Self-assessment tool

Core Humanitarian Standard on Quality & Accountability

V1.3

6 July 2016

Important information

Learning through the self-assessment

Conducting a CHS self-assessment is the first step organisations should take when committing to work in line with the 9 commitments of the CHS. This document provides guidance and advice for organisations going through this exercise, as well as templates allowing you to collect information, document evidence, and present results. At the end of this exercise, you will have a comprehensive picture of your strengths and weaknesses, and a solid basis to focus resources where they are most needed. After you repeat the self-assessment, you will also be able to measure progress and the impact of your capacity development efforts. Self-assessments are meant to identify and recognise good practice as well as to help identify and address issues. They are intended to be a learning tool. Therefore, in order to encourage honest feedback, please refrain from using them as a form of exam or with a tick the box approach.

Scope of the self assessment

Organisations conducting a self-assessment should plan for activities to take place both at head office and country programme level – this will mean head office and programme sites for national organisations.

Tasks related to planning the self-assessment (steps 1-4), as well as collecting and reviewing policies, procedures and other relevant documents (step 5) will usually take place at **head office level**. Some interviews (step 6), as well as analysis and submission of results (step7) will also take place at this level.

At **country or programme level,** most organisations will have interviews (step 6) and other types of discussions with relevant stakeholders that will feed into the overall analysis. For more guidance on how many (country) programmes to include in the self-assessment, see section 1.4 on sampling.

Queries & support

The current version of this tool is 1.3, and was reviewed in June 2016 based on feedback from users. We are committed to continuously improve this tool and kindly ask you to share your feedback using Annex G of this tool. You can also get in touch with us at verification@chsalliance.org for any comments, queries or support request related to the

self-assessment. You can find a Word version of this document by clicking here.

Community of practice

As we receive feedback and interact with members who undergo the self-assessment, we will make learning available through an online Community of Practice. If you would like to be part of that community, please send an email with "self-assessment community of practice" in the subject line to verification@chsalliance.org.

Checklist for submission of the self-assessment

Prior to submitting your self-assessment, make sure that you have completed the Annexes listed below (Annexes you must submit are labelled with "For submission to CHS Alliance" for easy reference), as well as all tabs of the CHS scoring summary (Excel sheet). All documents can be downloaded on the CHS Alliance website here.

- **Annex A: Organisational details**
- **Annex B: List of key documents**
- **Annex C: Community-level questions**
- **Annex D: Organisations working with partners**
- **Annex E: Self-assessment summary report**
- **Annex F: CHS scoring summary (Excel sheet)**
- **Annex G: Feedback on the self-assessment tool**

Your submission must use the English documents. You can however translate these forms in other languages for use at country level. Please consider sharing your translation on the Community of Practice to avoid duplication of work. Inquire with verification@chsalliance.org for further details.

Results and quality check

You are expected to provide scores for the questions directed to community members and the self-assessment summary. While only indicative of performance, these scores help to more easily prioritise areas for improvement and measure progress. Once you have entered the figures in Annex F (the Excel sheet), you will see a visual illustration of your results on the next tab. You will note there are also indicative scores for "diversity and gender", "PSEA" and "localisation". Once you have submitted your self-assessment to CHS Alliance, you will receive confirmation of your submission. We will do a quality check of your submission and will get back to you with any queries within 4 weeks of submission.

Contents

1. Overview

1.1 Introduction

The Core Humanitarian Standard on Quality and Accountability (CHS) is the result of a 12-months consultation facilitated by HAP International, People In Aid and the Sphere Project, during which many hundreds of individuals and organisations rigorously analysed the content of the CHS and tested it at headquarters and field level. The CHS sets out 9 commitments that organisations and individuals involved in humanitarian response can use to improve the quality and effectiveness of the assistance they provide. It also facilitates greater accountability to communities and people affected by crisis: knowing what humanitarian organisations have committed to enables people to hold organisations to account.

As a core standard, the CHS describes the essential elements of principled, accountable and high-quality humanitarian action. Humanitarian organisations may use it as a voluntary code with which to align their own internal procedures. It can also be used as a basis for verification of performance. For more information on the Core Humanitarian Standard, and related resources, please visit: www.corehumanitarianstandard.org.

Conducting a CHS self-assessment is the first step organisations should take when committing to work in line with the 9 commitments of the CHS. This document provides guidance and advice for organisations going through this exercise, as well as templates allowing you to collect information, document evidence, and present results. While any organisation can choose to voluntarily conduct a self-assessment, this document forms the basis for members of the CHS Alliance to fulfil one of their membership requirements, which is to complete a self-assessment against the CHS within two years of becoming a member. Members of the Alliance who have worked with the HAP Standard, the People In Aid Code or Sphere will find similarities with past processes, and can usefully refer to previous work they have done towards meeting these standards. A table on equivalence between HAP and CHS requirements can be found here, while a table presenting equivalence between Sphere and the CHS can be found here.

This section explains what a CHS self-assessment is and provides step-by-step instructions on how to conduct one. The self-assessment tool and process is designed to be flexible in order to be applicable to a diverse range of organisations and country contexts. If you would like to use this self-assessment tool for a federation or a network of organisations, please contact verification@chsalliance.org for specific guidance.

1.2 What is a CHS self-assessment and why is it important?

A CHS self-assessment is the process of assessing an organisation's quality and accountability related policies, systems and practices against the 9 commitments of the CHS. This self-assessment helps organisations to evaluate how well they are doing in terms of accountability and quality, and to identify good practices and areas for improvement. The assessment should help identify strengths and weaknesses, providing a good basis to write an improvement plan, whose results will be assessed through another self-assessment, two years later, supporting a continuous learning and improvement cycle. CHS Alliance members are required to undergo a self-assessment of their application of the CHS within two years of the start of their membership. This can be done by staff or a consultant employed by the organisation or through a peer review. The self-assessment tool is directly derived from the CHS Verification Framework and designed so that the information it helps gathering can be used in the context of independent verification and certification, in case the organisation is interested in this option at a later stage. In Appendix 1, you will find a table linking CHS requirements to stages of the programme cycle. Please note this table is only broad guidance, as reality is often more complex.

The first thing to do when an organisation wants to improve its accountability and quality is to look at existing practices and determine, with the input of staff and external stakeholders (for example people & communities, as well as partners you work with), how well the organisation is translating principles and policies into action. This will allow the organisation to identify what it is doing well and what needs improvement. Self-assessments are recommended by the CHS Alliance because continual improvement is the responsibility of organisations: through their boards, managers and staff; in the way the organisation engages and works with communities; and in the way relationships are developed and managed with partners, donors and other organisations.

You may expect the following benefits from a self-assessment:

- It will raise awareness of your organisation's commitments to Accountability, Quality and People Management;
- The process encourages conversations which promote learning and the sharing of ideas;
- Your organisation will gain a clear picture of its existing practices;
- Good practice is affirmed and this in turn has a positive impact on staff morale;
- The findings provide a basis for planning improvements in policy, systems and practice, and the process achieves buy-in for change that is needed;
- The findings provide a baseline for future self-assessments to assess progress made, and allow to confidentially benchmark your performance against that of similar organisations.

1.3 How are self-assessments scored?

Conducting a CHS self-assessment involves completing this tool and recording scores in the attached Excel spreadsheet (Annex F). Each commitment relies on indicators to help organisations measure how well they are applying the standard.

- Under each CHS commitment, a number of indicators relate to **CHS Organisational Requirements**, focusing on the existence of relevant policies, guidelines and procedures, as well as the awareness of staff of these documents and existence in organisational culture. This part can largely rely on a document review and staff interviews.
- The other part examines **CHS Key Actions** and looks at the translation of principles into practice. When reviewing CHS commitments, a score is given to each indicator based on the performance of the organisation for this indicator. In order to ensure an objective score is attributed, it is necessary to discuss and ask the opinions of three main groups of people:
    1. Staff
    2. Communities and people affected by crisis
    3. Partners

Once the opinions of these three groups have been heard[1], an honest, objective score should be given using the guidance provided in section 5.3. In some instances, you will find that there could be arguments for a score to be one level up or one level down because of differences in performance from one programme to another. This can indicate weaknesses in terms of the integration of CHS content in the organisational culture or processes and is in itself an element that can guide you when preparing your improvement plan.

1.4 How do we ensure our findings are representative of the organisation (sampling)?

The objective of a self-assessment is to provide you with results that can be trusted as representative of the organisation while minimising work to reach a reliable conclusion. Adopting an approach based on a quality framework such as the CHS assumes that when policies and processes are translated into action across the organisation, it drives a consistent delivery of high-quality and accountable assistance. When processes are weak, it makes it more likely that quality depends on individuals rather than a conscious process. While the existence of relevant policies, procedures and guidelines can be dealt with at head office level, some form

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[1] Beyond partners with whom you have a formal, contractual relationship, it could be useful to also discuss with other stakeholders with regard to their perceptions of your practice of the CHS commitments.

of sampling needs to be used to check whether staff is aware of and has access to these policies[2]. Similarly, the degree to which policies are acted upon is assessed by reviewing CHS Key Actions based on a sample of programmes.

