

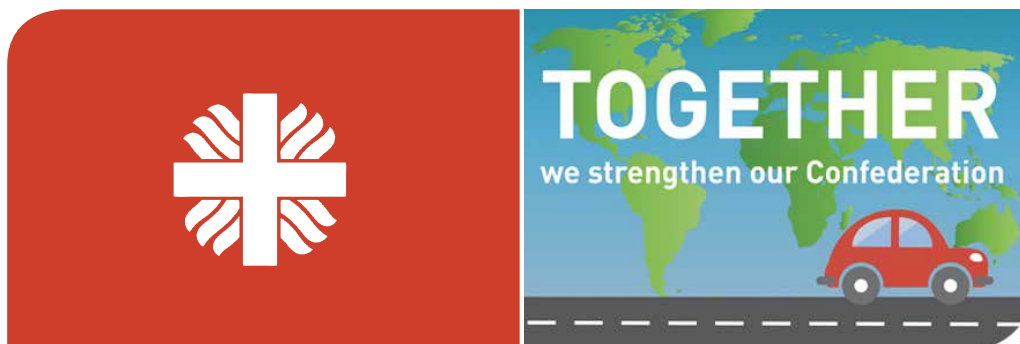


## **Caritas Internationalis Management Standards**

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### **REFERENCE GUIDE FOR COORDINATORS AND ASSESSORS**

*November 2020*



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## INTRODUCTION

The 5<sup>th</sup> Orientation of the Caritas Internationalis Strategic Framework 2019-2023 aims to **increase the effectiveness of our Confederation** and to build a stronger Caritas based on professionalism and accountability. Our objective is to reinforce in tandem each Member Organisation (MO) and the wider Confederation through institutional development and capacity strengthening (IDCS). We focus special attention on **support to and accompaniment of those Organisations in fragile situations and the emerging Caritas members**, to strengthen their autonomy and to promote their long-term sustainability.

The **Caritas Internationalis Management Standards (CI MS)** are the reference tool of our confederation for organisational development. They allow the MOs to identify strengths and areas for improvement and to analyse the risks associated with the gaps identified. They are the instrument for assessing the **organisational “well-being”** of a Caritas structure. The outcome of this assessment becomes the foundation to construct a targeted and tailored improvement plan to strengthen the organisation. Therefore, the **CI MS are an integral and essential part of the IDCS process**. Through them, **“Together, we strengthen our Confederation!”**







## WHY AN UPDATED VERSION OF THE REFERENCE GUIDE?

This updated version of the Reference guide<sup>1</sup> is meant to support the work of the coordinators and assessors<sup>2</sup> of the Caritas Internationalis Management Standards (CI MS). It provides **clear guidance and step-by-step instructions on how to implement the overall CI MS assessment process**, from the self-assessment until the development of the improvement plan.

The Reference guide is **for all Caritas Internationalis Member Organisations** (MOs). As they are all different in size, organisational structure and decision-making processes, the CI MS coordinators and assessors are asked to always adapt the ideas and methodologies to the local context and available capacities of each Caritas organisation.

After four years of implementation *ad experimentum* of the Management Standards, an evaluation of the programme was conducted in 2017 with the involvement of different stakeholders at national, regional and global level that recommended to simplify the assessment tool, to add an instrument for risk analysis and prioritisation and to improve the methodology of assessment.

We have developed a **simplified and harmonised version of the assessment tool (Organisational Review Tool – ORT)** through a participatory process that involved MOs and the Regions.

Since 2017, we have conducted several interregional training sessions for assessors and training of trainers for coordinators. In this version of the Reference guide, we have included the **new elements of the revised tool** and some suggestions on how to implement the assessment process according to the experience of some MOs. In that way, we can have a continuous learning process.

A **5<sup>th</sup> Standard on Safeguarding** has been developed in 2020 to provide all MOs with a clear framework to meet all safeguarding requirements. A specific Guidance Note provides all relevant information on it.

This Reference guide is a **comprehensive document for both coordinators and assessors**, and we hope it can support them in their respective functions, together with the other materials available on Baobab.

The IDCs/CI MS team is always available to assist you in each step of the process (for requests, please write to [cims@caritas.va](mailto:cims@caritas.va)).

## TERMINOLOGY USED

Before going into the details of the Guide, it is important to define some of the terminology used:

- A. The term *Director* is used throughout this manual to indicate the top executive of the organisation, whose title could be Secretary General, (General) Director, Chief Executive Officer, Executive Secretary, Executive Director, etc.
- B. The term *Board* indicates the governance level of the organisation.
- C. The term *Management team* indicates the executive level of the organisation (Director and heads of departments and/or top managers and/or other directors)

1 - The first Manuals for coordinators and assessors had been developed during the phase “*ad experimentum*” between 2015 and 2017.

2 - The CIMS coordinator is a staff member in a Caritas Organisation, officially nominated by the Director, who acts as the focal point for the implementation of the CI Management Standards. He/she works in collaboration with the Director and is in regular contact with the CIMS team at the CI General Secretariat. The CIMS assessors are the trained persons working in a Member Organisation of the Caritas Confederation, proposed by their own organisation and endorsed by the CI General Secretariat, who act on behalf of CI in conducting the external assessments.



## CHAPTER 1: THE CONFEDERATION ORGANISATIONAL DEVELOPMENT TOOL

### 1.1. OVERVIEW

Since 1 January 2019, the Caritas Internationalis Management Standards (CI MS) have been an **official and permanent instrument of the Caritas Confederation**, as decided by the Representative Council.<sup>3</sup>

The CI MS support Member Organisations to identify their organisational strengths and weaknesses as a basis for their continuous development. The Organisational Review Tool (ORT) includes a component that helps the Member Organisations to analyse the risks related to their areas of non-compliance and weaknesses and to define priorities for their improvement plan.

The management and coordination of the CI MS are integrated within the CI General Secretariat's IDCS (Institutional Development and Capacity Strengthening) unit's tasks.

<sup>3</sup> - A summary document to know deeply about the history of the CI MS and the different steps of their implementation is available here: <https://community.caritas.org/intranet/documents/#list/11711>



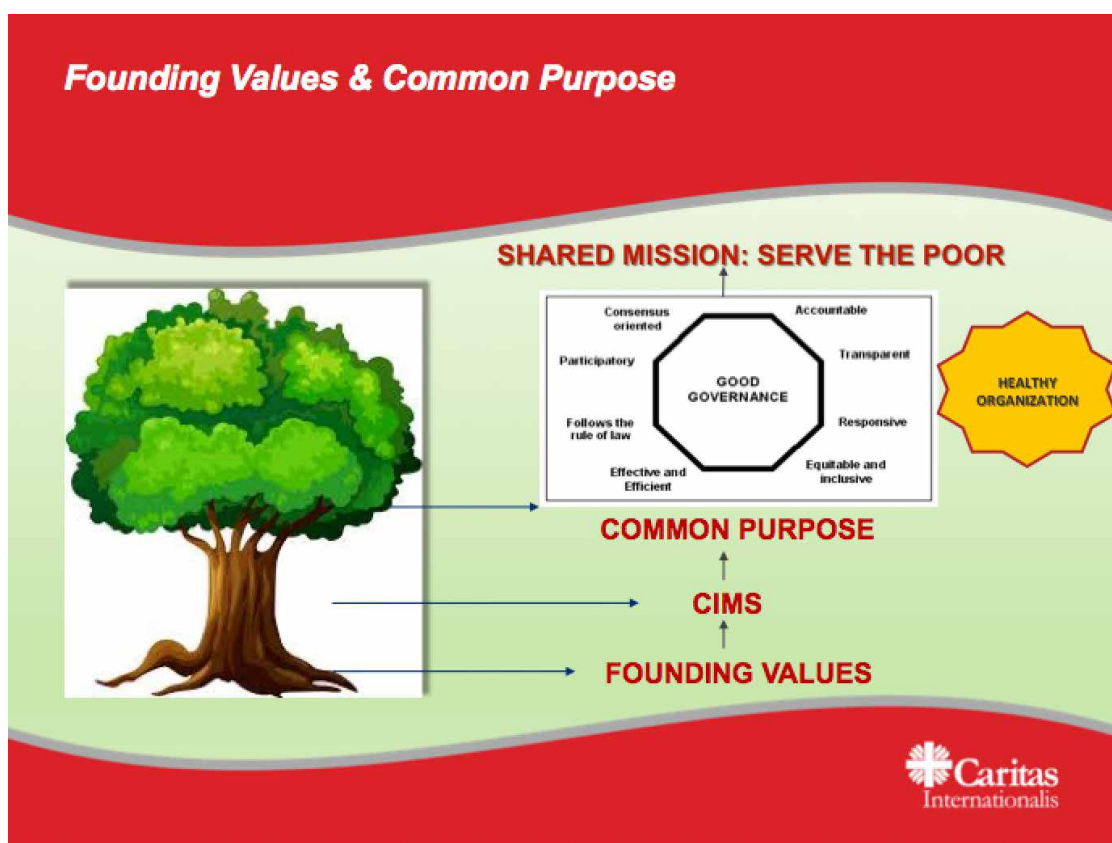
## 1.2. PURPOSE OF THE CI MANAGEMENT STANDARDS

The CI Management Standards were introduced as a reference tool for all Members to increase the effectiveness of our Confederation through **good governance and accountability**. They aim to be the translation of **good stewardship** in the life of our organisations and in the overall Confederation.

The Management Standards are based on existing good practices of governance, management, accountability and adherence to ethical codes considered essential for Caritas MOs and accepted global principles within the humanitarian and international development community. As such, the CI MS safeguard the professional competence and efficacy of the Caritas Confederation in serving our neighbours.

The CI MS are a tool for all Members to **objectively assess their own organisational status in a given time** and to help them in the **institutional development process**. In this sense, they serve as a point of reference for **strengthening each MO and the Caritas Confederation as a whole**.

Meeting the CI MS is one of the requirements for CI membership (Internal Rules article 1.3).





### 1.3. CARITAS VALUES AND THE IMPLEMENTATION OF THE CI MANAGEMENT STANDARDS

The CI Management Standards are a concrete expression of the spirit in which we aspire to embody the Church's mission of Charity. As **Pope Benedict XVI** wrote in the Encyclical Letter *Deus Caritas Est*: workers of Charity should have 'a heart that sees' where love is needed, and act accordingly. He said: "Individuals who care for those in need must first be **professionally competent**: they should be properly trained in what to do and how to do it, and committed to continuing care." But Pope Benedict XVI also called for a '**formation of the heart**': "We are dealing with human beings, and human beings always need something more than technically proper care. They need humanity." (*Deus Caritas Est*, 31)

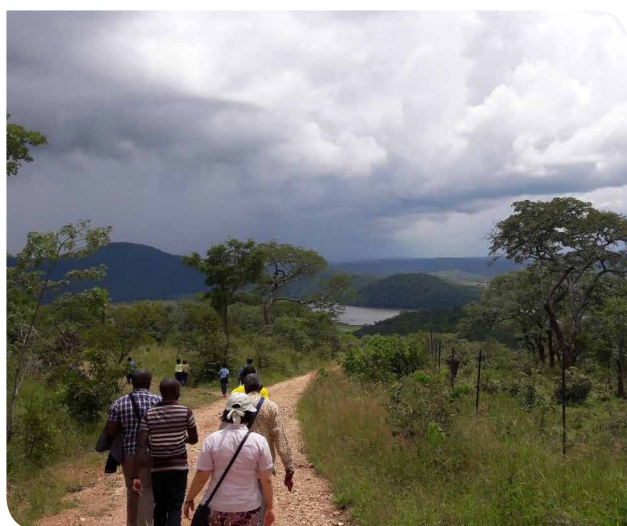
To be able to act in the most helpful way, a fundamental requirement is to be professionally competent. The poor, with whom and for whom we work, need our performance to be of the highest standard. It is a duty and a responsibility for Caritas organisations and agents to offer the best service, which the poorest deserve.

The Caritas President, H. Em. Cardinal Tagle said: "We are called to be a sign of God's love towards all, to be His hands in bringing His creation to fulfilment. It is not in our nature to be satisfied with the status quo, in a system of stagnation or to work in isolation. The **CI Management Standards were created as a system of best practices contributing to our mission with competence and professionalism**. The best practices and tools in the Management Standards help Caritas attain two key goals: they are resources and references for the member organisations in their daily practices to improve leadership and attain excellence, [and] they also enable Caritas organisations to be accountable to themselves, to the community and to the Church."

In the **parable of the Talents** (*Matthew 25, 14–30*), we are reminded that we all are gifted with talents, and that each one of us has unique talents. For our Lord, it is not so important how many talents we have, but that we use them carefully and effectively in our service to God and to our neighbours. This is what the Management Standards seek to promote in our 'organisational lives': that our organisations use their resources in the most effective way, avoiding waste and mismanagement, and in full accountability of what we do and seek to accomplish. Through the Management Standards, we also promote peer-to-peer learning and fraternal cooperation between the Member Organisations in order to share good practices and encourage mutual support and sharing.

In his message of October 2015 to all Caritas organisations, **Pope Francis** said why the Management Standards are important:

*(...) These instruments must now be applied to strengthen the transparency and credibility of Caritas. Let us remember that we are accountable to God, to the Church, to the donors and in particular, to the poor with whom the Lord identifies Himself. By serving them with humility, dedication, self-denial and professionalism, we promote the Church's mission of forming one human family, caring for creation.*



We are now determined to move forward towards making our Caritas confederation even more effective and increasingly served by professionals committed to "the Christian's programme" – the programme of the Good Samaritan, the programme of Jesus, which is a "heart that sees" (*Deus Caritas Est*, 31.b). We remain conscious that the horizon of our mission as Caritas is the Kingdom of justice and solidarity, that will be achieved only when God will be all in all (*cf. 1 Cor 15:28*). We know that we have not yet reached our goal, but we are striving to go forward from the point we have each attained (*cf. Phil 3:16*).

Let us continue our journey united in mind and in mutual support.





## CHAPTER 2: THE CI MS PROCESS AND TOOLS



### 2.1 COMPLIANCE CHECK AGAINST GOOD PRACTICES

The CI Management Standards are a permanent official tool of the Caritas Internationalis Confederation. Therefore, Member Organisations (MOs) are invited to:

- Implement the CI Management Standards as a basis for their own organisational development;
- In their mutual partnerships, refer to these standards when discussing organisational strengths and weaknesses as well as long-term institutional development goals.

MOs are encouraged to regularly undertake a structured and participatory **assessment process according to the CI Management Standards** using the **Organisational Review Tool (ORT)**. Each MO is called to do the CI MS assessment process once **every four years**. This tool enables Caritas organisations to:

- ✓ Check their **organisational “well-being”**;
- ✓ **Identify existing good practices** in the network and encourage the MOs concerned to share them;
- ✓ **Assess whether they meet the minimum level required** for membership in the Caritas Confederation;
- ✓ **Analyse the risks linked to non-compliance** with the Standards;
- ✓ **Develop an improvement plan** to reach compliance with the Standards and to strengthen the organisation.

