPPF believes that all organizations need the active participation of PLHIV to both empower individuals and ensure that the response to HIV is relevant, effective and based on the realities of the pandemic. In line with the Greater Involvement of People Living with HIV and AIDS (GIPA) principle, PLHIV should have roles across the Federation and not simply as peer educators. IPPF actively encourages people living with HIV to work and volunteer across all levels in the Member Associations, and the secretariat.

c) Young People

Member Associations should recognise that adolescents face special difficulties accessing sexual and reproductive health services. MAs should therefore develop youth friendly services to make such services more accessible and acceptable.

IPPF believes that young people have the right to Comprehensive Sexuality Education (CSE). CSE seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in
relationships. CSE should cover a broad range of issues relating to both the physical and biological aspects of sexuality, and the emotional and social aspects. It recognizes and accepts all people as sexual beings and is concerned with more than just the prevention of disease or pregnancy. There are many opportunities for delivering sexuality education outside the formal classroom and traditional health service settings. These include delivering sexuality education in waiting areas and youth clubs, through hairdressing salons and taxi drivers, through community drama and media events and by incorporating CSE into traditional rituals. Member Associations should put mechanisms in place to increase access to CSE.

d) Key Populations

20. Key populations often have limited access to sexual and reproductive health services and information. Member Associations need to make sexual and reproductive health services available and accessible to these populations. Specific services include (but not exclusively):

a. Men who have sex with men: Provision of suitable condoms and lubricants; STI management
b. Sex Workers: Accept sex workers for their choice of employment and provide condoms and training to reduce the likelihood of gender-based violence.
c. People who use drugs: Availability of harm reduction measures (e.g. clean needles, opiate substitution treatment); provision of condoms; and access to sexual and reproductive health services.

21. The stigma surrounding HIV frequently overlaps with the stigma faced by certain key populations, making it increasingly difficult to protect the sexual and reproductive health and rights of those at the forefront of the epidemic. This double stigma, faced especially by people living with HIV who are sex workers, men who have sex with men, and people who use drugs, is exacerbated by the absence of policies that protect their rights, thus making access to services a greater challenge. Member Associations need to be sensitive to the risk of further stigmatising already vulnerable populations by educating and sensitising their own staff and volunteers to not have stigmatising attitudes towards these populations.
Working along the prevention to care service continuum

22. A comprehensive approach to sexual and reproductive health and rights requires linking HIV prevention, treatment and care in a seamless service continuum.

23. The integration of different kinds of services (including referrals) maximises collective outcomes and is based on the need to offer comprehensive services.

24. HIV prevention must be one of the key elements of any response to the epidemic. Prevention is an integral part of furthering treatment goals, and therefore it must form part of a continuum of care including treatment and support. In addition, prevention information and messages must be linked to appropriate services.

25. A comprehensive sexual and reproductive health response to HIV necessitates the natural integration of HIV treatment, care and support services. HIV treatment is an important step in enabling individuals, and their families and communities to lead normal healthy lives. HIV treatment reduces an individual’s ability to transmit HIV and so is also an important prevention strategy.

26. IEC/BCC materials: Member Associations should provide information and educational materials in a variety of forms and settings to promote safer sexual behaviour and give all clients the means to make responsible decisions about their sexual and reproductive health and choices. These activities should motivate people to adopt new attitudes and less risky behaviour but should be carried out in a sensitive, non-stigmatising and human rights friendly manner.

27. Condom distribution: Member Associations should vigorously promote the use of the condom for the prevention of HIV and other STIs, also noting its value for dual protection, i.e. protecting against unwanted pregnancies at the same time as protecting against STIs. Where possible every effort must be made to ensure that male and female condoms are available to all free of charge, regardless of social status or background in all health facilities as well as the workplace and appropriate centres of education. Their availability should be linked to information and demonstration programmes to ensure their correct and consistent use.
28. **STI management**: Member Associations should integrate the management of other STIs into their sexual and reproductive health services.