For the purpose of the self-assessment, we recommend the following:

- If you operate in only one country, you should use interviews and evidence related to at least two programme sites.
- If your organization works in more than one country but less than 10, we advise to pick a minimum of one country programme (with data coming from at least two different sites or projects per country), on top of the analysis at Head Office level.
- If you work in 10 countries or more, we recommend at least two country programmes (with data coming from at least two different sites or projects in each country).
- If you work through partners, you should use the same guidance in terms of number of programmes to cover, and ensure you survey an appropriate number of partners (minimum of 2 partners per country) to come to solid conclusions (see section 4 and Annex D).
- We advise for the first self-assessment to select areas or programmes that are the most representative of the organisation, rather than the most challenging or successful ones. In subsequent self-assessments, you should select different project sites or country programmes to ensure you build an increasingly complete understanding of the way your organisation works. Please note that when going through independent verification or certification, you may have to comply with different sampling guidelines (see http://www.hqai.org).

1.5 Are the results of our self-assessment public?

Unless an organisation wishes to make its results public, the self-assessment and attached scores remain confidential to the organisation undergoing the self-assessment and the CHS-Alliance, to whom members submit the form for a quality check before validation. The quality check aims to guarantee consistency in the way self-assessments are conducted and scored, allowing CHS members to compare their results with those of similar organisations. While your own results remain confidential, the CHS Alliance will publicise consolidated results of organisations undergoing CHS self-assessments with different degrees of analysis based on size and type of organisation, to allow you to benchmark your score. This approach will also allow the Alliance to better target capacity strengthening support towards areas of the CHS where most organisations are confronted with challenges, as well as to identify organisations with outstanding practice that could benefit their peers. Data will also be used to support advocacy at sector level to either reinforce good practice, or address weaknesses.

1.6 Where can we get support while planning for and conducting a self-assessment

Every organization planning to conduct a self-assessment ought to ensure that the person leading the assessment is familiar with this document. An e-learning for the CHS self-assessment will be available on the CHS Alliance website, and workshops introducing the process and highlighting best practice are available to CHS Alliance members. Organisations going through a self-assessment can can also direct their questions to verification@chsalliance.org. Organisations interested in independent verification and certification should contact the Humanitarian Quality Assurance Initiative (http://www.hqai.org).

1.7 When can I say that my organization meets CHS requirements?

Any individual or organisation involved in humanitarian action is encouraged to use and adopt the CHS and may state: "We are working towards application of the CHS." Organisations may however only claim that they comply with the CHS if they have undergone objective independent verification and certification against it.

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[2] For example, are the relevant documents available in languages spoken by staff in various country programmes?

1.8 What are the recommended steps in conducting a CHS self-assessment?

The steps highlighted below are only recommendations based on good practice. Ultimately, it is up to every organization to customize the process based on its own circumstances, while ensuring that at a minimum, it a) covers all areas of the CHS, b) seeks input from staff, communities and people affected by crisis and partners in the process, and c) provides evidence to back up conclusions and scores. We welcome your feedback on this tool, which will be revised based on feedback from organisations undertaking the self-assessment. You can use Annex G of this document to do so.

The diagram below outlines the suggested steps to conduct a CHS self-assessment:

1. • **Get familiar with the CHS self-assessment tool**
2. • **Gain senior leadership endorsement and support for the process**
3. • **Appoint a self-assessment Team Leader and Coordination Group**
4. • **Create a detailed workplan**
5. • **Collect and review relevant documents in light of the CHS**
6. • **Conduct interviews with relevant stakeholders**
7. • **Gather results, complete the tool and submit to CHS Alliance**

Step 1: Get familiar with the CHS self-assessment tool

In order to appropriately plan for the self-assessment, you will need to understand its scope, the people who need to be involved, the documents you will have to gather, and how its results can be used. To get people on board, you will need to be able to explain to others not only the process but also the benefits the organisation and its staff can derive from the process.

Step 2: Gain Senior Leadership support for the process

The decision to conduct a CHS self-assessment must be supported by the senior management team of the organisation. This will highlight the strategic importance of the process and ensure that different departments or units commit staff, time and resources to this task alongside other activities of the organisation. The exercise is not only relevant to operations but also to HR and Finance.

Step 3: Appoint a self-assessment Team Leader and Coordination Group

Once the decision to conduct a CHS self-assessment has been endorsed by senior management, the organisation should identify:

- **A self-assessment Team Leader:** this person will have the ultimate management responsibility of conducting the assessment. CHS Alliance recommends this person to be the Alliance focal point, or the person with the most senior (operational) role in terms of quality and accountability management within your organisation. We recommend to appoint a self-assessment champion at the level of the Senior Management Team to provide high level support to the team leader and the process should that be necessary.

- **A self-assessment Coordination Group:** this group will plan and coordinate the self-assessment process and should be composed of three people selected for their interest in the process and their capacity to gain the support and engagement of staff across different parts of the organisation. The group should include the self-assessment Team Leader, a senior staff member (champion) and a third individual decided by the organisation. Responsibilities of the group are stated in the following steps.

Step 4: Create a detailed workplan

When planning the self-assessment, account for other processes or priorities within your organisation, consult with your colleagues on timing and provide them with sufficient notice when organising interviews or requesting documents. Make sure that you:

- Decide on the specific activities to be undertaken and who to involve (typical activities may include document review; interviews with staff, Senior Management Team (SMT), communities, partners and other relevant stakeholders; completion of the self-assessment tool);
- Plan for interviews and focus group discussions involving communities & people affected by crisis and partners. This is especially important for the first self-assessment, as you may not have documented feedback covering all elements of the CHS at this stage. Refer to section 1.4 for sampling.
- Validate a workplan for the entire process (steps, timeframes and responsibilities);
- Encourage participation from different parts of the organisation;
- Communicate initial plans and progress reports to staff in the organisation[3];
- Set milestones to ensure the process stays on track.

Step 5: Collect and review relevant documents in light of the CHS

In Appendix 2 of the self-assessment tool, you will find examples of sources of evidence you can use to document the degree to which your organization is meeting the CHS commitments. These suggested sources are indicative only and not meant to be exhaustive. This list will be updated to reflect the documents most commonly used by CHS Alliance members on an ongoing basis.

Step 6: Conduct interviews with relevant stakeholders

Stakeholders you should be involving ought to include at a minimum:

- Staff (SMT as well as field staff) (see section 2)
- Communities and people affected by crisis (see section 3)

- Partners (see section 4)

The self-assessment Coordination Group members should conduct these interviews and focus group discussions as much as possible themselves but can also delegate when necessary. If they choose to delegate certain interviews or focus group discussions, the Coordination Group members should provide detailed instructions to the person conducting the interviews or focus group discussions and follow up with them about the results of these discussions.

Your objective should be to reach a sample that is representative while keeping the sample to a size that is manageable in terms of resources needed. This is why being able to rely on existing evidence captured in reports or other documents is highly desirable. **When conducting interviews specific to the self-assessment, make sure that you account for gender, age and other factors of diversity, in order to ensure that results reflect a representative range of opinions.** Remember that what seems appropriate for one person may not be for someone else!

Step 7: Gather results, complete the tool and submit to CHS Alliance

Compile the findings of the document review, interviews and other evidence in the appropriate sections of the self-assessment tool (Annex B: List of key documents; Annex C: Questions for communities; Annex D: Organisations working with partners; Appendix 3: Staff interviews). Summarize the findings and evidence in Annex E, and give a score to the different indicators of the CHS based on the scoring grid. You should aim to reach a consensus on the score you give, and provide the evidence to support your decision. After completion of the self-assessment, carefully review the information you provided, and use the checklist on page 2 to submit your self-assessment.

Once you have received feedback on your submission, you should start working on your improvement plan, following the guidelines you will find on the CHS Alliance website at http://www.chsalliance.org/what-we-do/verification/self-assessment, keeping in mind the approach below to continuous learning and improvement.

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[3] Make sure this is part of the workplan.
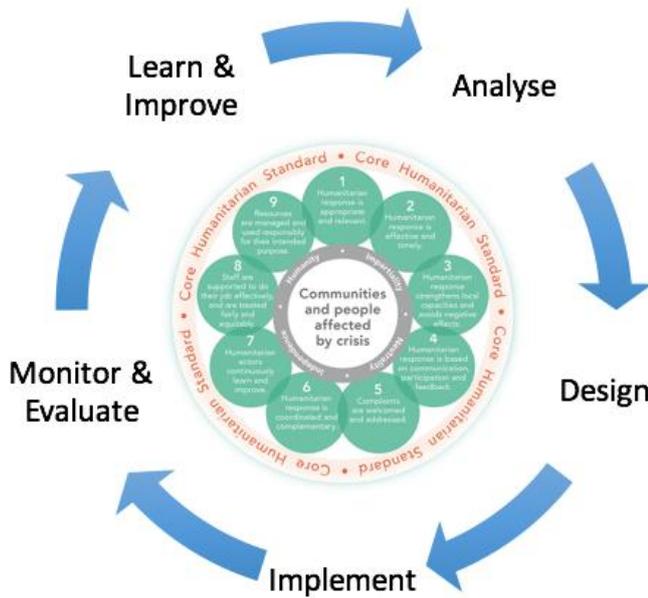
1.9 CHS and the programme cycle

The CHS is a tool you can use both at organisational and programmatic level. While a number of CHS Key Actions should be taking place at all stages of the cycle, others are more relevant to specific stages of the cycle. The table in **Appendix 1** provides an illustration of what CHS Key Actions are most relevant to the different stages of the programme cycle. Note that this information is indicative and is to be used for broad guidance only.