Each MO is thus asked to check its compliance against a set of existing good practices and accepted global principles within the humanitarian and international development community.

The CI Management Standards are composed of **4 standards, 8 articles for each Standard and a total of 77 good practices**. A **5<sup>th</sup> Standard on Safeguarding** is integrated in the CI MS tool. It brings together



## 14 good practices (belonging to 8 articles) related to Safeguarding that are included across the four Standards.<sup>4</sup>

For our purposes, we use the following terminology and definitions:

- the *articles* describe the requirements to be met for specific organisational areas related to each Standard;
- the *good practices* statements indicate what in particular is expected from the Organisation. The average of the score for the GPs related to an article gives the level of compliance for that article.

MS	1. Laws and Ethical Codes	2. Governance and Organisation	3. Programme and Finance Accountability	4. Stakeholder Involvement	5. Safeguarding
Articles	8	8	8	8	
Good practices	14	22	27	14	

The tool includes **7 mandatory articles**, namely:

- 1.1 Catholic identity
- 1.2 Law of the land
- 1.3 Ethics and staff conduct
- 2.1 Constitution
- 2.2 Governance structure
- 3.8 Auditing
- 4.1 Safeguarding policy and systems

In order **to be compliant with the CI Management Standards, a MO must be compliant** (achieve a score of at least 3) with

- ⇒ **all 4 Standards**
- ⇒ **the Standard on Safeguarding**
- ⇒ **all 7 mandatory articles**

The next section will detail all the steps necessary to complete the assessment process.

4 - The good practices (GPs) within the four MS related to Safeguarding, while remaining under each MS, are also grouped together in a separate worksheet, the 5<sup>th</sup> Standard on Safeguarding. The final score on it determines safeguarding compliance. This (new) table will be filled automatically when a MO is doing a CIMS assessment, or can be used as a separate tool to assess only Safeguarding compliance (in that case the MO will fill directly the score for each GP). A specific Guidance Note explains in detail the procedures for the assessment process and results. <https://community.caritas.org/intranet/documents/#list/12290>



## 2.2 THE CI MS PROCESS

In order to start the CI MS implementation, there are some **basic preliminary steps** that the organisation should undertake:

- ⇒ To officially initiate the implementation of the CI Management Standards, by filling in the **“acknowledgment letter”** and having it signed by the President of the organisation. This confirms that from the start of the process, there is the full commitment of the governance and senior leadership to take ownership of the whole process;
- ⇒ To **appoint a CI MS coordinator** in order to guarantee effective coordination and implementation of the CI Management Standards in the Caritas organisation, ensuring that the leadership and staff are fully involved in all activities related to this objective (see more in the Terms of Reference here: <https://community.caritas.org/intranet/documents/8508/26367>);
- ⇒ To **adopt the CI Code of Ethics and the CI Code of Conduct for Staff** (<https://community.caritas.org/intranet/documents/8617/27100>) and send a digitally scanned copy that has been signed by the President or authorised person to the CI General Secretariat ([cims@caritas.va](mailto:cims@caritas.va)); or, if necessary, to adapt these Codes to reflect local circumstances while remaining consistent with the Caritas Internationalis documents (also in this case providing the digitally scanned copy signed by the relevant authority).

After these preliminary procedures, the **general main steps of the CI MS assessment process** are:

1. Conduct a structured and participatory **self-assessment** by using the ORT to identify areas in need of improvement and areas of strengths to be sustained. This stage will involve identifying existing documents, manuals, systems and procedures, etc., collating and submitting them to the CI General Secretariat;
2. Carry out the **risk analysis and identify the priority actions to be undertaken** (which may be done before or after the external assessment, whichever is more suitable to the MO);
3. After the self-assessment, conduct an **external assessment** (through an assessor identified by the CI GS in collaboration with the Regional Secretariats);
4. Develop an **improvement plan** with concrete actions to implement, responsible persons, resources needed, timelines and indicators of success;
5. Submit all documents (final assessment report, response letter of the MO and improvement plan) to the CI GS for **validation by the Review Committee**, the official governance body in charge of overseeing the CI MS' implementation;
6. **Refining the improvement plan** as needed. This follow up helps to build a culture of continuous learning and accountability. Regular re-assessment is necessary to document change, to identify the constraints and to move forward with the Organisation's development.

Each Organisation can use the following **CI MS checklist** to verify which stage of the overall assessment process has been achieved, which steps remain and which documents are needed.

CI MS TO DO LIST				
NR.	TASK	DESCRIPTION	TOOLS	COMPLETE
1	Initial steps	Appointing a CI MS coordinator	ToR for CI MS coordinators	
		Acknowledging the CI MS signed by the President	Acknowledgement Letter	
		Adapting or adopting the CI Code of Ethics and Code of Conduct signed by the President	CI Code of Ethics / Code of Conduct for Staff	
2	Self-assessment	Organizing the self-assessment using the scoring guidelines	Organisational Review Tool – Self-Assessment and Scoring Guidelines	
		Collecting evidences (statutes, bylaws, procedures, manuals, meeting minutes etc)	E-instruction	
		Using the Auditor's Checklist (optional)	Auditor's Checklist	
		Conducting the risk analysis (before or after the external assessment, to be chosen by the MO)	ORT – Risk analysis and prioritization	
3a	Preparation for external assessment	Filling in the Accountability Framework signed by the President	Accountability Framework	
		Submitting the complete Self-Assessment, Accountability Framework and supporting evidences to cims@caritas.va	Video instruction	
		Preparing the on-site assessment: agenda of the assessor's visit		
3b	External assessment	Meeting staff and stakeholders		
		Drafting the report	Report template used by assessor	
		Presenting the draft report to the Director and correcting the factual errors		
		Final report	Report template and synopsis used by the assessor	
4	Post external assessment	Sending the response letter and the Improvement Plan signed by the President to cims@caritas.va	Improvement Plan template in the ORT	
		RevCom validates the assessment report and the MO receives a final letter		
		Implementing the Improvement Plan and assuring its regular monitoring and evaluation		



## 2.3 THE CI MS TOOLS

The tools used for the self-assessment by the CI MS coordinators are the same ones used by the CI MS assessors as well.

For the self-assessment the Organisation will use:

1. the assessment tool, namely the Organisational Review Tool (ORT)  
<https://community.caritas.org/intranet/documents/#list/8509>
2. the scoring guidelines  
<https://community.caritas.org/intranet/documents/#list/8511>



### 3. the accountability framework

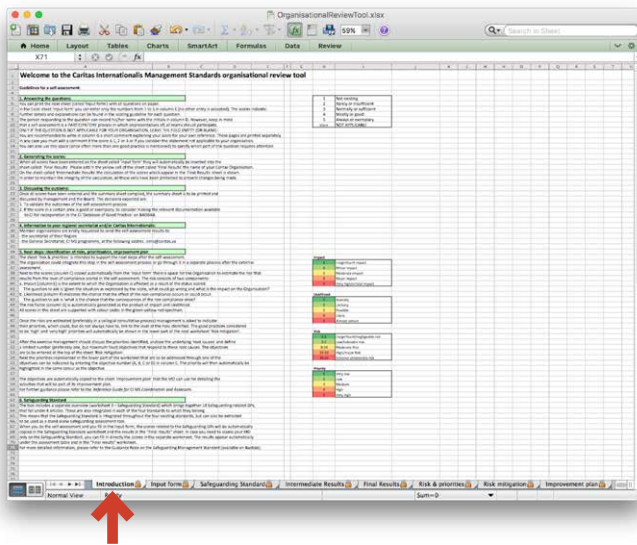
<https://community.caritas.org/intranet/documents/#list/8512>

As an optional tool which clarifies many details of the requirements in the area of finance, the MO can use the Finance checklist (<https://community.caritas.org/intranet/documents/8513/26545/>).

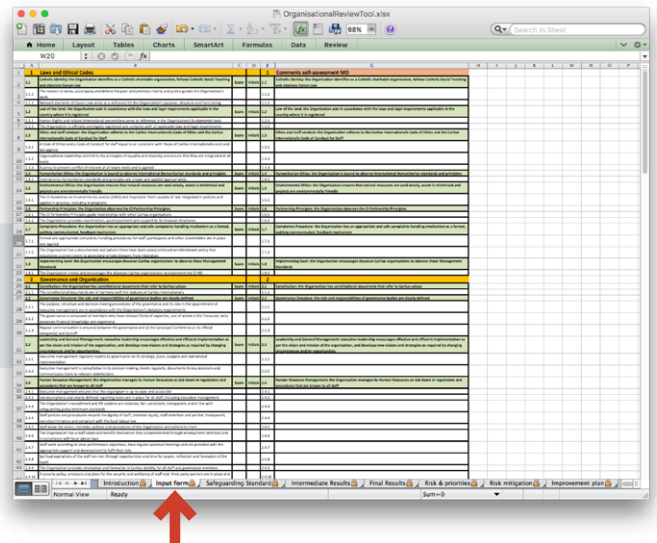


## Organisational Review Tool (ORT)

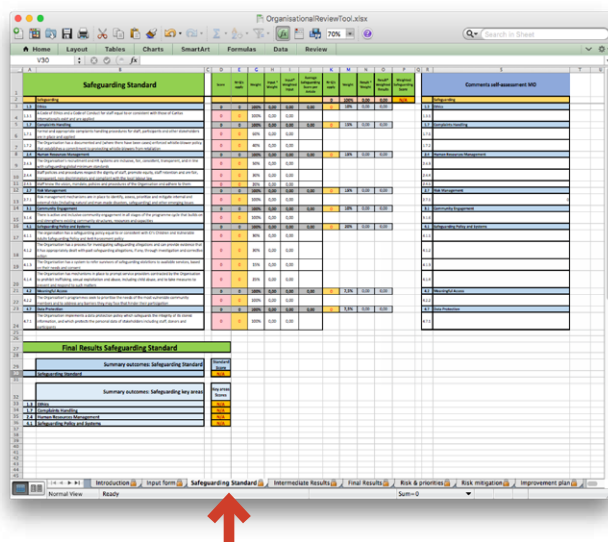
The assessment tool (ORT) is an automated tool in Excel. It includes four Management Standards, each consisting of eight articles. For each of the 32 articles, the assessment tool contains a number of statements, worded as good practices (in total 77). The Safeguarding Standard is integrated in a separate worksheet. The Excel sheet consists of **eight** worksheets:



1. **The first (Introduction)** worksheet gives an introduction on the correct use of the tool and the significance of scores and signal colours;



2. **the second one (Input form)** includes the statements/good practices, space for the scores and explanatory notes (comments);



3. **the third one (Safeguarding Standard)** includes the statements/good practices related to this area, the space for scores and comments;

- the fourth worksheet (**Intermediate results**) automatically presents the scores per article;

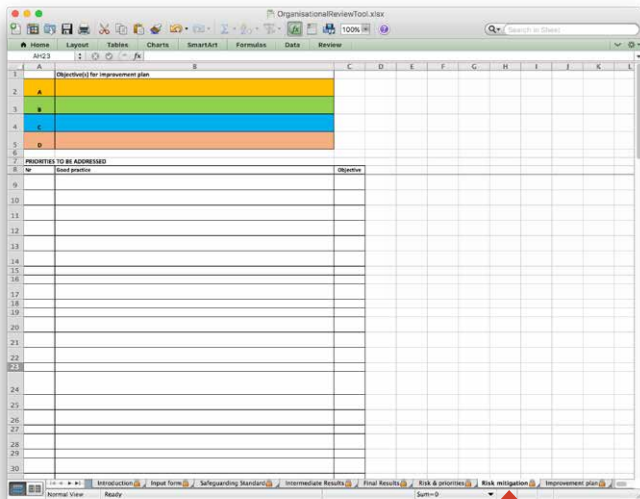
- the fifth worksheet (**Final results**) shows a summary of the results of the scores;

The final three worksheets help to address the outcomes of the self-assessment through risk analysis, prioritisation and the improvement plan<sup>5</sup>:

- the sixth worksheet (**Risk and priorities**) contains the risk analysis to identify the level of risk of the non-compliance to each good practice and to prioritise the actions,

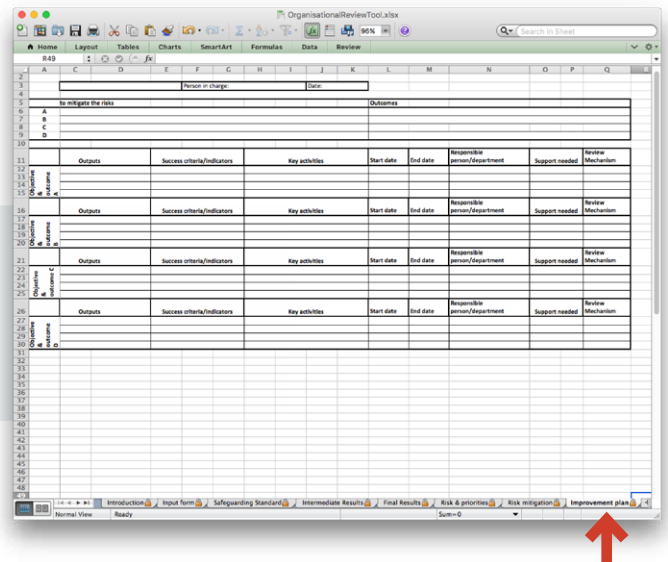


<sup>5</sup> - The worksheets 6, 7 and 8 are used by the MO only and not by the external assessor.



7. The seventh worksheet (**Risk mitigation**) helps the organisation to work on risk mitigation and identification of key objectives for the improvement plan;

8. The eighth worksheet (**Improvement plan**) contains the formula for the development of the improvement plan.



Apart from the Introduction sheet, all the worksheets are **interlinked**, so that data needed in the following step/worksheet automatically appear.

C Management Standards	
Scoring guidelines	
<p><b>For whom are these scoring guidelines intended?</b></p> <p>The C MS scoring guidelines are intended to support those who are assessing a Member Organisation with the help of the C MS Organisational Review Tool.</p> <ul style="list-style-type: none"> <li>The team (or individual) who, facilitated by the C MS coordinator, carries out a self-assessment of the organisational well-being of their own organisation.</li> <li>The C MS assessor who, engaged by the C General Secretariat, carries out an assessment of the extent to which a Caritas organisation meets the C MS.</li> </ul> <p><b>How to apply the scoring guidelines?</b></p> <p>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.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>Score 1: There is nothing in place</li> <li>Score 2: There are elements but it is incomplete or of low quality</li> <li>Score 3: The requirement is met at a basic but sufficient level</li> <li>Score 4: The requirement is met at a good level</li> <li>Score 5: The requirement is met at an excellent level</li> </ul> <p>Two additional points can be assigned, independently of each other, but only in case the Organisation meets the requirements for score 3.</p> <ul style="list-style-type: none"> <li>One additional point is awarded if the topic covered by the statement is regularly reviewed and updated.</li> <li>One additional point is awarded if the Organisation makes sure that all (relevant) staff know the plan and are aware of their own role in it.</li> </ul> <p>In other words:</p> <ul style="list-style-type: none"> <li>If the Organisation fully meets the requirement referred to in the statement (score 3), and in reviews and updates its practice regularly (1-1) and all relevant staff are aware of it and know their role in it (1-1), the final score would be 5.</li> <li>In another situation it could be that an Organisation has a complete policy (score 3), which is regularly reviewed and updated, but which is not regularly reviewed or updated. In this case the final score would be 4.</li> <li>It could also be that the requirement referred to in the statement is fully met (score 3) and that relevant policy or procedure is regularly reviewed and updated. In this case the final score would be 4.</li> </ul> <p>Please note: these two additional points (e.g. meeting minutes, email, training, etc.) actually undertaken and that staff must be complemented by a concise summary of the evidence.</p>	
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GP 1.50	GP 1.50



## Scoring guidelines

An important tool are the **scoring guidelines**, which are available for each one of the good practice statements included in the assessment questionnaire. They guide the MO to identify the right score: they indicate for each of the five possible scores (from 1 to 5) under which circumstances each should be given.