29. **VCT services**: Learning your HIV status is crucial as it forms the gateway to services and information that can lead to HIV prevention, care, treatment and support. IPPF supports HIV testing that is based on the principles of the ‘3Cs’:

   a. Consent – people should be tested only with their informed, voluntary and specific consent.
   b. Counselling – counselling should be provided before and after HIV testing.
   c. Confidentiality – HIV testing should only occur when confidentiality of results can be guaranteed.

Where VCT is provided by Member Associations it must be linked to integrated HIV services or a strong referral system.

30. **Psychosocial support and counselling**: Following VCT services, clients should not be forced to disclose their status. If people choose to disclose their status psychosocial support and counselling should be available to support this. If counselling is not available, there must be a facilitated referral system in place so clients can receive these services.

31. **PMTCT**: Member Associations should advise pregnant women who do not know their HIV status about the importance of being tested. Member Associations should ensure that VCT, post-test counselling, psychosocial support, and access to treatment is available either through their own services or through facilitated referrals to other institutions. PMTCT services should cover all four prongs of a comprehensive PMTCT strategy, namely:

   (i) primary prevention of HIV infection among women of childbearing age;
   (ii) preventing unintended pregnancies among women living with HIV;
   (iii) preventing HIV transmission from a woman living with HIV to her infant; and
   (iv) providing appropriate treatment, care and support to mothers living with HIV and their children and families.
32. **Treatment of opportunistic infections**: IPPF should work in close partnership with international organisations, governments and country-based non-governmental institutions to campaign and negotiate for the increased availability of necessary drugs to treat the opportunistic infections related to HIV. At the service delivery level, MAs need to stock these drugs and provide treatment for opportunistic infections and other common HIV co-infections such as malaria, tuberculosis and Hepatitis C. Most of these infections can be treated at the health facility and all service delivery points should be equipped to diagnose and treat these infections or have a well established referral network to ensure rapid access to and utilization of this service. Member Associations should monitor regularly the quality of the referral system and ensure HIV positive people receive the care and treatment they need in a timely and appropriate manner.

33. **Antiretroviral treatment**: International agreements recognize the need to secure universal access to HIV treatment services. Ensuring these services are available will require a comprehensive response from many stakeholders. At the service delivery level MAs should ensure treatment is available on a continuous and sustainable basis; and link to comprehensive prevention services, including addressing the specific prevention needs of PLHIV. Also Member Associations should, whenever possible, both advocate for and make a range of comprehensive HIV treatment and care services available free of charge so they are accessible to all regardless of income, gender or identity. Where direct provision of antiretroviral treatment is not possible, appropriate referral and follow-up mechanisms should be established to enable a comprehensive delivery of treatment, care and support.

34. **Palliative care**: Palliative care should be comprehensive and improve the quality of life of clients, their families and their support networks. Comprehensive palliative care services include the prevention and relief of suffering by means of early identification and assessment and treatment of pain and other physical, psychosocial and spiritual needs. It also includes the active referral and support of acute treatment and management of infection. Comprehensive palliative care includes the provision of asymptomatic management of infection, care to relieve pain and suffering, psychosocial care and support, spiritual care, planning for and provision of end-of-life care. This care can be delivered either at the service delivery point or through routine home-based care visits. Where direct provision of services is not possible, appropriate referral and follow-up mechanisms should be established to enable a comprehensive delivery of care.
HIV in the workplace

35. Implementing a bespoke HIV workplace programme needs to include the following five elements
   (i) developing a workplace policy;
   (ii) training and capacity building for all staff and volunteers;
   (iii) employee and family education;
   (iv) community service, and
   (v) human resource principles that support people living with HIV.

36. IPPF practice regarding opportunities for employment, training, or the promotion of an employee should not be conditional on the HIV status of a person.

37. Member Associations should undertake universal precaution measures and also offer all their healthcare providers post exposure prophylaxis following needle stick or other penetrative workplace injury.

38. Disclosure of HIV status in the workplace should be a matter of individual choice and should be voluntary at all times.

39. IPPF has a Federation-wide structure to support volunteers and staff living with HIV. IPPF+ fosters a culture of respect within IPPF that welcomes, supports and meaningfully involves staff and volunteers who are living with HIV in the workplace. IPPF+ has the following objectives:

   (i) To contribute to the strengthening and development of comprehensive HIV workplace policies and programmes throughout the Federation.
   (ii) To present the unified and organised voice of people living with HIV within IPPF to challenge stigma and promote their active participation in decision making.
   (iii) To advocate for a stigma free workplace environment within IPPF and ensure collaboration with similar initiatives at local, regional and international levels.