Both the self-assessment and peer reviews are based on a 2 year cycle as illustrated below. For details on external verification or certification cycles, please refer to www.hqai.org.
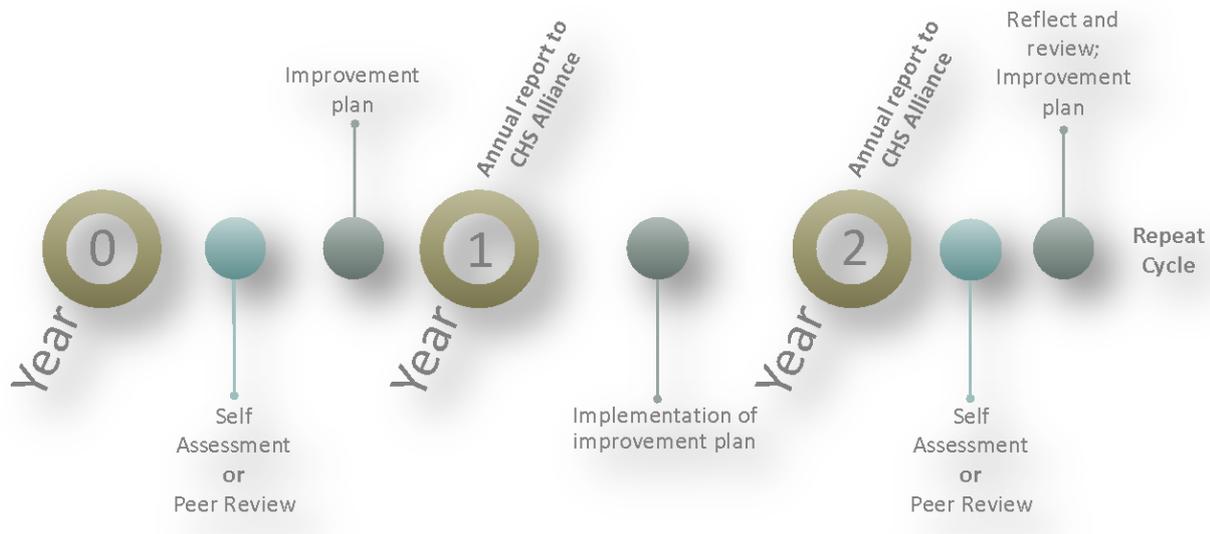
2. Staff interviews

2.1 Why is it important to involve staff?

Quality ultimately relies on people. Competent and motivated staff can fix a poorly written project proposal. A great project proposal can however only succeed if you have skilled and motivated staff. Similarly, while you can have great policies and processes in place, unless staff is aware of them, understands why they are important and is supported to implement them, practice will not align with policies. It is therefore crucial to involve your staff as a key stakeholder in the self-assessment exercise, ensuring to take account of staff diversity so that you account for potential differences of opinion and practice based on seniority, geographical location, gender or other relevant factors.

2.2 A learning exercise, not an exam

Self-assessments are meant to identify and recognise good practice as much as they can help identify and address issues, and are intended to be a learning tool. Therefore, in order to encourage honest feedback, please refrain from using the CHS self-assessment as a form of exam or linking it to punishment or reward.

2.3 Using guiding questions during interviews

During interviews, staff is not requested to provide you with a score for the corresponding CHS indicators, but rather provide information and evidence that will allow you, together with other forms of evidence, to settle on a score together with the Coordination Group. While field testing showed that assessing the application of the CHS must be done at the level of the CHS requirements, it also showed that organisations may need guiding questions to help them understand how they apply the requirement. **Guiding questions are NOT sub-indicators**. Their intention is to stimulate thinking about the intent of a specific requirement and how this intent could be satisfied. They only suggest possible processes or lines of action and acknowledge that other actions could lead to similar results.

For example:

Indicator 1.1:	Guiding question
The context and stakeholders are systematically, objectively and continuously analysed.	*Is a stakeholder mapping conducted and used to inform response planning?*

Stakeholder mapping is a common method to identify the stakeholders and their respective importance. The objective of the guiding question is thus to ask if there is a stakeholder mapping, and if not, what other approach the organisation might be using to effectively identify the stakeholders and involve them in needs assessments.

A template to conduct and document staff interviews is provided in Appendix 3. You can use it for this purpose or adapt as you see fit. You don't need to submit it to the CHS Alliance as part of the self-assessment. You will however need this tool or an adapted version of it in order to guide you in your decisions when you fill in the self-assessment summary report (see Annex E).

> ## You can use the tips below to plan and conduct interviews:
> - All meetings and focus group discussions should have a nominated facilitator or chair as well as a record keeper. These could be tasks assigned to one or more people from the coordinating group so there is consistency in how the discussions are led and findings recorded. Ensuring notes are kept from discussions is very important.
> - Put participants at ease and ensure they clearly understand the purpose of the discussion, using translation if necessary.
> - Get their consent – this should have been done in advance but it is important to recheck after you have explained the purpose of the meeting.
> - Explain how the information will be recorded and used. Explain that no name will be asked or

recorded. Explain that answers won't be recorded in a way that links them to specific participants. Get permission to take notes.

- Use an environment where participants will feel comfortable, away from external distractions and other observers.
- Follow-up guiding questions with open questions that encourage participants to give examples in support of views they are putting forward, describe the way things have worked or suggest how things could be done differently. This will help you make the writing of an improvement plan easier.
- Be attentive and listen well – trust that each person's experience will contribute something; go with the flow of conversation even if it means asking questions in a different order; avoid getting defensive or correcting people when feedback is negative.
- Encourage different views – you are not trying to get to "the facts" or a consensus view. Where different responses emerge, try to get people to explore why their experiences may differ.
- Be aware of the group composition and individuals who may influence others' ability to speak freely – politely remind those who have a tendency to dominate of the importance of hearing from everyone.
- When culturally more appropriate, organise separate discussions for men and women.
- Make sure you record findings in a way that allows you to identify any differences in response based on location, staff seniority or gender so that you can better target measures in your improvement plan.

2.4 FAQs for those taking part in interviews

What is the Core Humanitarian Standard (CHS)?

The Core Humanitarian Standard on Quality and Accountability (CHS) is a set of commitments and quality criteria that are used as a guideline and measure to identify how accountable our work is. The CHS sets out Nine Commitments that organisations and individuals involved in humanitarian response can use to improve the quality and effectiveness of the assistance they provide. It also facilitates greater accountability to communities and people affected by crisis: knowing what humanitarian organisations have committed to will enable them to hold those organisations to account.

Why are we doing this self-assessment?

As a verifiable standard, the CHS describes the essential elements of principled, accountable and high-quality humanitarian action. Humanitarian organisations may use it as a voluntary code with which to align their own internal procedures. It can also be used as a basis for verification of performance. As with all assessments, this is an opportunity to have an honest review of our policies and procedures. The team leading the self-assessment will be checking knowledge, attitude and practice against the 9 CHS commitments. This will allow us to know where we are, or compare our status against previous self-assessments to check that there has been positive progress.

I don't do humanitarian work, so why have I been chosen to take part in this assessment?

Your organisation or partners have decided to use the CHS as a tool to measure the levels of accountability. Although the term 'Humanitarian' is part of the title of the Standard (it was created by humanitarian actors), you will see by looking at its commitments that it is just as relevant to organisations in the development sector. The self-assessment process is generally a holistic activity, looking at various factors throughout the organisation, such as staff Code of Conduct, HR policies and procurement procedures.

What does this mean for our local partners – do they have to comply with the CHS?

Any organisation undertaking a self-assessment will primarily look at its own procedures and practice. However, in the same way it is useful to get feedback from communities you work with, it is important to get feedback from your partners. Organisations applying the CHS are encouraged to explain to their partners their commitment to the CHS, as well as to support them in implementing the CHS commitments.

NB: When an organisation goes through external verification, partners selected by the auditors will be visited and asked what accountability processes they have in place and how your organisation supports/encourages them with these processes and how 'accountable' it is to them and their stakeholders. Partner organisations that are visited for an audit will not become "certified", unless they decide to submit to the external verification process in their own right.

What if I don't know the answer to a question?
This is not a 'pass or fail' exam. If you do not know the answer to a question, it is not a failure on your part; it is just an indication of a need to improve information sharing and procedures within the organisation. The self-assessment aims to identify patterns in the organisation, and is not meant to assess the performance of individuals. The self-assessment team will note significant gaps in knowledge or procedure and will highlight them in the improvement plan as 'actions' that need to be taken within a recommended length of time. If you are struggling to understand a question, or need time to provide evidence, do feel free to tell the self-assessment team members, who will be more than happy to rephrase the question or give more information or time for a response.

Is the interview confidential?
The interview itself is confidential: the self-assessment report will not name the people who give specific information and the self-assessment team will not discuss specific conversations with any other people. However, there is a summary report which highlights information on your organisation's status with regards to accountability, knowledge, attitudes and practice. This report is confidential and only shared with persons directly involved in the self-assessment process.