In each scoring guideline, the section "General guidance" contains general background information, indicates the importance of the good practice for a Caritas organisation and 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 and certain



policies. In those cases, only the approved version of the document will be considered as an evidence.

**The scores are from 1 to 5**, divided as indicated below. **The minimum score for compliance is 3.**

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.

The option “not applicable” is neither allowed for mandatory articles nor for the good practices under the mandatory articles.

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:

- 1** Score 1: There is nothing in place
- 2** Score 2: There are elements but they are incomplete or of low quality
- 3** 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 at a sufficient level (score **3**):

- + 1** One additional point is awarded if the topic covered by the statement is regularly reviewed and updated
- + 1** 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

*NB: the additional points can be assigned ONLY if there are evidences to justify it.*

The scoring guidelines have been formulated in general terms. In applying them, you should keep the **local 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 its own document as an evidence (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 (such as governance statements, manuals, etc.);
- ⇒ If the Organisation cannot comply with a statement because the national law imposes a different rule/requirement, the Organisation should follow the national law and explain it in the comments section of the tool.

If complying with an article made it impossible for the Organisation to act/fulfil its mission, this should be explained in the comments' section of the tool (second worksheet, Input form). With reference to the mandatory articles, the Organisation must comply with each of them, otherwise specific actions must be included in the improvement plan.

In general, the Organisation should check whether there are alternative supporting documents in those cases where the evidence mentioned in the scoring guidelines is lacking, or make a relevant comment in order to justify the score<sup>6</sup>.

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6 - In the e-instruction sessions on Baobab it is possible to practice scoring: <https://community.caritas.org/learning/courses/12>



**CI MANAGEMENT STANDARDS**

**Accountability Framework**


The Accountability Framework (AF) presents the four Management Standards as well as the Safeguarding Standard, each with eight articles. The aim of this document is to facilitate the communication of the Member Organisation with the CI General Secretariat and the assessor around an assessment.

For each of the articles, the Member Organisation is requested to enumerate the evidence of implementation (usually one or more documents, web pages or links). The resource person who can further inform the assessor is indicated for information, but the assessor is recommended to always communicate through the MO's CI MS Coordinator.

In order to avoid duplication, the Member Organisation is advised to first complete the page for the Safeguarding Standard, where the articles are at the same time located under the four Standards. Where applicable in the other pages, evidence can be made to the evidence for the Safeguarding Standard.


The Caritas Internationalis is an expression of the mission of the Catholic Church which operates within the framework established by canon law and the national legislation where an individual Caritas is established. The aim of the CI Management Standards is to ensure the maximum benefit for the people we assist, respect the stewardship of God's creation and our resources as well as our Catholic Social Teaching's principles, such as the principles of common good, solidarity, partnership and subsidiarity, and guide the mission and the business.

The Holy Father asks us, in preparation for each of Caritas, being "Individuals Motivated for Service to assist and help the professionally competent, their attitudes properly formed in what they do and how they do, also committed to continuing care. Consequently, in addition to their necessary professional training, these charity workers need a formation of the heart: "Our Governance and organisational structure should reflect this and help the organisation to be efficient and effective in our humanitarian assistance." (Dives Caritas Ed. 30, 2005).



**CI MANAGEMENT STANDARDS**

1	2	3	4
1.1	1.1	1.1	1.1
1.2	1.2	1.2	1.2
1.3	1.3	1.3	1.3
1.4	1.4	1.4	1.4
1.5	1.5	1.5	1.5
1.6	1.6	1.6	1.6
1.7	1.7	1.7	1.7
1.8	1.8	1.8	1.8



**CI MANAGEMENT STANDARDS**

The Holy Father encourages the bishops to be: "The good administration of your diocese requires your presence. To make your presence visible, see to it that your diocese become visible in the conduct of its mission, in its transparency and good financial management. Do not hesitate to ask help from experts in addition to its own resources to the highest and the hierarchy of the Church." (Dives Caritas Ed. 30, 2005).

1	2	3	4
1.1	1.1	1.1	1.1
1.2	1.2	1.2	1.2
1.3	1.3	1.3	1.3
1.4	1.4	1.4	1.4
1.5	1.5	1.5	1.5
1.6	1.6	1.6	1.6
1.7	1.7	1.7	1.7
1.8	1.8	1.8	1.8

UK Accountability Framework approved RFPD with safeguarding.docx

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## Accountability framework

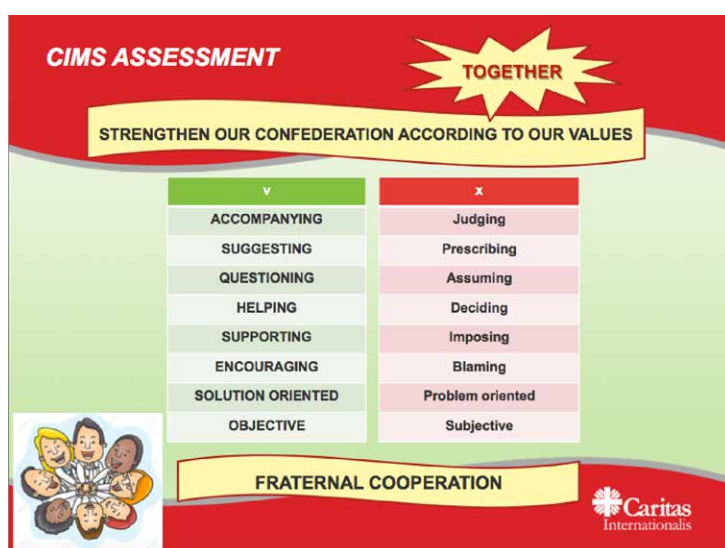
The Accountability framework presents the 4 Management Standards and the Standard on Safeguarding.

The aim of this document is to facilitate the communication of the Member Organisation with the CI General Secretariat and the assessor with regard to an assessment.

For each article, the Member Organisation is requested to **enumerate the evidence of implementation** (usually one or more documents, web pages or links). The **resource person** who can further inform the assessor is indicated for information, but the assessor is recommended to always communicate through the MO's CI MS coordinator.



## CHAPTER 3: IMPLEMENTATION PROCESS AND METHODOLOGY



The CIMS assessment is not a way to “judge” or “control” an organisation, but it is a means to improve our work. It gives a picture of the organisation and its performance at a given time. The level of the scores should not be considered as a problem but an indicator for improving the organisation’s performance.



### 3.1. SELF-ASSESSMENT PROCESS AND METHODOLOGY

#### 3.1.1 Purpose of the self-assessment

The aim of doing the self-assessment is to check the extent to which the organisation is meeting the standards and to measure its compliance level, thereby identifying **strengths** (which translate into expertise that could contribute to the network) and **weaknesses** (which could be tackled in an organisational development process).

Even though CI does not require any particular way of conducting the self-assessment, this guide intends to support the self-assessment process by presenting **suggestions and recommendations to the MOs and their CIMS coordinators for implementing this step** in the best way, on the basis of good practice experiences from the Caritas network.

The Caritas organisation itself can then choose the most adequate (and effective) procedure to achieve a **realistic picture of its own situation** and to find **fair and precise answers** to the questions in the ORT with the help of the scoring guidelines. The methodology for the self-assessment could include workshops, meetings, interviews, secondary data analysis, records checking, specific surveys and their combination.

Each Caritas organisation, depending on factors like its size, the local context and legislation, or specific



guidelines of its President/governing body, has its own organisational structure, which cannot be fully reflected in a general guide like this one. When applying elements from this guide, the CI MS coordinator should therefore adapt them to her/his own organisation.



### 3.1.2 Process

We encourage all Member Organisations to conduct the self-assessment in a **participatory way**. The process of self-assessment ideally should be done in the following order:

1. The **CI MS coordinator discusses with the Director** the process for conducting the self-assessment. The **Director informs the President** (and the Board) about the self-assessment process;
2. The **President endorses the start of the self-assessment process** and could give some guidelines about the persons to be involved (e.g. a specific group within the Organisation, some resource persons, etc.);
3. The **CI MS coordinator designs a plan** for the self-assessment and discusses this with the Director;
4. After approval of the plan for the self-assessment process by the Director, the **CI MS coordinator facilitates and coordinates the process**;
5. The **CI MS coordinator brings together the results of the self-assessment and presents these to the Director**. After discussion, the **Director shares the results with the President** and all who were involved;
6. The **self-assessment should be completed with the risk analysis**. It is important to implement this part of the process with the involvement of the Director and the management team. Ideally, also the President or members of the Board should be involved in this phase. The risk analysis (detailed below) aims to identify the causes of the non-compliance, discuss the level of risk to which the Organisation is exposed due to the non-compliance and identify the priority actions to be undertaken to transform the non-compliance into compliance. Decisions about prioritisation (of weakness to be addressed) are taken according to the context in which the Organisation lives and operates and are the basis of the improvement plan development. For further reading see chapter 3.3;
7. The **improvement plan is developed** by the persons in charge of the areas to be addressed, with the support of experts/resource persons if needed. The CI MS coordinator could facilitate the process and present the draft improvement plan to the Director for approval. For further reading see chapter 3.5.

**After the self-assessment, there are two ways to proceed for the risk analysis and improvement plan.** The MO is invited to choose the process that is most suitable to it:

- a. The **MO can do the risk analysis and draft the improvement plan at the end of the self-assessment process**. Both the risk analysis and the improvement plan can then be (re)discussed and/or adjusted after the external assessment if there are major changes (in the scoring or in the areas of improvement identified).
- b. The **MO can wait until it receives the (draft) report of the external assessment**, and then can use both the self-assessment and the external assessment outcomes as inputs for the risk analysis and improvement plan.

In either option, after the external assessment, the final version of the improvement plan will be submitted to

the CI General Secretariat, IDCS/CI MS team. It will then be presented to the Review Committee in order to discuss and validate the assessment report. The MOs that do not comply with the CI MS are required to submit an improvement plan. The MOs that comply with the CI MS can also submit their improvement plan.

### 3.1.3 Methodology

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The methodology to be used for the self-assessment is **at the choice of the Caritas organisation**. However, recent experience has shown that a workshop is the preferred format. A **workshop** is an effective setting for thorough discussions involving all stakeholders and members of staff who should contribute. Sufficient time should be reserved to discuss the different issues and to involve all the concerned levels of the Organisation. At the governance and management levels, it may be ideal to link the self-assessment workshop to a meeting that is already scheduled, for example by adding a day to an already planned Board meeting.

Effective moderation of a workshop is crucial for a good process and clear outcomes. If the CI MS coordinator is not familiar with running a workshop, an external facilitator could be identified but that person should be familiar with the Caritas world, e.g. the CI MS coordinator of a neighbouring Caritas, or another resource person within the organisation.

Alternatively, the initial steps could involve organising working or focus groups (with the different expertise from the different units/departments of an organisation) charged with studying and assessing the different standards (with identification of the relevant documents to be used as evidences) and then following up with a workshop to share and consolidate the results.

If a MO chooses such a set-up, consideration should be given to the potential need to adapt the methodology depending on the MO's size, context and organisational structure. The organisation may want to opt for a different methodology than the workshop, e.g. a meeting of all staff (in a small organisation), small group discussions, a questionnaire, interviews, or a combination of one or more methodologies.

#### **Preparation**

The CI MS coordinator, in collaboration with the Director, is advised to make a plan (which could be very simple, depending on the size and structure of the organisation) to conduct the self-assessment process workshop, in which the following elements are defined:

- *Who will participate and how will participants be grouped?*
- *Who will facilitate the workshop? The facilitator should be a person with coordination and communication skills to lead the workshop process.*
- *When will the workshop take place?*
- *How will the results of the various groups be reconciled and summarised into the end result?*

As part of the preparation, the CI MS coordinator could make an inventory of relevant documents (manuals, handbooks, rule books, procedures etc.) that are available in the organisation, and share this information with the participants.

#### **Who should be involved?**

The **Director**, the **senior managers** and the **CI MS coordinator** should in any case participate in the self-assessment process/workshop. Others to be involved could be: (members of) the Board and staff members (especially those experts who are key for the follow-up of the self-assessment result: the improvement plan).

If the organisation is large enough, staff members might do the workshop in groups by area of work, e.g. human resources or finance. Managers could either work in a group of their own, or join the staff groups, but regardless it is advisable for them to go through all the questions of the assessment tool.

If members of the Board are not actively involved in the self-assessment, they should at least be informed at

the start and the end of the process and also have the opportunity to discuss the outcomes with the Director (and possibly senior management and the CI MS coordinator).

It is very important to **involve** (or at least share the results of the self-assessment with) the **ecclesiastical authorities**, the Bishop who is also the President of Caritas in many cases, or the delegate of the Episcopal Conference. It is also recommended to **share the results of the self-assessment with the Episcopal Conference** through the Director or the Bishop in charge of Caritas, or the Secretary General of the Episcopal Conference. This is important both for the ownership of the process and for its follow up and the strengthening process of Caritas.

### Outcomes

At the end of this step in the process, the MO should have a clear picture of its organisational status/"well-being" based on evidences. The **input form of the ORT should be duly filled with scores and comments**. The **intermediate and final results sheets are automatically filled out in the tool**. For each article, the MO should **provide the evidences and supporting documents to justify the score**. These documents **must be mentioned in the accountability framework** article by article.