As adopted by Central Council, November 1994
Last amended by Governing Council, May 2010
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.15.4

REPRODUCTIVE HEALTH

Female Genital Mutilation

1. IPPF opposes the practice of female genital mutilation and joins heads of state, other leaders, government, and inter-governmental and non-governmental organizations in advocating that it be eradicated. Member Associations should join efforts with governmental and other non-governmental organisations which are already working on this issue. They should also work with local women’s networks. Member Associations in collaboration with others, have an important role in advocacy, information, education and research.

For further information and guidance please refer to the statement of IPPF's International Medical Advisory Panel (IMAP) on 'Female genital mutilation'.

As adopted by Central Council, November 1995
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.16

ABORTION

Introduction

1. IPPF recognizes the huge public health burden posed by unsafe abortion and is committed to the reduction of this entirely preventable cause of maternal morbidity and mortality.

2. Beyond the public health concerns that necessitate availability of safe abortion services, IPPF believes that women and couples have the right to decide the number and spacing of their children, including the right to access contraceptive services and, when an unwanted pregnancy has occurred, safe abortion services. IPPF believes that all decisions regarding pregnancy must be voluntary and not coerced: no woman should be forced to carry a pregnancy to term or to undergo an abortion.

3. While taking steps to prevent unwanted pregnancy through modern contraceptive services, promotion of comprehensive sexuality education and work to eliminate sexual violence and coercion, IPPF understands that there will always be a need for safe abortion services.

4. IPPF recognizes the unique role it must play in the provision of safe abortion services and abortion-related advocacy given:
   - The Federation’s broad geographic reach;
   - The Federation’s global voice in advocacy;
   - The Federation’s commitment to human rights, including sexual and reproductive rights (as enumerated in the IPPF Charter of Sexual and Reproductive Rights (1995) and Sexual Rights: an IPPF Declaration (2008) and in particular the right to the highest attainable standard of health;
   - The Federation’s commitment to serving the poor, marginalized, socially-excluded, under-served and stigmatized communities who are unable to access care elsewhere;
   - The Federation’s commitment to serving youth through youth-friendly services;
4. **SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS**

**Policy 4.16**

- The ability of the Federation to deliver abortion services integrated within a package of comprehensive sexual and reproductive health services and using a rights-based approach; and
- The respect and trust of individual Member Associations by their communities.

5. For these reasons, the Federation recognizes the need to clearly articulate its position and strengthen its work in abortion as a critical issue.

**Advocacy**

6. IPPF understands that legal restrictions on abortion services do not decrease abortion rates; rather, they only increase the proportion of abortions done in unsafe conditions. In addition, national legal restrictions on abortion services are often in conflict with international and regional human rights instruments and agreements including the International Covenant on Civil and Political Rights; the International Covenant on Economic, Social and Cultural Rights; the Convention on the Elimination of all Forms of Discrimination Against Women; the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment; the Programme of Action from the International Conference on Population and Development; the Platform for Action from the Fourth World Conference on Women and the Maputo Plan of Action. IPPF therefore undertakes to:

   i. Promote and defend laws and policies regarding abortion which are in line with recognized international human rights agreements and the latest reputable scientific evidence in order to reduce barriers to safe abortion services
   ii. Work with partners to gather evidence and raise awareness about the effects of restrictive abortion laws on women, adolescents and their families
   iii. Advocate for the expansion of legal indications for safe abortion within national laws on the basis of human rights and public health principles
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

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Service Delivery

7. IPPF recognizes that, where MAs have clinical facilities providing sexual and reproductive health services, they have a duty to ensure that women can access abortion-related care, regardless of age, geographic location, religious beliefs, socio-economic, marital and HIV status.

8. Post-abortion care\(^1\), including treatment for incomplete abortion, counselling and provision of post-abortion contraception, is a service that must be offered in every MA providing clinical sexual and reproductive health services, regardless of any national legal restrictions on abortion as these restrictions do not affect provision of post-abortion care.