3. Feedback from communities and people affected by crisis

3.1 Why is feedback from communities and people affected by crisis important?

Putting people at the centre of humanitarian response is the idea behind the CHS. Therefore, it is essential that the voice of people and communities affected by crisis counts as a key element of the CHS self-assessment. Their voice needs to be balanced with that of staff, partners, and documented processes, as a way to triangulate data and ensure the conclusions you draw are reliable. Ultimately, however, communities and people affected by crisis are the stakeholder best placed to say whether a response is appropriate, effective and timely. This is why we ask organisations undertaking a CHS self-assessment to gather and consider feedback from communities and people affected by crisis as early as possible in the process. This will allow scoring to be informed by feedback from staff, but also from communities and people affected, and partners. In order to maintain visibility of this feedback, the scores you get under "communities and people" for each one of the CHS commitments (see Annex C) will be visible in the scoring summary (see Annex F), helping to raise your awareness of any discrepancy in terms of scoring.

3.2 Does this feedback cover all areas of the CHS?

Communities and people affected by crisis will not (and don't need to) be aware of all the requirements of the CHS. This is why the questions in this part of the self-assessment are more succinct in some areas, for example CHS commitments 7, 8 and 9.

3.3 What sources of evidence can be used?

There is not one single source that could provide this data. The best way to account for the views of communities and people affected by crisis will depend on the context and best ways to reach all relevant subgroups of a community (accounting for gender, age and diversity). Initially, you may need to conduct focus group discussions in order to ensure data covering your sample of programme areas is available to inform this self-assessment. However, as you make progress in the implementation of the CHS, you should be able to inform subsequent reviews by using data you will be routinely collecting to plan, manage and evaluate your programmes, using for example:

- Needs assessment reports
- Focus group discussions
- Interviews with community representatives
- Feedback and complaints handling mechanism reports

- M&E data, including monitoring of CHS performance indicators
- Surveys
- Videos

3.4 What good practices can be used to facilitate and document discussions?

The tips highlighted in section 2.3 can be useful to plan and conduct interviews, focus group discussions or community meetings and ensure the process is respectful and positive for the communities you are working with.

3.5 How can feedback from communities and people affected by crisis be scored?

We acknowledge that satisfaction of communities and people affected by crisis – in particular when accounting for gender or diversity – cannot easily be summed up with a figure. Being exemplary in that respect will not necessarily mean always receiving the highest score on appropriateness or timeliness of response, but proactively seeking and acting on feedback, and doing so with a gender and diversity lens. Collecting feedback on the questions suggested in Annex C is not meant to be a process that is conducted only for the purpose of a self-assessment. Rather, it is meant to suggest useful ways to routinely gather

information aid workers can use to improve their programmes. Though feedback can sometimes be summed up through a figure, for example in the form of satisfaction score, the value of collecting feedback lies mostly in understanding why communities and people affected by crisis are satisfied or not about specific aspects of the CHS, where and why different groups may have contradicting opinions, and what they would suggest to do differently.

For the purpose of this self-assessment, but also when you do routinely want to assess the degree of satisfaction of communities and people you work with, we invite you to make use of the following scale to check how people respond to the questions that can be found in Annex C.

0	1	2	3	4	5

Rather than a statement that is valid for every single indicator used, a good option is to either use the scores and smileys above, or provide examples. When it comes to examples for scores, but also conducting and assessing interviews, you may also find the following document useful:

http://www.chsalliance.org/files/files/Resources/Tools-and-guidance/Methodology-Participative-evaluation-of-AAP.pdf

While you need to set scores for every survey, focus group discussion or other forms of feedback, **the score you should enter in Annex C (and Annex F, the Excel sheet) should be an average of the scores from the different surveys, focus groups and other forms of feedback**. We advise you to get as many inputs from communities as needed for you to feel comfortable that the results are representative of the work of your organisation. If you work with partners, you should either organise focus groups yourselves in the context of the self-assessment or in the longer term rely on your partners to provide this data as part of their M&E responsibilities.

4. Working with partners

Many organisations do not implement programmes directly but work together with partners to deliver their programmes. The CHS states in that case (CHS, page 7) that "1) Organisations working in partnership should explain their Commitment to the CHS, 2) seek understanding of how their partners approach the Nine Commitments and 3) do whatever they can to work with them to implement the CHS Commitments." The first point is about clarifying to your partners the expectations of your organisation with regards to CHS commitments. The second aims to ensure you identify gaps and compliance risks as part of due diligence. The third point focuses on the actions you take (or support your partner to take) in order to address gaps in a systematic way, as part of your commitment to working within equal, responsible partnerships. Organisations working in partnership should aim to apply the CHS principles to the way they approach partnership, for example in terms of timeliness, avoiding negative side effects, strengthening local capacity, communication, participation, coordination, learning or ethical management of resources. To respond to the questions that can be found in Annex D, you should rely on interviews (for tips on conducting interviews, refer to section 2.3), as well as evidence from documents such as:

- MoUs
- Grant agreements
- Partner agreements
- Capacity assessments
- Guidance notes
- Training reports
- Monitoring and evaluation report templates
- Reports from monitoring visits
- Rapid or final evaluations

If working with partners is a significant way for your organisations to implement programmes, the quality of programmes will depend to a large extent on the degree to which partners you work with also adopt the commitments of the CHS as part of their quality framework[4]. In that case, you should fill in Annex D and ensure that interviews cover a representative sample of your partners – you should engage with at least 2 partners per country, or until you feel comfortable results are representative of your partners in general. Pay particular attention to all partnership related documents that can influence both policy and practice (partner assessment formats, proposals, reporting, etc.). If your partners are those implementing programmes, then their reports should also be a major source of evidence to inform compliance with the CHS Key Actions.

4.1 Should questions to communities be adapted according to whether your organisation does direct implementation or works with partners?

The questions to communities in Annex C seek their feedback on the programmes that have been implemented in their community, whether they have been delivered by your own organisation or one of your partners. If you work through partners, these questions remain valid for the self-assessment. They will help you find out how successful you have been in explaining the CHS commitments to your partners, as well as in supporting them in their implementation.

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[4] Many organisations in the humanitarian sector strive to build equal partnerships. This means that assessing how your partner works with the CHS is a mutual responsibility, not just that of the partner providing funds.

5. Self-assessment summary report

5.1 Focus on learning

The indicators of the verification framework, which are reflected in the summary report, are directly derived from the CHS Key Actions and Organisational Responsibilities. In most cases, requirements have simply been reworded into indicators to allow their measurement.

The goal of the self-assessment is to help organisations improve; it is therefore extremely important to be very honest in scoring all indicators. Once a score has been designated for an indicator, using the scoring grid below, the Assessment Team Leader should include the reasons/evidence for the score in the appropriate column in the summary report. This <u>must</u> be done for <u>every</u> indicator. Once the Assessment Leader has completed the self-assessment tool, the Coordinating Group must review the tool using the records of the interviews, focus group discussions and other forms of evidence to reach consensus on the scores given to the indicators.

Particular importance must be given to the opinions expressed by the communities. For example, SMT and field staff might think that the organisation shares information really well but focus group discussions with communities might indicate that communities have little information about the projects or about the organisation.

It is important to realise that the self-assessment process does not lead to a "scientific" result. However, trends and patterns in the outcomes of the assessment can be interpreted to highlight areas of strength and areas of weakness. For example, an organisation might have good practices in its day-to-day work but poor documentation in the form of policies and procedures related to CHS requirements.

It can happen that smaller organisations have no formal management systems in place, but show that an Organisational Responsibility is constantly reflected in practice. In a similar situation, the person undertaking the assessment needs to understand and document why the application is adequate in the apparent absence of a supporting process. It is frequent that the procedures actually exist informally, but are "hidden" in other documents. **The driving principle behind the scoring is that the scores should reflect the normal ("systematic") working practices of the organisation.**

5.2 Formal and informal sources of evidence

In order to document the degree to which **Organisational Responsibilities** are reflected in your organisation's policies and procedures, you are most likely to find the evidence in policies, manuals, guidelines or procedures. You should list key documents that relate to Organisational Responsibilities in **Annex B**.

To document the practice of your organisation with regard to **Key Actions**, the range of sources is likely to be broader. There, you will be able to refer to sources such as reports, project proposals, evaluations or other formal documents that capture and document your practice. At the same time, you will also be able to use less formal sources, such as feedback from communities and people affected by crisis collected through focus group discussions, interviews, surveys or other relevant ways. Both types of sources are appropriate, and as in any type of assessment, triangulating different sources (including different locations and a gender and diversity lens) allows you to come to conclusions with more confidence.

You can find suggestions of both formal and informal sources of evidence in **Appendix 2**. These are only indicative, will differ from one organisation to another, and will be updated based on feedback from organisations undertaking the self-assessment.

5.3 Evidence and scoring guidelines

The reason for providing relatively detailed scoring guidelines is to ensure that results collected through member self-assessments allow each organization to reliably measure progress over time, as well as to draw solid conclusions about the overall performance of CHS Alliance membership on the different aspects of the CHS, allowing the Alliance to better target its support and resources.