### THE EXPERIENCE OF OCADES/CARITAS BURKINA THE SELF-ASSESSMENT PROCESS



*For the self-assessment, a participatory method was adopted, with the involvement of several stakeholders and the establishment of bodies that enabled a thorough analysis of each Management Standard while guaranteeing harmonised work. Specifically, within the National Secretariat, four sub-committees were set up, one for each standard, chaired by specialists from each sector who examined each good practice and compiled*

*supporting documents, and a Committee for arbitration and validation of scoring chaired by the Secretary General, who decided on the final scores.*

*The self-assessment enabled all the officers to become aware of the strengths and weaknesses of the General Secretariat, and also facilitated the participatory development of the improvement plan, with a view to gradually improve compliance with the Management Standards.*

*Sharing the assessment results with the Diocesan Executive Secretariats and the Executive Board facilitated integration of the Management Standards into the 2019-2023 strategic plan, and of the priority actions of the improvement plan into the 2019-2021 three-year action plan.*

*The improvement plan was also developed in a participatory manner, with the participation of the members of the subcommittees. They used the results of the self-assessment, as well as the comments made by the external assessor mandated by CI, to identify priority actions. The plan is therefore based on the priorities identified and is incorporated into one specific objective of the strategic plan: "Strengthening institutional governance and partnership within the OCADES Caritas Burkina network". In order to improve its performance and to promote a culture of trust and transparency within its network and towards its partners, during the period 2019-2021, the OCADES Caritas Burkina network planned to extend the Management Standards self-assessment process to the dioceses. To achieve this process of ownership for the Diocesan Executive Secretariats and enable them to comply with the Management Standards, the General Secretariat supports the dioceses in the different steps of the process.*





## THE EXPERIENCE OF CARITAS DOMINICANA: THE IMPLEMENTATION OF THE CI MS FROM THE NATIONAL TO THE DIOCESAN LEVEL



*The implementation of the CI MS is firstly a commitment of the national Caritas. But one of the objectives is to involve the diocesan Caritas as well and encourage them to observe and implement the same Standards (cf. art. 1.8 CI MS tool).*

*A noteworthy experience was the start of implementation of the CI MS on the national level with the participation of the diocesan Caritas in*

*the Dominican Republic in order to develop the strategic framework for 2019-2023. This was part of a project supported by Caritas Spain entitled “Moving towards the organisational development of Caritas Dominican Republic”, which is about the implementation of the CI MS, ranging through training of the coordinators and assessors, the self-assessment phase, risk assessment and the improvement plan. After the national Caritas finalised the assessment process, a four-day training session was organised, with the participation of representatives from each diocese. The training aimed to create an adequate knowledge base, to increase awareness and to introduce the new tool to the management, train the CI MS coordinators of each diocese and to train the assessors who will be in charge of the external assessments of the dioceses.*

*The risk assessment part was deemed to be a very good tool for identifying risks and helping the organisation to prioritise activities and to develop an improvement plan.*

*The methodology applied from the implementation of the CI MS at the diocesan level is the same used between the CI General Secretariat and the national structures of the MOs:*

- The national Caritas leads the MS process: supervising, accompanying, monitoring and following up until the final outcome, with the production of an improvement plan for each diocesan Caritas and a consolidated one;*
- Each diocesan Caritas applies the new self-assessment, accountability framework and risk assessment tools;*
- The external assessments are carried out under the coordination of the national Caritas, with the support of the trained assessors;*
- An internal Review Committee discusses and validates the assessment reports. The Review Committee's task is also to study carefully each improvement plan and see how the dioceses in need can be supported by the national office.*



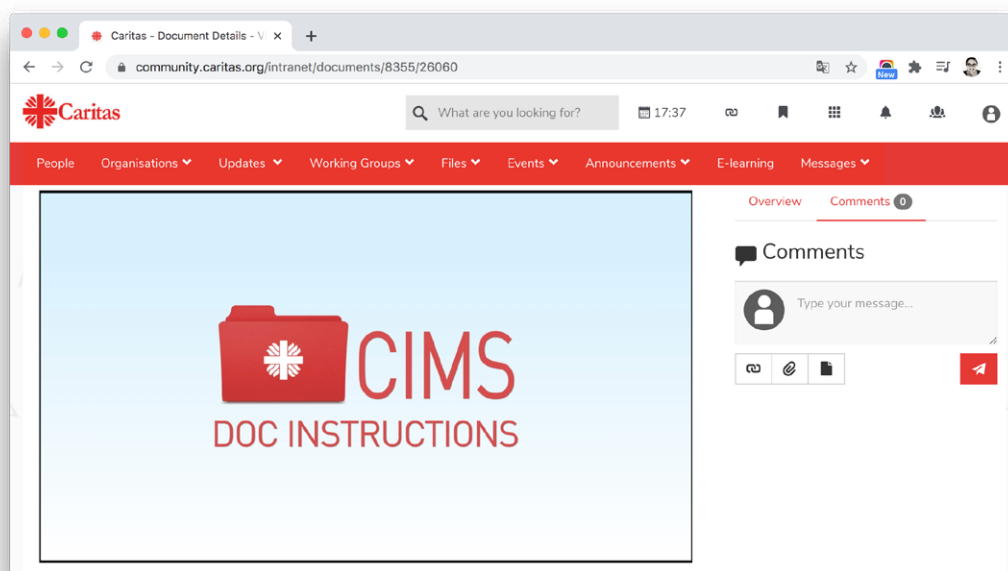
### 3.2 AFTER THE SELF-ASSESSMENT: PRESENTATION OF DOCUMENTATION FOR EXTERNAL ASSESSMENT

Once the self-assessment is finalised and approved by the relevant stakeholders (Director, President and/or Board), the **CI MS coordinator must send the documents to the CI General Secretariat.**

The following documents must be submitted in **soft copy**:

- The **ORT with the MO's self-assessment scores and all the comments**;
- The **Accountability Framework** duly completed indicating all available evidences, signed by the President of the Organisation;
- All the materials identified during the self-assessment process (documents, leaflets, website links etc.) that can serve as **evidence of the scores** for the assessor. These evidences must be divided and named in accordance with the ORT statements to which they belong, e.g. 2.2.1. *ToR Board, 4.1.1. Safeguarding policy and procedure.*

Please note: for further information on how to submit the documentation, a short video that explains the proper organisation and procedures for submission of the documents is available here: <https://community.caritas.org/intranet/documents/8355/26060>





### 3.3 FROM COMPLIANCE OR NON-COMPLIANCE TO RISK IDENTIFICATION

The **risk analysis** is a **key element** of the CI MS assessment process, that was approved by the RepCo in May 2018 and integrated in the revised Organisational Review Tool (ORT).

In the non-governmental organisations sector it has become a necessity to take the concept of risk into consideration. We can define **risk as the effect of uncertainty on the capacity of the organisation to achieve objectives and on the long-term results**.

Risk management is a question of introducing the process of identifying and managing those uncertainties or risks that may affect the organisation and its activities, as integral to good governance. Identifying risk encourages a culture of anticipation and finding appropriate solutions.

Caritas Internationalis at the governance level has decided to use the CI MS as the tool to assess the compliance of the MOs to a set of good practices and, after which, engage in a **dynamic risk management process (transforming the measured non-compliance into a risk), in order to identify the organisational risks and deal with them appropriately through the improvement plan**.

In the ORT, the **risk analysis is directly linked to the input form**. The results are automatically populated in the "risk analysis" sheet to facilitate visualisation and reflection.

From the methodology point of view, the risk analysis can be done just after the self-assessment (or at the same time) as an internal participatory reflection of the Organisation on the identified areas of challenges and weaknesses, or after the external assessment in order to take into consideration also the comments and recommendations provided by the assessor.

In any case, it is important to adjust and integrate the risk analysis after the external assessment and to submit the final revised version to the CI GS, IDCS/CI MS team, together with the improvement plan, as a condition for the validation of the assessment report by the Review Committee.

#### 3.3.1. Introduction to risk analysis

The risk analysis is a process to **reflect on the impact of the non-compliance**. It is important to highlight that, even if the results of the assessment are automatically transferred to the risk analysis' sheet, the tool **is not an automatic exercise but a way to help the organisation to reflect and discuss, in a consultative and participatory way**, on:

- the **vulnerability** of the Organisation and the **risks** the Organisation is confronted with because of the non-compliance, also according to the local context;
- the **priorities** for the Organisation (for different reasons: context, governance orientations, feasibility, availability of resources, etc.);
- **If/how to take decisions** to address the non-compliance (mitigate the risk, take actions for improvement).

Each MO is recommended to **involve different stakeholders** in the risk analysis process (members of staff, management, the director, members of the Board/President) to strengthen the ownership of the process and at the same time prepare the way for developing the improvement plan. A **workshop** can be a good forum to reflect together on the risk factors for the organisation and on how to deal with the risks identified. The workshop can be facilitated externally or internally.

In the risk analysis tool, there are four main components to be discussed:

- the **impact** of the non-compliance
- the **likelihood**
- the **level of risk**
- the **level of priority** for the organisation to define actions in order to mitigate the risk

Risk analysis & prioritisation			Impact	Likelihood	Risk I*L	PRIORITY
1.1.2	Relevant elements of Canon Law serve as a reference for the Organisation's purpose, structure and functioning	2	4	4	16	5
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	Score				
1.2.1	Human Rights and related international conventions serve as reference in the Organisation's fundamental texts	4	2	1	2	1
1.2.2	The Organisation is officially and legally registered and complies with all applicable laws and legal requirements	2	5	5	25	5
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	Score				
1.3.1	A Code of Ethics and Code of Conduct for staff equal to or coherent with those of Caritas Internationalis exist and are applied	4	1	1	1	1
1.3.2	Organisational leadership commit to the principles of equality and diversity and ensure that they are integrated at all levels	3	3	2	6	2
1.3.3	A policy to prevent conflict of interest at all levels exists and is applied	1	5	4	20	4

The recommendation is to do this exercise for all statements but the organisation can also choose to focus on the most challenging ones.

The **first component** calls for an analysis of the **impact** of the non-compliance on the MO. The question to be asked over the course of the discussion should be:

***How does the (non-)compliance affect/can affect the organisation?  
What will the impact be on its functioning and performance?***

In the tool, we provide 5 levels of impact (from 1 being the lowest to 5 being the highest) in different colours (in the green-yellow-red spectrum, in order to facilitate the reading of the results), among which the organisation's stakeholders will define the most appropriate one according to the situation of the organisation:

<b>1</b>	Insignificant impact
<b>2</b>	Minor impact
<b>3</b>	Moderate impact
<b>4</b>	Major impact
<b>5</b>	Very high/Critical impact

The **second component** calls for reflection on the **likelihood** or frequency of the (potential) threat. The questions to be asked in the discussion should be:

***How often does the (non-)compliance happen?  
Is it a recurrent phenomenon, does it happen often and can it be foreseen?  
What is the frequency or the probability that the (non-)compliance affects the organisation?***

The five options in this case are the following:

<b>1</b>	Scarcely
<b>2</b>	Unlikely
<b>3</b>	Possible
<b>4</b>	Likely
<b>5</b>	Almost certain



The discussion should be based on the **context** in which each organisation lives and operates. In case a workshop involves different levels of the organisation (political, strategic, operational), it would also be important to see the **different points of view** and how they are taken into consideration.

After this reflection, the tool **automatically calculates the level of risk**, as the **product of the impact and the likelihood**.

This is the **risk matrix**, which might help the organisation to identify the areas (with the highest combined risk severity score) to be addressed urgently:

		IMPACT/HOW IT AFFECTS THE MO				
FREQUENCY/PROBABILITY OF OCCURRENCE		1	2	3	4	5
	1	Very low 1	Very low 2	Low 3	Low 4	Low 5
	2	Very low 2	Low 4	Low 6	Medium 8	Medium 10
	3	Low 3	Low 6	Medium 9	Medium 12	High 15
	4	Low 4	Medium 8	Medium 12	High 16	Very high 20
	5	Low 5	Medium 10	High 15	Very high 20	Very high 25

So, the **levels of risk** are indicated as follows:

0-2	Insignificant/negligible risk
3-7	Low/tolerable risk
8-14	Moderate Risk
15-19	High/major Risk
20-25	Extreme intolerable risk

The **areas of the high/major and extreme intolerable risk** (in orange and red, respectively) **should be addressed immediately** by the organisation and be the main subject of discussion on how to reduce those risks.

The **risk scale** is directly linked to the actions to be undertaken:

RISK SCALE AND ACTION	
0-2 Very low	No or insignificant risk
3-7 Low	Reflection on need for action. Tolerable/acceptable risk but vigilance needed - <b>POSSIBLE THREAT</b>
8-14 Moderate	Need for appropriate action and an action plan to be introduced as soon as possible <b>MID-TERM THREAT</b>
15-19 High risk	Need for urgent and appropriate action, corrective measures to be undertaken, need for quick action plan - <b>IMMEDIATE THREAT</b>
20-25 Extremely high risk	<b>Intolerable/unacceptable risk; reflect on the opportunity for radical change</b>



### 3.3.2. Interpretation of the results - Identify the priorities

Once the risks are estimated, the organisation should analyse the results and interpret them in order to **identify the priority actions** to be undertaken.

The questions to be asked should be:

***What is the level of priority to transform the risk factors in an action plan considering the risk identified? What is the local context, which resources are available and how can the organisation's structure and mandate be a factor?***

The **level of priority** can be:

1	Very low
2	Low
3	Medium
4	High
5	Very high

The **prioritisation exercise** is very important as a follow up of the assessment process. The organisation is encouraged to ensure a dialogue within the organisation to see **how the threats are perceived** and the level of importance given to the issues in question. The priorities could, but do not always have to, link to the level of the risks identified.

The prioritisation is also linked to other **factors**, such as:

- \* the **timeframe of actions** - the question to be asked could be: *when the action can be/will be undertaken? Immediately, three months from now, within the fiscal year or is no action necessary;*
- \* the **local context**, the current situation in the country - the questions to be asked could be: *is this the right time to undertake this kind of action? Are there laws/rules that could be an obstacle? Is there a national emergency that could influence the priorities?*
- \* The **size and the "structure" of the organisation** - the questions to be asked could be: *does the organisation have the capacity to undertake the actions needed? Is there enough staff? Are the leadership and governance committed?*
- \* The **other stakeholders** and particularly **partners and donors** - the questions to be asked could be: *if the organisation does not have sufficient capacities, are there partners that can support the actions needed? Is an accompaniment envisaged? Is this feasible?*
- \* The **strategic orientations** and the **activities of the organisation** - the questions to be asked could be: *are the actions in the concerned area urgent because they affect the daily work of the organisation and its priority objectives? Are the actions identified essential to achieve the objectives of the strategic plan? Could the non-compliance negatively affect the performance of the organisation, and thus the achievement of its mission?*
- \* The **financial resources**: *does the organisation have the budget to implement the actions needed? Are there partners/donors who can support the organisation to undertake these actions?*

If for one of the seven mandatory articles the risk level is from medium to high, the organisation **must** consider the actions to be undertaken as a priority and include them in the improvement plan.

The good practices identified as **“high” and “very high” risks are automatically shown in the lower part of the risk mitigation sheet** in the tool.