9. Where MAs do not have clinical facilities, they should provide appropriate pre-abortion counselling and referrals with follow-up and post-abortion contraception counselling and/or services.

10. In addition, in nearly all countries, safe abortion is legally permitted for at least one indication. Therefore, IPPF undertakes to:

   i. Provide modern contraception to prevent unwanted pregnancy, to ensure access to compassionate and non-judgemental safe abortion services and to ensure access to timely post-abortion care.

   ii. Analyze the legal status of abortion within the countries in which it works and promote the most liberal interpretation of abortion laws (e.g. in line with WHO definition of health\(^2\)) in order to maximize access to safe abortion services within existing abortion laws.

   iii. Ensure that that no MA refuses support to any woman seeking a safe abortion.

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\(^1\) The post-abortion care model includes five elements which are critical for quality of care. These elements are: treatment of incomplete abortion and abortion-related complications; counselling to identify and respond to women's emotional and physical health needs; provision of post-abortion contraception services; provision of or linkages to reproductive and other health services; and creation of community and service-provider partnerships to ensure that services are responsive to the needs of the community.

\(^2\) ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’ from Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.
iv. Ensure the women it serves are able to benefit from scientific progress by promoting the latest technological advances and ensuring access to the safest and most appropriate abortion methods.

**Combating Stigma**

11. IPPF understands that the stigma around abortion keeps the issue hidden and poses a significant barrier to women and girls being able to exercise their rights to safe abortion and post-abortion care. IPPF therefore undertakes to:

i. Raise the profile of the abortion debate, bringing the issue out of the shadows with an aim to normalize discussion around this sensitive issue, both within and outside of the Federation. This should be done within a context of comprehensive sexual and reproductive rights, acknowledging that when women lack the ability to make decisions for themselves and their families, their access to information and uninterrupted contraceptive services, safe abortion services and post-abortion care is compromised.

ii. Work actively to combat the stigma surrounding abortion arising from all sources: the community, healthcare providers, staff and volunteers within the Federation, public officials, religious leaders, media and law makers.

**POLICY IMPLEMENTATION**

In line with this policy, the IPPF Secretariat and MAs should take all opportunities to raise awareness among volunteers and staff and to develop their own appropriate strategies with the understanding that work in abortion is a critical part of the Federation’s mission.

12. Specific actions MAs should undertake to implement this policy include:

i. Analyze the legal status of abortion in their country, identifying legal, policy and other restrictions on women’s right of access to safe abortion services and strategically campaign for the removal of such restrictions and for the protection of existing liberal laws using appropriate evidence-based public health and human rights arguments.
ii. Provide post-abortion care, which includes treatment for incomplete abortion, counselling and post-abortion contraception, as a minimum, essential abortion-related service in all clinical facilities.

iii. Work to maximize the availability of and access to safe abortion services under existing laws in all MAs’ clinical facilities.

iv. Increase choice for women for post-abortion contraception including provision of a wide range of modern methods at the point of abortion service delivery.

v. Provide responsible referrals and follow-up services through established referral networks for services which cannot be provided by an individual service delivery point.

vi. Ensure that existing and new staff and volunteers are aware of IPPF policy and strategies related to abortion and are committed to its implementation, including provision of values clarification training on the topic of abortion to all staff and volunteers. The mission and values of the Federation should be clear during all recruitment processes to ensure new staff and volunteers share this common commitment.

vii. Educate the community about the consequences of unsafe abortion, the importance of increasing the availability of safe abortion services and of seeking services from safe abortion providers, including promotion of services provided by the MA.

viii. Work to ensure adequate numbers of providers (including physician and non-physician providers where possible) are trained in and able to provide comprehensive abortion care, through advocacy efforts with governments, universities or professional organizations and provision of training to MA and non-MA providers.