To reach a score, remember that **evidence is any reproducible information that demonstrates the application (or not) of a CHS requirement**. The sources of information that provide this evidence in the context of a self-assessment are written documents that describe policies, procedures, processes and systems or any information (meeting minutes, proposals, results of M&E, interviews or direct observation, etc.) that reports practices that are consistent (or not) with the requirements of the CHS. **While it is often difficult to consider one testimony as evidence, a series of congruent testimonies would clearly form evidence.**

Below, you will find a table indicating which sections of the self-assessment tool will help you to summarise your findings and provide a score.

	Main sources for writing your findings
Indicators for Key Actions	- Questions to communities (Annex C, part 2) - Organisations working with partners and Questions to partners (Annex D) - Sources of evidence (Appendix 2) - Staff interviews (sections linked to Key Actions – Appendix 3)
Indicators for Organisational Responsibilities	- List of key documents (Annex B) - Community-level questions (Annex C, part 1) - Organisations working with partners and Questions to partners (Annex D) - Sources of evidence (Appendix 2) - Staff interviews (sections linked to Organisational Requirements – Appendix 3)

You will need to come to a score for three elements:
- Questions to communities (Annex C, part 2)
- Self-assessment summary report: Key Actions (Annex E)
- Self-assessment summary report: Organisational Responsibilities (Annex E)

On the following page, you will find a table summarizing what elements to look for in relation to each score, depending on whether communities are scoring the questions in Annex C, or whether you are scoring relevant sections of the summary report (Annex E).

Once you have filled in the summary report, input the scores from Annexes C and E in the Excel sheet (Annex F).

	What score should you use?		
	Communities (Annex C)	**Key Actions** (Annex E, sections on Key Actions)	**Organisational Responsibilities** (Annex E, sections on Org. Responsibilities)
0		• Operational activities and actions systematically contradict the intent of a CHS requirement. • Recurrent failure to implement the necessary actions at operational level. • A systemic issue threatens the integrity of a CHS Commitment	• Policies and procedures directly contradict the intent of the CHS requirement. • Complete absence of formal or informal processes (organizational culture) or policies necessary for ensuring compliance at the level of the requirement and commitment.
1		• Some actions respond to the intent behind the CHS requirement. • There are however a significant number of cases where the design and management of programmes do not reflect the CHS requirement. • Actions at the operational level are not systematically implemented in accordance with relevant policies and procedures.	• Relevant policies exist but are incomplete or do not cover all areas • Existing policies are not accompanied with sufficient guidance to support a systematic and robust implementation by staff. • A significant number of staff at Head Office and/or field levels are not familiar with the policies and procedures. • Absence of mechanisms to monitor application of policies and procedures.
2		• Actions at operational level are broadly in line with the intent behind a requirement or commitment. • Implementation of the requirement varies from program to program and is driven by people rather than organizational culture. • There are instances of actions at operational level where the design or management of programmes does not fully reflect relevant policies.	• Relevant policies and procedures exist but are partial and not always accompanied with sufficient guidance to support a systematic and robust implementation by staff. • Some staff are not familiar with the policies and procedures, and/or cannot provide relevant examples of implementation • Mechanisms to monitor application of policies and procedures are insufficient.
3		• The design of projects and programmes and the implementation of activities reflects the requirement throughout programme sites. • Staff are made accountable for the application of relevant policies and procedures.	• Relevant policies and procedures exist and are accompanied with guidance to support implementation by staff. • Staff are familiar with relevant policies. They can provide several examples of consistent application in different activities, projects and programmes. • The organisation monitors the implementation of its policies and supports the staff in doing so at operational level.
4		• Field and programme staff act frequently in a way that goes beyond CHS requirement to which they are clearly committed. • Communities and other external stakeholders are particularly satisfied with the work of the organisation in relation to the requirement.	• Policies and procedures go beyond the intent of the CHS requirement, are innovative and systematically implemented across the organisation. • Relevant staff can explain in which way their activities are in line with the requirement and provide several examples of implementation in different sites. They can relate the examples to improved quality of the projects and their deliveries.
5		• Actions at all levels and across the organisation go far beyond the intent of the relevant CHS requirement and could serve as textbook examples of ultimate good practice.	• Policies and procedures go far beyond the intent of the CHS requirement and could serve as textbook examples of relevant policies and procedures. • Policy and practice are perfectly aligned.

Appendix 1: The CHS and the programme cycle

	Key Actions	
	Specific to PCM stages	**Valid at every stage**
Analyse	**1.1** Conduct a systematic, objective and ongoing analysis of the context and stakeholders. **3.2** Use the results of any existing community hazard and risk assessments and preparedness plans to guide activities. **3.3** Enable the development of local leadership and organisations in their capacity as first-responders in the event of future crises, taking steps to ensure that marginalised and disadvantaged groups are appropriately represented. **6.1** Identify the roles, responsibilities, capacities and interests of different stakeholders. **6.2** Ensure humanitarian response complements that of national and local authorities and other humanitarian organisations.	**5.1** Consult with communities and people affected by crisis on the design, implementation and monitoring of complaints-handling processes. **8.1** Staff work according to the mandate and values of the organisation and to agreed objectives and performance standards. **8.2** Staff adhere to the policies that are relevant to them and understand the consequences of not adhering to them. **8.3** Staff develop and use the necessary personal, technical and management competencies to fulfil their role and understand how the organisation can support them to do this. **9.2** Manage and use resources to achieve their intended purpose, minimising waste. **9.4** When using local and natural resources, consider their impact on the environment. **9.5** Manage the risk of corruption and take appropriate action if it is identified.
Design	**1.2** Design and implement appropriate programmes based on an impartial assessment of needs and risks, and an understanding of the vulnerabilities and capacities of different groups. **2.1** Design programmes that address constraints so that the proposed action is realistic and safe for communities. **2.2** Deliver humanitarian response in a timely manner, making decisions and acting without unnecessary delay. **2.4** Use relevant technical standards and good practice employed across the humanitarian sector to plan and assess programmes. **3.1** Ensure programmes build on local capacities and work towards improving the resilience of communities and people affected by crisis. **3.4** Plan a transition or exit strategy in the early stages of the humanitarian programme that ensures longer-term positive effects and reduces the risk of dependency. **3.5** Design and implement programmes that promote early disaster recovery and benefit the local economy. **9.1** Design programmes and implement processes to ensure the efficient use of resources, balancing quality, cost and timeliness at each phase of the response.	

Key Actions		
	Specific to PCM stages	**Valid at every stage**
Implement	**1.3** Adapt programmes to changing needs, capacities and context.	**5.1** Consult with communities and people affected by crisis on the design, implementation and monitoring of complaints-handling processes. **8.1** Staff work according to the mandate and values of the organisation and to agreed objectives and performance standards. **8.2** Staff adhere to the policies that are relevant to them and understand the consequences of not adhering to them. **8.3** Staff develop and use the necessary personal, technical and management competencies to fulfil their role and understand how the organisation can support them to do this. **9.2** Manage and use resources to achieve their intended purpose, minimising waste. **9.4** When using local and natural resources, consider their impact on the environment. **9.5** Manage the risk of corruption and take appropriate action if it is identified.
	2.3 Refer any unmet needs to those organisations with the relevant technical expertise and mandate, or advocate for those needs to be addressed.	
	3.6 Identify and act upon potential or actual unintended negative effects in a timely and systematic manner, including in the areas of: a. people's safety, security, dignity and rights; b. sexual exploitation and abuse by staff; c. culture, gender, and social and political relationships; d. livelihoods; e. the local economy; and f. the environment.	
	4.1 Provide information to communities and people affected by crisis about the organisation, the principles it adheres to, how it expects its staff to behave, the programmes it is implementing and what they intend to deliver	
	4.2 Communicate in languages, formats and media that are easily understood, respectful and culturally appropriate for different members of the community, especially vulnerable and marginalised groups.	
	4.3 Ensure representation is inclusive, involving the participation and engagement of communities and people affected by crisis at all stages of the work.	
	4.4 Encourage and facilitate communities and people affected by crisis to provide feedback on their level of satisfaction with the quality and effectiveness of the assistance received, paying particular attention to the gender, age and diversity of those giving feedback.	
	5.2 Welcome and accept complaints, and communicate how the mechanism can be accessed and the scope of issues it can address.	
	5.3 Manage complaints in a timely, fair and appropriate manner that prioritises the safety of the complainant and those affected at all stages.	
	6.3 Participate in relevant coordination bodies and collaborate with others in order to minimise demands on communities and maximise the coverage and service provision of the wider humanitarian effort.	
	6.4 Share necessary information with partners, coordination groups and other relevant actors through appropriate communication channels.	
Monitor & evaluate	**2.5** Monitor the activities, outputs and outcomes of humanitarian responses in order to adapt programmes and address poor performance.	
	9.3 Monitor and report expenditure against budget.	
Learn & improve	**7.1** Draw on lessons learnt and prior experience when designing programmes.	
	7.2 Learn, innovate and implement changes on the basis of monitoring and evaluation, and feedback and complaints.	
	7.3 Share learning and innovation internally, with communities and people affected by crisis, and with other stakeholders.	