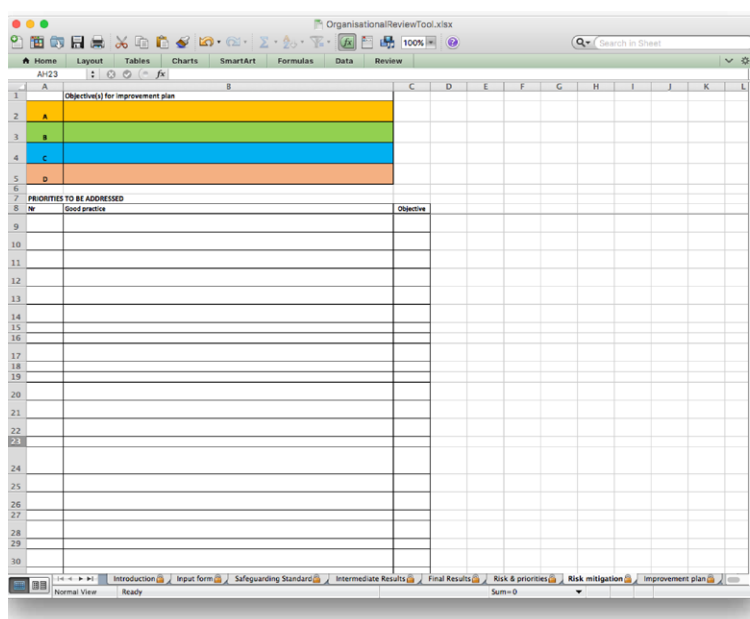
The management and the concerned stakeholders can start to plan, to identify the objectives and then define and decide the actions to be undertaken.

The different good practices considered as **high/very high priorities can be grouped by areas of intervention**. A discussion on the **root causes of the non-compliance areas** and weaknesses can help the organisation to identify the main objectives to be achieved in the improvement plan.

In fact, if the compliance check helps the organisation to identify the problem(s) and the areas to be strengthened (sometimes this could be represented as the “tip of the iceberg”), these steps of the assessment process are a **moment of reflection** for the entire organisation, in which the reasons of the weaknesses and challenges can be analysed and, at the same time, the perspectives of the organisation can be defined, in consistency with the strategic plan and with the pastoral orientation of the Episcopal Conference. Often, this kind of reflection and sharing is an opportunity to shed light on the organisational challenges and a way to discuss and decide the way forward for strengthening the organisation.

For a realistic improvement plan, we suggest the identification of **not more than four objectives**. It is important to clarify that this is a recommendation and that each MO can decide according to the internal situation, needs, resources and capacities, e.g. a MO can also identify two objectives related to only one standard, or one or two objectives only.

The identified objectives can be written in the **risk mitigation sheet** and they will be automatically reflected in the improvement plan sheet in the dedicated cells. In concrete terms, through the reflection in this step, the organisation starts developing the improvement plan (for further details, see chapter 3.5 Post-assessment process, and specifically 3.5.1 Improvement plan, p. 36).





## THE EXPERIENCE OF CARITAS SOUTH SUDAN THE RISK ANALYSIS TO DEVELOP A COMPREHENSIVE IMPROVEMENT PLAN



*The assessment was an eye-opener for Caritas South Sudan in identifying gaps and areas for improvement. The assessment was really a learning process for Caritas South Sudan. A workshop which gathered national staff, diocesan representatives and some Caritas partners was organised. Starting from the CI MS assessment results through the risk analysis, Caritas South Sudan experienced how to reflect in a participatory way to transform areas of non-compliance into risk factors and to determine*

*the priority actions to be undertaken to strengthen the organisation. Priorities were identified according to the local context, strategic orientations of the organisation, capacities and availability of partners to accompany specific areas of the organisation's development. The outcome was a draft of a four-year improvement plan, which was shared and discussed with the key partners of Caritas South Sudan to support its implementation in a spirit of fraternal cooperation.*





### 3.4 EXTERNAL ASSESSMENT PROCESS AND METHODOLOGY

The external assessment of the organisation is the instrument of the CI governance to check whether a Member is meeting the minimum standards required for CI membership. Such an assessment is to be carried out once **every four years**. The **CI General Secretariat (through the IDCS/CI MS team)**, on behalf of the governance and in collaboration with the Regional Secretariats, **coordinates this process**.

The external assessment is carried out by a qualified and trained staff member of another Caritas organisation (the **assessor**). The assessor will report the conclusions to the CI IDCS/CI MS team for validation of the assessment outcomes by the **Review Committee**, which is a committee nominated by the CI Representative Council, composed of members from all Regions. The Review Committee reports to the CI Representative Council.

The external assessment **is not a judgment but a “snapshot” meant to be an objective reflection of the MO’s organisational health at a given time**. The **assessor is an external observer**, and the assessment could therefore lead to some insights that had not been detected before in the MO’s self-assessment. In this sense, the external assessment can provide the MO with **valuable additional information which can be used in the preparation/finalisation of its risk analysis and improvement plan and in the overall organisational development process**.

After having received by the MO the self-assessment results with the relevant evidences, the IDCS/CI MS team of the General Secretariat **checks all documents** submitted and enter into dialogue with the concerned MO through the coordinator. Some clarifications and/or additional information might be requested.

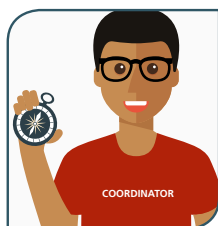
Then, the IDCS/CI MS team, in collaboration with the Regional Secretariats, **identifies an external assessor** (preferably from the same Region of the concerned Organisation in order to have a person with knowledge of the local context and culture). If the assessor is available, with the consent of his/her organisation’s Director, the CI MS coordinator of the organisation to be assessed receives his/her name and contact information, so that a date can be agreed for the on-site visit.

An **engagement letter** is prepared, describing the roles and responsibilities in the assessment process and the date for delivery of the assessment report, to be signed by all parties involved (MO to be assessed, MO of the assessor, CI).

Upon signing of the engagement letter, the IDCS/CI MS team provides the assessor with the **documentation** submitted by the MO. All the data, documents and information included must remain **confidential**.

Since 2018, all the **external assessments are done on-site**, so that the assessor can have a clearer idea of the organisation (previously the external assessments were based on a desk study only).

In this way, the assessors first do a **document review** and then **visit the Caritas**. The on-site visit allows the assessor to be in direct contact with the MO, experience the local culture and have an exchange with the persons in charge of the different areas with specific knowledge of the Caritas structure and procedures.



#### 3.4.1 Methodology for the coordinators

##### ▣ Start of the external assessment

In accordance with their Terms of Reference, one of the tasks of the CI MS coordinator is to coordinate, on behalf of the MO’s Director, the external assessment process. **The coordinator is the contact person** for the assessor, and provides the assessor with all the relevant information needed for a fair and efficient assessment, facilitate the assessor’s on-site visit and involve the MO’s leadership whenever necessary.

Once the letter of engagement is signed, the CI MS coordinator oversees any related logistics (e.g. accommodation and workspace to be provided to the assessor during the onsite visit).

S/he engages in a dialogue with the assessor (and, if necessary, with the CI MS team) in order to give clarifications, further information, etc.

### ▣ **Before the on-site visit**

While the assessor studies the documentation and gives preliminary scores to all the statements in the ORT, s/he could come across statements that are not clear, evidences that may exist but are not included in the documents available, etc.

At least a few weeks before the on-site visit, the **assessor sends** the CI MS coordinator:

- a. A **list of questions** and document/information requests that came to light during the preliminary scoring exercise;
- b. A **proposed agenda** for the on-site visit, which indicates resource persons with whom the assessor would like to talk.

The **CI MS coordinator's tasks** are to:

- a. **Collect answers, information and documentation in response to the assessor's list of questions**, and send those (if possible before the on-site visit) to the assessor, who can adjust the preliminary scoring if this is supported by the answers provided;
- b. **Discuss the proposed agenda internally, and agree upon it with the assessor**, making sure that the persons to be interviewed by the assessor will be available.

**!** *Please note: the Director must meet with the assessor at the beginning and at the end of the on-site visit. It is recommended that the President or a representative of the Board be present as well in the concluding meeting.*

### ▣ **During the on-site visit**

The CI MS coordinator is the reference person for the assessor during the on-site visit: s/he joins the Director in receiving the assessor and facilitates a smooth and orderly execution of the agreed agenda, so that the assessor can gather as much additional information as possible.

At the end of the visit, the assessor presents the draft assessment report and the assessment scores to the Director and the CI MS coordinator.

The CI MS coordinator assists the Director in studying the report, formulating questions for clarification by the assessor, identifying evidences not taken into account and identifying factual errors in the report or in the scores.

### ▣ **After the on-site visit**

Either at the end or shortly after the on-site visit, the Director and the CI MS coordinator receive the **pre-final version of the assessment report from the assessor**, with the request to confirm within a few days to the assessor if they are in agreement with the way in which the documentation provided has been reflected in the scores and in the report's text. If there are points of disagreement, the CI MS coordinator shares them with the assessor for clarification. If possible, these are discussed during the concluding meeting; otherwise, these can be sent to the assessor within one week after the on-site visit.

At the same time, the CI IDCSC/CI MS team also receives the pre-final version of the assessment report from the assessor for a quality check.

Based on the feedback provided by the assessed MO and the CI IDCSC/CI MS team, the assessor finalises the report and sends it to the CI GS.

Once the report is considered final by the MO concerned, the CI General Secretariat (IDCS/CI MS team) prepares a **formal letter** (to be signed by CI's Secretary General) officially presenting the assessment report to the MO, including a request for a formal response letter on the assessment's results, accompanied by an improvement plan (not mandatory if the MO is compliant).

The CI MS coordinator can support the Director in drafting the response letter.

### CONCLUDING REMARK

*The collaboration between the CI MS coordinator and the assessor during the external assessment process is key for a successful and useful assessment. The CI MS coordinator should therefore never hesitate to engage and discuss with the assessor anything that could help the assessment process and its outcomes. The assessor, from his/her side, should not hesitate to discuss with the coordinator any doubts, questions and issues that can clarify key elements of the report and improve it.*



### 3.4.2 Methodology for the assessors

The CI MS are a tool to support each MO in its institutional development and capacity strengthening process. It is important that the assessor consistently approach the MO with that perspective. **S/he is not a police officer or an auditor but an adviser, and the presentation of the assessor's findings should always reflect this** (read more here on the roles and responsibilities of the assessors in the Terms of Reference: <https://community.caritas.org/intranet/documents/8507/26361>). The aim of the assessment is to **provide an objective overview of the organisation to encourage organisational learning**; the outcome should support and not discourage the MO. Comments in the ORT and the assessment report should be **encouraging, supportive and solutions-oriented**.

The assessor is asked to always communicate respectfully and with a good antenna for cultural sensitivities and contextual specificities, listening to the MO's concerns.

With the aim to give **due attention to the local specificities and culture and to take the local context into account** during the assessment, the CI Representative Council decided in May 2018 that **every Member is entitled to an onsite assessment**, which consists of a review of documents submitted by the MO, followed by a visit of the assessor to the MO in order to finalise the assessment and discuss the draft assessment report.

For this reason, the assessors have participated in a training session (2018-2019) that specifically addresses this new element. This method, in fact, also requires greater communication skills, greater willingness to engage in bilateral and multilateral face-to-face dialogue and the right approach to meet with different stakeholders of the organisation and ecclesiastical authorities.

### Start of the external assessment - Documentation and logistic

After all parties have signed the engagement letter, the assessor receives from the General Secretariat's IDCSC/CI MS team the **MO's documentation**, so s/he can start the assessment. The assessor also receives the ORT

of the MO to be assessed **without the scores**. Then the assessor is asked to fill in the assessment scores with her/his comments. The comments made by the MO when they did their self-assessment are visible in this ORT, and may be helpful for the assessor to find her/his way in the MO's documentation or to understand what evidence the MO was unable to provide and why.

The assessor (or her/his MO) is asked to book a suitable ticket using the most economical itinerary. Where applicable, the assessor also starts further practical preparations (visa request, health and security precautions), for which s/he can communicate with the MO's CI MS coordinator for assistance and with the IDCS/CI MS team in order to agree on rationalising the possible expenses related to the assessment.

The airfare and other necessary expenses are reimbursed by the CI General Secretariat upon presentation of the electronic ticket receipt (and visa costs, if relevant). The MO undergoing assessment is asked to provide accommodation and meals during the on-site visit.

### **Before the on-site visit**

The assessment is to be performed on the basis of evidences. In other words, the **scores given must be evidence-based** and not based on assumptions. For this reason, the assessment process is organised in such a way that there are several opportunities built in for the MO under assessment to present or add any documentation available. However, the assessor cannot give a higher score on the basis of an assumption, nor (during the on-site visit) on the basis of verbal information or intentions only. The available concrete evidence (documents or otherwise) is the basis for the scores.

At this stage, it is important to clarify an important point. Generally speaking, the assessor is selected according to criteria that can facilitate the assessment of a MO (knowledge of the language, proximity, similar context, etc.). Occasionally, there might be a scenario where **certain documents are written in a local language** and are not fully understandable by the assessor. In those cases, the assessor can use an automatic translator for the documents (i.e. Google Translate or similar programs) to understand the key concepts and then can ask the coordinator of the MO assessed to help with clarifications.

Every MO to be assessed is asked to do the following:

- ⇒ To the extent possible, provide documents in one of the official confederation languages (English, French, Spanish);
- ⇒ It would be most helpful to provide a table of contents in one of the confederation languages, but there is no need to translate entire documents that are available only in the local language;
- ⇒ To facilitate translation, it is requested to provide documents as far as possible in Word or Excel, not in .pdf;
- ⇒ Give every document a file name in one of the official confederation languages, and use the same name when completing the accountability framework.

The tools to be used throughout the external assessment are:

⇒ **The Organisational Review Tool (ORT)**

⇒ **The scoring guidelines**, one for each good practice statement in the ORT

The assessor takes the MO's **Accountability Framework** as the main document to guide her/him through the MO's material. The assessor first studies the MO's documents, then fill in the input sheet of the ORT by scoring each of the good practice statements. To decide on the correct score for each question, the assessor uses the scoring guidelines (for an explanation on the use of the scoring guidelines, see chapter 2.2 on the CI



MS tools. The e-instructions available on Baobab might also be helpful – see: <https://community.caritas.org/learning/courses/12>).

The **assessor enters the scores on the input sheet of the ORT**, while using the comments column to note what evidence provided the basis for the score or any other concerns.

When all documents have been read and considered, and after a final check, the assessor saves the ORT as 'preliminary' and sends a copy to the IDCs/CI MS team ([cims@caritas.va](mailto:cims@caritas.va)) only (NOT to the MO).

The assessor prepares a **list of questions to clarify items** where s/he was unable to score because of a lack of documentation or if s/he needs further information on some relevant points. It is recommended to send the list of questions by standard and by article, following the structure of the tool (for an example of template, please see the model in the ppt presentation, slides 12 and 13: <https://community.caritas.org/intranet/documents/11712/43255> ). The assessor sends this list to the CI MS coordinator of the MO under assessment, with the request to provide further information and any additional documentation the MO might have. The assessor sends a copy of this message to the IDCs/CI MS team as well.

The assessor is to plan the work in such a way that these **questions and requests are sent to the MO at least 3 weeks before the on-site visit**, so that the MO has sufficient time to find documents and respond to the questions.

Based on the preliminary findings, the assessor defines which key persons in the MO under assessment s/he would like to meet and interview, and coordinates with the MO's CI MS coordinator to set up an **agenda for the on-site visit**.

