

Caritas Internationalis Management Standards

Scoring guidelines

For whom are these scoring guidelines intended?

The CI MS scoring guidelines are intended to support those who are assessing a Member Organisation with the help of the CI MS Organisational Review Tool:

- The team (or individual) who, facilitated by the CI MS coordinator, carries out a *self-assessment* of the organisational well-being of their own organisation,
- The CI MS assessor who, engaged by the CI General Secretariat, carries out an *assessment* of the extent to which a Caritas organisation meets the CI MS.

How to apply the scoring guidelines?

In each scoring guideline the section “General guidance” contains general background information, indicates the importance of the good practice for a Caritas organisation or refers to relevant documents. You will need to read the general guidance carefully and keep it in mind when scoring.

Any score should be based on evidence. Some of the evidence may be contained in documents that need formal approval either by the governance or the executive management. Examples are the annual budget, the strategic plan, certain policies. In those cases, only the approved version of the document will be considered as evidence.

The scores are from 1 to 5.

The score field can be also left empty, but only in exceptional cases, when the good practice is not applicable for the MO. In that case, the good practice will not be taken into account and will not affect the average score. However, MOs cannot consider “not applicable” the good practices of a mandatory article. The Organisation must comply with each of them, otherwise specific priority actions must be included in the improvement plan.

The description of the five possible scores for the extent to which the organisation meets the requirement of a good practice is kept short and simple. The basic principle is:

- Score 1: There is nothing in place
- Score 2: There are elements but it is incomplete or of low quality
- Score 3: The requirement is met at a basic but sufficient level

Two additional points can be assigned, independently of each other, but only in case the Organisation meets the requirements for score 3.

- One additional point is awarded if: the topic covered by the statement is regularly reviewed and updated

- One additional point is awarded if: the Organisation makes sure that all (relevant) staff know what is in place and are aware of their own role in it.

In other words:

- If the Organisation fully meets the requirement referred to in the statement (score 3), and in addition reviews and updates its practice regularly (+ 1) and all relevant staff are aware of it and know their own role in it (+ 1), the final score would be 5.
- In another situation it could be that an Organisation has a complete policy (score 3), which is known by all staff (+1), but which is not regularly reviewed or updated. In this case the final score would be 4.
- It could also be that the requirement referred to in the statement is fully met (score 3) and that the relevant policy or procedure is updated regularly (+1), but there is no indication that staff members who should work with that policy know it. The final score would be 4.
- However, if the Organisation has what it takes to meet the statement (score 3), but has no processes for updating in place and many staff members are unaware of the policy in question, the final score would be 3.

Please note: these two additional points will require evidence different than handbooks and procedures, e.g. meeting minutes, emails, training attendance records, that demonstrate that review processes are actually undertaken and that staff members do actually know their role in the various fields of work. This can be complemented by a concise survey (e.g. questionnaire or short interviews) of all staff, or in larger organisations a sample of staff, or in a focus group discussion. The recorded outcomes of the survey or group discussion serve as evidence.

The scoring guidelines have been formulated in general terms. In applying them you should keep the context in mind. Local laws, customs and policies may be the reason why things are differently shaped. Examples:

- If the Organisation must observe or adhere to certain requirements, but those requirements are already imposed by national law, there is no reason for the Organisation to have a document (policy, manual).
- If the Organisation usually does not issue policies, the requirement of having a policy in place can be met by having the essential elements of such a policy covered by other documents.

In general, you should check whether the Organisation has alternative evidence in those cases where the evidence mentioned in the scoring guidelines is lacking.

Caritas Internationalis has adopted the CI Management Standards in order to implement statutory requirements, in particular article 1.3 of its Internal Rules. The standards reflect what an Organisation of 'ordered Charity' (cf. *Deus Caritas Est*) should look like. Apart from elements that are typical for a Catholic organisation, many of the articles of these standards build on generally accepted international standards. An attempt has been made to align the CI Management Standards as far as possible to these standards.

- The Core Humanitarian Standard (CHS) is probably the most prominent one, to which Caritas Internationalis adheres through its adherence to the SPHERE Project. The CI MS therefore shows overlaps with the CHS in many instances. If the Organisation actively applies the CHS (including submitting itself to assessments) the documentation thereof may be used as evidence for the relevant CI MS articles.

- Likewise an ISO certified organisation may use relevant documentation thereof (where the scope of the ISO certificate overlaps with CI MS articles) as evidence for its meeting the CI MS.
- There may be more internationally accepted standards that overlap with the CI MS. You are to use good judgment and verify the robustness of these standards.

Document revised on November 2020

MS 1	Laws & Ethical Codes
Art. 1.1	Catholic identity: the Organisation identifies itself as a Catholic charitable organisation, follows Catholic Social Teaching and observes Canon Law
GP 1.1.1	<i>The mission to serve the poor and promote charity and justice guides the Organisation's work.</i>
General guidance	<ul style="list-style-type: none"> • This requirement refers to CI Statutes art. 1. • There should be a clearly described focus for the MO on: “its dedication to the service of the poor and to the promotion of charity and justice”.
Examples supporting evidence	<ul style="list-style-type: none"> • Constitutions / Statutes / Bylaws • Vision and mission statement • Strategic Plan
Score 1	✓ No reference to the preferential option for the poor, nor to the promotion of charity and justice in official vision and mission statements, nor on the MO’s website or any other governance endorsed document.
Score 2	✓ Only limited or general reference made to the preferential option for the poor, with no explanation of its importance for the MO’s activities.
Score 3	✓ The vision and mission statement clearly mentions the centrality of the preferential option for the poor and the promotion of charity and justice.
+ 1 if:	✓ The implication of the mission for the Organisation’s work is regularly reviewed in the light of “the signs of the time”.
+ 1 if:	✓ All staff members know and respect the Organisation’s mission to serve the poor and promote charity and justice.

MS 1	Laws & Ethical Codes
Art. 1.1	Catholic identity: the Organisation identifies itself as a Catholic charitable organisation, follows Catholic Social Teaching and observes Canon Law
GP 1.1.2	<i>Relevant elements of Canon Law serve as a reference for the Organisation's purpose, structure and functioning.</i>
General guidance	<ul style="list-style-type: none"> Refers to CI Statutes art. 6.a: "In all their activities, including those concerned with international cooperation and partnership, Members have to comply with Catholic teaching, canon law, and the requirements of the competent ecclesial authorities". The Apostolic Letter 'Motu Proprio' <i>Intima Ecclesiae Natura</i> of Pope Benedict XVI describes the role and responsibility of the Bishop for organising the work of charity. Some important elements are: <ul style="list-style-type: none"> requirements for the Organisation's staff to respect the Catholic nature of the Organisation and the role of the Bishops (7); acceptable sources of funding, which should exclude donors with goals contrary to Catholic teaching (10); supervision by the Bishops of Caritas's stable patrimony (assets), which are ecclesiastical goods (10); the importance for foreign organisations to be in communion with local Churches (13 and 15). <p>The purpose, structure and functioning (e.g. described in Statutes or policy documents) of the Organisation should reflect this.</p> Documentation to show the recognition of the Organisation by the competent ecclesial authorities is required. Other relevant parts of canon law are e.g.: can. 164 – 179 on elections, can. 492 – 494 on the finance committee and the financial administrator, can. 1290 – 1298 on patrimony and alienation.
Examples supporting evidence	<ul style="list-style-type: none"> A document that confirms that the Organisation has the Bishops' mandate to implement the work of charity on their behalf The Organisation's vision and mission statement Statutes/Internal Rules Fundraising policy Human Resources policy (manual)
Score 1	✓ No evidence of incorporation of the requirements of the Motu Proprio <i>Intima Ecclesiae Natura</i> in the purpose, structure and functioning of the Organisation.
Score 2	✓ Only limited or superficial incorporation of the requirements of the Motu Proprio <i>Intima Ecclesiae Natura</i> in the purpose, structure and functioning of the Organisation.
Score 3	✓ The purpose, structure and functioning of the Organisation reflects the specific requirements of the Motu Proprio <i>Intima Ecclesiae Natura</i> and the role of the Bishops.
+ 1 if:	✓ The Organisation and the competent ecclesiastical authorities review from time to time the role of the Organisation in the Bishops' responsibility for the work of charity.
+ 1 if:	✓ All staff members are aware that the purpose, structure and functioning of the Organisation are a reflection of its canonical role and know the implications for their own work.

MS 1	Laws & Ethical Codes
Art. 1.2	Law of the land: the Organisation acts in accordance with the laws and legal requirements applicable in the country where it is registered
GP 1.2.1	<i>Human Rights and related international conventions serve as reference in the Organisation's fundamental texts.</i>
General guidance	<ul style="list-style-type: none"> • The Church advocates for the protection of internationally accepted human rights and the rule of law. Caritas Internationalis asks its Members to do the same and to actively promote these principles through their work. • Important internationally accepted principles have been laid down in: Universal Declaration of Human Rights (1948) and other UN conventions, most prominently the Convention on the rights of the Child; on the Elimination of all Forms of Racial Discrimination; on the Rights of Persons with Disabilities.
Examples supporting evidence	<ul style="list-style-type: none"> • Constitution / Statutes / Bylaws • Strategic Plan, policy documents
Score 1	✓ No evidence of the recognition of Human Rights and other internationally accepted principles.
Score 2	✓ General reference made to Human Rights and other internationally accepted principles but without visible influence on policies and programmes.
Score 3	✓ Clear and specific evidence that the Organisation recognises Human Rights and other internationally accepted principles and promotes them through its work.
+ 1 if:	✓ New or revised elements of Human Rights and other internationally accepted principles are in due time incorporated in the Organisation's work.
+ 1 if:	✓ All relevant staff (program and communications staff, management) are aware of the importance of specific elements of Human Rights and other internationally accepted principles for their work.

MS 1	Laws & Ethical Codes
Art. 1.2	Law of the land: the Organisation acts in accordance with the laws and legal requirements applicable in the country where it is registered
GP 1.2.2	<i>The Organisation is officially and legally registered and complies with all applicable laws and legal requirements.</i>
General guidance	<ul style="list-style-type: none"> • Important elements are: official registration of the Organisation, labour laws and taxation laws. • An Organisation which is not a legal entity but a commission under the direct responsibility of the Bishops' Conference cannot autonomously comply and should therefore instead present evidence of its position as part of the Church's organisational structure.
Examples supporting evidence	<ul style="list-style-type: none"> • Constitutions / Statutes / Bylaws • Finance and/or Human Resources manual • References to web links or PDF versions for the applicable government laws • Official registration, or evidence of the Organisation's position as part of the Church's organisational structure • Registration of staff (if applicable) with the national Labour Office, national pension scheme, social security scheme (if there is one) and the national health insurance scheme • Registration with the Tax Department
Score 1	✓ No evidence of compliance with laws and legal requirements.
Score 2	✓ Only partial evidence of compliance with laws and legal requirements.
Score 3	✓ Evidence of the Organisation's compliance with all applicable laws and legal requirements.
+ 1 if:	✓ The Organisation incorporates new legal requirements proactively and timely in its internal procedures and manuals.
+ 1 if:	✓ All staff members are aware of the legal duties of the Organisation and their own role in upholding them.

MS 1	Laws & Ethical Codes
Art. 1.3	Ethics and staff conduct: the Organisation adheres to the Caritas Internationalis Code of Ethics and the Caritas Internationalis Code of Conduct for Staff
GP 1.3.1	<i>A Code of Ethics and a Code of Conduct for staff equal to or consistent with those of Caritas Internationalis exist and are applied.</i>
General guidance	<ul style="list-style-type: none"> • For the purposes of this Good Practice, staff refers to individuals employed by the Member Organisation under a regular employment contract, as well as board members, volunteers, interns, students carrying out placements, consultants, and contractors. • Caritas Internationalis has a single normative statement of values and principles described in an overarching Code of Ethics to which all Members are expected to adhere. • Closely linked to the Code of Ethics is the CI Code of Conduct which specifies the attitudes and behaviour expected of all Caritas staff. • The Organisation is to either adopt the CI Codes or adapt them to the local context whilst ensuring the purpose and scope is consistent with the CI codes. • Lower standards in national law is not an excuse for deviating from the higher standards set in the CI Codes. • If national law contains obligations that are in contradiction to the CI Codes, the Organisation must make a reasonable effort to meet the CI requirements, as closely as permitted under national law. • The Codes must be applicable to all Organisation staff. • The Code of Conduct must be enforceable, with the possibility of termination for substantiated breaches.
Examples supporting evidence	<ul style="list-style-type: none"> • Staff Code of Ethics and Code of Conduct signed by the Organisation's President / Chair of the Board • Human resources manual • Training records on Codes • Records of staff acknowledgement/signature on the Code of Conduct at time of employment • The Codes are made publicly available to stakeholders, including communities served
Score 1	✓ The Organisation does not have any Codes, or the Codes are not signed/formally acknowledged by staff.
Score 2	✓ The Codes applied by the Organisation do not cover important elements of the CI Codes (i.e. organisational values and principles).
Score 3	<ul style="list-style-type: none"> ✓ The Codes applied by the Organisation cover all elements of the CI Codes except in instances where national legislation contradicts the CI Codes. In such instances, an explanation is provided, and the Organisation demonstrates that it has made an effort to meet the requirements of the CI Codes; ✓ All staff members have signed the Code of Conduct.
+ 1 if:	✓ The application of the Codes is regularly reviewed.
+ 1 if:	✓ All staff members are aware of the implications of both Codes for the organisation and their own work.

MS 1	Laws & Ethical Codes
Art. 1.3	Ethics and staff conduct: the Organisation adheres to the Caritas Internationalis Code of Ethics and the Caritas Internationalis Code of Conduct for Staff
GP 1.3.2	<i>Organisational leadership commit to and ensure the principles of equality and diversity are integrated at all levels.</i>
General guidance	<ul style="list-style-type: none"> • A credible commitment to the cause of equality, including equality of women and men, requires the full engagement of the Organisation's executive management. • Policies set out commitments which take into account the diversity of communities, including disadvantaged or marginalised people. • The commitment to equality and diversity should be visible in the Organisation's policies, management and program/project work and in the recruitment, training, and mentoring of staff to foster the knowledge, skills, and attitudes necessary for programming that is responsive to equality issues. • This includes the commitment to encourage and strengthen staff diversity at all levels of the organisation, and make necessary adaptations to accommodate their different needs.
Examples supporting evidence	<ul style="list-style-type: none"> • Strategic Plan • Human Resources policy • Gender (equality) policy • Declarations etc. by top management
Score 1	✓ No evidence of executive management's support and commitment to the cause of equality.
Score 2	✓ There is some evidence that the Organisation subscribes to equality, but it is not consistently reflected in human resources policies and program guidelines.
Score 3	✓ There is a clear commitment to the cause of equality, which is reflected in all relevant policies.
+ 1 if:	✓ The Organisation regularly reviews and updates its commitment to equality and the way in which this is integrated at all levels.
+ 1 if:	✓ All staff members know and apply in their own work the Organisation's policy on the equality of women and men as well as diversity.

MS 1	Laws & Ethical Codes
Art. 1.3	Ethics and staff conduct: the Organisation adheres to the Caritas Internationalis Code of Ethics and the Caritas Internationalis Code of Conduct for Staff
GP 1.3.3	<i>A policy to prevent conflict of interest at all levels exists and is applied.</i>
General guidance	<ul style="list-style-type: none"> • Conflict of interest policies address situations and circumstances in which an employee's personal interests are - or can appear to be - in conflict with the organization's interest. • Such a policy should include a definition of conflict of interest that suits the Organisation, and assign responsibility for identifying and resolving it.
Examples supporting evidence	<ul style="list-style-type: none"> • Conflict of interest policy • Human Resources manual
Score 1	✓ The Organisation has no conflict of interest policy.
Score 2	✓ The Organisation has a conflict of interest policy but it is incomplete and/or inconsistently applied.
Score 3	✓ The Organisation has a sound conflict of interest policy, which is adequately communicated to staff and applied consistently.
+ 1 if:	✓ The Organisation regularly reviews the application of the conflict of interest policy and takes measures in case of weaknesses.
+ 1 if:	✓ All staff members are aware of the Organisation's conflict of interest policy and know their duties under the policy.

MS 1	Laws & Ethical Codes
Art. 1.4	Humanitarian Ethics: the Organisation is bound to observe international Humanitarian standards and principles
GP 1.4.1	<i>International Humanitarian standards and principles are known and applied appropriately.</i>
General guidance	<ul style="list-style-type: none"> • Essential humanitarian standards and principles are set out in the Core Humanitarian Standards (CHS), Red Cross Code of Conduct, the SPHERE Protection Principles and the SPHERE Minimum Standards in Humanitarian Response. • Other important standards are the Minimum Standards for Child Protection in Humanitarian Action (CPMS), Humanitarian inclusion standards for older people and people with disabilities, the IASC Gender Handbook for Humanitarian Action and the Minimum Operating Standards for Protection from Sexual Exploitation and Abuse (PSEA). • The Organisation adheres to relevant international Humanitarian standards and principles and applies them consistently. • Whether these standards are applied appropriately could be evidenced by an assessment against these standards, but for many Organisations this would imply a disproportionate effort. Documents like project contracts and reports could be used as supporting evidence instead. • However, a more detailed assessment against the humanitarian standards is required if the Organisation is receiving an Emergency Appeal; the Mission/Mandate of the Organisation explicitly outlines its humanitarian mandate; or the Organisation is in a country where a significant humanitarian disaster/protracted emergency is happening. • The Organisation should also follow new developments in international Humanitarian standards and principles and regularly review and update their application in its work.
Examples supporting evidence	<ul style="list-style-type: none"> • The Organisation’s Humanitarian policy • Guidelines for emergency response applied by the Organisation • Official statements on the application of humanitarian standards • Template project contract • Project (evaluation) reports and monitoring on application of standards • Project proposals • Copies of standards and policies on file • Evidence that the organisation has been externally audited against CHS • Staff training records
Score 1	✓ There is no evidence that the Organisation observes international Humanitarian standards and principles.
Score 2	✓ The Organisation has issued statements on its adherence to international Humanitarian standards and principles but there is no evidence of their consistent application.
Score 3	✓ The Organisation adheres to international Humanitarian standards and principles and applies them consistently.
+ 1 if:	✓ The Organisation follows new developments in international Humanitarian standards and principles and regularly reviews and updates their application in its work.
+ 1 if:	✓ All program staff are aware of the relevant Humanitarian standards and principles and know how to apply them in their work.