Appendix 2: Sources of evidence

1. Communities and people affected by crisis receive assistance appropriate and relevant to their needs.	
CHS N°	**Examples of sources**
1.1	• Context and stakeholder section in proposals, in induction file for new staff, or reports • Context analysis and monitoring reports • Feedback from communities and stakeholders • Country/regional strategy
1.2	• Proposals, needs assessments, progress, monitoring and evaluation reports • Selection criteria for people to benefit from project • Feedback from communities and stakeholders
1.3	• Progress, monitoring and evaluation reports. • Proposals (inclusion of flexibility to adapt to changes in narrative and budget) • Feedback from communities and stakeholders
1.4	• Mission and vision statement, code of conduct • Protection policy • Proposals, needs assessments templates • Operational handbook • Commitment to relevant standards • Staff induction program, and staff awareness
1.5	• Proposals, needs assessments and reporting templates • Participation / gender and diversity policy (corporate statement / staff guidelines, code of conduct) • Disaggregation guidelines for people you aim to assist • Operational handbook • Staff induction program, and staff awareness
1.6	• Proposal, needs assessments, report templates • Operational handbook

2. Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.	
CHS N°	**Examples of sources**
2.1	• Risk analysis/assessment • Focus group discussions with communities and local stakeholders on this issue • Security plans.
2.2	• Minutes of meeting, Progress reports
2.3	• Email and communications with other organisations, clusters, local authorities • Progress reports • Feedback and Response Mechanism system
2.4	• Reference to relevant standards in proposals, job descriptions reports
2.5	• Monitoring reports, Log frame, internal audit reports • Minutes of Focus Group Discussions, Evaluation, real evaluation reports
2.6	• Annual report, publications on program area of expertise • Training plans and training reports, Staffing reports,
2.7	• M&E policy, Learning policy, Learning tools (database, peer learning, communities of practice,…) • Minutes of meeting SMT, Management response, after action reviews

CHS N°	Examples of sources
**3. Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.**

CHS N°	Examples of sources
3.1	• Context analysis, Reports, proposals • MoU and partnerships with local partners.
3.2	• Proposals, Hazard Vulnerability Capacity Assessment reports • Minutes of Focus Group Discussions
3.3	• Proposals and reports • MoU and partnerships agreements, Partner feedback • Disaster preparedness plans
3.4	• Proposals, disaster preparedness plan • Exit strategy guidelines
3.5	• Context and market analysis, proposals and market surveys • Progress and evaluation reports sections on recovery of local economy.
3.6	• Context and risk analysis, risk management plan • Code of conduct, staff induction manual • Gender policy, Operational handbook • Protection policy, do no harm policy • Discussions with community members
3.7	• Data collection and data protection policies • Information disclosure policy • Code of conduct, staff contracts • Operational handbook • Protection policy, do no harm policy, resilience policy
3.8	• Data collection and data protection policies • Information disclosure policy • Code of conduct, staff contracts

4. Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them.

CHS N°	Examples of sources
4.1	• Information sharing material, posters, radio, etc... • Reports, minutes of community activities,
4.2	• Context analysis, media and cultural mapping • Minutes of discussions with communities and specific groups on preferred communication channels • information sharing material, communication strategy
4.3	• Gender and diversity policy • Monitoring and progress reports (with SADD), minutes of discussions with communities
4.4	• Feedback and response mechanisms reports, hotline reports • Satisfaction surveys, monitoring reports
4.5	• Information sharing policy (corporate statement / staff guidelines) • Language options for documents
4.6	• Community engagement policy, participation handbook, accountability Framework • Staff diversity policy
4.7	• Ethical policy, fundraising policy, image use policy, informed consent policy • Code of conduct, staff induction curriculum

5. Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.	
CHS N°	**Examples of sources**
5.1	• Country and context analysis • Minutes of consultation meetings
5.2	• Complaints management dashboard and reports • Details of country specific complaints mechanisms
5.3	• Communication material promoting channels to submit complaint • Community feedback on complaints handling system
5.4	• Complaints handling policy and procedure (including any existing specific policies on staff grievance, whistle blowing, prevention of sexual exploitation and abuse, etc.)
5.5	• Code of conduct • Guidelines on how complaints should be handled
5.6	• Records of consultations • Records of complaints handled
5.7	• Referral policy • Mapping of referral mechanisms • Evidence of coordination and communication with relevant coordination mechanisms and cluster

6. Communities and people affected by crisis receive coordinated, complementary assistance. *Quality Criterion:* Humanitarian response is coordinated and complementary.	
CHS N°	**Examples of sources**
6.1	• Stakeholder mapping, or appropriate sections of project proposals and progress reports
6.2	• Commitments towards coordination, reports on involvement with coordination mechanisms and clusters • Programme plans, monitoring and reporting documents, MoU with other stakeholders
6.3	• Minutes of coordination meetings.
6.4	• Monitoring and/or evaluation reports demonstrate how activities are coordinated with others, including participation in relevant coordination bodies.
6.5	• Coordination and partnership policy • Operational handbook
6.6	• MoU templates, partner assessment formats • Country and organisational strategy • Secondment / stand by partner policy and agreements

7. Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection.	
CHS N°	**Examples of sources**
7.1	• Project proposal (incl. Templates) includes section on lessons from previous relevant experiences. • Policies/strategies on thematic areas are updated regularly incorporating experiential learning.
7.2	• Monitoring and evaluation reports, Database on key evaluation and learning resources • Documents issued by MEAL section, communities of practice
7.3	• Workshops and other learning events • Membership of learning oriented networks, publications
7.4	• Learning policy, knowledge management policy (organisational and programmatic)
7.5	• Budget dedicated to learning • File management system, learning database
7.6	• Membership of learning networks, publications (evaluations, learning reviews, case studies, etc…)

CHS N°	**8. Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.**
CHS N°	**Examples of sources**
8.1	• Staff job descriptions • Performance reviews • Ethics committee report, complaints handling reports
8.2	• Staff satisfaction surveys, Feedback and complaints handling system reports • Performance reviews, Ethics committee reports
8.3	• Internal training plan, capacity development plans and budgets • Staff satisfaction surveys, staff appraisals
8.4	• Vacancy rate, staff turnover rate • Surge capacity plans
8.5	• Staff policies (national / international) • HR or People Management handbook/manual
8.6	• Job descriptions • HR or PM handbook/manual • Staff satisfaction surveys
8.7	• Code of conduct
8.8	• Induction and briefing procedures • Training and capacity development plans, Performance appraisals
8.9	• Security policy and guidelines, Health and safety policy (national / international)

CHS N°	**9. Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently and ethically.**
CHS N°	**Examples of sources**
9.1	• Specific sections of project proposals, progress reports • Comparison table of different programming options • Specific guidelines and report on value for money, internal audit reports
9.2	• Measurement of process efficiencies, specific sections of progress reports, evaluation and audit reports • Risk management matrix, Internal Control System, Internal audit reports
9.3	• Budgets and expense reports.
9.4	• Environmental impact assessment reports • Specific sections of proposals and progress reports
9.5	• Mechanism for whistleblowers, management reports, internal control system, internal audit reports
9.6	• Fraud and ethics policy • Internal control system • Code of conduct • Environmental policy • Audit policy • M&E policy • Risk management matrix • Financial systems

Appendix 3: Staff interviews

1. Communities and people affected by crisis receive assistance appropriate and relevant to their needs.
Quality Criterion: Humanitarian response is appropriate and relevant.

Key actions		
N°	**Indicators**	**Guiding questions**
1.1	The context and stakeholders are systematically, objectively and continuously analysed.	• How do you map stakeholders and use this to inform your response? (see also 3.3 & 6.5) • What sources of information are used to assess needs, risks, capacities, vulnerabilities and context (this may include affected people and communities, local institutions and other stakeholders)? • Do you have plans or processes for regular context analysis in place, are these known to the staff and used in monitoring processes?
	Enter your findings here	
1.2	Programmes are appropriately designed and implemented based on an impartial assessment of needs and risks and an understanding of the vulnerabilities and capacities of different groups.	• How do you conduct needs assessments and use them to inform response planning? (see 2.1) • How do you collect disaggregated data? • How are vulnerable groups identified? • How do you adapt types of assistance and/or protection to different demographic groups? • How do you match programme budgets and resources with needs? (see 2.1 & 2.7)
	Enter your findings here	
1.3	Programmes are adapted to changing needs, capacities and context.	• How do you adapt programmes based on changing needs, capacities, risks and context? (see 2.5 & 2.7) • How are social and contextual factors that contribute to vulnerability, such as discrimination and marginalisation assessed and used? (see 3.1a, 3.1b & 3.3)
	Enter your findings here	
Organisational responsibilities		
1.4	Policies commit to impartial assistance based on the needs and capacities of communities and people affected by crisis.	• In which of your organisation's documents is this requirement covered? • Are all elements of this requirement covered? • Are you aware and familiar with the policies and guidelines that cover this requirement? Is their content part of the organisational culture?
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	
1.5	a. Policies set out commitments which take into account the diversity of communities, including disadvantaged or marginalised people. b. Policies set out commitments to collect disaggregated data.	• *See questions under 1.4*
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	
1.6	Processes are in place to ensure an appropriate ongoing analysis of the context.	• *See questions under 1.4*
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	

2. Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.

Quality Criterion: Humanitarian response is effective and timely.