A suggested template agenda would be:

DAY 1	
09:00	Meeting with Director and CI MS coordinator to explain the purpose and process of the on-site assessment
10:00	Meeting with the CI MS coordinator to receive all additional documents and answers to questions
Afternoon	Studying the additional documents and the answers received
DAY 2	
Any time	Interviews with key staff or Board members Revisiting the scores in the Organisational Review Tool
DAY 3	
Morning	Draft the assessment report
Afternoon	Discuss the draft assessment report with the Director and CI MS coordinator, and possibly the President or a Board member

*In addition to the analysis of the CI MS documents, before the on-site visit it is useful for the assessor to **learn more about the country s/he is going to visit and the MO to be assessed**. Important and practical information can be found in UN reports and statistics, latest news, websites of the Member organisations, Baobab, etc. These can help the assessor to better understand the local culture and the environment and to contextualise the data.*

### **During the on-site visit**

It is suggested that the assessor starts the on-site visit with a **meeting with the CI MS coordinator** and, if possible, the **Director** to discuss the agenda of the visit, to adjust it if necessary and to confirm a final schedule, as well as to explain the process of the on-site assessment.

In a follow up meeting, the CI MS coordinator can provide the assessor with **additional documents** and with **answers to her/his requests for clarification** (if these have not yet been communicated to the assessor already).

The **assessor revisits the preliminary scores and adjusts them** in cases where additional information and documentation has been provided. Meetings with key staff or Board members could also shed new light on certain documents or situations.

Depending on the size and capacity of the MO, the local context, the available time and other resources, **focus groups or interviews** could be used to gather further information about how documents are being used and to revise/update them. For further details, please see the presentation on data analysis prepared for the assessors' training: <https://community.caritas.org/intranet/documents/11712/43255>

**The assessor explains to the CI MS coordinator her/his scores and comments for each of the good practice statements.** If by the end of the on-site visit there are still major gaps in the documentation, implying the MO is not meeting certain minimum standards, the assessor shares this with the CI MS coordinator. At this stage, s/he may still receive additional information that could influence the scores.

When finalising the scores, the assessor has to take the **national context** as well as the **size and mission of the MO** into account:

- ⇒ *For smaller organisations with a limited number of activities, it could be a disproportionate burden to insist certain documents need to be in place if they are not essential for the organisation's mandate. The assessor always needs to carefully weigh such a request against the potential advantage of having those documents.*
- ⇒ *Also, some questions in the ORT may simply not apply for an organisation (they will be considered as "not applicable" according to the definitions in the tool), especially for a smaller organisation (except the "must" articles).*
- ⇒ *Similarly, the assessor needs to take the legal context into consideration. If certain obligations are mandatory by national law, it does not make sense to include those in the MO's documentation. Instead, the MO could provide copies of the relevant legal texts.*
- ⇒ *The MO's relation with the Church (hierarchy) and society may also require the assessor to adapt her/his perspective.*

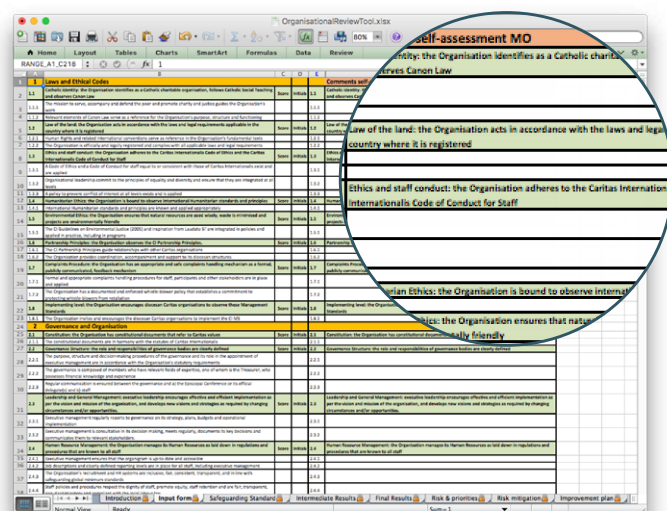
**For each question in the ORT, the assessor has to include an explanation of the score** (or the reason for non-applicability) **in the comments field**. For scores 1 and 2 missing evidences must be concretely identified, for score 3 the evidences for compliance, and for 4 or 5 the evidences that support the adherence of the MO in this area.

If a good practice is in place but not (yet) documented, the comment field can also be used to include a **recommendation** to create the relevant documentation.

Once the ORT scores are final the assessor saves the ORT as 'final'.

Already during the on-site visit, the assessor is advised to start drafting the **assessment report**, using the template that can be found here: <https://community.caritas.org/intranet/documents/#list/8539>

**The report should reflect all the information provided by the MO:** the documentation originally submitted, the response to the assessor's list of questions and document requests and the information provided during the on-site visit.



**The report records the facts as observed by the assessor**, presented in precise wording, as concise as possible, avoiding repetition and redundancy.

The assessor is asked to refrain from criticising. Instead s/he is advised to use **‘encouraging’ language**, which reflects the purpose of the assessment as a tool in the MO’s organisational development.

In the comments, the assessor should:

- ✓ Take the local context into account
- ✓ Take the MO’s size into account
- ✓ Acknowledge what is already in place

In the **assessment’s report** the assessor is called to write:

- a. a **brief presentation of the organisation** and a **general overview of the documentation** made available;
- b. **for each standard and ‘must-article’, whether the MO meets the minimum requirements and the justifications** for her/his score(s);



Please note: the reasons of the scores must be described in concrete terms so that the end users of the report, the MO’s management and governance body as well as the RevCom, can understand the score and do not need to do further research on the details of the ORT or the MO’s documents.

- c. A **summary of suggestions/recommendations for the MO** to address the outcomes above.

For further information and guidance on how to write an effective and useful report, please refer to the presentation prepared for the assessors’ training: <https://community.caritas.org/intranet/documents/11712/43259>

Once the draft assessment report is ready, the assessor saves it as ‘draft’.

At the end of the on-site visit, the assessor is to present the final scores and the draft assessment report in a **concluding meeting** to the MO’s Director. Normally the CI MS coordinator and, if possible, the President and/or a Board member should be present at this meeting as well.

The assessor explains the draft assessment report and informs the stakeholders who attend the meeting that:

- The MO is invited to **correct any factual error** in the draft report, preferably before the departure of the assessor or alternatively within one week;
- The **CI General Secretariat IDCS/CI MS team** carries out a **quality check** of the same draft assessment report;
- The MO is informed that the **final assessment report will be shared subsequently with the relevant regional office** in order to allow them to support and accompany the MO in the capacity strengthening efforts, according to the needs expressed and the available resources.

## ▣ After the on-site visit

Once the on-site visit has concluded, the assessor takes any comments received from the MO and the CI General Secretariat into account, makes adjustments as necessary, and sends the **final assessment report** to both, with the request to confirm if they are in agreement with the report.

Once final adjustments are taken into account as requested and both the MO and CI GS confirm the document can be shared, the assessor sends the final version of the report to the CI IDCS/CI MS team. The assessor also compiles a synopsis of the assessment results in the template provided for this purpose (see here: <https://community.caritas.org/intranet/documents/#list/8540>).

After this, the **CI General Secretariat, IDCS/CI MS team coordinates the following steps:**

- ⇒ formally **inform the MO about the external assessment**, through a letter signed by the Secretary General;
- ⇒ **receive the MO's response letter** (and in case of non-compliance, their **improvement plan**). In the response letter the organisation can also communicate a request for support for the strengthening process (implementation of the improvement plan);
- ⇒ **present the assessment report, the MO's response letter and the improvement plan to the Review Committee;**
- ⇒ inform the MO of the **RevCom's decision** regarding validation of the assessment report and the follow up of the MO's improvement plan through an official letter signed by the Secretary General and the President of the Review Committee. For further details on RevCom and consecutive steps, see chapter 3.6.

**!** *Please note: if in the response letter the MO highlights some elements of disagreement with the assessment's results or requests clarification, the assessor must remain available to respond. It is important to highlight that all steps are implemented in a spirit of dialogue and fraternal cooperation, so the organisation should feel free to share its concerns and challenges. Since the ultimate goal of the assessment process is to have stronger MOs and a stronger, more efficient and accountable Confederation, all these elements can become lessons learnt to improve the assessment process.*





## THE EXPERIENCE OF NASSA/CARITAS PHILIPPINES THE EXTERNAL ASSESSMENT PROCESS



*In November 2019, NASSA/Caritas Philippines was externally assessed against the CI MS. The assessor received the self-assessment that was done by NASSA, but it included only the comments with no scores, the accountability framework enumerating all the available documentation and all the evidences properly organised by each standard. The work of the CI MS coordinator, who forwarded the supporting documents in a timely and comprehensive manner, resulted in a shorter timeframe for the*

*entire review and ensured its success. The assessor, from a Caritas of the same region but with a completely different size and structure, was concerned about how to effectively assess a large and reputable organisation. He had been trained to focus however not on singling out what is good or bad in the organisation or showing how to become successful, but on helping people in the organisation themselves to be aware of their current strengths and weaknesses and on how they can improve. Thus he could conduct the external assessment effectively, based on two essential steps: the document review and the on-site visit. He could first carefully study the available documents and, based on them, introduce his scores into the assessment tool. In the meantime, a list of questions and document requests that came to light during the preliminary scoring exercise was prepared and then sent to NASSA. Afterward, the on-site assessment was conducted in close coordination with the CI MS coordinator. This second step helped the assessor to further study the available documents, to meet the relevant personnel and to draft the initial draft report. The concluding meeting with the Director was an added benefit to recap the main issues and discuss them together openly.*

*A successful assessment depends on both parties: the CI MS assessor and CI MS coordinator (and the MO team and leadership as well). In addition to the well prepared documentation and the agenda of the visit to meet relevant staff members, there is a need to have a continuous exchange, from the beginning of the assessment process until its end. The attitude of the assessor is also important: s/he should be well prepared for the visit, ready to have open discussions with the organisation assessed, be patient, flexible, open-minded and ready to understand the local context and its specificities. Indeed, all these elements help the assessor to reflect the reality in the final report.*



### 3.5 POST-ASSESSMENT PROCESS

After the analysis of the assessment results and the prioritisation of actions done with the help of the risk analysis (chapter 3.3), an **improvement plan** is drafted by the MO in order to:

- ⇒ **address the non-compliances identified during the assessment process and the highest risk areas identified during the risk assessment**
- ⇒ **plan actions to strengthen the capacities of the organisation**

It is important that the experts or staff responsible for specific units or functions of the organisation participate in this phase, as well as in the risk analysis and in the prioritisation of actions. Whichever methodology is applied, it is essential that the **process be open, fair and participatory, involving various individuals and groups within the organisation**. This enhances the ownership of the MOs' staff of the results of the assessment and the improvement plan that is developed from it.

It would be important to also **involve the Bishop/s and relevant ecclesiastical authorities** (or to at least share with them the results to request their endorsement), so they can provide inputs and thus also have ownership of the final improvement plan.

The **CI MS coordinator could facilitate the process** and present the draft improvement plan to the Director for approval.

#### 3.5.1. Improvement plan

The purpose of this essential step is to ensure that the organisation builds an **institutional development and capacity strengthening process** and plans changes around the prioritised areas for improvement. The organisation takes time to discuss the **main objectives to be achieved in the areas of prioritised gaps** and what **specific activities** could be undertaken to achieve those objectives.

**When the organisation is non-compliant with the CI Management Standards**, it is required to submit an improvement plan to the CI General Secretariat together with the response letter to the assessment's results. The improvement plan is crucial for the validation of the assessment report by the Review Committee. However, the MOs that comply with the CI MS are also encouraged to share their plan for strengthening capacities in order to reach the excellency.

Each organisation decides its own **timeframe** for the improvement plan's actions according to its capacities, but organisations are encouraged to ensure improvements move forward in a timely manner.

Learning by different experiences, usually MOs develop a **four-year improvement plan**, in order to have a clear idea of the actions to be implemented before the next assessment. The **monitoring and evaluation process is crucial to measure progress** on the objectives' achievement and to record lessons learnt. It is important to have a **realistic plan, with concrete actions to be implemented and a clear timeframe**.

As for the overall assessment process, the **MO itself has the main responsibility for the development and for the implementation** of its improvement plan.

The improvement plan can be developed either directly after the self-assessment is complete or after the external assessment. However, it is advisable to finalise it after the external assessment, as the assessor might have several new comments, ideas and suggestions that could contribute to the adjustment and improvement of the plan.

The development of an improvement plan can be time-consuming and labour-intensive, but it is the **fundamental step** toward achieving the aim of the assessment process: to strengthen our Confederation

to better serve the poor. Organisations tend to only develop general activities, but specifics are needed to be able to follow up and monitor progress. Improvement plans can tend to be overly ambitious, overwhelming and unrealistic. So staff and management should decide when they can implement the activities and what resources/additional support are needed. Some of the activities might be costly, so fundraising (within the local network and/or with external donors and partners) will be needed.

It is the task of the **Director and the management** to initiate the development of the improvement plan based on the organisational core strengths and weaknesses identified. Some Directors might appoint the CI MS coordinator to facilitate the development of the improvement plan while other MOs might already have staff responsible for internal organisational development who are well placed to take on this role. Ideally, if the latter is the case, the CI MS coordinator and this staff member work together in the process of the improvement plan development (and implementation and monitoring and evaluation, if possible) to ensure consistency in the discussions and follow up on decisions taken.

It is the role of the Director and the staff member responsible for the improvement plan development to ensure **all relevant staff participate in developing a feasible and meaningful improvement plan**. Different activities will be assigned to different people and units, so it is important that staff be included in the planning exercise. In addition, staff should be aware of the timeline proposed and the resources identified. **Ownership of the plan** and belief in its importance for the organisation's growth among the staff are key for a successful implementation of the improvement plan.

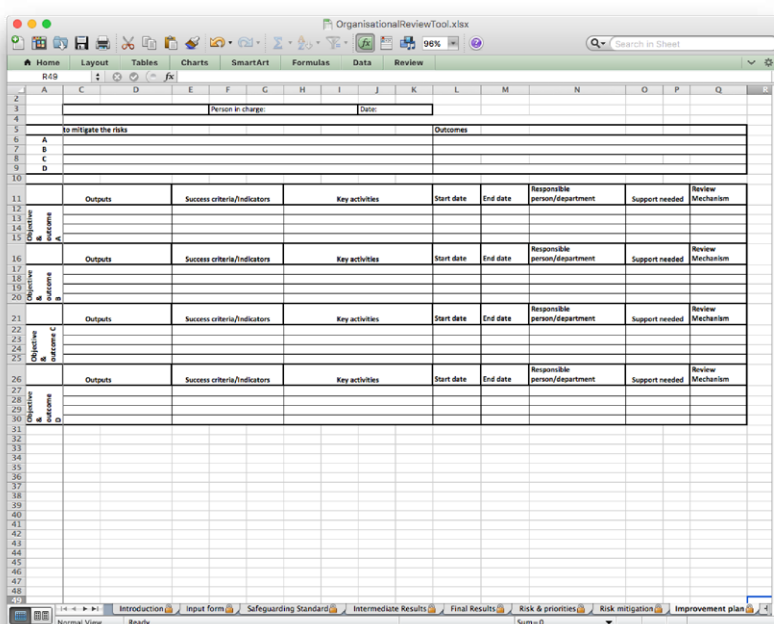
It is imperative to engage those same staff members who participated in the risk analysis and the prioritisation of actions, as they will be familiar with the discussions and agreements made at that time, which is necessary to make informed decisions on the improvement plan.