13. The Central Office and Regional Offices should:

i. Support the development of abortion programmes and services in line with IPPF’s Abortion Policy and abortion strategies and provide MAs with technical support or facilitate high quality technical assistance. The Central and Regional Offices will also endeavour to raise funds for the implementation and scaling-up of IPPF’s work on abortion.

ii. Ensure that all relevant IPPF standards, guidelines and IEC materials reflect the above policy.

iii. Ensure that existing and new staff and volunteers are aware of IPPF policy and strategies related to abortion and are committed to implementation, including provision of values clarification training on the topic of abortion to all staff and volunteers.
iv. Develop strategies to strengthen and integrate abortion work within the Federation’s core business, including strengthening the evaluation of abortion programmes through the Accreditation process.

v. Build the capacity of MAs to gather and use existing evidence to advocate for increasing access to safe abortion.

vi. Establish and/or develop existing links with organisations working on the issue and facilitate links as needed between other organisations and MAs to further and strengthen their work on abortion.

vii. Work at the Regional and Global levels to raise awareness, combat stigma surrounding abortion and increase acceptance for access to safe abortion as a human right.

viii. Support learning and sharing of good practices and strategies for work in abortion services and advocacy between and within regions.

As adopted by Central Council, November 1995
As amended by Governing Council, November 2010
4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Policy 4.17

PROTECTING CHILDREN, YOUNG PEOPLE AND VULNERABLE ADULTS

1. The purpose of this policy is to provide a set of guiding principles and minimum standards for creating a safe environment for children, young people and vulnerable adults at all levels of the Federation.

2. IPPF’s Declaration of Sexual Rights is grounded in core international human rights instruments, authoritative interpretations of international standards and additional entitlements related to human sexuality. Ensuring sexual rights for all includes a commitment to freedom and protection from harm.

3. The United Nations Convention on the Rights of the Child (CRC) affords special rights and protections to all those under the age of 18. For the purposes of this policy, the term ‘children’ is used to refer to those under the age of 18. For the purposes of its own programmatic work and data collection, the Federation defines ‘young people’ as everyone aged 10 to 24. This policy covers both age groups, thus spanning from age 0 to 24.

4. IPPF understands that the rights and protections guaranteed to people under age eighteen (18), as a matter of international and national law, sometimes differ from the rights of adults. These differences relate to all aspects of human rights but require particular approaches in regard to sexual rights. IPPF begins from the premise that persons under eighteen (18) are rights holders, and that at different points within the spectrum of infancy, childhood, and adolescence, certain rights and protections will have greater or lesser relevance.

5. The IPPF Strategic Framework 2005 – 2015 identifies ‘Adolescents/Young people’ as one of the five priority areas, and the Federation is committed to increasing young people’s access to sexual and reproductive health information and services. Over thirty per cent of IPPF’s clinical services are provided to young people across the world, and all governing bodies must have at least twenty per cent representation from young people. Most of our Member Associations provide face to face information and education to young people.

6. In addition, IPPF is increasingly working with vulnerable adults, which include those who identify themselves as unable to take care of themselves or protect themselves from harm or exploitation. Vulnerable adults are also those who may be more at risk of abuse and exploitation due to factors such as, for example, gender, mental health issues, learning or physical
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disabilities, age, sexual orientation, or as a result of the impact of natural disasters and conflicts¹.

Definitions

7. Child abuse and neglect, sometimes also referred to as child maltreatment, is defined as all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust, or power.

Within the broad definition of child maltreatment, five subtypes are distinguished – these are physical abuse; sexual abuse; neglect and negligent treatment; emotional abuse and exploitation.

(WHO 1999/2002)

See Annex 1 for examples of risk for intentional or unintentional harm.

Scope

8. The policy applies to all staff of the Secretariat and Member Associations of IPPF, whatever their status is, including all staff, volunteers and consultants.

NB. IPPF and its Member Associations will only collaborate with other organizations that come in contact with children, young people and vulnerable adults, if they agree with the standards and principles of IPPF on protection of children, young people and vulnerable adults.

Guiding principles

9. IPPF recognizes that, as rights-holders, children, young people and vulnerable adults are entitled to access sexual and reproductive health information and services and to do so in ways that keep them safe from abuse or exploitation.