Key actions		
N°	**Indicators**	**Guiding questions**
2.1	Programmes are designed taking into account constraints so that the proposed action is realistic and safe for communities.	• How are constraints and risks analysed and identified? • Does it include humanitarian access, security, protection, logistics and funding? • Is risk to affected people and staff regularly assessed and addressed? • How are affected people consulted about safety and access to assistance? • How are plans adapted as a result of the analysis?
	Enter your findings here	
2.2	Decisions affecting programming are taken and acted upon without unnecessary delay so that the humanitarian response is delivered in a timely manner.	• What early warning systems & contingency plans are used for preparedness? • How do you account and address factors that may cause delays such as weather, access or conflict? • How do you monitor and address delays during implementation? • How are resources adjusted to respond to changes identified in the operational context?
	Enter your findings here	
2.3	Unmet needs are referred to an organisation with relevant technical expertise and mandate or there is advocacy to address these needs.	• How are unmet needs identified, documented and addressed? • Are relevant organisations mapped and unmet needs referred to them? (see 1.1)
	Enter your findings here	
2.4	Programmes are planned and assessed using relevant technical standards and good practice employed across the humanitarian sector.	• How do staff identify and use relevant technical standards and good practice? • How are digressions from international standards justified?
	Enter your findings here	
2.5	a. Activities, outputs and outcomes are monitored. b. Programmes are adapted based on monitoring results. c. Poor performance is identified and addressed.	• How are programme activities, outputs and outcomes monitored? • How does monitoring lead to changes in programmes? • How does monitoring help identify and address poor performance?
	Enter your findings here	
Organisational responsibilities		
2.6	Programme commitments are in line with organisational capacities (see also 8.4).	• In which of your organisation's documents is this requirement covered? • Are all elements of this requirement covered? • Are you aware and familiar with the policies and guidelines that cover this requirement? Is their content part of the organisational culture?
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	
2.7	a. Policy commitments ensure a systematic, objective and ongoing monitoring and eva-luation of activities and their effects (see 1.3). b. Policy commitments ensure that evidence from monitoring and evaluations is used to adapt and improve programmes. c. Policy commitments ensure timely decision-making with resources allocated accordingly.	• *See questions under 2.5*
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	

3. Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.

Quality Criterion: Humanitarian response strengthens local capacities and avoids negative effects.

	Key actions	
N°	**Indicators**	**Guiding questions**
3.1	Programmes are built on local capacities and work towards improving the resilience of communities and people affected by crisis.	• How do you map, assess and take into account local capacities (structures, organisations, leadership and support networks) that strengthen local resilience? (see 1.1) • How do you demonstrate activities strengthen community resilience? (see 2.5)
	Enter your findings here	
3.2	The organisation uses the results of any existing community hazard, risk assessments and preparedness plans to guide activities.	• How do you identify, analyse and use existing community hazard and risk assessments? (see 2.1)
	Enter your findings here	
3.3	Programmes enable the development of local leadership and organisations in their capacity as first responders and promote an appropriate representation of marginalised and disadvantaged groups in local leadership and organisations.	• How do you identify and consult with local leaders to ensure strategies are in line with local and/or national priorities? (see 1.1) • How do programmes work with and through local community authorities? (see 1.1, 6.2 and 6.4) • Do programmes use qualified local and national staff rather than expatriate staff? If not, is it clear why? • How do you transfer competencies and skills to local partners? • How are disadvantaged and marginalised groups supported to become local leaders or be represented in local leadership and organisations?
	Enter your findings here	
3.4	A transition or exit strategy is planned in the early stages of the humanitarian programme to ensure longer-term positive effects and reduce the risk of dependency.	• How do you ensure transition and/or exit strategy is developed in consultation with affected people and other relevant stakeholders? • Is the strategy known to relevant staff and stakeholders? (see 4.1) • How does it assess and respond to the risk of dependency? (see 3.5a)
	Enter your findings here	
3.5	Programmes are designed and implementted in order to promote early recovery and to benefit the local economy (see 3.6).	• How do programmes consider and facilitate early recovery? • How is the potential effect of the programme on the local economy at different stages of the programme assessed and taken into account? • How is local procurement encouraged?
	Enter your findings here	
3.6	Programmes identify and act upon potential or actual unintended negative effects in a timely and systematic manner, including in the areas of a) people's safety, security, dignity and rights, b) sexual exploitation and abuse by staff, c) culture, gender, social and political relationships, d) livelihoods, e) the local economy, and the environment.	• How do you detect, assess, mitigate and monitor unintended negative effects in these areas? • How do you identify whether programme activities exacerbate existing divisions within or between communities and affect the position of armed groups or other actors? • How do you understand the means by which people try to protect themselves, their families and communities? (see 1.1 and 1.2) • If unintended negative effects are identified in these areas, how are these addressed and responded to in a timely fashion?
	Enter your findings here	

Organisational responsibilities		
3.7	Policies, strategies and guidance are designed to a) prevent programmes having any negative effects such as for example, exploitation, abuse or discrimination by staff against communities & people affected by crisis and b) to strengthen local capacities.	• In which of your organisation's documents is this requirement covered? • Are all elements of this requirement covered? • Are you aware and familiar with the policies and guidelines that cover this requirement? Is their content part of the organisational culture?
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	
3.8	Systems are in place to safeguard any personal information collected from communities and people affected by crisis that could put them at risk.	• *See questions under 3.7*
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	

4. Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them.

Quality Criterion: **Humanitarian response is based on communication, participation and feedback.**

Key actions		
N°	**Indicators**	**Guiding questions**
4.1	Information is provided to communities and people affected by crisis about the organisation, the principles it adheres to, the expected behaviours of staff, and its programmes and deliverables.	• How is information sharing planned as part of the programme activities? • How is information on expected staff behaviour communicated to the community? • How is information about the organisation and response communicated in accessible and appropriate ways to affected communities and people?
	Enter your findings here	
4.2	Communication with communities and people affected by crisis uses languages, formats and media that are easily understood, respectful and culturally appropriate for different parts of the community, especially vulnerable and marginalised groups.	• How are people, especially vulnerable and marginalised groups, able to access information provided? (see 1.5) • How are the preferred channels and formats of communication of people, vulnerable and marginalised groups known to relevant staff?
	Enter your findings here	
4.3	Inclusive representation, participation and engagement of people and communities are ensured at all stages of the work.	• How are people's views, including the most vulnerable and marginalised, sought and used to guide programme design and implementation? (see 1.5) • How do you ensure that all groups within affected communities feel they have equitable and safe opportunities to participate in programme decisions?
	Enter your findings here	
4.4	Communities and people affected by crisis are encouraged to provide feedback on their level of satisfaction with the quality and effectiveness of assistance, paying particular attention to the gender, age and diversity of those giving feedback.	• How are staff encouraged to seek feedback from people affected by crisis? • How do you ensure that all groups, especially vulnerable and marginalised people, are aware of and have access to feedback channels, and that they feel safe using those channels? • How are barriers to giving feedback identified and addressed? • How are feedback mechanisms planned and budgeted as part of the programme? • When possible, is data provided through feedback mechanisms disaggregated by age, gender and other relevant categories? (see 1.2)
	Enter your findings here	

Organisational responsibilities		
4.5	Policies for information-sharing are in place, and promote a culture of open communication.	• In which of your organisation's documents is this requirement covered? • Are all elements of this requirement covered? • Are you aware and familiar with the policies and guidelines that cover this requirement? Is their content part of the organisational culture?
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	
4.6	Policies are in place for engaging communities and people affected by crisis and reflect the priorities and risks communities identify in all stages of the work (see also 1.2).	• *See questions under 4.5*
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	
4.7	External communications, including those used for fundraising, are accurate, ethical and respectful, presenting communities and people affected by crisis as dignified human beings.	• *See questions under 4.5*
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	

5. Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.
Quality Criterion: **Complaints are welcomed and addressed.**

Key actions		
N°	**Indicators**	**Guiding questions**
5.1	Communities and people affected by crisis are consulted on the a) design, b) implementation, and c) monitoring of complaints handling processes.	• How are communities and people affected by the crisis consulted in the design, implementation and monitoring phases of complaints handling? • How are the preferences, particularly those related to safety and confidentiality, of all demographic groups taken into account in the design of complaints handling processes?
	Enter your findings here	
5.2	Complaints are welcomed and accepted and information on how to access the mechanism and its scope is available.	• What specific processes are in place to ensure that complaints make it to the complaints handling process(es)? • How do you ensure information on how to submit compl aints is accessible to and understood by all relevant groups, particularly vulnerable ones? • How do you explain what can be complained about?
	Enter your findings here	
5.3	Complaints are managed in a timely, fair and appropriate manner. Complaints handling mechanisms prioritise the safety of the complainant and those affected at all stages.	• What are the timeframes to investigate and resolve complaints, and are these documented and respected? • Do complainants and potential users of the mechanisms feel their complaints have been or would be handled in a fair, appropriate and safe way? • What are the mechanisms in place to protect complainants? • How does your organisation explain its non-retaliation policy?
	Enter your findings here	

	Organisational responsibilities	
5.4	The complaints-handling process for communities and people affected by crisis is documented and in place. The process covers programming, sexual exploitation and abuse, and other abuses of power.	• In which of your organisation's documents is this requirement covered? • Are all elements of this requirement covered? • Are you aware and familiar with the policies and guidelines that cover this requirement? Is their content part of the organisational culture?
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	
5.5	An organisational culture in which complaints are taken seriously and acted upon according to defined policies and processes has been established.	• *See questions under 5.4*
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	
5.6	Communities and people affected by crisis are fully aware of the expected behaviour of humanitarian staff, including organisational commitments made on the prevention of sexual exploitation and abuse.	• *See questions under 5.4*
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	
5.7	Complaints that do not fall within the scope of the organisation are referred to a relevant party in a manner consistent with good practice.	• *See questions under 5.4*
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	

**6. Communities and people affected by crisis receive coordinated, complementary assistance.**

6. Communities and people affected by crisis receive coordinated, complementary assistance.

Quality Criterion: Humanitarian response is coordinated and complementary.