In some organisations, **members of the Board** actively participate in this step. They should always be fully informed about the launch of the process and its conclusions in developing the improvement plan. The members of the Board and the Bishops need to be given the opportunity to discuss the improvement plan and to endorse it.

In the **Organisational Review Tool (ORT)** following the risk analysis and risk mitigation sheets, the objectives are automatically copied to the **sheet 'Improvement plan'** that the MO is recommended to use for detailing the activities that will become part of its improvement plan. In order to make the plan **SMART (Specific, Measurable, Attainable, Relevant, Time-bound)** and easy to follow up on, the organisation is invited to formulate a **maximum of four objectives**.

It is up to the organisation to decide how to proceed with the activity planning exercise, but the improvement plan should mention **all the activities necessary for improvement**, identify the person(s) within the organisation responsible for the improvements and specify the deadlines by when the improvements are to be realised. Thus, thorough discussions about what should be achieved and how should be the core of the planning exercise.

The MOs are highly recommended to use the template for the improvement plan that is proposed in the ORT. If the organisation already has its own template for activity planning, that one can be used. It is important that the improvement plan include at least all the components proposed in the ORT template, however.



The **major components of the improvement plan** are:

- \* **OBJECTIVES:** Taking into consideration the learning or development needs identified as a priority, these should consist of **what the organisation wants to achieve** in a particular organisational area. What are the changes/effects that the organisation wants to achieve. Each objective should be articulated as a clear statement.
- \* **OUTCOMES:** These are the **“second level” of results** associated with an intervention and describe **medium-term results**. They are directly connected to the objective/goal.
- \* **OUTPUTS:** These are the **“first level” of results** associated with an intervention in a particular organisational area or the **deliverables resulting from the actions**. They are the direct **immediate results of an intervention/activity** (or group of activities) or what the intervention has achieved in the short term. The outputs might be training classes offered, people served and grants funded. Outputs indicate what was produced by an Organisation’s activities.
- \* **INDICATORS:** These are a **means of measuring outputs in terms of quantity, quality and timeliness**. An indicator is an evidence that helps to measure progress towards achieving results (which is crucial in monitoring and follow up). Indicators must be directly related to the result (outputs) they are measuring. Whenever possible, it is important to ensure a balance between quantitative and qualitative indicators. The indicators should be SMART: Specific, Measurable, Achievable, Relevant and Time-bound.
- \* **ACTIVITIES:** These are the **set of actions to implement to produce specific outputs**. In other words, the activities are the means to achieve the results: a list of what should be done.
- \* **START/END DATE (timeline):** **when/by when** each activity should begin and be accomplished.
- \* **RESPONSIBLE PERSON/DEPARTMENT:** **who** will be responsible for the implementation of a specific activity. A person or a unit.
- \* **RESOURCES NEEDED:** **technical, material, financial and human** resources needed for the implementation of the activities. It is important to specify if resources can be found internally or if there is a need for an external support (who, which kind of support, already available or not)
- \* **REVIEW MECHANISM:** explains the **monitoring process** in place to verify progress on the intervention programme as per the set objectives, outcomes, outputs and indicators.

Below an example of how to fill in the improvement plan worksheet:

	<b>Caritas:</b>		<b>Person in charge:</b>		<b>Date:</b>			
	<b>Objectives to mitigate the risks</b>			<b>Outcomes</b>				
<b>A</b>	To strengthen the MO's Safeguarding culture			The MO has appropriate safeguarding policies and systems in place to make sure staff, operations and programmes promote the welfare of all people, especially children and vulnerable adults, and do not expose them to the risk of harm and abuse				
<b>B</b>								
<b>C</b>								
<b>D</b>								
	<b>Outputs</b>	<b>Success criteria / Indicators</b>	<b>Key activities</b>	<b>Start date</b>	<b>End date</b>	<b>Responsible person / department</b>	<b>Support needed</b>	<b>Review Mechanism</b>
<b>Objective &amp; outcome A</b>	The MO has a Safeguarding policy in place stating appropriate standards of conduct	The Safeguarding Policy is shared with and signed by all staff	- To develop a Safeguarding Policy coherent with the CI Children and Vulnerable adults safeguarding policy; - to require all existing and new members of staff to sign the policy and acknowledge they have read it	January 10, 2021	June 30, 2021	- Emergency unit, - IDCS unit, - Safeguarding officer	- External consultant; - Partner MO	a twice yearly review
	All staff members are trained on the MO's Safeguarding policy and procedures	- The MO has an annual training plan, - the MO has a safeguarding training package, - # of staff (governance members, staff, volunteers and interns) who have been trained	- To develop/adopt safeguarding training material, - to develop an annual training plan for staff, - to deliver safeguarding trainings	September 1, 2021	November 15, 2021	- Emergency unit, - IDCS unit, - Safeguarding officer	- External consultant; - Partner MO	a twice yearly review
	<b>Outputs</b>	<b>Success criteria / Indicators</b>	<b>Key activities</b>	<b>Start date</b>	<b>End date</b>	<b>Responsible person / department</b>	<b>Support needed</b>	<b>Review Mechanism</b>
<b>Objective &amp; outcome B</b>								
	<b>Outputs</b>	<b>Success criteria / Indicators</b>	<b>Key activities</b>	<b>Start date</b>	<b>End date</b>	<b>Responsible person / department</b>	<b>Support needed</b>	<b>Review Mechanism</b>
<b>Objective &amp; outcome C</b>								
	<b>Outputs</b>	<b>Success criteria / Indicators</b>	<b>Key activities</b>	<b>Start date</b>	<b>End date</b>	<b>Responsible person / department</b>	<b>Support needed</b>	<b>Review Mechanism</b>
<b>Objective &amp; outcome D</b>								



## Next Steps

The conclusions from the improvement plan should be brought to the attention of the **Board** of the organisation. Senior management should determine whether the improvement plan can be fully executed using the existing capacities within the organisation or whether external assistance will be required.

The organisation might want to contact the Regional office, partners in the Caritas network or the CI IDCS unit to discuss the needs for IDCS support and accompaniment to implement the improvement plan and the capacity strengthening process of the organisation. In that way the improvement plan can progress and options for support can be identified. This is a stage when **partnership and fraternal cooperation** play a key role: the development and implementation of the improvement plan can be an opportunity to discuss with partners and sister Caritas what contributions they can make or support they can offer to strengthen the organisation.

In this regard, these documents of Caritas Internationalis are recommended resources:

- Caritas fraternal cooperation/Partnership Guiding principles  
<https://community.caritas.org/intranet/documents/8617/33344/>
- Caritas Internationalis Learning Paper on Accompaniment  
<https://community.caritas.org/intranet/documents/8103/24527/>



### THE EXPERIENCE OF CARITAS GEORGIA AND CARITAS BOSNIA AND HERZEGOVINA FROM THE RISK ANALYSIS TO THE IMPROVEMENT PLAN



*The Caritas Internationalis Management Standards (CI MS) are the essential tool to access Caritas Europa's Solidarity System, aiming to support the member organisations in the planning and implementation of their Organisational Development plans by providing financial and technical support to those members who request it. One of the requirements to receive support is the implementation of the CI MS.*

*The simplification of the CI MS tool helped the applicants to the ODSS (Organisational Development Solidarity System) as well.*

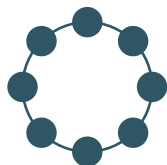
*Caritas Georgia first performed a self-assessment that helped to highlight both the weaknesses and the strengths of the organisation. Based on this, the organisation submitted the evidences to the Caritas Internationalis General Secretariat to start the procedure for the external assessment. An important feature of the tool was indeed the risk assessment component that allowed the management team to observe and assign a level to the potential risks, giving the organisation a more comprehensive understanding of the issues identified for improvement upon receipt of the final report. Caritas Georgia did the risk analysis after the external assessment in order to have the additional benefit of an outsider's view of their situation and to see if they overlooked some points when developing the improvement plan. Thanks to the risk analysis, it was easy to prioritise the activities and to develop a proper and realistic improvement plan that could be submitted for financial and technical support.*

*For Caritas Bosnia and Herzegovina, the process of creating the Organisational Development plan was guided by the needs linked to the local context and the actual situation as well as self-assessment and external assessment against the CI MS. For the ODSS project application, Caritas Bosnia and Herzegovina created a feasible plan over three years to strengthen policies, procedures*

and processes according to the areas of improvement identified through the CI MS assessment. This plan was developed by the national Caritas Secretariat, with the approval of the Executive Board. The ORT tool and its component of risk analysis and prioritisation were helpful in internal discussions with management and governance on the organisational development path.



## 3.6 VALIDATION OF THE ASSESSMENT



### 3.6.1 The Review Committee

In May 2014, the Representative Council (RepCo) established the **Review Committee** (RevCom) as a governance body to oversee the CI MS implementation. The RevCom reports to the RepCo and reviews the assessment reports as well as their follow up.

The RevCom is composed of **seven expert members**, one from each Caritas Internationalis **Region**. Experts in specific sectors can be invited to give a technical advice on specific issues.

On behalf of the RepCo, the Review Committee has the **tasks** to review:

1. **Reports of assessments against the CI Management Standards.** The RevCom is asked to endorse the conclusions and validate the assessment reports;
2. **The progress in realising compliance through the implementation of improvement plans of Members that do not meet the minimum level as defined by the RepCo.**

A **third function** was approved by the Representative Council in 2019 and it is related to the creation of the Caritas Internationalis Organisational Development Solidarity Fund<sup>6</sup>, specifically to review:

3. **Applications for disbursements from the Fund, decide on the allocation of resources and submit the decision to the RepCo for validation**

The core task of the RevCom is to discuss the assessment report and the MO's response letter, together with the improvement plan if requested in case of non-compliance of the MO with the CI MS.

The committee members receive these documents with a one-page synopsis, focusing on the most urgent points. They study the documents before the Committee's meeting and discuss them during the plenary session.

The **outcomes** related to the assessment largely consist of one of the following scenarios:

- a. *the MO agrees with the conclusions of the assessment:* the Committee validates the assessment report and takes note of the improvement plan. If there is any major observation/recommendation from the RevCom on the report and/or on the improvement plan, those points will be highlighted in the final letter that will be addressed to the MO;
- b. *the MO disagrees with the conclusions of the assessment:* the CI General Secretariat first and then the RevCom try to understand the reasons for the disagreement and take into consideration the MO's and the assessor's opinions. After having analysed the situation, the RevCom can decide to:
  - validate the assessment report, asking the Member to present an improvement plan for the next meeting. At this point, the support of the Region and the CI IDCS Unit for the capacity strengthening process may be offered and organised;
  - order a re-assessment of the member organisation (by an external assessor).

The RevCom meets face to face at least twice per year and also communicates via Skype meetings, e-mail and phone calls as necessary.

6 - The CI Organisational Development Solidarity Fund is a Fund to support the institutional development and capacity strengthening process of the Member Organisations in most fragile situations. Approved by the Representative Council in November 2019. <https://community.caritas.org/intranet/documents/#list/11714>



### 3.6.2 After the decision of the Review Committee

Immediately after the RevCom meeting, the decisions are communicated to the Directors and Presidents of the MOs that were assessed through an **official letter** signed by the CI General Secretariat and the President of the Review Committee.

The **assessor** who conducted the assessment is also informed, and, if the assessment is validated, at that moment he/she will be asked to **delete all the documents** provided by the MO from his/her computer and/or from their organisation's servers. **The external assessment can be considered as closed.** Conversely, if the assessment is not validated, the process cannot be closed. So all parties remain concerned and involved to adjust and finalise the assessment.

Twice a year a summary report (with anonymised information) about the assessments are presented to the RepCo by the President of the Review Committee.



## 3.7. IMPLEMENTATION OF THE IMPROVEMENT PLAN

The purpose of this chapter is to ensure MOs have the best possibility of achieving planned objectives and are on track with implementation of the improvement plan. Organisations are provided with a tool to regularly observe and track progress towards achieving what they planned to achieve. It might assist MOs in answering questions such as:

- *How are we doing?*
- *What are we doing wrong/right?*
- *How can we do better?*



### 3.7.1. Monitoring, Evaluation, Accountability and Learning (MEAL) System

In the improvement plan template, we recommend using the **review mechanism** column to **measure progress**, to describe the challenges, weaknesses and mistakes encountered and to review the actions and strategy if needed. This is a key element of the improvement plan.

In this chapter we try to highlight the importance of having a **MEAL plan** to improve levels of accountability, efficiency and organisational learning.

**MEAL** is indispensable to collect consolidated information in a systematic manner to assess the trajectory of the improvement plan (**Monitoring**), to capture the outputs and the outcomes (**Evaluation**), to share information with the key stakeholders, to collect and manage feedback (**Accountability**), as well as to identify mistakes, shortcomings and good practices in order to improve the functioning of the organisation (**Learning**).

It is a means for **ensuring transparency and accountability**, first in stewardship of the mission entrusted (**moral responsibility**); second to those for and with whom the organisation works (**ethical**); and third to those who fund the improvement actions and the back donors (**legal and professional**).

It is key to **good governance** in an organisation. Monitoring helps **anticipate problems** and evaluation helps **identify successes and failures to learn from**. A MEAL process is crucial to check the progress on the implementation of the improvement plan. Depending on the size and structure, the organisation can have a person (or a unit) in charge of Monitoring and Evaluation or assign MEAL to a member of the staff/management to coordinate and/or be in charge of this task.

Before giving further details and practical suggestions, it is important to clarify the **terminology** adopted:

**MONITORING:** A regular and routine collection of data on the progress of the improvement plan's implementation. It aims to verify if the plan's trajectory is progressing as per the set objectives and indicators.

It is a periodic action and the frequency is set in the beginning of the improvement plan's implementation. It confirms or informs if the actions are progressing as initially planned. It is also a means for adjusting the process in case anomalies are detected.

**EVALUATION:** A tool to assess if the improvement strategy, methods and processes have been effective and efficient. It also focuses on the activities, outputs and the outcomes. It provides information on the quality and the way the results were achieved. It is a periodic, retrospective assessment of the organisational development process.

**ACCOUNTABILITY:** Transparent sharing of information about the organisation, its capacity strengthening progress and its objectives, and managing feedback and complaints from the stakeholders. MEAL systems must pay particular attention to listening and responding to stakeholders and ensuring that their views and recommendations are taken into account in the organisational development process.