¹ It is widely recognised that children are generally more vulnerable to abuse and exploitation due to their age, status, developmental stage, and reliance on others. Vulnerable adult refers to a person, 18 years and above, who may be regarded as susceptible to harm and at increased risk due to personal circumstances, the context they are in or as a result of social and other inequalities and as a result or in addition, are not in a position to adequately protect themselves.
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10. IPPF does not tolerate any type of abuse or exploitation towards any child, young person or vulnerable adult and commits to ensuring that all staff and associates (see Scope) are made aware of, and supported in, their responsibilities to prevent abuse and protect children, young people and vulnerable adults.

11. IPPF recognizes that the denial of children’s, young people’s and vulnerable adults’ sexual rights, particularly their rights to participation and expression, is in part responsible for their vulnerability.

12. IPPF considers that adults, parents, guardians, carers, service providers, educators and others who work with children, young people and vulnerable adults are duty-bearers in relation to their sexual rights and have a responsibility to ensure that the rights of children, young people and vulnerable adults are met.

13. IPPF believes that creating a safe environment for all children, young people and vulnerable adults requires the cooperation of all staff members of the Secretariat and Member Associations.

**Policy**

14. The IPPF Secretariat and its Member Associations must have in place and make widely available, including to children, young people and vulnerable adults, a policy for creating safe environments for children, young people and vulnerable adults. At a minimum, the policy must include:

   a. Safe recruitment and screening processes, including criminal record checks (where available), targeted interview questions and verbal referee checks for all staff members who will be working with children, young people and vulnerable adults;
   b. A Protection Code of Conduct that must be signed by all mentioned under the scope of the policy of both the Secretariat and Member Associations;
   c. A provision in all employment contracts for the Secretariat and Member Associations stating that the organization has the right to take disciplinary action, including dismissal against personnel who breach the Protection Code of Conduct;
   d. A documented complaints management procedure that is publicized widely, including to children, young people and vulnerable adults, to provide for effective reporting and responding to breaches of the Protection Policy and Code of Conduct;
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- e. Regular provision of training for all staff members and volunteers on creating safe environments for children, young people and vulnerable adults, including induction training for new staff members and volunteers;
- f. A written commitment from each office within the Secretariat and Member Associations stating that they will not allow personnel to work with children, young people and vulnerable adults if they pose a risk to their safety, health or well-being;
- g. A documented policy compliance regime, including sanctions for breaches;
- h. Measures are put in place to ensure partners, grantees, consultants etc. that work with children, young people and vulnerable adults are operating in line with IPPF’s principles and standards on protection of children, young people and vulnerable adults;
- i. Provision for policy review at least every three years.

15. Additionally, Member Associations that provide sexual and reproductive health services to children, young people and vulnerable adults should have a policy in place to ensure that service delivery points are safe environments that, at a minimum, have guidance for health professionals on their legal, professional and ethical obligations to report suspected abuse or exploitation of a vulnerable client; to respect their right to privacy; and to obtain their informed consent.

**Implementation and compliance**

16. It shall be the responsibility of the Director-General, Regional Directors and Member Associations’ Executive Directors to ensure that policies that meet the above-mentioned minimum standards are in place and are implemented accordingly.

17. The mechanism for ensuring compliance with this IPPF policy within the Secretariat will be through funding agreements with donors, and the mechanism for ensuring compliance within Member Associations will be funding agreements between Member Associations and IPPF in 2012 and beyond.

18. The Youth teams of IPPF Central Office and Regional Offices shall be available to advise on sample protocols and generally support this work.
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ANNEX 1

Situations of risk for intentional or unintentional harm

Direct contact with children, young people and vulnerable adults

1. Staff/volunteers can be in the physical presence of a child, young person, vulnerable adult or children, young people and vulnerable adults in the context of the organization’s work, whether contact is occasional or regular, short or long term;

2. This could involve clinical services, capacity building, information and (peer) education in and outside the school setting or in community settings.

3. This also could involve project/site visits and attending conferences at local, national, regional and international levels.

   NB: This is not an exhaustive or exclusive list. The principle is that staff, volunteers and consultants should avoid actions or behaviour that may constitute poor practice or abusive behaviour.