MS 1	Laws & Ethical Codes
Art. 1.5	Environmental Ethics: the Organisation ensures that natural resources are used wisely, waste is minimised and projects are environmentally friendly
GP 1.5.1	<i>The CI Guidelines on Environmental Justice (2005) and inspiration from Laudato Si' are integrated in policies and applied in practice, including in programs.</i>
General guidance	<ul style="list-style-type: none"> • The CI Guidelines on Environmental Justice (2005) were developed to help the confederation and its Members in exercising good stewardship of Creation. • In May 2015 the Holy Father Pope Francis published the encyclical <i>Laudato Sii</i> on Care for Our Common Home, which presents us with an urgent challenge to protect our common home and together seek sustainable and integral development [13].
Examples supporting evidence	<ul style="list-style-type: none"> • Policy documents with specific attention for the Organisation's active care for the environment • Project documents with clear reference to environmental risk and mitigation measures • Evidence of workplace measures to reduce carbon footprint
Score 1	✓ No evidence of the Organisation's environmental policy nor its application.
Score 2	✓ The Organisation refers to its responsibility for care for the environment, but without explanation of the impact on its ways of working.
Score 3	✓ The Organisation clearly integrates care for the environment in its policies and work.
+ 1 if:	✓ The Organisation regularly reviews its environmental policies and updates them as needed.
+ 1 if:	✓ All staff members are aware of the Organisation's environmental policies and know their responsibility in this respect.

MS 1	Laws & Ethical Codes
Art. 1.6	Partnership Principles: the Organisation observes the CI Partnership Principles
GP 1.6.1	<i>The CI Partnership Principles guide the relationships with other Caritas organisations.</i>
General guidance	<ul style="list-style-type: none"> • Caritas roots its understanding of partnership in its Catholic faith. Partnership within the Caritas Confederation is an alliance that expresses solidarity among members of local Churches, recognises all women and men as part of one interdependent global community, and demonstrates a commitment to social justice and an overriding preferential option for the poor. • Authentic partnership means a long-term commitment to agree upon objectives based on shared values, strategies, and information. • In case the Organisation has (semi-)permanent office(s) in the country/countries of other Caritas organisation(s) written consent of the competent ecclesiastical authorities is required.
Examples supporting evidence	<ul style="list-style-type: none"> • Strategic Plan • Policy documents such as Partner selection guide and Partnership Principles • (where applicable:) Documentation of the consent of the competent ecclesiastical authorities for the presence of an office of the Organisation
Score 1	✓ No evidence regarding the Organisation's adherence to the CI Partnership Principles.
Score 2	✓ There are some references to the CI Partnership Principles, but there is no explanation of the impact on the Organisation's ways of working.
Score 3	<ul style="list-style-type: none"> ✓ Clear and complete reference made to the CI Partnership Principles and how they will be applied; ✓ If the Organisation has offices in the country/countries of other Caritas organisation(s) it has the written consent of the competent ecclesiastical authorities.
+ 1 if:	✓ The application of the CI Partnership Principles is regularly reviewed and their integration in the Organisation's work updated.
+ 1 if:	✓ The staff know the CI Partnership Principles and their implication for their work with Caritas partners.

MS 1	Laws & Ethical Codes
Art. 1.6	Partnership Principles: the Organisation observes the CI Partnership Principles
GP 1.6.2	<i>The Organisation provides coordination, accompaniment and support to its diocesan structures.</i>
General guidance	<ul style="list-style-type: none"> • The Catholic Church upholds the autonomy of dioceses and the responsibility of each bishop to “foster national and international activity of Charities ‘under his care’ in connection with his Episcopal Conference” (<i>Motu Proprio</i>, 12). • Based on the CI Partnership Principles, good cooperation between the Bishops’ Conference, its national Caritas body and the diocesan Caritas entities is crucial in fulfilling the Church’s preferential option for the poor. • Effective coordination and support is an important role for the national Caritas organisation, e.g. during emergency responses involving its diocesan organisations. • The division of roles and responsibilities between the national and diocesan Caritas should be clear and adhered to. National and diocesan Caritas regularly undertake joint planning and monitoring of their work.
Examples supporting evidence	<ul style="list-style-type: none"> • Strategic Plan and mid-term evaluation reports • Memoranda of Agreement between national and diocesan Caritas • Annual work plans setting out roles and responsibilities of national and diocesan Caritas
Score 1	✓ No evidence of the Organisation reaching out to its constituent diocesan Caritas.
Score 2	✓ Some evidence of the Organisation’s working together with its diocesan Caritas, but no clear agreement (or even disagreement) about the coordinating, supporting and accompanying role of the national Caritas and the roles and responsibilities of the diocesan organisations.
Score 3	✓ The division of roles and responsibilities between the national and diocesan Caritas, including the coordinating, supporting and accompanying role of the national Caritas, is clear and adhered to.
+ 1 if:	✓ National and diocesan Caritas regularly undertake joint planning and monitoring of their work.
+ 1 if:	✓ All staff are aware of the Organisation’s role vis-a-vis the diocesan Caritas and relevant staff members are tasked to work with diocesan Caritas.

MS 1	Laws & Ethical Codes
Art. 1.7	Complaints Procedure: the Organisation has an appropriate and safe complaints handling mechanism as a formal, publicly communicated, feedback mechanism
GP 1.7.1	<i>Formal and appropriate complaints handling procedures for staff, participants and other stakeholders are in place and applied</i>
General guidance	<ul style="list-style-type: none"> • To remain relevant as entities serving the poor and to improve the effectiveness of the Organisation, Caritas members must not stop listening to external stakeholders and their own staff. • Organisations should make mechanisms for providing feedback and complaints available to staff and external stakeholders. Additionally, the Organisation should have a documented procedure outlining how feedback and complaints received will be processed (including by whom and the timeframe for each step). • The Organisation’s reporting mechanisms should be safe, confidential, transparent, accessible and allow for anonymous reporting. • The Organisation’s reporting mechanisms should utilize a systematic, just, confidential, and timely approach to determining the appropriate follow-up to complaints received, including in relation to sensitive complaints concerning sexual harassment, sexual exploitation, and abuse. • Organisations should routinely familiarize key stakeholders including programme participants, staff, partners, and suppliers, on how to use the available reporting mechanisms. • The reporting mechanisms should be accessible by women, children, and persons with disabilities, as well as vulnerable members of the community • Programme participants should contribute to the design of community focused reporting mechanisms. • Complaints must be responded to and resolved in a manner that is respectful to complainants, accounts for the safety and security concerns of all involved, reduces financial and reputational risk, and contributes to increased programme quality.
Examples supporting evidence	<ul style="list-style-type: none"> • Documented complaints handling procedures, that state how sensitive complaints will be managed, the demarcation of roles and responsibilities, and response timeframes for each step in the process • Human resources manual • Evidence of consultation with communities on their preferred complaints handling mechanism • Information, education, and communication material informing communities of the complaints handling mechanisms available to them • Complaints register demonstrating follow up of complaints as per the documented procedures • Evidence of incorporation of lessons learnt from feedback received into programming and organisational management
Score 1	✓ The Organisation does not have a complaints handling procedure in place.
Score 2	<ul style="list-style-type: none"> ✓ There is a complaints handling procedure but essential elements (e.g. how the safety of all parties will be managed, consultation with communities on their preferred mechanisms, confidentiality requirements, timelines for each step) are missing; ✓ There is a complaints handling mechanism but there isn’t any evidence that it is used by staff and programme participants;

	<ul style="list-style-type: none"> ✓ There is a complaints handling procedure but it does not explain how sensitive complaints will be handled differently from other complaints/feedback received; ✓ There is only one complaints reporting channel in place.
Score 3	<ul style="list-style-type: none"> ✓ There is a clear complaints handling procedure that delineates roles and responsibilities, how confidentiality will be maintained, timelines for necessary steps, and how sensitive complaints will be responded to differently from other types of complaints; ✓ There is evidence that the complaints handling mechanisms are accessible to a range of stakeholders, including the most vulnerable; ✓ The complaints handling mechanisms are known and used by stakeholders; including communities, programme participants and staff.
+ 1 if:	<ul style="list-style-type: none"> ✓ The complaints handling procedure is reviewed at least every five years and updated as needed.
+ 1 if:	<ul style="list-style-type: none"> ✓ All staff are aware of the complaints handling procedures, both for staff and for other stakeholders.

MS 1	Laws & Ethical Codes
Art. 1.7	Complaints Procedure: the Organisation has an appropriate and safe complaints handling mechanism as a formal, publicly communicated, feedback mechanism
GP 1.7.2	<i>The Organisation has a documented and enforced (where there have been cases) whistle-blower policy that establishes a commitment to protecting whistle-blowers from retaliation.</i>
General guidance	<ul style="list-style-type: none"> • For the purposes of this Good Practice, staff refers to individuals employed by the Member Organisation under a regular employment contract, as well as board members, volunteers, interns, students carrying out placements, consultants, and contractors. • Whistleblowing entails disclosing information in good faith about suspected wrongdoing (typically by staff members), with the aim that a confidential, fair, and proportionate investigation subsequently takes place. • The whistle-blower, as well as other impacted parties, must be protected from retaliation. • Whistle-blower protection is important to increase confidence in reporting of sexual exploitation and abuse, sexual harassment, other types of abuse of power, fraud, corruption, and misappropriation. • Whistle-blower protection can be achieved via a number of means including for example keeping the identity of the whistle-blower confidential and ensuring there is disciplinary action in response to any proven retaliation. • The protection afforded to whistle-blowers can be documented in a dedicated whistle-blower policy or included in other policies such as the complaint handling policy or safeguarding policy.
Examples supporting evidence	<ul style="list-style-type: none"> • Whistle-blower policy • Human resources manual
Score 1	✓ The Organisation's policies and procedures do not provide for the protection of whistle-blowers.
Score 2	✓ The Organisation's policies and procedures include protections for whistle-blowers but essential elements (e.g. the protection of complainants, confidentiality requirements, a framework for appropriate and proportionate disciplinary action in response to established retaliation) are missing.
Score 3	✓ There are clear mechanisms described in the organisation's policies and procedures to protect whistle-blowers as well as evidence that it has been enforced where there have been cases.
+ 1 if:	✓ The organisation's policies and procedures that provide for the protection of whistle-blowers are reviewed at least every five years and updated as needed.
+ 1 if:	✓ All staff are aware of the protections afforded to whistle-blowers described in the organisation's policies and procedures.

MS 1	Laws & Ethical Codes
Art. 1.8	Implementing level: the Organisation encourages diocesan Caritas organisations to observe these Management Standards
GP 1.8.1	<i>The Organisation invites and encourages the diocesan Caritas organisations to implement the CI MS</i>
General guidance	<ul style="list-style-type: none"> • Diocesan Caritas organisations are not Members of Caritas Internationalis and therefore the CI Management Standards are not directly applicable to them. • However, very often most of the Church's work of charity in a country is organised and carried out by diocesan Caritas organisations. For the people for and with whom we work it should not matter whether they are served by the national or diocesan Caritas. • Therefore, it is crucial that diocesan Caritas organisations measure their organisations against standards as well. • The national Caritas organisation should make every effort to ensure that their diocesan Caritas organisations implement (as far as applicable) the CI Management Standards.
Examples supporting evidence	<ul style="list-style-type: none"> • Meeting reports about CI MS implementation in diocesan Caritas organisations • CI MS implementation plans of diocesan Caritas • Reports of self-assessments carried out in diocesan Caritas organisations
Score 1	✓ No evidence that the Organisation invites and encourages the diocesan Caritas organisations to implement the CI MS.
Score 2	✓ Diocesan Caritas organisations are invited to implement the CI MS, but there is no visible follow-up.
Score 3	✓ There is evidence that the Organisations is working with the diocesan Caritas organisations in support to their CI MS implementation.
+ 1 if:	✓ The Organisation from time to time reviews the process of CI MS implementation in the diocesan Caritas organisations and discusses the outcomes with them for further follow-up.
+ 1 if:	✓ Relevant staff members are aware of the endeavour to encourage diocesan Caritas organisations to implement the CI MS and have an active role in it.

MS 2	Governance & Organisation
Art. 2.1	Constitution: the Organisation has constitutional documents that refer to Caritas values
GP 2.1.1	<i>The constitutional documents are in harmony with the Statutes of Caritas Internationalis</i>
General guidance	<ul style="list-style-type: none"> • Constitutional documents are those documents that are drawn up when an Organisation is created as a legal entity and that describe the essential characteristics: its purpose, its governance and executive management, procedures for the appointment of key functions and for the dissolution of the Organisation. • The name and format of these documents differs from one national legal system to another. Examples are: Constitution, Trust Deed, Statutes, Bylaws • The requirement covered by this GP statement refers directly to the Caritas Internationalis Statutes, article 6.b. • In addition, article 1.2 of the CI Internal Rules states that “Member Organisations as well as future Member Organisations must have purposes similar in nature to those of Caritas Internationalis”. • As a consequence of article 1.3 of the Internal Rules (“Member Organisations must meet minimum standards of governance, organisational infrastructure, financial viability and accountability and compliance with ethical codes of conduct, as decided by the Representative Council”) the Organisation must have acknowledged the CI Management Standards in writing.
Examples supporting evidence	<ul style="list-style-type: none"> • Constitution / Trust Deed / Statutes / Bylaws • Decree of the Ecclesiastical authority in the case of a Caritas that has no legal personality under national law, but is part of the Bishops’ Conference
Score 1	✓ There is no constitutional documentation.
Score 2	✓ There are constitutional documents, but the Organisation’s purpose or relationship to the Ecclesiastical authority are not clearly in line with the requirements of the CI Statutes and Internal Rules, or the Organisation did not acknowledge the CI Management Standards.
Score 3	✓ The constitutional documents are in harmony with the Statutes and Internal Rules of Caritas Internationalis.
+ 1 if:	✓ Changes in the constitutional documents only take place in consultation with the Ecclesiastical authority.
+ 1 if:	✓ All staff members are aware of the implications of the Organisation’s CI membership for its constitutional documents and respect these in their work.

MS 2	Governance & Organisation
Art. 2.2	Governance Structure: the role and responsibilities of the governance bodies are clearly defined
GP 2.2.1	<i>The purpose, structure and decision making procedures of the governance as well as its role in the appointment of executive management are in accordance with the Organisation's statutory requirements.</i>
General guidance	<ul style="list-style-type: none"> • Elements that need to be reflected in the set-up of the Organisation's governance: <ul style="list-style-type: none"> a. The role and rights of the competent Ecclesial authority; b. Its governance bodies with their purpose; c. Who can be members of governance bodies, their appointment/election and dismissal, as well as their rights and duties; d. The decision making authority of governance and decision making procedures; e. The role of governance in the appointment of executive management. • How exactly this requirement is documented will depend on the legal framework in which the Organisation operates. • The set-up of the Organisation's governance should be based on the guidance given in its constitutional documentation.
Examples supporting evidence	<ul style="list-style-type: none"> • Constitution, Statutes, Bylaws, Internal Rules • Appointment documents of governance and executive management members
Score 1	✓ No evidence of an ordered governance structure.
Score 2	✓ Some of the essential elements of the governance listed under general guidance are in place, but not all.
Score 3	✓ The Organisation's governance is set up in accordance with all requirements and with its constitutional documents.
+ 1 if:	✓ From time to time the Ecclesial authority reviews the governance and its functioning and take decisions as deemed necessary.
+ 1 if:	✓ All staff members know the role of the governance bodies and, where applicable, respect it in their work.

MS 2	Governance & Organisation
Art. 2.2	Governance Structure: the role and responsibilities of the governance bodies are clearly defined
GP 2.2.2	<i>The governance is composed of members who have relevant fields of expertise, one of whom, knowledgeable and experienced in finance, is the Treasurer.</i>
General guidance	<ul style="list-style-type: none"> • "Relevant fields of knowledge" are the ones that are most crucial for the Organisation (programming, safeguarding, fundraising, strategy development) and there must be at least one finance expert among them. • Diversity (e.g. clergy/lay; men/women) is required
Examples supporting evidence	<ul style="list-style-type: none"> • CVs of governance members • Governance documents that outline what the makeup of the governing body should be • Minutes of governance bodies showing reflections about e.g. the search for a new member • Website (presenting the governance members to external stakeholders)
Score 1	✓ There is no governance or its composition has no relation to any relevant field of expertise.
Score 2	✓ Some governance bodies' members have relevant expertise but not all essential fields are covered or there is no Treasurer.
Score 3	✓ All the most crucial fields of expertise are covered by the members of the governance and there is Treasurer knowledgeable in finance.
+ 1 if:	✓ At every relevant moment (governance members ending their mandate) the composition of the governance bodies is reviewed and appropriate candidates are sought.
+ 1 if:	✓ All stakeholders are aware of the composition of the governance.