Key actions

N°	Indicators	Guiding questions
6.1	The roles, responsibilities, capacities and interests of different stakeholders are identified.	• How are local actors, humanitarian organisations, local authorities, private companies and other relevant groups considered in the organisation's definition of stakeholders? (see 1.1 and 2.3) • How is information about the competences, resources, areas and sectors of work of other organisations, including local and national authorities, accessed? • How is information regarding the plans and activities of other actors working with the same vulnerable groups, or in the same sectors and geographic areas identified?
	Enter your findings here	
6.2	The response complements the action of national and local authorities and other actors.	• How does programming coordinate with other actors (NGOs, government agencies, etc.) and take their programmes into account when designing, planning and implementing programmes? • Are gaps in coverage identified and addressed? (see 2.3) • How do you ensure that coordination does not undermine independence when working in a context of armed conflict?
	Enter your findings here	
6.3	The organisation participates in relevant coordination bodies and collaborates with others in order to minimise demands on communities and maximise the coverage and service provision of the wider humanitarian effort.	• How are existing coordination structures identified? (see 1.1) • How does the organisation participate in relevant coordination meetings with national and international stakeholders? (see 4.5) • How are activities that directly involve people and communities harmonised with those of other actors who work with the same populations? (see 6.1)
	Enter your findings here	
6.4	Information is shared with partners, coordination groups and other relevant actors through appropriate communication channels.	• How is information about the organisation's competences, resources, and areas and sectors of work shared with others responding to the crisis? • How do programme plans include measures to regularly share information and coordinate activities with other national and international stakeholders?
	Enter your findings here	

Organisational responsibilities

N°	Indicators	Guiding questions
6.5	Policies and strategies include a clear commitment to coordination and collaboration with others, including national and local authorities without compromising humanitarian principles.	• In which of your organisation's documents is this requirement covered? • Are all elements of this requirement covered? • Are you aware and familiar with the policies and guidelines that cover this requirement? Is their content part of the organisational culture?
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	
6.6	Work with partners is governed by clear and consistent agreements that respect each partner's mandate, obligations and independence, and recognises their respective constraints and commitments.	• *See questions under 6.5*
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	

7. Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection.

Quality Criterion: **Humanitarian actors continuously learn and improve.**

Key actions		
N°	**Indicators**	**Guiding questions**
7.1	Programmes are designed based on lessons learnt and prior experience.	• How are evaluations and reviews of similar programmes consulted and incorporated when appropriate in programme design? (see 2.7a) • How do initial assessments take account of lessons learned from past experiences, including those of other actors, and relevant technical standards?
	Enter your findings here	
7.2	The organisation learns, innovates and implements changes on the basis of monitoring and evaluation, and feedback and complaints.	• How do monitoring, evaluation, feedback and complaints handling lead to changes and/or innovations in programme design and implementation? • What are the management processes that ensure lessons identified and corrective actions lead to change in practice?
	Enter your findings here	
7.3	Learning and innovation are shared internally, with communities and people affected by crisis, and with other stakeholders.	• How are lessons learned shared with staff and other relevant stakeholders? • How is poor performance taken into consideration, documented and shared as part of lessons learned with staff? (see 2.5)
	Enter your findings here	

Organisational responsibilities		
N°	**Indicators**	**Guiding questions**
7.4	Evaluation and learning policies are in place, and means are available to learn from experiences and improve practice.	• In which of your organisation's documents is this requirement covered? • Are all elements of this requirement covered? • Are you aware and familiar with the policies and guidelines that cover this requirement? Is their content part of the organisational culture?
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	
7.5	Mechanisms exist to record knowledge and experience, and make it accessible throughout the organisation.	• *See questions under 7.4*
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	
7.6	The organisation contributes to learning and innovation in humanitarian response amongst peers and within the sector.	• *See questions under 7.4*
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	

8. Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.
Quality Criterion: **Staff are supported to do their job effectively, and are treated fairly and equitably.**

Key actions

N°	Indicators	Guiding questions
8.1	Staff work according to the mandate and values of the organisation and to agreed objectives and performance standards.	• How are staff trained on and supported to understand the mandate and values of the organisation, especially key behaviours on child protection, fraud, whistleblowing and complaints handling? • How do staff know what standard of performance they are expected to apply in their work, including technical and quality standards? • How is staff performance managed and under-performance addressed?
	Enter your findings here	
8.2	Staff adhere to the policies that are relevant to them and understand the consequences of not adhering to them.	• How are staff throughout the organisation, at different levels and in different locations, made aware of the policies that affect them and their work, the benefits of the policies and the consequences of not applying them? • Do staff sign a code of conduct or similarly binding document and receive orientation to ensure they understand their responsibilities possible sanctions for failing to fulfil their obligations? (See 8.1) • How are complaints about staff received and handled?
	Enter your findings here	
8.3	Staff develop and use the necessary personal, technical and management competencies to fulfil their role and understand how the organisation can support them to do this.	• How are staff trained on standards relevant to their work? (see 7.4 & 7.5) • How are personal development plans created for staff? • How are staff made aware of and able to access support to develop the competences required for their role?
	Enter your findings here	

Organisational responsibilities

N°	Indicators	Guiding questions
8.4	The organisation has the management and staff capacity and capability to deliver its programmes (see 2.6).	• In which of your organisation's documents is this requirement covered? • Are all elements of this requirement covered? • Are you aware and familiar with the policies and guidelines that cover this requirement? Is their content part of the organisational culture?
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	
8.5	Staff policies and procedures are fair, transparent, non-discriminatory and compliant with local employment law.	• *See questions under 8.4*
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	
8.6	Job descriptions, work objectives and feedback processes are in place so that staff have a clear understanding of what is required of them.	• *See questions under 8.4*
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	
8.7	A code of conduct is in place that establishes, at a minimum, the obligation of staff not to exploit, abuse or otherwise discriminate against people.	• *See questions under 8.4*
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	
8.8	Policies are in place to support staff to improve their skills and competencies.	• *See questions under 8.4*
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	
8.9	Policies are in place for the security and wellbeing of staff.	• *See questions under 8.4*
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	

9. Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently and ethically.

Quality Criterion: **Resources are managed and used responsibly for their intended purpose.**

Key actions

N°	Indicators	Guiding questions
9.1	Programmes are designed and processes implemented to ensure the efficient use of resources, balancing quality, cost and timeliness at each phase of the response.	• How does the organisation ensure that staff follow organisational processes for decisions regarding the efficient use of resources at each phase of the response?
	Enter your findings here	
9.2	The organisation manages and uses resources to achieve their intended purpose and minimise waste.	• How is value for money and the use of resources monitored, reported and communicated to programme management? • How do programme plans indicate how resources will be used and for what purpose? Are they shared, as appropriate, with affected people and relevant stakeholders? • Are cost-efficiency, cost-effectiveness and social impact monitored?
	Enter your findings here	
9.3	Expenditure is monitored and reported against budget.	• How are programme finances and resources monitored using recognised financial management good practices? • What processes are in place to track the use of resources for the purposes intended, including both cash and in-kind contributions?
	Enter your findings here	
9.4	Local and natural resources are used taking their actual and potential impact on the environment into account.	• What environmental impact assessments are considered in the design of programmes and activities? • How is impact on local and natural resources monitored, and actions taken to mitigate negative impact? • How are environmental constraints and potentially negative impact analysed with regards to water, soil, air and biodiversity?
	Enter your findings here	
9.5	The risk of corruption is managed and appropriate action is taken when corruption cases are identified.	• What processes are in place to authorise and monitor the use of funds and resources? (see 9.4) • What are the processes in place to address corruption or misuse of resources? • What are the specific procedures to record and address allegations of corruption?
	Enter your findings here	

Organisational responsibilities

N°	Indicators	Guiding questions
9.6	Policies and processes governing the use and management of resources are in place, including how the organisation: a. accepts and allocates funds and gifts-in-kind ethically and legally; b. uses its resources in an environmentally responsible way; c. prevents and addresses corruption, fraud, conflicts of interest and misuse of resources; d. conducts audits, verifies compliance and reports transparently; e. assesses, manages and mitigates risk on an ongoing basis; and f. ensures that the acceptance of resources does not compromise its independence.	• In which of your organisation's documents is this requirement covered? • Are all elements of this requirement covered? • Are you aware and familiar with the policies and guidelines that cover this requirement? Is their content part of the organisational culture?
	Enter your findings here	
	List your evidence here (N° in list of key documents and page number)	