Indirect contact with children, young people and vulnerable adults

1. This includes staff and volunteers having access to information on children, young people and vulnerable adults in the context of the organization’s work, such as their names, locations (addresses of individuals or projects), photographs and case studies without expressed permission and/or informed consent;

2. Providing support/training/funding for organizations that work ‘directly’ with children, young people and vulnerable adults. Albeit indirectly, this nonetheless has an impact on children, young people and vulnerable adults and therefore confers upon the organization responsibility for protection issues.

   NB: This is not an exhaustive or exclusive list.

*As adopted by Governing Council, May 2005*
*As amended by Governing Council, May 2012*
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SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS,
CLIMATE CHANGE AND SUSTAINABLE DEVELOPMENT

Introduction

1. IPPF recognizes the complex, critical links between sustainable development; population dynamics\(^1\); climate change and sexual and reproductive health and rights.

2. IPPF welcomes the scientific evidence that meeting the unmet need for voluntary family planning contributes to ensuring sustainable development\(^2\), including the management of climate change and finite resources such as arable land and drinkable water, and can contribute to reducing carbon emissions\(^3\).

3. IPPF acknowledges the scientific evidence that climate change is one of the major threats to human well-being and sustainable development, especially for the poor and the most marginalized populations in the poorest and most vulnerable countries and that climate change will therefore exacerbate inequity\(^4\) and poverty\(^5\).

4. IPPF also recognizes therefore that climate change will contribute to environmental degradation, diminished resources, food crises and extreme weather events\(^6\), which will drive forced displacement of people\(^7\), and that

\(^1\) Population dynamics include migration, urbanization and rates of population growth.


migrants, internally displaced persons and refugees in every situation\(^1\) must have access to sexual and reproductive health including voluntary family planning\(^2\).

5. IPPF remains firmly committed to human rights, in particular the reproductive rights framework adopted at the International Conference on Population and Development in Cairo in 1994 and the Sexual Rights Declaration adopted by IPPF in 2008. The denial of the right to choose if, when and how many children to have, increases human vulnerability to the impact of climate change.

6. IPPF is committed to addressing the unfulfilled rights of hundreds of millions of women around the world, and especially young women, through advocacy, services and education, so that they can decide on all aspects related to their reproduction, sexuality and life choices.

**IPPF will:**

7. Advocate for integrated policies that aim at sustainable development and that therefore:

   (i) Address all major causes of climate change,
   (ii) Meet the unmet need for contraception/family planning.
   (iii) Are based in social justice, and the human rights framework, where protection of the poorest and most vulnerable is paramount.
   (iv) Ensure responsibilities are shared by countries which have contributed most to climate change, including strategies to reduce their consumption and carbon emissions.
   (v) Support clean energy and green technologies, and address deforestation and its impact.
   (vi) Address climate change mitigation and adaptation as integral to development, giving special attention to enhancing resilience, especially of women and children.
   (vii) Above all, respect, protect and fulfill the human rights of everyone, including young people, to make decisions related to their sexuality and reproduction, free from coercion and violence.

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Recognize that communities, and women in particular, understand the balance between their families’ needs and the environment and are key agents in the management of climate change.

8. IPPF is committed to promoting and advancing universal access to sexual and reproductive health and rights, and will therefore:

(i) Re-double its efforts to promote the rights of women, particularly the poor and young, and especially in less developed countries.

(ii) Contribute to meeting their need and desire for contraception by continuously increasing access to and uptake of contraceptive services, so enhancing the well-being, economic status and resilience to climate change of women, their families and communities.

(iii) Coordinate with national, regional and global partners in ensuring that priority life-saving sexual and reproductive health services are integrated into emergency preparedness and disaster risk reduction strategies as well as into emergency responses, as to alleviate human suffering in humanitarian crises brought about by climate change, extreme weather events and other disasters.

(iv) Work with governments, development, humanitarian, health and environmental NGOs, and UN agencies to address these issues, and to ensure the importance of voluntary family planning and sexual and reproductive health and rights is fully recognized in responses to climate change, and the achievement of sustainable development and poverty elimination.

(v) Seek to reduce its own carbon footprint and impact on climate change and the environment by improving the efficiency of its activities and adopting cost-effective technologies.

Approved by Governing Council in May 2011