MS 2	Governance & Organisation
Art. 2.2	Governance Structure: the role and responsibilities of the governance bodies are clearly defined
GP 2.2.3	<i>Regular communication is ensured between the governance and a) the Episcopal Conference or its official delegate(s) and b) staff.</i>
General guidance	<ul style="list-style-type: none"> • As the Bishops' instrument in their work of Charity the Organisation should foster regular communication with them, at least about major developments and the most principled questions it is facing. • It is important that there is regular appropriate communication between staff and governance about major developments, so that staff have a better understanding of governance decisions and governance has information about operations that may be helpful in their decision making.
Examples supporting evidence	<ul style="list-style-type: none"> • Written communication between governance and the Ecclesiastical authority • Invitation or reports of meetings between governance and staff • Other communication materials evidencing that regular communication is taking place • Survey reports of interviews with representatives of the Bishops, staff and governance
Score 1	✓ No evidence of regular communication between the governance and the Ecclesiastical authority nor the staff.
Score 2	✓ Some communication takes place but it is irregular and there are no safeguards to ensure that it happens as agreed or as needed.
Score 3	✓ Regular communication takes place between the governance and the Ecclesiastical authority as well as the staff.
+ 1 if:	✓ From time to time the mechanisms for communication between the governance and the Ecclesiastical authority as well as the staff are reviewed and adjusted as needed.
+ 1 if:	✓ All staff are aware of the way they can communicate with the governance members directly, and some make use of this option.

MS 2	Governance & Organisation
Art. 2.3	Leadership and General Management: executive leadership encourages effective and efficient implementation as per the vision and mission of the organisation, and develops new visions and strategies as required by changing circumstances and/or opportunities.
GP 2.3.1	<i>Executive management regularly reports to governance on its strategy, plans, budgets and execution.</i>
General guidance	<ul style="list-style-type: none"> • This is a requirement in any Organisation: the role of governance is to oversee the work and results of executive management. Therefore, executive management should be accountable to governance. • The role of governance is therefore to decide about strategy (usually at a proposal of the executive management), to approve how the strategy is translated into concrete plans and how those plans are resourced, and must be informed about their execution so that governance can hold management accountable. • The governance also has an important role in ensuring the organisation, its programmes and staff, do not expose people and communities to the risk of harm and abuse.
Examples supporting evidence	<ul style="list-style-type: none"> • Constitutional documents • Strategic plan, operational plan, budget, annual and intermediate reports on execution of plans • Minutes of governance meetings • Annual reports
Score 1	✓ No evidence that management is accountable to governance.
Score 2	✓ Documentation shows that management is accountable to governance, but this accountability does not take place on a regular basis or does not include essential elements like reporting against agreed targets.
Score 3	✓ Executive management reports regularly and timely to governance on its strategy, plans, budgets and execution.
+ 1 if:	✓ The mechanisms for reporting from executive management to governance are from time to time reviewed and adjusted as needed.
+ 1 if:	✓ All staff members understand the overall accountability of the executive management to governance and the division of roles between these two levels.

MS 2	Governance & Organisation
Art. 2.3	Leadership and General Management: executive leadership encourages effective and efficient execution as per the vision and mission of the organisation, and develops new visions and strategies as required by changing circumstances and/or opportunities.
GP 2.3.2	<i>Executive management is consultative in its decision making, meets regularly, documents its key decisions and communicates them to relevant stakeholders.</i>
General guidance	<ul style="list-style-type: none"> • Executive management should strive to use the expertise available in the Organisation in its decision making and therefore consult with relevant staff members in the process. • The progress of many processes in the Organisation depends on management decisions; therefore, it is important that executive management meet regularly. • All executive management decisions should be recorded in writing. • The CI Code of Ethics stresses the importance of accountability and transparency (Principle 6, Stewardship and Accountability). It is important that the executive management be accessible and well versed in communicating with staff and other stakeholders.
Examples supporting evidence	<ul style="list-style-type: none"> • Executive management meeting calendar • Executive management meeting minutes and lists of decisions • Messages from executive management to staff and other stakeholders, communicating important decisions • Minutes of executive management meetings with the staff
Score 1	✓ There is no executive management or its decision making processes are unclear and do not involve relevant staff, and decisions are not communicated.
Score 2	✓ Executive management meets from time to time but stakeholders are not involved in its decision making or not informed about important decisions.
Score 3	✓ Executive management meets regularly and there is clear evidence of consultation of and information to stakeholders in the executive management's decision making.
+ 1 if:	✓ The processes of meeting and decision making by executive management as well as the communication with stakeholders are reviewed from time to time and adjusted as needed.
+ 1 if:	✓ All staff are aware of the executive management's meeting calendar and of the ways in which they are involved in its decision making and informed about decisions.

MS 2	Governance & Organisation
Art. 2.4	Human Resource Management: the Organisation manages its Human Resources as laid down in regulations and procedures that are known to all staff
GP 2.4.1	<i>Executive management ensures that the organigram is up-to-date and accessible</i>
General guidance	<ul style="list-style-type: none"> • The organigram should clarify management and reporting lines. • Every interested party, in the first place staff members, must be able to understand from the organigram the roles and responsibilities of different job positions.
Examples supporting evidence	<ul style="list-style-type: none"> • Organigram (or similar description of roles, responsibilities and reporting lines) that is available to all staff members
Score 1	✓ There is no organigram.
Score 2	✓ The organigram is not public or does not clarify all management and reporting lines.
Score 3	✓ There is a clear up-to-date organigram presenting all management and reporting lines.
+ 1 if:	✓ The Organisation's governance or executive management regularly review the organisational structure and changes are made if deemed necessary.
+ 1 if:	✓ All staff members understand their roles and responsibilities in the work of the Organisation.

MS 2	Governance & Organisation
Art. 2.4	Human Resource Management: the Organisation manages its Human Resources as laid down in regulations and procedures that are known to all staff
GP 2.4.2	<i>Job descriptions and clearly defined reporting levels are in place for all staff, including executive management.</i>
General guidance	<ul style="list-style-type: none"> • All staff positions, without exception, must have an up-to-date job description, which describes the various tasks to be fulfilled and to whom the job position is accountable and reports. • Volunteers must have clear role descriptions that outline the tasks that they are expected to do. • In emergencies, temporary emergency roles must have clear terms of reference or job descriptions.
Examples supporting evidence	<ul style="list-style-type: none"> • Approved job descriptions • Volunteer role descriptions • Emergency role TOR
Score 1	✓ There are no job descriptions.
Score 2	✓ There are job descriptions, but not for all job positions or not up-to-date or there is no evidence that they are approved.
Score 3	✓ There are approved up-to-date job descriptions for all job positions.
+ 1 if:	✓ Job description are reviewed, and revised as needed, with every change in staff and every change in the organisational structure.
+ 1 if:	✓ All staff members have easy access to all job descriptions and understand their contents.

MS 2	Governance & Organisation
Art. 2.4	Human Resource Management: the Organisation manages its Human Resources as laid down in regulations and procedures that are known to all staff
GP 2.4.3	<i>The Organisation's recruitment and Human Resource systems are inclusive, fair, consistent, transparent, and in line with safeguarding global minimum standards.</i>
General guidance	<ul style="list-style-type: none"> • For the purposes of this Good Practice, staff refers to individuals employed by the Member Organisation under a regular employment contract, as well as board members, volunteers and interns. • Qualifications and competencies should be the basis upon which staff are recruited. The Organisation should have procedures in place that promote gender equity and the selection of the most qualified candidate. • Organisations integrate safeguarding principles into all job descriptions and vacancy notices. • There is a systematic vetting procedure in place for all positions (e.g. reference checks, police records, Google searches) in accordance with local laws regarding employment, privacy, and data protection, including checking for prior involvement in sexual exploitation and abuse or other safeguarding concerns. • Organisations utilize safeguarding questions within recruitment processes for all positions with direct contact with programme participants and in particular with children. • Organisations require successful candidates to self-declare that they have not previously been the subject of a misconduct investigation concerning sexual exploitation and abuse.
Examples supporting evidence	<ul style="list-style-type: none"> • Human resources manual • Recruitment procedures • Register of staff screening checks – criminal record checks, referee checks, self-declaration • Examples of interview questions • Examples of job advertisements and descriptions that clearly identify that the organisation promotes safeguarding and safe recruitment • Staff development policy
Score 1	✓ It is unclear how qualifications play a role in the selection of new staff members and whether the recruitment processes address safeguarding concerns.
Score 2	✓ Recruitment procedures reflects safeguarding principles to some extent but there is little evidence that they are systematically applied.
Score 3	✓ The organisation can provide evidence of: <ol style="list-style-type: none"> 1. Merit based and inclusive recruitment processes; 2. Safeguarding principles included in vacancy notices and job descriptions; 3. Systematic reference checks for all personnel including safeguarding reference checks; 4. The inclusion of safeguarding questions throughout the recruitment process.
+ 1 if:	✓ Safe staff recruitment policies and procedures are reviewed every five years and are adjusted as needed.
+ 1 if:	✓ All staff are aware of the importance of merit-based recruitment to the integrity of the organisation.

MS 2	Governance & Organisation
Art. 2.4	Human Resource Management: the Organisation manages its Human Resources as laid down in regulations and procedures that are known to all staff
GP 2.4.4	<i>Staff policies and procedures respect the dignity of staff, promote equity, staff retention and are fair, transparent, non-discriminatory and compliant with the local labour law.</i>
General guidance	<ul style="list-style-type: none"> • For the purposes of this Good Practice, staff refers to individuals employed by the Member Organisation under a regular employment contract, as well as board members, volunteers and interns. • Staff are a resource for the Organisation and as such, and in the spirit of Catholic Social Teaching, the Organisation should recognise their human dignity in its policies and procedures and act accordingly. • From the Organisation’s HR policies and procedures, it should be clear that human dignity is central to the relations with staff and how the Organisation applies principles of fairness and non-discrimination • Staffing decisions are fair, are made on the basis of merit, and follow due process (no nepotism and favouritism). • The Organisation should develop and apply policies that encourage qualified staff to stay with the Organisation. • Staff policies and procedures must be compliant with local labour law, and contain concrete safeguards against unfair or discriminatory treatment of staff. • Wherever Caritas’s own standards contain stricter requirements than local labour law, the Organisation must make a reasonable effort to meet the Caritas requirements as closely as permitted under national law.
Examples supporting evidence	<ul style="list-style-type: none"> • Human resources manual • Volunteer management policy • The Organisation’s Code of Ethics • Staff appraisal system • Staff reward system • Staff orientation training material
Score 1	<ul style="list-style-type: none"> ✓ The Organisation does not have HR systems and procedures in place; ✓ There isn’t any evidence that the Organisation has policies and procedures consistent with the minimum standards provided by local labour law; ✓ The Organisation does not have policies and procedures that adequately protect staff from discrimination and provide for impartiality; ✓ The Organisation cannot demonstrate a systematic effort to retain qualified staff.
Score 2	<ul style="list-style-type: none"> ✓ Staff policies and procedures compliant with local labour law are in place, however concrete safeguards against unfair or discriminatory treatment of staff are not evident.
Score 3	<ul style="list-style-type: none"> ✓ From the Organisation’s human resource policies and procedures, it is clear that human dignity is central to staff relations and how the Organisation applies principles of fairness and non-discrimination; ✓ The Organisation has a staff appraisal and staff reward system in place.
+ 1 if:	<ul style="list-style-type: none"> ✓ Staff policies and procedures are reviewed and updated at least every five years.
+ 1 if:	<ul style="list-style-type: none"> ✓ All staff members are aware of how the organisation promotes staff well-being, dignity, and right to impartiality and non-discrimination.

MS 2	Governance & Organisation
Art. 2.4	Human Resource Management: the Organisation manages its Human Resources as laid down in regulations and procedures that are known to all staff
GP 2.4.5	<i>Staff know the vision, mandate, policies and procedures of the Organisation and adhere to them.</i>
General guidance	<ul style="list-style-type: none"> • For the purposes of this Good Practice, staff refers to individuals employed by the Member Organisation under a regular employment contract, as well as board members, volunteers, consultants, interns and students carrying out placements. • In order to work together effectively, it is important that staff know the vision and mandate to which they are to contribute; and the behaviours expected of them, as outlined in the Code of Conduct. • All staff must sign/formally acknowledge the Organisation’s mandate and accept its policies and regulations. • Staff should understand the consequences of not adhering to the applicable policies and regulations.
Examples supporting evidence	<ul style="list-style-type: none"> • Human resources manual / Staff Handbook / Staff regulations/ Code of Conduct • Volunteer management policy / guidelines • Internal procedures manual • Training materials on the Code of Conduct • Record of signed codes of conduct or other policies that require formal acknowledgement • Documents that record the organisation’s mission and vision • Minutes of meetings with external stakeholders (programme participants, donors etc.) where staff provide information about the organisation’s vision, mission, policies and procedures
Score 1	✓ The Organisation does not have policies and regulations that guide the Organisation’s functioning, or the policies and regulations that are in place are unknown to staff.
Score 2	✓ The Organisation has policies and regulations as well as a documented vision and mandate, but staff are not required to formally sign/acknowledge and accept them.
Score 3	<ul style="list-style-type: none"> ✓ All staff members sign/formally acknowledge and accept the Organisation’s mandate, policies and regulations; ✓ All staff members apply the Organisation’s policies and regulations, and are formally disciplined if the policies and/or regulations are breached.
+ 1 if:	✓ Policies and regulations are reviewed and updated at least every five years.
+ 1 if:	✓ Key staff members are able to sensitize external stakeholders and programme participants about the organisation’s mission, vision and values.

MS 2	Governance & Organisation
Art. 2.4	Human Resource Management: the Organisation manages its Human Resources as laid down in regulations and procedures that are known to all staff
GP 2.4.6	<i>The Organisation has a staff salary and benefit mechanism that is implemented through employment contracts and in compliance with the local labour law.</i>
General guidance	<ul style="list-style-type: none"> • As a Catholic Organisation, we work with our staff fairly especially when it comes to compensation and benefits. • The compensation and benefits system must reflect the principles of fairness and equality. • All staff members must have written and signed employment contracts or written and signed job offers, which indicate the conditions of employment including the salary and benefits (either directly or through a reference to the Organisation's salary and benefit system). • Staff members' (and volunteers') salary and benefits meets the local labour law requirements.
Examples supporting evidence	<ul style="list-style-type: none"> • Description of the Organisation's salary and benefit system, e.g. in a Human resource manual or similar document in which equal opportunities are guaranteed for all staff members (amongst others equal pay for equal work). • Examples of existing employment contracts
Score 1	✓ There are no written and signed employment contracts / job offers.
Score 2	✓ The employment contracts / job offers don't clearly indicate the salary and benefits of the employee or the Organisation has no salary and benefits system or important elements do not comply with local labour law.
Score 3	✓ The Organisation's salary and benefit system is compliant with local labour law and consistently applied in employment contracts / job offers.
+ 1 if:	✓ From time to time the Organisation reviews its salary and benefits system and revises as needed.
+ 1 if:	✓ All staff members are aware of the Organisation's salary and benefits system and of their entitlements as agreed in their employment contract.

MS 2	Governance & Organisation
Art. 2.4	Human Resource Management: the Organisation manages its Human Resources as laid down in regulations and procedures that are known to all staff
GP 2.4.7	<i>Staff work according to clear performance objectives, have regular appraisal meetings and are provided with the appropriate support and development to fulfil their role.</i>
General guidance	<ul style="list-style-type: none"> • Staff development is crucial for staff satisfaction and for reaching an optimal match between the staff's talents and the needs of the Organisation. • Performance objectives guide the staff member's efforts and clear performance objectives agreed in advance are the basis for regular staff appraisals. • Appraisal meetings are not only a moment for evaluating the staff's performance but also for discussing the further development of their skills and capacities They inform the Organisation's support to staff and volunteers in the development of their skills and capacities. • Safeguarding actions should also be included in performance objectives and regular appraisals. • Volunteers also need support and development to be able to perform their tasks well. Volunteers should have opportunities to discuss their performance and development with their supervisors, with a clear support/oversight process.
Examples supporting evidence	<ul style="list-style-type: none"> • Human Resources manual • Agreed staff performance objectives • Reports of staff appraisal meetings • Volunteer supervision meeting notes • Completed staff appraisal forms (signed by both parties) • Staff development budget line in Organisation's budget
Score 1	✓ No evidence of regular staff appraisal meetings.
Score 2	✓ Staff have appraisal meetings but there is no clear relation to performance objectives that have been agreed in advance or to action to support staff development.
Score 3	✓ Clear performance objectives agreed in advance are the basis for regular staff appraisals, which inform the Organisation's support to staff in the development of their skills and capacities.
+ 1 if:	✓ From time to time executive management reviews the staff development efforts in the light of the Organisation's strategy.
+ 1 if:	✓ All staff members use appraisal meetings actively as an instrument for receiving feedback on their performance and agreeing activities for further development.

MS 2	Governance & Organisation
Art. 2.4	Human Resource Management: the Organisation manages its Human Resources as laid down in regulations and procedures that are known to all staff
GP 2.4.8	<i>Spiritual aspirations of the staff are met through opportunities and time for prayer, reflection and formation of the heart.</i>
General guidance	<ul style="list-style-type: none"> Professionalism and formation of the heart are two sides of the same coin for those working for Caritas – this is what Pope Benedict XVI emphasised in his encyclical <i>Deus Caritas est</i> (31). In accordance with the Apostolic Letter ‘Motu Proprio’ <i>Intima Ecclesiae Natura</i> Caritas staff members are required to respect Catholic teaching, even if they are not Catholic themselves. On the other hand the Organisation is to provide not only spaces for joint reflection about Catholic faith but also for prayer of each staff member according to their own tradition.
Examples supporting evidence	<ul style="list-style-type: none"> Policy document on this theme Human Resources manual Physical space(s) for prayer
Score 1	✓ No evidence that the Organisation is providing opportunities and time to its staff for prayer, reflection and formation of the heart.
Score 2	✓ Some opportunities and time available to staff for prayer, reflection and formation of the heart, but this is left to the individual rather than facilitated by the MO in a structured way.
Score 3	✓ The organisation provides for ample opportunities and time to staff for prayer, reflection and formation of the heart, as well as regular training updates on formation of the heart.
+ 1 if:	✓ The Organisation regularly reviews the way in which staff members are facilitated in their spiritual aspirations, and adjusts if deemed necessary.
+ 1 if:	✓ All staff members are invited for formative sessions and are aware of the way in which the Organisation facilitates meeting their spiritual aspirations.

MS 2	Governance & Organisation
Art. 2.4	Human Resource Management: the Organisation manages its Human Resources as laid down in regulations and procedures that are known to all staff
GP 2.4.9	<i>The Organisation provides orientation and formation in Caritas identity for all staff and governance members.</i>
General guidance	<ul style="list-style-type: none"> • The CI brochure 'Serving out of love' wants to be a concise introduction into Caritas identity. It is intended to help all Caritas Organisations in providing orientation to their staff and governance regarding this subject. • All staff should be offered the opportunity to deepen their understanding of the nature of the Organisation as an 'ordered service of Charity'.
Examples supporting evidence	<ul style="list-style-type: none"> • Invitations to staff for formation sessions regarding Catholic identity • Evidence of provision of materials on Caritas identity to staff
Score 1	✓ No orientation nor formation on Caritas identity is provided to staff.
Score 2	✓ The Organisation provides some information to staff about its identity but does not follow up in order to foster understanding.
Score 3	✓ The Organisation has a clear approach to provide orientation and formation on Caritas identity to its staff and governance.
+ 1 if:	✓ The ways to relate the Organisation's identity to its staff and governance are reviewed from time to time, and appropriate action is planned and executed.
+ 1 if:	✓ All staff and governance members have a sound understanding of their Organisation's identity.

MS 2	Governance & Organisation
Art. 2.4	Human Resource Management: the Organisation manages its Human Resources as laid down in regulations and procedures that are known to all staff
GP 2.4.10	<i>A security policy, protocols and plans for the security and wellbeing of staff and third-party workers are in place and adhered to.</i>
General guidance	<ul style="list-style-type: none"> • This good practice refers to the need to have a comprehensive security system in place that is applied. Executive management should regularly review and update the security system. • The organisation has a responsibility to its staff and third parties who are doing work on its behalf, but at the same time these people should also know and meet their obligations in this respect. • The security system should be commensurate with the security risks encountered in practice by staff and third-party workers. • A sound security system should include: risk assessments, mitigation and contingency measures, informed consent (i.e. briefings to staff ensuring they have relevant information to make informed decisions on their own personal risk thresholds), insurance and redress, training in security, control and monitoring measures, access to expertise. • Security systems should include a gender/diversity perspective for example mapping any risks that are specific to female staff and/or participants and mapping out services if they are victims of gender specific violence. • Organisations should also have psychosocial support mechanisms for staff in the event of trauma or stress.
Examples supporting evidence	<ul style="list-style-type: none"> • Security policy • Security protocols • Training programmes and attendance records • Security plan • Insurance records • HR policies/manual
Score 1	✓ No evidence that the MO has a security system in place.
Score 2	✓ Rudimentary security measures are in place, but incomplete.
Score 3	✓ The MO has a comprehensive security system.
+ 1 if:	✓ Executive management regularly reviews and updates the security system.
+ 1 if:	✓ All staff members know the MO's security system and their obligations in this respect.

MS 2	Governance & Organisation
Art. 2.5	Strategic Plan: the Organisation has an up-to-date, comprehensive, realistic and clear strategic plan that brings together its vision, mission and specific objectives
GP 2.5.1	<i>The Organisation's strategic plan reflects its mission, is developed in a participatory way and is owned and used for operational planning and decision making.</i>
General guidance	<ul style="list-style-type: none"> • The CI Code of Ethics states: “We ensure that people we serve are involved in the design, management and implementation of the projects we undertake on their behalf and the associated decisions from assessment through to evaluation. Participation is an expression of human dignity and implies shared responsibility for the human community. Caritas is committed to development processes that prioritise active participation as the foundation of a democratic and inclusive society” (Principle 3). • The strategic plan reflects the organisations mission, and sets out realistic objectives around how it will achieve this. • Strategic planning is preferably carried out with wide consultation of all major stakeholders and in a participatory way. The document should mention those who participated in its development. • The MO’s Strategic Plan needs to be translated into an Operational Plan (which should be accompanied by a budget consistent with it).
Examples supporting evidence	<ul style="list-style-type: none"> • Strategic Plan • Mid-term review of the implementation of the Strategic Plan
Score 1	✓ There is no Strategic Plan.
Score 2	✓ The Strategic Plan was not developed in a participatory way or does not clearly inform operational planning and decisions making.
Score 3	✓ The Strategic Plan, developed in participatory way, makes clear how the Organisation thinks to carry out its mission and is the basis for operational planning and decision making.
+ 1 if:	✓ The implementation of the strategy is reviewed regularly (at least through a mid-term review) and adjusted as needed.
+ 1 if:	✓ All staff members know the main lines of the Organisation’s Strategic Plan, have a copy or easy access to a copy.

MS 2	Governance & Organisation
Art. 2.6	Fundraising Strategy: the Organisation has a regularly updated fundraising plan for national and international resource mobilisation
GP 2.6.1	<i>A fundraising strategy/plan that aims to ensure organisational sustainability, and seeks diversification both within and beyond the CI network, is in place and executed.</i>
General guidance	<ul style="list-style-type: none"> • Dependency on single source fundraising is risky and should be avoided. • Also fundraising within the Confederation only is inadvisable and should preferably be complemented with other external sources. • One way of establishing the Organisation’s relevance is its ability to attract local funds as a substantial, sustainable means of financing its operations. • The fundraising plan should include a gift acceptance element, so that the Organisation’s fundraising is in line with its strategic goals and its Catholic nature.
Examples supporting evidence	<ul style="list-style-type: none"> • Fundraising strategy/plan • Fundraising reports • Donor portfolio overview
Score 1	✓ There is no fundraising strategy or plan.
Score 2	✓ The fundraising strategy/plan does not clearly indicate how the Organisation will attract funding from beyond its usual funding partners or bears no relation with its strategy or Catholic identity or actual fundraising activities have no visible relation with the plan.
Score 3	✓ The Organisation’s fundraising strategy/plan is based on its strategy and reflects its Catholic identity, sets out actions for diversifying its funding sources, and is executed, with flexibility where needed.
+ 1 if:	✓ The Organisation regularly reviews its fundraising strategy and activities and makes adjustments as needed.
+ 1 if:	✓ All staff members are aware of the Organisation’s approach to fundraising and where relevant understand their role in it.

MS 2	Governance & Organisation
Art. 2.7	Risk Management: the Organisation assesses internal and external risks that may prevent it from achieving its objectives carefully and regularly. Measures are in place to reduce these risks
GP 2.7.1	<i>Risk management mechanisms are in place to identify, assess, prioritize and mitigate internal and external risks (including natural and man-made disasters, safeguarding) and other emerging issues.</i>
General guidance	<ul style="list-style-type: none"> • All of an organisation’s activities involve risk, to the Organisation itself, and the communities it serves. Organisations manage risk by identifying and assessing risk and putting in place mitigation strategies that need to be regularly reviewed and updated. Throughout this process they communicate with, and seek the feedback and input of, stakeholders. • The Organisation should have a framework that integrates the process for managing risk within the Organisation's overall governance, strategy and planning, management, reporting processes, policies, values, staff performance, information systems, communication policy and culture. • The risk management process includes a systematic and comprehensive procedure for assessing the probability of risks and their impact, (the implementation of) adequate risk reduction strategies, as well as reporting risk mitigation strategies to the governance body. • A risk register should be completed by all organisations. This is a summarised way of presenting: all identified risks and the potential impact, the people responsible for addressing the risk, the risk mitigation strategy chosen, the timetable for addressing the risk and a column for reporting on progress made. • Safeguarding must be part of the Organisation’s risk management approach, and the risk register should include specific safeguarding risks and the corresponding mitigation strategy. • A risk incident register to record incidents that materialize, can be a useful learning tool to support the strengthening of the Organisation’s system.
Examples supporting evidence	<ul style="list-style-type: none"> • Risk management mechanism • Risk register - including mitigation strategies • Evidence of regular review and updating of the risk register
Score 1	✓ The Organisation does not have risk management mechanisms in place.
Score 2	✓ The Organisation uses a basic risk register (including documented safeguarding risks) and there is evidence that mitigation activities have been put in place.
Score 3	✓ Comprehensive risk management mechanisms are in place, they are regularly reviewed, and staff are clear about their roles and responsibilities as outlined within the risk management mechanisms.
+ 1 if:	✓ Risk management mechanisms are reviewed and updated together with the governance structure at least once a year.
+ 1 if:	✓ All staff are aware of the Organisation’s risk management mechanisms and are able to report on the actions taken by the Organisation to mitigate identified risks.

MS 2	Governance & Organisation
Art. 2.7	Risk Management: the Organisation assesses internal and external risks that may prevent it from achieving its objectives carefully and regularly. Measures are in place to reduce these risks
GP 2.7.2	<i>Relevant insurance is in place to reduce the impact of unforeseen events on people, assets and the continuity of activities.</i>
General guidance	<ul style="list-style-type: none"> • Risks cannot always (or rather can often not) be avoided. Especially when a clear distinction has been made in the risk identification phase between ‘external risks’ (arising from situations outside the Organisation’s direct influence – like natural disasters) and ‘internal risks’ (arising in and influenced by the Organisation or its management), the options for treatment become more obvious. • One risk treatment option is to “transfer” risks, which can be arranged by insuring against foreseeable risks. • In some countries there is no proper or reliable system of insurance in place. In such event, this GP may be considered as “not applicable”.
Examples supporting evidence	<ul style="list-style-type: none"> • Risk management policy • Insurance schedule
Score 1	✓ There is no evidence that the Organisation ever considers whether insurance could be a viable risk reduction treatment or whether insurance policies should be continued, terminated or transferred to another insurer.
Score 2	✓ From time to time the Organisation reviews the insurances that it has contracted but without any reference to a comprehensive risk management approach.
Score 3	✓ As part of its risk management mechanisms the Organisation has made clear decisions about the risk that need to be insured.
+ 1 if:	✓ From time to time the Organisation reviews its insurance portfolio and adjusts as needed.
+ 1 if:	✓ Staff members are aware of the risks that have been insured and of their duties under the policies relevant to them.

MS 2	Governance & Organisation
Art. 2.8	Organisational Learning: the Organisation fosters a culture in which sharing experiences informs the evolution of the organisation
GP 2.8.1	<i>Analysis of evaluations, audits, reviews, feedback and complaints is undertaken for learning purposes and shared with relevant stakeholders.</i>
General guidance	<ul style="list-style-type: none"> • To remain relevant as an entity serving the poor, Caritas Organisations must never cease to listen. Being a learning organisation does not just happen – it has to be planned. • Characteristics of a learning organisation include: emphasis on individual learning; teamwork; focus on improvement; leadership strengthening; encouragement of innovation; recognition and sharing of experiences gained at all levels of the organisation and from partners. • Mechanisms are required for gathering and analysing information from programs to see what has been successful and what has not, and to assess and incorporate the information into strategic and program planning. • What is learned should become part of the organisation and not remain with just one person. • Learning should be shared within the organisation, with affected communities as well as external organisations in the sector and Caritas federation. • Organisation should have the means to carry out evaluations, audit and reviews and use findings to promote learning.
Examples supporting evidence	<ul style="list-style-type: none"> • Strategic Plan • Minutes of learning sessions, internal or with program partners • Action plan on organisational learning • Management response letters to audits, evaluations • Reports of consultations with communities • Analysis of feedback (both formal and informal) and complaints received from communities • Staff have access to Baobab
Score 1	✓ No evidence of a plan to promote and organise organisational learning.
Score 2	✓ Though the Organisation has expressed its desire be a learning organisation learning from successes and failures there are hardly any structured activities to support this.
Score 3	✓ The Organisation executes its plans for structured organisational learning in such a way that experiences are shared and analysed, and conclusions incorporated into plans for the future.
+ 1 if:	✓ From time to time the Organisation reviews how organisational learning takes place and how it can be strengthened
+ 1 if:	✓ All staff members know about the Organisation’s approach to organisational learning and what their role in it is.

MS 2	Governance & Organisation
Art. 2.8	Organisational Learning: the Organisation fosters a culture in which sharing experiences informs the evolution of the organisation
GP 2.8.2	<i>Knowledge and experience is shared through participation in sectoral and thematic networks with a view to improve practice and better influence positive social change.</i>
General guidance	<ul style="list-style-type: none"> • Organisational learning through active participation in sectoral and thematic networks can enhance the Organisation’s capacities in its own work as well as its influence on external parties that are needed for positive social change. • Sectoral networks also play a role in learning relevant for the Organisation’s internal processes (e.g. safeguarding, anti-money laundering, staff development). • The Organisation should therefore carefully choose such networks to participate in and have targets for the outcomes it expects. • The Organisation shares learning with other actors in the sector and participates in joint research initiatives. • Note: in some countries participating in networks may be complicated or impossible.
Examples supporting evidence	<ul style="list-style-type: none"> • Joint publications by networks • Meeting notes from sharing meetings • Attendance and /or verbal feedback in meetings and sharing events • Internal documents analysing the relevance of certain networks for the Organisation’s work and capacities
Score 1	✓ There is no evidence that the Organisation participates in sectoral or thematic networks.
Score 2	✓ Though participating in sectoral or thematic networks the Organisation has no clear objectives in terms of organisational learning through these networks.
Score 3	✓ For each major network the Organisation participates in it has clear targets in terms of organisational learning.
+ 1 if:	✓ The Organisation regularly reviews its membership of networks and makes changes as indicated by their effectiveness.
+ 1 if:	✓ All staff members know in which major networks the Organisation participates and what they should contribute to this work.

MS 3	Programme and Finance Accountability
Art. 3.1	Project Management: the Organisation ensures that all projects are in line with its vision and mission and are carried out in accordance with the needs, vulnerabilities and capacities of the local communities
GP 3.1.1	<i>The Organisation ensures appropriate and relevant partner selection and oversight of partner relations.</i>
General guidance	<ul style="list-style-type: none"> • Organisations very often work with partners for the implementation of programs. • For maximum effectiveness and minimum friction, it is important that partners recognise essential elements of their mission and vision. • Partners should preferably identify with, or at least respect, Caritas's core values. • The partner's integrity is an important criteria in the partner selection process. Therefore, comprehensive appraisals of partners' systems should be undertaken (e.g. financial and administrative systems, safeguarding approaches and ability to deliver the work required). • It is also important to review from time to time existing partner relations as to their complementarities with the Organisation's own efforts.
Examples supporting evidence	<ul style="list-style-type: none"> • Partner selection policy/procedures • Partner Capacity building plans • Minutes of meetings about partner selection or review of existing partnerships
Score 1	✓ No evidence of the application of any specific criteria in the selection of partners.
Score 2	✓ There is some evidence of the application of specific criteria in partner selection, but not systematised.
Score 3	✓ The Organisation applies clear criteria in selecting new partners and reviewing existing partnerships.
+ 1 if:	✓ The Organisation reviews from time to time its partner selection criteria and policy, and adjusts as needed.
+ 1 if:	✓ All program staff know the Organisation's partner selection criteria (and policy) and how to apply them in their own work.

MS 3	Programme and Finance Accountability
Art. 3.1	Project Management: the Organisation ensures that all projects are in line with its vision and mission and are carried out in accordance with the needs, vulnerabilities and capacities of the local communities
GP 3.1.2	<i>Programmes are designed in order to benefit the local community and promote recovery and development. They are realistic and evidence based, and take the needs, vulnerabilities and capacities of different groups into account.</i>
General guidance	<ul style="list-style-type: none"> • Essential elements of program design are project proposal development, budget development, staffing, involvement of partners, development of implementation plans and M&E plans (if needed detailed in a M&E Manual). • The rationale behind the project design and budget decisions is to be documented, capacity assessments made, the governance structure set up. • Without a sound understanding of existing vulnerabilities within the communities served, the needs of the most vulnerable groups, including women, children, elderly people, people with disabilities, or people from marginalised groups could remain unattended. Project design should address this risk by engaging with, and encouraging the participation of, different groups. • The Organisation should have appropriate tools and guidance for staff as they design programmes, to ensure quality and participation.
Examples supporting evidence	<ul style="list-style-type: none"> • Project management guidelines, specifically referring to the project design phase • Project assessment and design tools in place (e.g. Need assessments, emergency market mapping and analysis, nutritional surveys, household economy assessments, vulnerability and inequality assessments, analysis of protection needs and risks, analysis of local capacities including positive and negative coping strategies etc.) • Evidence-based responses and programmes
Score 1	✓ There is no evidence of a systematic approach to program or project design.
Score 2	✓ Project design guidelines are incomplete or inconsistently applied.
Score 3	✓ Projects are consistently designed following a clearly defined process and account for the capacities of different stakeholders.
+ 1 if:	✓ At least every five years the Organisation reviews its approach to program design with different groups in the community and adjusts as needed/appropriate.
+ 1 if:	✓ All program staff are familiar with the Organisation's approach to program design and apply it in their work.

MS 3	Programme and Finance Accountability
Art. 3.1	Project Management: the Organisation ensures that all projects are in line with its vision and mission and are carried out in accordance with the needs, vulnerabilities and capacities of the local communities
GP 3.1.3	<i>The organisation ensures that the context and stakeholders are systematically, objectively and continuously analysed and that start up activities are conducted, including timely financial start up, project implementation planning and staff recruitment.</i>
General guidance	<ul style="list-style-type: none"> • Before the implementation starts the Organisation must ensure that a detailed project implementation plan, that reflects the analysis and context is in place, and in which donor agreements are correctly reflected. • The Organisation has capacity to mobilise resources at the right time, and has adequate resources available for carrying out project plan. • Sufficient funding must have been secured before the implementation starts. • Program staff must be in place before implementation starts. • The Organisation has clear protocols to allow timely decision-making and actions, which all relevant staff are aware of. • Unmet needs are referred to an organisation with relevant technical expertise and mandate or there is advocacy to address these needs.
Examples supporting evidence	<ul style="list-style-type: none"> • Project management guidelines • Funding agreements • Records about available cash at project start • Staff records showing available of staff for start-up activities • Project implementation plans (including M&E and risk management plans)
Score 1	✓ No evidence that the Organisation manages early project start up activities in a systematic manner.
Score 2	✓ The Organisation has guidelines for early project start up activities but they are incomplete or inconsistently applied.
Score 3	✓ Early project start up activities are consistently and fully conducted before project implementation starts.
+ 1 if:	✓ The organisation regularly conducts after-action reviews of project start-up to identify lessons learned and revises its guidelines and practices as needed.
+ 1 if:	✓ All program staff know the Organisation's approach to early project start up and apply it in their work.

MS 3	Programme and Finance Accountability
Art. 3.1	Project Management: the Organisation ensures that all projects are in line with its vision and mission and are carried out in accordance with the needs, vulnerabilities and capacities of the local communities
GP 3.1.4	<i>Projects are implemented with the active involvement of the communities, using sound planning and result monitoring, with accountability to stakeholders.</i>
General guidance	<ul style="list-style-type: none"> • Effective project monitoring processes should be in place so that the Organisation can adapt its activities and address any problems in a timely manner, including responding to any potential or actual unintended negative effects. • Routinely engaging with programme participants/communities throughout implementation allows for potential/unintended harmful consequences to be quickly identified and resolved. • To this end, the Organisation is to ensure ongoing monitoring and review. Based on monitoring results, programmes should be adapted to changing needs, capacities and context. • The Organisation seeks to engage donors in project implementation.
Examples supporting evidence	<ul style="list-style-type: none"> • Project management guidelines, including monitoring and evaluation tools • Project implementation reports • Satisfaction surveys, mid-term reviews, evaluations, impact assessments
Score 1	✓ There isn't any evidence that the organisation systematically monitors the implementation of key project deliverables and unintended project impacts.
Score 2	✓ There are project monitoring reports but there is no evidence that programmes are adapted based on monitoring results.
Score 3	✓ Project implementation is systematically monitored and there is evidence that programmes are adapted based on monitoring results.
+ 1 if:	✓ The Organisation regularly reviews its approach to project implementation and monitoring with key stakeholders and adjusts its approach as needed/appropriate.
+ 1 if:	✓ All program staff know the Organisation's approach to program implementation and monitoring and apply it in their work.

MS 3	Programme and Finance Accountability
Art. 3.1	Project Management: the Organisation ensures that all projects are in line with its vision and mission and are carried out in accordance with the needs, vulnerabilities and capacities of the local communities
GP 3.1.5	<i>Project closure is timely, responsive and accountable to all stakeholders.</i>
General guidance	<ul style="list-style-type: none"> • Upon termination of project activities, the Organisation is to perform all necessary closure steps without delay. • Especially final reporting is a major point of concern and crucial for maintaining good donor relations, which may be helpful for future funding needs. • Accountability to all stakeholders, including the communities served, governments and sometimes the general public, should not be blurred by slow project closure. • There should be consultation with communities about the project closure and exit strategy, including how the project will be sustainable in the long term (building on local capacities).
Examples supporting evidence	<ul style="list-style-type: none"> • Project management guidelines • Funding agreements • Project implementation plans • Final project reports submitted to donors (program and financial) • Project evaluations • Final audits
Score 1	✓ No evidence of a structured project closure process applicable to all projects.
Score 2	✓ Project closure takes place for most projects but it is slow or incomplete.
Score 3	✓ Structured project closure is done in keeping with project agreements and includes communication with stakeholders beyond the donors.
+ 1 if:	✓ The Organisation from time to time analyses closure of projects and revises its guidelines as needed.
+ 1 if:	✓ All program staff know the Organisation's approach to project closure and apply it in their work.

MS 3	Programme and Finance Accountability
Art. 3.1	Project Management: the Organisation ensures that all projects are in line with its vision and mission and are carried out in accordance with the needs, vulnerabilities and capacities of the local communities
GP 3.1.6	<i>There is active and inclusive community engagement in all stages of the programme cycle that builds on and strengthens existing community structures, resources and capacities.</i>
General guidance	<ul style="list-style-type: none"> • The CI Code of Ethics states that: “We ensure that the people we serve are involved in the design, management and implementation of the projects we undertake on their behalf and the associated decisions from assessment through to evaluation. Participation is an expression of human dignity and implies shared responsibility for the human community. Caritas is committed to development processes that prioritise active participation as the foundation of a democratic and inclusive society” (Principle 3 on Participation). • The Organisation should ensure that programme participants and the communities they serve have a meaningful voice and contribute to all stages of the programme cycle. • The key stages of the programme cycle are: analysis and needs assessment, risk assessment, programme design, implementation, monitoring and evaluation and programme closeout. • The meaningful engagement of programme participants and communities involves: <ul style="list-style-type: none"> - Ensuring staff are trained on and use culturally appropriate participatory techniques to facilitate the active inclusion and representation of different groups; - Ensuring community dialogues where decisions that affect the community are discussed, systematically and routinely occur throughout the project cycle; - Ensuring that representatives of the most vulnerable and marginalised groups are included in community dialogues and decision-making processes; - Ensuring programmes build on the existing capacities of the communities served. These include local skills, resources (e.g. physical, financial, environmental) and structures (e.g. women’s groups, local government, youth groups, church groups, etc.).
Examples supporting evidence	<ul style="list-style-type: none"> • Evidence of staff training on participatory techniques • Needs assessments using a range of community engagement techniques i.e. participatory mapping, problem trees, etc. • Minutes/reports of community dialogues and Focus Group Discussions where communities contributed to project design, implementation, re-programming and evaluation
Score 1	✓ There isn’t any evidence that the Organisation systematically uses participatory approaches throughout the project cycle.
Score 2	✓ While there is evidence that consultations with communities and programme participants occur throughout the project cycle, there isn’t any evidence demonstrating that community feedback is acted upon.
Score 3	✓ There is evidence that the organisation uses a systematic approach to engaging programme participants and the communities served throughout the project cycle, and that their feedback is incorporated into the project.

+ 1 if:	✓ The effectiveness of the organisation's community engagement throughout the project cycle is reviewed at least every five years and adjusted as needed.
+ 1 if:	✓ All programme staff are trained on participatory community engagement techniques.

MS 3	Programme and Finance Accountability
Art. 3.2	Project Quality: the Organisation ensures that all projects are carried out in accordance with appropriate technical standards
GP 3.2.1	<i>A standard procedure for allocating direct as well as indirect costs (incl. staff costs) to activities, and seeking partner agreement for covering all costs as part of project contracts, is in place.</i>
General guidance	<ul style="list-style-type: none"> • Direct costs are incurred as a direct result of running a project or service, overhead or indirect costs are incurred in supporting the projects it runs. An Organisation's total costs include the direct costs of <i>all</i> its projects and services, as well as <i>all</i> its overheads. • If the full costs of a project are not covered, a deficit is created at the level of the Organisation. This deficit has to be met through additional fundraising or a subsidy from unrestricted funds. • A transparent policy regarding indirect (core) cost recovery is promoted throughout the Confederation. The example to follow is set out in the CI Emergency Guidelines.
Examples supporting evidence	<ul style="list-style-type: none"> • Accounting guidelines/manual • Funding strategy outlining how indirect costs are to be covered • Policy or guidelines on how to allocate direct and indirect costs to projects • Agreements with donors
Score 1	✓ No evidence of an indirect cost funding strategy.
Score 2	✓ Indirect cost recovery is negotiated in some individual cases and with some funding partners, but not for all projects.
Score 3	✓ A comprehensive funding strategy is in place, and agreement is sought with all donors.
+ 1 if:	✓ From time to time the Organisation reviews its indirect cost recovery strategy and adjusts as needed.
+ 1 if:	✓ All program and finance staff are aware of the Organisation's funding (indirect cost recovery) strategy and apply it in their work.

MS 3	Programme and Finance Accountability
Art. 3.2	Project Quality: the Organisation ensures that all projects are carried out in accordance with appropriate technical standards
GP 3.2.2	<i>Programme budgets are realistic and regularly monitored and reported against.</i>
General guidance	<ul style="list-style-type: none"> • Program budgets show how resources available will be allocated to different budget lines. • Project budgets should be based on realistic estimates of all the costs of planned activities. • There should be a named staff member (the 'budget holder') responsible for each project budget. All program and finance staff understand project budgets and know how to report on the results of monitoring those budgets. • Expenditure against different budget lines must be regularly monitored and reported against. Variance analysis done and any budget variances must be explained (and sometimes presented for approval) on the basis of project implementation.
Examples supporting evidence	<ul style="list-style-type: none"> • Financial project reports • Proposals for project budget adjustment • Budget variance analysis reports
Score 1	✓ There are no project budgets detailed by budget lines/items.
Score 2	✓ Project monitoring and reporting against detailed budgets is not regular or does not clearly explain budget variances.
Score 3	✓ Project expenditure is regularly monitored and reported against project budgets detailed by budget lines/items.
+ 1 if:	✓ From time to time the Organisation analyses the causes of project budget overspending and underspending and adjusts its budgeting practice as needed.
+ 1 if:	✓ All program and finance staff understand how to prepare and analyse detailed project budgets and know how to report on the results of monitoring those budgets.

MS 3	Programme and Finance Accountability
Art. 3.2	Project Quality: the Organisation ensures that all projects are carried out in accordance with appropriate technical standards
GP 3.2.3	<i>The tools/processes contained in the CI Toolkit are used when applying for CI Emergency Appeal funds.</i>
General guidance	<ul style="list-style-type: none"> • The CI Emergency Guidelines empower Confederation members to respond together to major emergencies in a coordinated way, inspired by the principle of subsidiarity. They enable Caritas members to maximise joint efforts and support people affected by a disaster with professionalism and compassion, and also enable the local Caritas and Church to fulfil their social mission. • As an instrument in the implementation of the emergency guidelines the CI Emergency Toolkit was developed in 2015, which is to be used in every Emergency Appeal.
Examples supporting evidence	<ul style="list-style-type: none"> • The Organisation's emergency guidelines and protocols • Emergency Appeal documentation
Score 1	✓ The Organisation does not use the instruments of the CI Emergency Toolkit when applying for EA funds.
Score 2	✓ <score 2 is not possible>
Score 3	✓ The Organisation uses the instruments of the CI Emergency Toolkit when applying for EA funds.
+ 1 if:	✓ <no additional elements to be added to the score>
+ 1 if:	✓ <no additional elements to be added to the score>

MS 3	Programme and Finance Accountability
Art. 3.2	Project Quality: the Organisation ensures that all projects are carried out in accordance with appropriate technical standards
GP 3.2.4	<i>Program staff responsible for emergency response are oriented on the CI Emergency Guidelines in their induction and ongoing development, and understand how they function.</i>
General guidance	<ul style="list-style-type: none"> • The CI Emergency Guidelines empower Confederation members to respond together to major emergencies in a coordinated way, inspired by the principle of subsidiarity. They enable Caritas members to maximise joint efforts and support people affected by a disaster with professionalism and compassion, and also enable the local Caritas and Church to fulfil their social mission. • As an instrument in the implementation of the emergency guidelines the CI Emergency Toolkit was developed in 2015, which is to be used in every Emergency Appeal.
Examples supporting evidence	<ul style="list-style-type: none"> • Training programs of emergency program staff
Score 1	✓ No induction on the CI Emergency Guidelines is provided to relevant program staff.
Score 2	✓ Relevant program staff receive information about the CI Emergency Guidelines but there is no active follow-up by the Organisation to keep staff's knowledge up-to-date at the required level.
Score 3	✓ Relevant program staff receive an induction and regular refreshers to ensure that they know the CI Emergency Guidelines and understand how they function.
+ 1 if:	✓ <no additional elements to be added to the score>
+ 1 if:	✓ <no additional elements to be added to the score>

MS 3	Programme and Finance Accountability
Art. 3.2	Project Quality: the Organisation ensures that all projects are carried out in accordance with appropriate technical standards
GP 3.2.5	<i>Disaster risk is assessed, and where relevant, preparedness plans and an emergency response strategy/plan are developed.</i>
General guidance	<ul style="list-style-type: none"> • Emergency preparedness is a very important capacity indicator, particularly given the humanitarian mandate of a very large number of Caritas Organisations, whether currently involved in emergency programming or not. • In countries where there is a reasonable risk of natural or man-made disaster, the organisation must have an emergency preparedness plan that outlines actions that need to be taken in order to be ready to implement an emergency response if a response is deemed necessary and appropriate. • The emergency preparedness plan should contain i.a.: key criteria for when the Organisation would respond, key roles and responsibilities, basic fundraising and emergency financial management strategies.
Examples supporting evidence	<ul style="list-style-type: none"> • Disaster risk assessment report • Emergency preparedness plan
Score 1	✓ There is no emergency preparedness plan.
Score 2	✓ The emergency preparedness plan does not contain some of the most essential elements or is not up-to-date.
Score 3	✓ The emergency preparedness plan addresses the relevant emergency risks and sets the framework for when the Organisation would respond, key roles and responsibilities, basic fundraising and emergency financial management strategies.
+ 1 if:	✓ The Organisation regularly reviews its emergency preparedness plan and revises as needed.
+ 1 if:	✓ All members of executive management and all program staff know the emergency preparedness plan and their role in it.

MS 3	Programme and Finance Accountability
Art. 3.3	Financial Planning: the Organisation has translated its strategic objectives into multi-annual plans that are drawn up in order to achieve these objectives. Within this framework annual budgets are approved before the start of their respective periods
GP 3.3.1	<i>Annual budgets are realistic and reflect strategic and operational plans.</i>
General guidance	<ul style="list-style-type: none"> • The annual budget should originate from the strategic plan and its accompanying activity plans. • The Organisation may have multiannual financial projections as an additional instrument in its financial planning and management. • The budget should show all projected revenue estimates as validated by executive management and the governance.
Examples supporting evidence	<ul style="list-style-type: none"> • Strategic plan • Multiannual operational plan • Annual operational plan • Annual budget • Multiannual financial planning document
Score 1	✓ No evidence that the annual budget is related to the Organisation's strategic and operational plans.
Score 2	✓ The annual budget has some relation with the strategic plan but is not fully harmonised, making it difficult or impossible to establish a connection between the strategic direction and the financial implications for following year.
Score 3	✓ The MO has a strategic plan and an annual activity plan and its annual budget accurately reflects the activities planned.
+ 1 if:	✓ The annual budget is prepared in the perspective of the Organisation's multiannual plans and projections.
+ 1 if:	✓ All staff members are aware of the Organisation's budget and their duties in managing expenditure with respect of budget limits.

MS 3	Programme and Finance Accountability
Art. 3.4	Financial Management: the Organisation exercises stewardship in the management of its financial resources while carefully ensuring the reliability of its financial information
GP 3.4.1	<i>The Treasurer oversees the system for all financial transactions, which includes a separation of duties between preparation and approval of transactions.</i>
General guidance	<ul style="list-style-type: none"> • Financial transactions of the Organisation are the most direct possibility for intentional or erroneous loss of resources. Sound oversight and separation of duties is therefore necessary. • Ideally the Treasurer establishes the procedure for approving and executing financial transactions and checks its application from time to time. • No single individual should be responsible for two or more of the following functions: Record keeping, Authorization, Asset Custody and Reconciliation. If the size of the Organisation is too small for a rigorous application of this principle it should seek to approach the 'ideal' situation as much as possible.
Examples supporting evidence	<ul style="list-style-type: none"> • Financial procedures manual (or another document describing delegation of authority and approval process) • Letter describing the financial transactions process signed by the Treasurer
Score 1	✓ There is no Treasurer and no evidence that a financial transactions procedure is in place.
Score 2	✓ The financial transactions procedure has not been established by the Treasurer or there is no adequate segregation of duties.
Score 3	✓ The financial transactions procedure, with adequate segregation of duties and established by the Treasurer, is applied correctly.
+ 1 if:	✓ The Treasurer regularly reviews the financial transactions procedure and revises it as needed.
+ 1 if:	✓ All staff involved in financial transactions know the procedure and there responsibility under it.

MS 3	Programme and Finance Accountability
Art. 3.4	Financial Management: the Organisation exercises stewardship in the management of its financial resources while carefully ensuring the reliability of its financial information
GP 3.4.2	<i>An accounting system with built-in double entry control mechanisms is in place and applied.</i>
General guidance	<ul style="list-style-type: none"> • The accounting system is the basis for financial reporting and needs to be as free from error as possible. • It is strongly advisable to use a dedicated accounting software for keeping accounts because such software has built-in controls that prevent the most obvious errors and usually include tools that facilitate investigating potential mistakes. • The accounting process must make sure that the cashbook/accounting records represent all transactions, a chart of accounts is used, and regular cash and bank reconciliations take place.
Examples supporting evidence	<ul style="list-style-type: none"> • Accounting manual • Accounting software documentation
Score 1	✓ There is no accounting system or it is the Organisation's own development and lacks the necessary basic controls.
Score 2	✓ There is a basic accounting system but it does not have built-in entry controls or the Organisation is not using these controls.
Score 3	✓ A sound accounting system with built-in entry controls is in place and applied.
+ 1 if:	✓ From time to time the organisation reviews the accounting system in place and evaluates its functions against other options available on the market.
+ 1 if:	✓ All staff involved in accounting or overseeing it know, understand and use the functionalities of the accounting system.

MS 3	Programme and Finance Accountability
Art. 3.4	Financial Management: the Organisation exercises stewardship in the management of its financial resources while carefully ensuring the reliability of its financial information
GP 3.4.3	<i>Executive management regularly evaluates the internal controls and takes corrective action as appropriate.</i>
General guidance	<ul style="list-style-type: none"> • The executive management should have ensured that internal controls are well determined, evaluated and enforced. • A system for monitoring and evaluating the operations of the internal control system should be in place, and the executive management (including the chief financial officer) and the Treasurer are regularly informed. • A regular (suggested: annual) evaluation of the internal controls is important to make sure that internal controls are reinforced in case of weaknesses and adjusted in case of changes in the Organisation.
Examples supporting evidence	<ul style="list-style-type: none"> • Minutes of meetings executive management • Evaluation/review report internal controls • Plan of action to strengthen internal controls • Accounting manual
Score 1	✓ No evidence that regular evaluation of the internal control system by senior management takes place.
Score 2	✓ The internal control system is sometimes evaluated by senior management, but not regularly.
Score 3	✓ Regular evaluation of the internal controls system takes place.
+ 1 if:	✓ The Treasurer is actively involved in decision making on the basis of the evaluation of the internal controls system.
+ 1 if:	✓ All staff understand the importance of the internal controls system and the changes that are made on the basis of the regular evaluation.

MS 3	Programme and Finance Accountability
Art. 3.4	Financial Management: the Organisation exercises stewardship in the management of its financial resources while carefully ensuring the reliability of its financial information
GP 3.4.4	<i>Policies and procedures that realistically reduce the risk of fraud, corruption, money laundering and misappropriation including the use of funds for terrorist activities are in place, and appropriate action is taken where risks or breaches of procedure are identified.</i>
General guidance	<ul style="list-style-type: none"> • More and more major donors require implementing Organisations to have and apply a policy for preventing fraud, corruption, money laundering and the financing of terrorist activities. • In addition to separation of duties in the financial processes measures such as due diligence of partnerships and project proposals, reporting of transactions of an unusual size or character, safeguards in the recruitment of staff and in the contracting of service providers (possibly against UN sanctions list) and the acceptance of donations may be part of such a policy. • Other mechanisms covered elsewhere in the CI MS (e.g. complaints and whistle blowing procedures, partner selection) may also have a role to play in a policy for preventing fraud, corruption, money laundering and the financing of terrorist activities. • The policy should include the mechanism for deciding and implementing measures after investigation of a specific case.
Examples supporting evidence	<ul style="list-style-type: none"> • Anti-fraud, corruption, money laundering and terrorist financing policy and procedures • Reports of specific transactions and their follow-up • Records of staff training on the policy and its application
Score 1	✓ There is no policy for preventing fraud, corruption, money laundering and the financing of terrorist activities.
Score 2	✓ The policy for preventing fraud, corruption, money laundering and the financing of terrorist activities is incomplete or not consistently applied.
Score 3	✓ The policy for preventing fraud, corruption, money laundering and the financing of terrorist activities is complete and consistently applied.
+ 1 if:	✓ The policy for preventing fraud, corruption, money laundering and the financing of terrorist activities is regularly reviewed and adjusted as needed.
+ 1 if:	✓ All staff members are aware of the policy for preventing fraud, corruption, money laundering and the financing of terrorist activities and know their duties under it.

MS 3	Programme and Finance Accountability
Art. 3.4	Financial Management: the Organisation exercises stewardship in the management of its financial resources while carefully ensuring the reliability of its financial information
GP 3.4.5	<i>Financial monitoring and reporting is undertaken regularly and in accordance with reporting standards (made) applicable to not-for-profit organisations, such as IAS (International Accounting Standards) or US-GAAP (Generally Accepted Accounting Principles).</i>
General guidance	<ul style="list-style-type: none"> • Budget variance is the difference between budgeted and actual results for a given period. While it is useful to understand why predictions were off, it is just as important to be actively anticipating the future. • At least from midway through the fiscal year the budget variance report should not only show year-to-date actual and the budget but also executive management's current projection for the income and expenditure of the year. • Budget and actual information should be consistent, which implies they are drawn up in accordance with the same reporting standard. • Given the autonomy and diversity of the Caritas Members and the different contexts they work in, reporting standards will need to be defined per Member. However, each Organisation is expected to apply a reporting standard that is widely accepted, such as the international standards IAS and GAAP or similar national standards. • The auditor should confirm the Organisation's compliance with the chosen standard.
Examples supporting evidence	<ul style="list-style-type: none"> • Monthly or quarterly financial / budget variance reports • Description in the annual financial statements of the reporting standard applied • Auditor's report and management letter
Score 1	✓ There are no budget variance reports and no evidence that the Organisation applies a widely accepted reporting standard.
Score 2	✓ There are budget variance reports but the reporting standard used is not widely accepted, or they are not regular, or the Organisation does apply a widely accepted reporting standard but does not produce budget variance reports.
Score 3	✓ The Organisation presents regular budget variance reports to executive management and governance, in which both the budget and actual information are drawn up in accordance with the same widely accepted reporting standard.
+ 1 if:	✓ The Organisation regularly reviews its financial reporting practice and adjusts as needed.
+ 1 if:	✓ All managers and finance staff are aware of the Organisation's budget variance reports and understand their content.

MS 3	Programme and Finance Accountability
Art. 3.4	Financial Management: the Organisation exercises stewardship in the management of its financial resources while carefully ensuring the reliability of its financial information
GP 3.4.6	<i>Procedures are in place and applied to ensure that property (including property titles, deeds and notarial acts), financial and project documents are stored regularly, securely and easily accessible in accordance with national (tax) laws, audit requirements and project agreements.</i>
General guidance	<ul style="list-style-type: none"> • For all buildings and land, official government recognised documents should be in place (e.g. title deeds and other proof of legal ownership). These official documents should be kept safely under lock and key. • Project documents, like contracts, project plans, reports, must be stored in such a way that stakeholders (donors, auditors etc.) can easily be informed, and for a pre-defined period after project closure. • Financial/accounting records must have adequate and auditable supporting documents, and be properly reviewed and approved by responsible officials. • Financial/accounting documentation must be stored in accordance with national (tax) laws. • There should be a mechanism to prevent any tampering of accounting data including cash/check items, and to ensure documents filed are complete and auditable. • Storing of documents should be a responsibility clearly assigned to a staff member.
Examples supporting evidence	<ul style="list-style-type: none"> • Policy and procedures for storing documents and back up of files (including procedure for archiving) • Document retention policy that includes both the property and non-property items • For buildings and land: fixed assets register, which should mention official government registration numbers
Score 1	✓ There is no procedure for properly storing documents, or there is a procedure that is not applied.
Score 2	✓ There is a procedure for properly storing documents, but it is incomplete or the responsibility for this task is not assigned to specific staff or it is unclear that storing is done in accordance with national laws and the requirements for maintaining the integrity of the documents.
Score 3	✓ The Organisation's procedure for storing documents covers all relevant fields, has safeguards for the integrity of documents and identifies the staff member(s) responsible for this task.
+ 1 if:	✓ The Organisation reviews from time to time its document storing and archiving procedures and adjusts as needed.
+ 1 if:	✓ All staff members are aware of the need to store documents properly and know their responsibility in this.

MS 3	Programme and Finance Accountability
Art. 3.5	Procurement Policy: the Organisation has and applies a procurement policy describing the approved procedure and the supervision of the tendering and purchasing process
GP 3.5.1	<i>The Organisation applies a procurement policy describing the approved procedure and supervision to oversee the tendering and purchasing process.</i>
General guidance	<ul style="list-style-type: none"> • Procurement of goods and services is an important and sensitive area for all Organisations, with a high risk of fraud and corruption and a need for high ethical standards. It therefore requires separate attention and a comprehensive set of guidelines to ensure its correct operation and the avoidance of conflicts of interest. • Organisations should have an approved written policy and procedural manual detailing all stages of procurement, and in compliance with laws and donor policies. • The procurement policy should include value thresholds, including levels for direct purchase, competitive quotations and tendering. The organisation should have a well-defined tendering process, at least for major purchases. A clear waiver process should be in place for emergency situations. • Procurement roles and responsibilities should be clear, including segregation of duties. • See PARCEL standards and procurement assessment tools for further details and guidance: http://parcelproject.org/parcel_resource/parcel-logistics-standards/ • A proper, organised and transparent procurement process gives credit to the Organisation, as well as assurance to stakeholders regarding its professionalism, compliance and reliability. • A committee to oversee the procurement process or major purchases is advisable. • Travel should be covered in the procurement procedure. • All suppliers should abide by the organisation’s Code of Conduct and Safeguarding policy or at the least commit to an ethical code of conduct.
Examples supporting evidence	<ul style="list-style-type: none"> • Procurement policy and procedures • Records documenting the process of actual major purchases
Score 1	✓ There is no procurement policy in place.
Score 2	✓ The Organisation has an incomplete procurement policy and procedures or does not apply its procurement policy and procedures.
Score 3	✓ A proper and complete procurement policy is in place and generally applied.
+ 1 if:	✓ The Organisation regularly reviews its procurement policy and procedures and adjusts as needed.
+ 1 if:	✓ All staff members are aware of the procurement policy and procedures and know their role in applying them.

MS 3	Programme and Finance Accountability
Art. 3.6	Assets Management: the Organisation as a good steward has secured proper procedures to guarantee the existence, maintenance and safety of all capital assets, such as: buildings, vehicle fleet and information technology equipment
GP 3.6.1	<i>Fixed assets and their functioning are protected and managed in line with the principle of good stewardship.</i>
General guidance	<ul style="list-style-type: none"> • Assets include high value items such as vehicles, ICT equipment, and buildings. • The principle of stewardship requires the Organisation to take good care of the assets for which it has custody and responsibility. Fixed assets or capital goods should serve the Organisation for several years and therefore need to be kept in good working order, and if needed replaced at an appropriate moment. • Assets need to be kept in suitable and secure locations, labelled and identified as belonging to the Organisation. There must be a procedure regarding authorisation of purchases as well as disposal of fixed assets. Donor requirements need to be taken into account. • The Organisation should have a fixed asset threshold, in line with government taxation requirements, and all assets should be registered and / or licensed in accordance with any applicable legal requirements. • The organisation should make financial provisions for replacement. • Specific staff are responsible for fixed assets, and there must be an assets register, specifying (at least) its type, reference, location and status. This should be kept up-to-date and checked annually. • At least annually the existence and maintenance status of all assets in the register must be checked. • The fixed asset register should at least annually be reconciled with the accounting information.
Examples supporting evidence	<ul style="list-style-type: none"> • Asset register • Finance manual • Assets status reports
Score 1	✓ There is no evidence of proper asset management and administration.
Score 2	✓ The Organisation has procedures for protecting, managing and administering assets, but they are incomplete or not applied consistently.
Score 3	✓ The Organisation protects and manages its fixed assets in accordance with good stewardship and has complete procedures in place that are consistently applied.
+ 1 if:	✓ From time to time the organisation reviews its asset management and administration and adjusts as needed.
+ 1 if:	✓ All finance staff and staff assigned responsibility for (some) fixed assets know the Organisation's procedures for managing and administering its assets and their duties in it.

MS 3	Programme and Finance Accountability
Art. 3.6	Assets Management: the Organisation as a good steward has secured proper procedures to guarantee the existence, maintenance and safety of all capital assets, such as: buildings, vehicle fleet and information technology equipment
GP 3.6.2	<i>The vehicle fleet is managed as to its size, use and maintenance, so as to control its costs and prevent misuse.</i>
General guidance	<ul style="list-style-type: none"> • Fleet management is a sensitive task for an Organisation, with high risks of corruption, and should be documented wisely and transparently. • The type of vehicles allowed, the type of work justifying their use, the terrain travelled, and our identity as a Caritas organisation should inform decisions regarding the choice of vehicles. • The Organisation must ensure that proper procedures and control facilitate the correct and legitimate use of the fleet. • Staff need to be made aware of the procedures and guidelines and account for the proper use of the fleet. • The Organisation must have arranged whether and how private use of the vehicles is allowed, and what tax or payment consequences ensue. • Proper procedures and contracts with suppliers must be in place regarding the purchase of fuel. • Vehicles must be proactively maintained and drivers given proper training and guidance.
Examples supporting evidence	<ul style="list-style-type: none"> • Office regulations manual or finance manual • Vehicle log books
Score 1	✓ There is no evidence of careful and responsible vehicle management.
Score 2	✓ Elements of vehicle management are in place, but it is not complete or not consistently applied.
Score 3	✓ The Organisation's vehicle management mechanisms cover all essential elements and is applied consistently.
+ 1 if:	✓ From time to time the Organisation reviews its vehicle management mechanisms and adjusts as needed.
+ 1 if:	✓ All staff members who are using or overseeing the use of vehicles are aware of the Organisation's vehicle management mechanisms and procedures and know their duties under these.

MS 3	Programme and Finance Accountability
Art. 3.6	Assets Management: the Organisation as a good steward has secured proper procedures to guarantee the existence, maintenance and safety of all capital assets, such as: buildings, vehicle fleet and information technology equipment
GP 3.6.3	<i>ICT policies and procedures that, at a minimum, cover data security, acceptable use, and the management of hardware and software lifecycle are in place.</i>
General guidance	<ul style="list-style-type: none"> • ICT management is crucial and the Organisation needs to ensure it has sufficient internal knowledge or access to external ICT capacity as required. • ICT also develops very fast and keeping up to date requires time as well as knowledge, networks, and good analysis of useful and cost effective applications so that the Organisation may achieve its objectives. • ICT policies and procedures should cover the purchasing and maintenance of hardware and software; security issues; data protection (including the data of staff, participants, and supporters), possible restrictions of internet use; back-up procedures; use of approved and legal software; staff training programmes; and updating of virus protection software and spam filters.
Examples supporting evidence	<ul style="list-style-type: none"> • ICT manual, policy, procedures • Data protection policy
Score 1	✓ There is no evidence that ICT is managed properly.
Score 2	✓ ICT policies and procedures exist, but they are incomplete or not applied consistently.
Score 3	✓ The Organisation's ICT policies and procedures are complete and generally applied.
+ 1 if:	✓ The Organisation's ICT policies and procedures are regularly reviewed and updated.
+ 1 if:	✓ All staff are aware of the Organisation's ICT policies and procedures and their duties under them.

MS 3	Programme and Finance Accountability
Art. 3.7	Fund Management: the Organisation manages its unrestricted and restricted funds in accordance with their purposes
GP 3.7.1	<i>The Organisation ensures sufficient unrestricted funds so that, should a substantial part of operations cease, financial liabilities and commitments could be met.</i>
General guidance	<ul style="list-style-type: none"> • When Organisations are fully dependent on project funding, organisational continuity and their staff's employment security are compromised. • The Organisation should have developed a core cost funding strategy allows a pre-defined level of unrestricted funds as part of net assets. • The desirable level of unrestricted funds is based on operational and legal requirements, but is usually equal to a number of months' and not more than one year's operating costs.
Examples supporting evidence	<ul style="list-style-type: none"> • Budgets or annual financial statements
Score 1	✓ There is no strategy to ensure a sufficient level of unrestricted funds.
Score 2	✓ The Organisation has defined a desirable level of unrestricted funds, but its strategy is unclear or ineffective.
Score 3	✓ The Organisation is effective in managing its unrestricted funds in the vicinity of or towards a pre-defined desirable level.
+ 1 if:	✓ From time to time the Organisation reviews the level of unrestricted funds it should have available.
+ 1 if:	✓ Executive management and finance staff are aware of the Organisation's target level for unrestricted funds and know their responsibility (if any) in achieving it.

MS 3	Programme and Finance Accountability
Art. 3.7	Fund Management: the Organisation manages its unrestricted and restricted funds in accordance with their purposes
GP 3.7.2	<i>Funds are managed according to the purposes for which they have been received, and administered accordingly in the accounts.</i>
General guidance	<ul style="list-style-type: none"> • The 'Motu Proprio' <i>Intima Ecclesiae Natura</i> article 10 § 2 states that it is a duty of the diocesan bishop to ensure that the proceeds of collections are used for their stated purposes. By extension all funds received should only be used for the intended purposes of those who provided them. • Contractual agreements for funding should therefore be carefully monitored in order to ensure compliance in their execution. • An Organisation's credibility is seriously compromised when it emerges that it does not honour agreements made with the funding partner. • The accounting system should be designed in such a way that the additions to and withdrawals from each 'labelled' (restricted) fund can be followed and reported on.
Examples supporting evidence	<ul style="list-style-type: none"> • Fundraising policy or manual • Accounting system set up so that restricted and unrestricted funds can be tracked separately • Funding contracts with donors • Financial reports and accounting information
Score 1	✓ There is no system in place to manage funds in accordance with the purposes for which they have been received.
Score 2	✓ The Organisation monitors the use of funds received for different purposes, but its financial accounts do not support fund management.
Score 3	✓ The Organisation manages all funds in accordance with the purpose for which they have been received and is able to follow their use easily in its accounts and report about funds movements.
+ 1 if:	✓ The Organisation's fund management administration is reviewed from time to time, and adjusted as needed.
+ 1 if:	✓ All program and finance staff are aware of the Organisation's fund management obligations and their own duties related to it.

MS 3	Programme and Finance Accountability
Art. 3.8	Auditing: the Organisation's annual financial statements are audited by an external auditor, and the Organisation undertakes independent internal audits
GP 3.8.1	<i>The auditor is selected in a transparent process from trustworthy and impartial candidates at reputable firms (preferably members of the national auditors association), engaged, evaluated and dismissed by the Organisation's governance.</i>
General guidance	<ul style="list-style-type: none"> • Selecting, hiring and dismissing the auditor is a governance task as the auditor supports the governance's supervisory task. • Maintaining auditor independence and sustained auditor objectivity is the main reason for changing the external auditor (e.g. every five or seven years). • An Organisation should realise that the name and reputation of the external auditor reflects on their own organisation. A reputable firm will add value to the auditor's statement, while an unknown firm may compromise trust in the Organisation. • Audit firms vary in terms of size and reputation. A firm where only one partner is in charge cannot provide the same guarantees as a larger firm where training and replacement of staff are also most likely better organised. • Firms that are part of a national or international association of audit firms also undergo internal scrutiny from their association, which provides more quality assurance.
Examples supporting evidence	<ul style="list-style-type: none"> • Credentials of the auditing firm and the auditor • Tender documents preceding the appointment of the auditor • Documentation of the procurement/selection process and awarding of the appointment to the auditor • Appointment letter of the auditor • Board meeting minutes
Score 1	✓ The Organisation does not have an external auditor.
Score 2	✓ An external auditor is auditing the Organisation's annual financial statements but does not meet reputation criteria or has been engaged for more than seven years or was not appointed by the governance.
Score 3	✓ The external auditor was selected and appointed by the governance, has credentials of good reputation and was engaged for a limited time, so that s/he can be replaced after maximum seven years.
+ 1 if:	✓ The governance from time to time discusses their satisfaction with the auditor's work and takes action as needed.
+ 1 if:	✓ <no second additional element to be added to the score>

MS 3	Programme and Finance Accountability
Art. 3.8	Auditing: the Organisation's annual financial statements are audited by an external auditor, and the Organisation undertakes independent internal audits
GP 3.8.2	<i>The auditor is required to deliver, together with the auditor's opinion, a management letter addressing weaknesses in systems and operating procedures, and including corrective action planned by executive management.</i>
General guidance	<ul style="list-style-type: none"> • Assigning work to the external auditors requires well prepared and agreed terms of reference, in which not only the audit itself but also the delivery of a management letter is a requirement. • The management letter is an important instrument in the financial governance and management of the Organisation as the auditor can point out weaknesses in systems and procedures that need to be addressed, as well as progress made since the previous audit. • The auditor should give the management the opportunity to add its comment or follow-up in the management letter before it is presented to the governance.
Examples supporting evidence	<ul style="list-style-type: none"> • Management letters • ToR of the auditor
Score 1	✓ The auditor does not deliver a management letter to the Organisation.
Score 2	✓ The auditor's management letter does not include the management's comments or is not presented to the governance.
Score 3	✓ The auditor's management letter includes the management's comments and is presented to the governance for discussion and decision making.
+ 1 if:	✓ The implementation of corrective actions by the management is regularly monitored by the governance.
+ 1 if:	✓ All managers and finance staff are aware of the management letter and their role in implementing the corrective actions decided by/agreed with the governance.

MS 3	Programme and Finance Accountability
Art. 3.8	Auditing: the Organisation's annual financial statements are audited by an external auditor, and the Organisation undertakes independent internal audits
GP 3.8.3	<i>Internal audit is undertaken on a regular basis to prevent, anticipate and rectify anomalies in the financial and management systems and to improve their performance.</i>
General guidance	<ul style="list-style-type: none"> • Internal audit is a function reporting to governance, whose task it is to provide insight and recommendations regarding the effectiveness of the Organisation's risk management, control and governance processes. • The function will primarily look at: <ul style="list-style-type: none"> - Effectiveness and efficiency of operations; - Reliability of financial and management reporting; - Compliance with laws and regulations; - Safeguarding of Assets. • The internal auditor may also test the completeness of the supporting documents to ensure compliance to requirements. • Depending on the size of the Organisation internal audit may be entrusted to specific employees, to external experts (contracted for specific assignments) or to experts made available by related but independent organisations (e.g. a diocesan Caritas, the Bishops' Conference).
Examples supporting evidence	<ul style="list-style-type: none"> • Job descriptions of internal auditors or contracts/engagement letters for external experts performing internal audit • Internal audit plan • Internal audit reports
Score 1	✓ There is no internal audit function.
Score 2	✓ Internal audit activities are undertaken, but with no clear plan or not reporting directly to governance.
Score 3	✓ The Organisation is performing internal audits commensurate with its size and operations, on the basis of a plan and through a function reporting directly to governance.
+ 1 if:	✓ Internal audit reports are systematically discussed in governance, decisions taken on the basis of the reports and implemented by the Organisation.
+ 1 if:	✓ Staff members know and understand the Organisation's internal audit function's work and collaborate with it as needed.

MS 4	Stakeholder Involvement
Art. 4.1	Safeguarding policy and systems: the Organisation adheres to the Caritas Internationalis Children and Vulnerable Adults Safeguarding Policy and has a clear and transparent system to prevent, address and respond to safeguarding concerns
GP 4.1.1	<i>The organisation has a safeguarding policy equal to or consistent with CI's Children and Vulnerable Adults Safeguarding Policy and Anti-harassment policy.</i>
General guidance	<ul style="list-style-type: none"> • As a network dedicated to serving the vulnerable, member organisation's must take every measure to safeguard those we serve from exploitation and abuse. • Complementing the CI Code of Ethics and CI Code of Conduct for staff, the CI Children and Vulnerable Adults Safeguarding Policy and Anti-harassment Policy describe in more detailed terms how CI Member Organisations are required to safeguard people against any form of harassment, exploitation or abuse. • The Organisation is to either adopt CI's Safeguarding and Anti-harassment policies or adapt them to the local context whilst ensuring the purpose and scope is consistent with the CI policies. • Key stakeholders, including communities the Organisation serves, should be made aware of the expected behaviours documented within the safeguarding and anti-harassment policies and how to raise concerns if staff are not acting in an appropriate manner. • The Organisation's governance structure should play an active role in ensuring the safeguarding policy is applied in all aspects of the Organisation's operations. • Lower standards in national law is not an excuse for deviating from the higher standards set out in the CI Safeguarding Policy. • If national law contains obligations that are in contradiction to the CI Safeguarding Policy and Anti-harassment Policy, the Organisation must make a reasonable effort to meet the CI requirements as closely as permitted under national law.
Examples supporting evidence	<ul style="list-style-type: none"> • Safeguarding Policy • Anti-harassment Policy • Records of staff acknowledgement/signature on the Safeguarding Policy and Anti-harassment Policy at time of employment • Training records on the Safeguarding Policy • Human resources manual • Governance board minutes demonstrating that the application of the safeguarding policy is actively monitored and discussed
Score 1	✓ The Organisation does not have a Safeguarding Policy.
Score 2	✓ The Organisation's Safeguarding Policy is incomplete, not consistently applied or strictly enforced.
Score 3	✓ The Safeguarding Policy applied by the Organisation covers all key elements of the CI Safeguarding Policy and Anti-harassment Policy (including: a prohibition of sexual exploitation, abuse, harassment or bullying of programme participants, colleagues or suppliers; a prohibition of child abuse of any kind including sexual, physical, or emotional violence or child labour; a prohibition of the trafficking of persons, and the obligation to report all suspicions or concerns pertaining to safeguarding matters);

	<ul style="list-style-type: none"> ✓ In instances where national legislation contradicts CI's Safeguarding Policy and Anti-harassment Policy, the Organisation must demonstrate that it has made an effort to meet the requirements embedded within CI's Safeguarding Policy and Anti-harassment Policy; ✓ All staff members are aware of the Safeguarding Policy and their obligation to uphold it.
+ 1 if:	✓ The Safeguarding Policy is reviewed at least every five years.
+ 1 if:	✓ The governance board plays an active and meaningful role in ensuring the safeguarding policy is applied across all areas of the organisation.

MS 4	Stakeholder Involvement
Art. 4.1	Safeguarding policy and systems: the Organisation adheres to the Caritas Internationalis Children and Vulnerable Adults Safeguarding Policy and has a clear and transparent system to prevent, address and respond to safeguarding concerns
GP 4.1.2	<i>The Organisation has a process for investigating safeguarding allegations and can provide evidence that it has appropriately dealt with past safeguarding allegations, if any, through investigation and corrective action.</i>
General guidance	<ul style="list-style-type: none"> • CI takes a zero-tolerance approach to violations of the safeguarding and anti-harassment policies including in relation to malicious allegations or retaliation. • Zero tolerance means allegations will be promptly evaluated, assessed and where necessary, investigated and addressed with corrective action at the individual and organisational level. • The right to confidentiality of all parties impacted by the allegations/investigation must be upheld by enforcing the 'need to know' principle. The 'need to know' principle refers to only sharing information with those that need the information in order to assist the survivor, contribute to the investigation, or implement corrective action. • The organisation must have clear procedures outlining, what information, how, and when they will inform donors of allegations received and the outcomes of safeguarding investigations.
Examples supporting evidence	<ul style="list-style-type: none"> • Investigation procedures • De-identified register of allegations, outcomes, and corrective action taken at the individual and organisational level
Score 1	✓ The Organisation does not have a documented misconduct investigation procedure.
Score 2	✓ The Organisation has a documented misconduct investigation procedure, but essential elements are missing.
Score 3	<ul style="list-style-type: none"> ✓ The Organisation has a documented misconduct investigation procedure that includes: <ul style="list-style-type: none"> - Timeframes for each step in the investigation process. The timeframes reflect the gravity of the concerns being investigated; - Mechanisms to ensure information is kept confidential; ✓ The Organisation maintains a register of allegations, investigation outcomes, and remedial actions taken. The register is reviewed by the Organisation's leadership on a biannual basis, at minimum; ✓ The Organisation can demonstrate that swift and appropriate action has been taken against staff who are found to have committed a policy violation; ✓ The Organisation can demonstrate that swift and appropriate action has been taken to address gaps in organisational policies and procedures; ✓ The Organisation has a roster of trained safeguarding investigators or can point to external investigation support or services they would rely upon to investigate a safeguarding matter.
+1	✓ The misconduct investigation procedure is reviewed at least every five years.
+1	✓ Staff are aware of the misconduct investigation procedure.

MS 4	Stakeholder Involvement
Art. 4.1	Safeguarding policy and systems: the Organisation adheres to the Caritas Internationalis Children and Vulnerable Adults Safeguarding Policy and has a clear and transparent system to prevent, address and respond to safeguarding concerns
GP 4.1.3	<i>The Organisation has a system to refer survivors of safeguarding violations to available services, based on their needs and consent.</i>
General guidance	<ul style="list-style-type: none"> • Following a report of a critical incident, particularly safeguarding related incidents, survivors must be offered support to access key services that could aid in their recovery from the incident/s. • It is important to have such information readily available as the timeliness of the referral can have a direct impact on the efficacy of the service provided For example, sexual assault survivors often need to receive critical medical care within 72 hours of an assault, in order to reduce the likelihood of potential lifelong adverse consequences Similarly, evidence indicates that following a critical incident, expeditious access to psychosocial support can reduce the long-term impact of the event/s on a survivor’s day to day functioning and wellbeing.
Examples supporting evidence	<ul style="list-style-type: none"> • Service mapping/referral pathway • Evidence of having previously referred a survivor to needed services following a disclosure of a protection or safeguarding concern
Score 1	✓ The Organisation does not have a documented service mapping or referral pathway.
Score 2	✓ The Organisation has a list of service providers but does not have a system to identify <u>quality</u> service providers, or a documented process to link the survivor to the services.
Score 3	✓ The Organisation has a documented service mapping or referral pathway that includes: <ul style="list-style-type: none"> - The identification of quality service providers of health care, psychosocial support, and legal assistance – at minimum; - The contact details for each service provider; - The preferred referral process for each service provider (phone, email etc.).
+1	✓ The service mapping/referral pathway is reviewed and updated annually.
+1	✓ Staff are aware of the service mapping/referral pathway.

MS 4	Stakeholder Involvement
Art. 4.1	Safeguarding policy and systems: the Organisation adheres to the Caritas Internationalis Children and Vulnerable Adults Safeguarding Policy and has a clear and transparent system to prevent, address and respond to safeguarding concerns
GP 4.1.4	<i>The Organisation has mechanisms in place to prompt partners and service providers contracted by the Organisation to prohibit trafficking, sexual exploitation and abuse, including child abuse, and to take measures to prevent and respond to such matters.</i>
General guidance	<ul style="list-style-type: none"> • Organisation must take reasonable steps to ensure that partners and contracted entities do not exploit or abuse others whilst undertaking work on behalf of the Member Organisation. Reasonable measures include: <ul style="list-style-type: none"> - Having a mandatory clause in all partnership agreements and contractor, supplier, consultant, and sub-partner contracts requiring that they <u>adopt policies that prohibit</u> child abuse, trafficking, and sexual exploitation and abuse; - Having a mandatory clause in all partnership agreements and contractor, supplier, consultant, and sub-partner contracts requiring that they have mechanisms in place to <u>actively prevent</u> child abuse, trafficking, and sexual exploitation and abuse; - Having a mandatory clause in all partnership agreements and contractor, supplier, consultant, and sub-partner contracts requiring that they have mechanisms in place to <u>address and respond</u> to child abuse, trafficking, and sexual exploitation and abuse should it occur.
Examples supporting evidence	<ul style="list-style-type: none"> • Partnership agreements, contractor, supplier, consultant, and sub-partner contracts with clauses included that require service providers to adopt policies and procedures that prohibit child abuse, trafficking, and sexual exploitation and abuse, and prevent and respond to such matters should they occur
Score 1	✓ The Organisation does not include a standard clause addressing exploitation and abuse in its partnership agreements and contracts of its service providers (contractors, suppliers, consultants, and sub-partners).
Score 2	✓ The Organisation includes a standard clause in all partnership agreements and service provider (contractors, suppliers, consultants and sub-partners) contracts, however the clause does not require the service provider to have procedures in place to prevent, address and respond to child abuse, trafficking, and sexual exploitation and abuse.
Score 3	✓ The Organisation includes a standard clause in all partnership agreements and service provider (contractors, suppliers, consultants and sub-partners) contracts that explicitly requires the service provider to prohibit child abuse, trafficking, and sexual exploitation and abuse and to have procedures in place to prevent, address and respond to such matters.
+1	✓ At least every five years, the Organisation reviews, and if necessary, updates the clause included in its partnership agreements and contractor, supplier, consultant and sub-partner contract templates requiring partners and service providers contracted by the Organisation to adopt policies and procedures that prohibit trafficking, sexual exploitation and abuse, including child abuse, and prevent and respond to such matters should they occur.

+1	✓ All Staff are aware of the Organisation's responsibility to take reasonable steps to ensure partners and service providers contracted by the Organisation do not exploit or abuse others.
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MS 4	Stakeholder Involvement
Art. 4.2	Transparency and Accountability: There are systematic and transparent mechanisms to ensure the Organisation is accountable to the communities it serves
GP 4.2.1	<i>The Organisation uses effective communication channels and appropriate language to inform different groups and affected people and communities about their rights and entitlements, ensures they have access to accurate and timely information and encourages participation in every stage of the project cycle.</i>
General guidance	<ul style="list-style-type: none"> • The Organisation’s communication strategy should ensure that stakeholders at different levels receive appropriate information and are offered suitable channels for two-way communication with the Organisation’s representatives. • Special attention is paid to reaching out to different groups in communities in order to enable them to play their all-important role in the Organisation’s planning and implementation. This requires an ability to use appropriate channels and language. • The Organisation is to utilise an approach to accountability that emphasises the importance of listening to and understanding the needs of the boys, men, girls, and women we serve, and reflecting those needs in the project’s decision-making processes and activities. • Communication with affected people and communities takes place, putting into consideration important elements (their participation in the project processes, appropriate channels or language, attention for the position of women and girls). • Women and girls, people with disabilities, older people, and people from marginalised groups may need to be reached through specific channels, depending on their position in the community. • Communities should be aware of their rights and entitlements, including what they can expect in terms of behaviour of staff and how they can make complaints.
Examples supporting evidence	<ul style="list-style-type: none"> • Reports of meetings with affected people and communities about project design and implementation • Communication paragraph in project plans • Accountability/information sharing policy, manuals and/or guidelines • Other project documents that show the community has been informed - e.g. posters, trainings etc.
Score 1	✓ No evidence of an appropriate communication with affected people and communities about projects.
Score 2	✓ Communication with affected people and communities takes place, but important elements (their participation in the project processes, appropriate channels or language, attention for the position of women and girls and other vulnerable groups) are neglected.
Score 3	✓ Effective communication consistently takes place with affected people and communities, with specific attention to the most effective channels and language, their role in the project planning and implementation, the position of women and girls and other vulnerable groups.
+ 1 if:	✓ The Organisation’s ways of communicating with affected people and communities about projects are regularly reviewed and adjusted as needed.
+ 1 if:	✓ All program staff are aware of the Organisation’s approach to the communication with affected people and communities about projects and apply it in their work.

MS 4	Stakeholder Involvement
Art. 4.2	Transparency and Accountability: There are systematic and transparent mechanisms to ensure the Organisation is accountable to the communities it serves
GP 4.2.2	<i>The Organisation's programmes seek to prioritise the needs of the most vulnerable community members and to address any barriers they may face that hinder their participation.</i>
General guidance	<ul style="list-style-type: none"> • As a network dedicated to serving the vulnerable, we need to take every measure to ensure particularly vulnerable individuals or groups are targeted by, and have meaningful access to, our services. Barriers to access can exist in different forms, including logistical, physical, social/cultural factors, insecurity, and a lack of accessible information on available assistance and services • Facilitating the most vulnerable community member's meaningful access to the Organisation's services can be achieved by: <ul style="list-style-type: none"> - Ensuring a participatory protection risk analysis (including gender, age and disability components at minimum) is undertaken and informs the project design, targeting criteria, and partner selection; - Widely sharing information about available services in a range of formats and ensuring it is accessible to the most vulnerable community members; - Disaggregating project data (by sex, age, and disability status at a minimum); - Selecting project sites that are accessible to people with mobility constraints.
Examples supporting evidence	<ul style="list-style-type: none"> • Participatory protection risk assessments that identify the key barriers to accessing services faced by the most vulnerable, as relevant to specific project goals • Guidance outlining how protection risk analyses are to be utilised to inform the selection of the most appropriate partner to reach the target population, project design and implementation • Examples of project proposals that identify the most vulnerable in relation to the specific project goals, how they will be prioritised for assistance and how any barriers they may face in accessing services will be addressed/mitigated • Monitoring and evaluation reports which demonstrate how the project has been adapted to meet the unique needs of the most vulnerable • Examples of information shared about available services in a range of formats • Examples of project site selection that reflects the needs of people with mobility constraints • Disaggregated project data (by sex, age, and disability status at minimum)
Score 1	✓ There isn't any evidence that within the Organisation's programming, it has sought to prioritise the needs of the most vulnerable, or address any barriers they may face when accessing services.
Score 2	✓ The prioritisation of the needs of the most vulnerable is an element of project design and implementation, however projects do not actively address barriers the most vulnerable may face when accessing services.
Score 3	✓ The Organisation's projects are consistently informed by protection analyses and address barriers the most vulnerable face in accessing services.
+ 1 if:	✓ At least every five years the Organisation reviews the guidance and templates available to support programme staff to identify the most vulnerable, and to design and adapt services to meet their needs.

+ 1 if:	✓ Program staff regularly use the organisation's tools and templates to ensure the most vulnerable have meaningful access to the Organisation's services.
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MS 4	Stakeholder Involvement
Art. 4.3	Advocacy: the Organisation engages in national and international advocacy within the limits established by the competent ecclesial authority
GP 4.3.1	<i>The Organisation's positions and advocacy activities are based on a solid analysis of the problem, context and risk, and clear evidence, are rooted in Catholic Social Teaching, developed and undertaken in collaboration with others without compromising its principles, and whenever needed incorporate the competent ecclesial authority's input and guidance.</i>
General guidance	<ul style="list-style-type: none"> • Caritas advocacy is evidence based and rooted in a solid analysis of the issue including the context and problem, risks to staff and participants of undertaking advocacy work, and mitigation strategies. • Caritas advocacy positions have a clear link to Catholic (Social) Teaching. • Successful advocacy work requires cooperation with a broad spectrum of organisations and players within the Caritas network, as well as with ecumenical and secular partners that share Caritas's analysis. • The local Church has ownership of the advocacy work being carried out within its country and at international level with respect to the themes and issues that are being addressed. Partner Caritas organisations are to seek collaboration with the national Caritas and request the consent of the local Ecclesiastical authority. • The Organisation should have a comprehensive plan including all its advocacy activities. • The Organisation's experience with grassroots communities and an analysis of underlying or structural causes of poverty and injustice are important inputs for this plan. • Organisation has capacity to identify advocacy themes. The organisation should have an advocacy plan that is based on the Organisation's experience, and is reviewed and updated as needed.
Examples supporting evidence	<ul style="list-style-type: none"> • Advocacy strategy • Advocacy program descriptions/plans • Evidence of consent Ecclesiastical authority
Score 1	✓ The Organisation has no advocacy policy.
Score 2	✓ The Organisation's advocacy is not based on a solid analysis and evidence or is not undertaken in cooperation with others or does not have the local Church's consent.
Score 3	✓ The Organisation carries out advocacy work based on evidence and a solid analysis, together with others who share its analysis and with the consent of the competent Ecclesiastical authority.
+ 1 if:	✓ The Organisation regularly reviews its advocacy work and adjusts as needed.
+ 1 if:	✓ All staff members are aware of the Organisation's advocacy positions and where relevant contribute to bring them to the attention.

MS 4	Stakeholder Involvement
Art. 4.3	Advocacy: the Organisation engages in national and international advocacy within the limits established by the competent ecclesial authority
GP 4.3.2	<i>An advocacy strategy/plan, based on the Organisation's experience, that aims to address the root causes of injustice, has been developed and is executed.</i>
General guidance	<ul style="list-style-type: none"> • The Organisation should have a comprehensive plan including all its advocacy activities. • The Organisation's experience with grassroots communities and an analysis of underlying or structural causes of poverty and injustice are important inputs for this plan..
Examples supporting evidence	<ul style="list-style-type: none"> • Advocacy plan
Score 1	✓ The Organisation does not have an advocacy plan.
Score 2	✓ The advocacy plan is not clearly based on the Organisation's experience or an analysis of underlying or structural causes of poverty and injustice.
Score 3	✓ The advocacy plan is based on the Organisation's experience and on the basis of a solid analysis addresses the root causes of poverty and injustice.
+ 1 if:	✓ The Organisation regularly reviews its advocacy plan and adjusts as needed.
+ 1 if:	✓ All staff members are aware of the Organisation's advocacy plan and analysis of underlying or structural causes of poverty and injustice.

MS 4	Stakeholder Involvement
Art. 4.4	Interacting with constituency: involvement of grassroots and Parish communities
GP 4.4.1	<i>The Organisation actively promotes the engagement of grassroots communities in its work.</i>
General guidance	<ul style="list-style-type: none"> • The national Caritas's work should be recognised and supported by its primary constituency: the parishioners in the country. Their involvement will inform the Organisation's work and foster their understanding for sometimes controversial programs at the national level. • The Organisation therefore should have an active approach to involving grassroots communities, in the first place parishes, in its work. • Volunteers can play an important role in Caritas' work. The Organisation should have a clear volunteer strategy and procedures if it engages community volunteers.
Examples supporting evidence	<ul style="list-style-type: none"> • Communication materials directed at parishes in the country • Reports of meetings between representatives of the Organisation and parishes • Stakeholder/Community engagement policy • Community volunteering policy and guidelines
Score 1	✓ There is no evidence that the Organisation promotes the active engagement of parishes and other grassroots communities in its work.
Score 2	✓ There are relationships with parishes and other grassroots communities, but not systematic and without a clear sense of purpose.
Score 3	✓ The Organisation has a clear approach to actively promote the involvement of parishes and other grassroots communities.
+ 1 if:	✓ From time to time the Organisation reviews how it relates to parishes and other grassroots communities and adjusts as needed.
+ 1 if:	✓ All staff members know of the Organisation's active promotion of the involvement of parishes and other grassroots communities in its work and understand their role in this.

MS 4	Stakeholder Involvement
Art. 4.5	Networking: the Organisation proactively participates in sectoral and thematic networks
GP 4.5.1	<i>The Organisation engages with civil society organisations and other stakeholders to avoid duplication, leverage resources, develop and implement joint policy development and advocacy efforts, and maximize impact.</i>
General guidance	<ul style="list-style-type: none"> • An outward looking vision aiming at joining forces with like-minded organisations, is asked of a Caritas organisation in order to create maximum impact and promote good stewardship in the use of resources. • Unwanted duplication of efforts or competition for limited human and financial resources should be avoided. MOs are explicitly encouraged to determine, focus and prioritise their efforts to fulfil their vision and mission in line with the CI vision. • activities should complement those of national/local authorities, civil society organisations and other organisations, to maximise coverage and minimise demands on communities. • The Organisation should take part in the national or local humanitarian coordination system where these are functioning, and share information through coordination fora. • In its engagement with other civil society organisations and other actors, the Organisation actively seeks to achieve maximum impact while avoiding duplications and leveraging resources.
Examples supporting evidence	<ul style="list-style-type: none"> • Organisation’s membership of networks • Reports of meetings with civil society organisations documenting the efforts to join forces in an effective an efficient way • Statement on civil society and the role the Organisation wants to play in it • Documented joint program or advocacy work
Score 1	✓ The organisation does not reach out to other civil society organisations.
Score 2	✓ Even though the Organisation engages with civil society organisations it is unclear how this will leverage resources, avoid duplication or maximise impact.
Score 3	✓ In its engagement with other civil society organisations the Organisation actively seeks to achieve maximum impact while avoiding duplications and leveraging resources.
+ 1 if:	✓ The Organisation from time to time reviews its engagement with civil society and revises where needed.
+ 1 if:	✓ All staff members understand the reasons for the Organisation to engage with civil society and their role in it.

MS 4	Stakeholder Involvement
Art. 4.6	Information sharing: the Organisation communicates with stakeholders in an ordered and transparent way about its work and performance
GP 4.6.1	<i>Relevant communication mechanisms are in place to ensure executive management is accountable and accessible to staff and external stakeholders.</i>
General guidance	<ul style="list-style-type: none"> • The Organisation has a public function and should therefore not only make itself accountable to direct supervisors but to all who have an interest in the outcomes of the Organisation’s work. • Through accountability executive management will create a better understanding among staff and other stakeholders about their decisions and the Organisation’s performance. • In case of questions from staff or other stakeholders executive management should have a mechanism in place to ensure a swift response.
Examples supporting evidence	<ul style="list-style-type: none"> • Information materials provided to staff and other stakeholders • The Organisation’s website • Annual narrative and financial reports
Score 1	✓ There is no evidence that executive management is accountable or accessible to staff and other stakeholders.
Score 2	✓ Executive management does inform staff or other stakeholders but in an erratic way or without making itself accessible in case of questions.
Score 3	✓ Executive management has put mechanisms in place for regular communication to ensure accountability to staff and other stakeholders including a mechanism for swiftly responding to questions from stakeholders.
+ 1 if:	✓ From time to time the Organisation reviews its communication and accountability towards staff and other stakeholders and adjusts as needed.
+ 1 if:	✓ All staff members know how executive management accounts to them and other stakeholders for their decisions and the Organisation’s performance, and knows where to find such information.

MS 4	Stakeholder involvement
Art. 4.6	Information sharing: the Organisation communicates with stakeholders in an ordered and transparent way about its work and performance
GP 4.6.2	<i>The Organisation applies a clear communication policy and protocol, outlining responsibilities for both internal and external communication with stakeholders in different situations.</i>
General guidance	<ul style="list-style-type: none"> • A clear written communication protocol, amongst others, sets out the responsibilities of the MO's spokespeople (both internal and external) in order to better ensure that the right information is provided at the right time to the right people. • The protocol should also include provisions for how the organisation will represent people and communities in an appropriate and dignified way, that aims to protect the identity of individuals. • Informed consent should be gained from those represented in stories and images. • There should be consideration of the ethical use of various media platforms in respect of the above. • It should be clear who is responsible for speaking on behalf of the Organisation, with clear assignment of responsibilities for internal and external communication. • Clear guidance should be in place that outlines: who is in charge of sharing information within existing coordination bodies, what type of information should and can be shared and how it should be shared.
Examples supporting evidence	<ul style="list-style-type: none"> • Communication policy • Communication protocol • Taking and use of images policy (if not included in the above) • Stakeholder engagement policy
Score 1	✓ No evidence of a clear assignment of responsibilities for internal and external communication.
Score 2	✓ Rudimentary guidelines, but insufficient to know in all situations who is responsible for speaking on behalf of the MO and/or the processes for creating and disseminating other communication material.
Score 3	✓ It is clear who is responsible for speaking on behalf of the MO and the processes for creating and disseminating other communication material.
+ 1 if:	✓ Responsibilities for communication are regularly reviewed and updated.
+ 1 if:	✓ All staff members know who is responsible for speaking on behalf of the MO and the in designing and disseminating other communication material.

MS 4	Stakeholder Involvement
Art. 4.7	Data protection: the Organisation makes itself responsible for protecting and safeguarding data
GP 4.7.1	<i>The Organisation implements a data protection policy which safeguards the integrity of its stored information, and which protects the personal data of stakeholders including staff, donors and participants.</i>
General guidance	<ul style="list-style-type: none"> • The adoption of robust personal data protection systems is an increasingly important responsibility of humanitarian and development organisations. Arguably, it is even more relevant for an organisation that wants to be the Church's ordered service of Charity and an active and responsible member of civil society. • Countries are increasingly legislating the need for organisations to have data protection policies and systems, reinforcing the need for Members to define a concrete data protection policy. • Such a policy should outline how and what data the Organisation collects, stores and shares, for what purpose and for how long, how individuals can have access to information about them and request its elimination, and how the data is protected from unauthorised access. • Safeguarding aspects are to be included in the data protection policy. This could include specifying how biographical data will be recorded and stored separately from safeguarding incident data, how case codes and password protections will be used to protect sensitive information concerning safeguarding cases.
Examples supporting evidence	<ul style="list-style-type: none"> • Data protection policy • Data retention and disposal policy • Privacy policy • Details of a case coding system
Score 1	✓ The Organisation does not have a data protection policy.
Score 2	✓ The Organisation's data protection policy is incomplete or not consistently applied.
Score 3	✓ The Organisation has and applies a detailed data protection policy that safeguards the integrity and protects all personal data collected by the Organisation. This includes a policy and process to de-identify sensitive information, including safeguarding case information.
+ 1 if:	✓ The data protection policy is reviewed at least every five years, and revised as needed.
+ 1 if:	✓ All staff are aware of the Organisation's data protection policy and the obligations set out within it, as they relate to their work.

MS 4	Stakeholder Involvement
Art. 4.8	Information Disclosure Policy: the Organisation makes information about its programs and operations available to the public in accordance with an information disclosure policy that aims at transparency
GP 4.8.1	<i>An information disclosure policy is in place, applied and published externally.</i>
General guidance	<ul style="list-style-type: none"> • “Public bodies have an obligation to disclose information and every member of the public has a corresponding right to receive information”. • As a Church organisation involved in humanitarian emergencies and development programmes the Organisation is to comply with national legislation on information disclosure if it exists in their countries and in any case with the spirit of ample transparency and full-hearted accountability. • Relevant policies, including the information disclosure policy itself, as well as information about the Organisation’s use of resources, programs implemented and results achieved are to be disclosed to the wider public. • In case the context (limited freedom of speech or religion) imposes limitations to full information disclosure the Organisation should be able to explain how this impacts their information disclosure.
Examples supporting evidence	<ul style="list-style-type: none"> • Information disclosure policy • Internal paper explaining the impact of contextual limitations
Score 1	✓ There is no information disclosure policy.
Score 2	✓ There is a limited information disclosure policy but it is not clear whether it complies with national legislation or the policy itself is not public.
Score 3	✓ There is a complete information disclosure policy, compliant with national legislation and accessible to the wider public.
+ 1 if:	✓ From time to time the Organisation reviews its information disclosure policy and adjusts as needed.
+ 1 if:	✓ All staff members are aware of how the Organisation wishes to be transparent and accountable to the wider public and applies this in their work.