**LEARNING:** The shortcomings and successes when analysed and recorded lead to an understanding of why and how a plan had particular results so they become lessons for the future. Each experience becomes an interesting reference in lessons learnt. It is a means to avoid repeating the same mistakes in future while at the same time ensuring experiences can inform best practices, to be able to use them for the future or in other contexts. It is important to also share best practices within the confederation, so they can become a source of inspiration for sister organisations.



### **Why a MEAL process?**

It is a means to **assess the changes** the organisation is effecting through the implementation of the improvement plan, and MEAL can provide important information regarding the progress.

It helps to undertake a **continuous follow up** to determine the **effectiveness** in achieving the objectives and/or the impacts the activities are producing.

**It contributes to creating a permanent learning process through improved** internal learning, leading to better decision-making about the organisational development process and helping to capture important information about success factors, barriers, what works and does not work, and eventually the strengths and weakness of the organisation.

**It is a way to empower and motivate** all those involved in the organisational strengthening process and to ensure **accountability** to key stakeholders (e.g. community, partners, etc.)

### **What is needed to have a useful MEAL system?**

The improvement plan clearly establishes the objectives, outcomes, outputs, indicators and activities to be implemented.

The MEAL system should:

- ⇒ **define the key issues that need to be addressed** by the organisation and the means of verification of progress;
- ⇒ elaborate **how data and information will be collected**, including the methods and tools to be used, the role of the different actors and the periodicity;
- ⇒ establish a **reporting format** which will then go to the management and governance (a MO can choose a format, adopt a tool already used for other programs, or use the one proposed by Caritas Internationalis that you can find in the annexes).

The collected information will then be analysed and used later for **learning** purposes.



*Starting from 2021, in addition to the internal monitoring and evaluation system of each organisation, Caritas Internationalis has developed a global reviewing process for the improvement plans of the MOs assessed. This mechanism, coordinated by the CI GS (IDCS unit) and implemented in close cooperation with the Regions, allows the Confederation to annually review progress and to assess how the CI MS can become an effective tool for organisational development. The aim of this mechanism is also to see if there are MOs in need of specific support and accompaniment to achieve the compliance against the Management Standards, reflect jointly (MO, Regional Secretariat and IDCS unit) and decide the best way forward. The Review Committee is mandated to oversee this process. The guidelines and tools are available on Baobab ( <https://community.caritas.org/intranet/documents/#list/11715> ).*

### **Some concrete suggestions on how to implement an effective MEAL process of the MO's improvement plan**

Each organisation can have its own monitoring and evaluation system in place and can follow the process already established for monitoring other projects, programmes and plans. Nonetheless the following are some **concrete suggestions** that can be used as a guideline for MEAL. These are not intended to be exhaustive.

1. Once the improvement plan is being implemented, the monitoring process starts as well, meaning tracking must be taking place of the implementation of activities and the production of outputs. Although monitoring is an ongoing process executed by the people directly responsible for activities in the improvement plan, it should be complemented by **set periods of reflection** that are well-organised and supported by a number of **progress reports**. This monitoring involves collecting information to answer questions such as:
  - a. *Are activities being implemented according to schedule or as planned?*
  - b. *What problems have arisen during implementation and why?*
  - c. *Is stakeholder participation on track or not?*
  - d. *What needs to be adjusted to ensure that activities are implemented and that outputs, outcomes and objectives are achieved?*
2. The CI MS coordinator<sup>7</sup> takes the **improvement plan as a clear reference** and may establish a schedule to review (this could be monthly or quarterly), and monitor the implementation's schedule by comparing the real status of the activities' implementation to their planned dates. To monitor the realisation of the activities in accordance with the improvement plan, the CI MS coordinator needs to receive **feedback from the responsible persons** regarding the:
  - *Realisation of the activity - yes/no?*
  - *Agreed timetable*
  - *Assigned resources*
  - *Modifications*

In order to help document the **timeliness** of delivery according to the approved schedule, the deliverables could be categorised as: completed, in progress or late.

With this information, the CI MS coordinator is able to check the compliance of the implementation process with the improvement plan and to elaborate progress reports.

3. **Regular progress reports are made available to the Director** indicating the status of the activities and goals. This can be either informal through weekly meetings, or formal through

<sup>7</sup> - In some Organisations, this process can be done in collaboration with the staff in charge of M&E and/or of organisational development. This is valid for all steps described in this section.



periodic written reports. What is most important is to carve out a regularly scheduled time when results or progress about ongoing work can be shared by the CI MS coordinator with the Director.

4. The **Director keeps the Board informed and updated** on at least a semi-annual basis, and regularly communicates on the accomplishments that have been made across the organisation.

This set of monitoring activities is planned and coordinated by the CI MS coordinator (or the person responsible for organisational development) with the constant and active supervision of the Director.

It would be important as well to convene a **periodic** (for example, yearly) **participatory meeting with relevant staff to evaluate in a participatory way the progress on the implementation of the improvement plan**. This feedback mechanism helps to keep all relevant staff updated and responsible collectively for not only a specific action but also for the “global picture”.

The proper follow up of the implementation of the improvement plan and the sharing of the successes and lessons learned encourage staff and management to continue implementing the change in their organisation and help to build a culture of continuous learning.



## THE EXPERIENCE OF CARITAS JERUSALEM IMPROVEMENT PLAN'S DEVELOPMENT AND IMPLEMENTATION



*The CI MS is increasingly perceived as a tremendous means to initiate an accompanied organisational development process to make the concerned member strong and capable of fulfilling its mission with efficacy and efficiency. It also contributes to building internal dialogue and dialogue with the other members in the Confederation, leading to coordinated support to the individual members in a spirit of co-responsibility.*

*The development and implementation of an improvement plan is a key need for an organisation. The actions included in it allow the organisation to strengthen its capacities and to fill the gaps identified during the assessment. In several cases, the improvement plan is the result of an accompaniment process and will be implemented in a spirit of fraternal cooperation with the partners, the Region and the CI General Secretariat.*

*In Caritas Jerusalem, the accompaniment was a means to enter into dialogue within the team to identify the areas for collective improvements and, based on this, to lay out a clear plan to initiate an organisational development process for the organisation.*

*Caritas Jerusalem underwent the whole process of the CI MS, from the self-assessment to the external assessment and the development of the improvement plan. For Caritas Jerusalem, the assessment formed a baseline to identify weaknesses and strengths to be able to work on the improvement plan. The results of the CI MS assessment and the improvement plan were incorporated into the Organisational Restructuring and Development process, and Caritas Jerusalem is now implementing the targeted actions.*

*In Caritas Jerusalem there is also a staff member who is trained as a CI MS assessor and has conducted the external assessment of another MO. This experience, while the assessor has kept the confidentiality requested, enriched not only the assessor but the organisation as well, because they were opened up to a sister Caritas in the Confederation. And this is a mutual benefit in the spirit of fraternal cooperation!*

### 1. LIST OF ACRONYMS

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**CI:** Caritas Internationalis

**CI GS:** Caritas Internationalis General Secretariat

**CI MS:** Caritas Internationalis Management Standards

**CS:** Capacity Strengthening

**GP:** Good Practice

**IDCS:** Institutional Development and Capacity Strengthening

**IP:** Improvement Plan

**MEAL:** Monitoring Evaluation Accountability and Learning

**MO:** Member Organisation

**MS:** Management Standard(s)

**OD:** Organisational Development

**ODSS:** Organisational Development Solidarity System

**ORT:** Organisational Review Tool

**RepCo:** Representative Council

**RevCom:** Review Committee

**ToR:** Terms of Reference

## ANNEXES

### 2. TEMPLATE FOR MONITORING AND EVALUATION OF THE IMPROVEMENT PLAN (REVIEW MECHANISM)

Objectives identified in the IP to reach the compliance (by MS)	Outputs identified in the IP (per each objective)	Success criteria/ Indicators	Main activities planned (by outputs according to the IP)	Activities Implemented	Progress achieved (with reference to the indicators)	Problems identified in the activities' implementation, if any (especially when delayed/ not implemented)	Resources used (internal, consultancies, CS programmes, partners' support, accompaniment, etc.)	Resources needed to fully implement the IP, if any	Review / adjustments of the activities, if any	Any further comments
MS 1										
MS 2										
MS 3										
MS 4										
MS SAFEGUARDING										

**TABLE 1: FOUNDATIONS OF THE CI MANAGEMENT STANDARDS**

## INTRODUCTION

The CI Management Standards aim at the organisational strengthening and have been created to make the Member Organisations stronger and, consequently, the Confederation stronger and more effective. The CIMS are based on the good practices existing in Caritas, as well as on the principles globally accepted by the humanitarian and development community. In this way, in a framework of fraternal cooperation, the Confederation is committed in a permanent process of organisational learning. Based on the Gospel and the Catholic Social Teaching, the Confederation aims to become a global organization that responds to the needs of the most vulnerable people. The CI MS have entered into force *ad experimentum* for all MOs since January 1st, 2015. In 2018 they have been definitively approved and since January 1st 2019 they are an official tool of the Confederation. In 2020 they have been integrated with the Management Standard on Safeguarding.

## FOUNDATIONS OF THE CI MS IN THE CATHOLIC TEACHING

### STANDARD 1 : LAWS AND ETHICAL CODES

The Caritas Confederation is an expression of the Mission of the Catholic Church which operates within the framework established by canon law and the national legislation where an individual Caritas is established. The option for the poor and marginalised urges us to create the maximum benefit for the people we serve. In this respect the stewardship of God's creation and our resources as well as our Catholic Social Teaching ethical principles, such as the principles of compassion, solidarity, partnership and subsidiarity, will guide us in our choices and decisions.

### STANDARD 2 : GOVERNANCE AND ORGANISATION

The Holy Father Benedict XVI asks us to professionalise the work of Caritas, saying "individuals who care for those in need must first be professionally competent: they should be properly trained in what they do and how to do it, and committed to continuing care. (...) Consequently, in addition to their necessary professional training, these charity workers need a 'formation of the heart'." (*Deus Caritas Est*, 31 [2005]) Our Governance and organisational structures should reflect this and equip the organisation to be efficient and effective in our humanitarian assistance.

### STANDARD 3 : PROGRAMME AND FINANCE ACCOUNTABILITY

The Holy Father Benedict XVI encouraged the Bishops in Benin: "The good administration of your dioceses requires your presence. To make your message credible, see to it that your dioceses become models in the conduct of personnel, in transparency and good financial management. Do not hesitate to seek help from experts in auditing, so as to give example to the faithful and to society at large." (*Africae Munus*, 104 [2011])

### STANDARD 4 : STAKEHOLDER INVOLVMENT

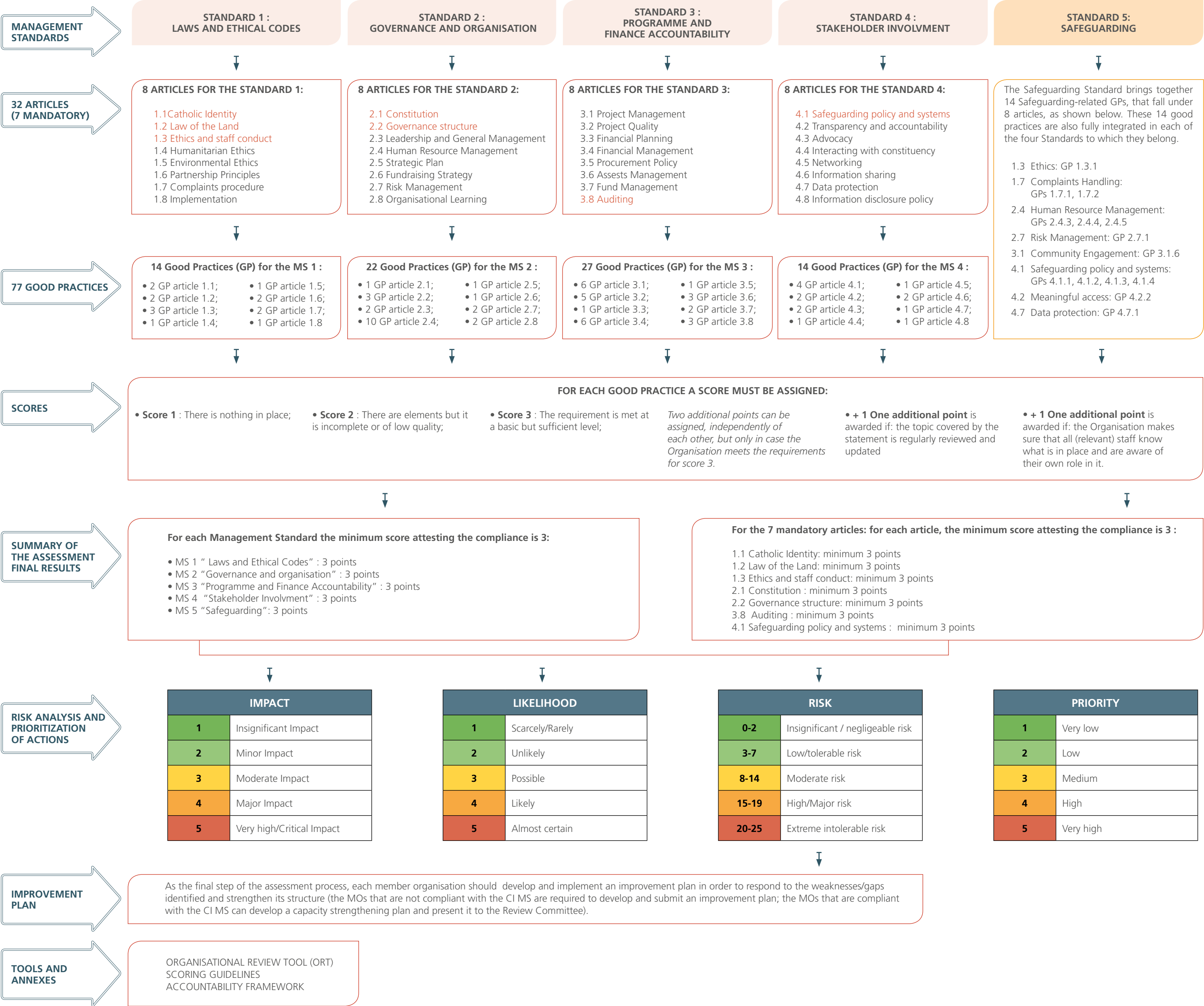
"The Church provides a service of great charity by protecting the real needs of the beneficiary. Defending the rights of the needy and those who have no voice, and in the name of respect and solidarity that they deserve, she asks that "international agencies and non-governmental organisations commit themselves to complete transparency" in their work. (*Africae Munus*, 87 [2011] – *Caritas in Veritate*, 47 [2009])

### STANDARD 5: SAFEGUARDING

The Church loves all her children like a loving mother, but cares for all and protects with a special affection those who are smallest and defenseless. This is the duty that Christ himself entrusted to the entire Christian community as a whole. Aware of this, the Church is especially vigilant in protecting children and vulnerable adults. (*Pope Francis, Apostolic Letter "As a loving mother", 4 June 2016*)

KEY ELEMENTS OF THE CI MS

TABLE 2: FRAMEWORK OF THE CI MANAGEMENT STANDARDS ASSESSMENT TOOL





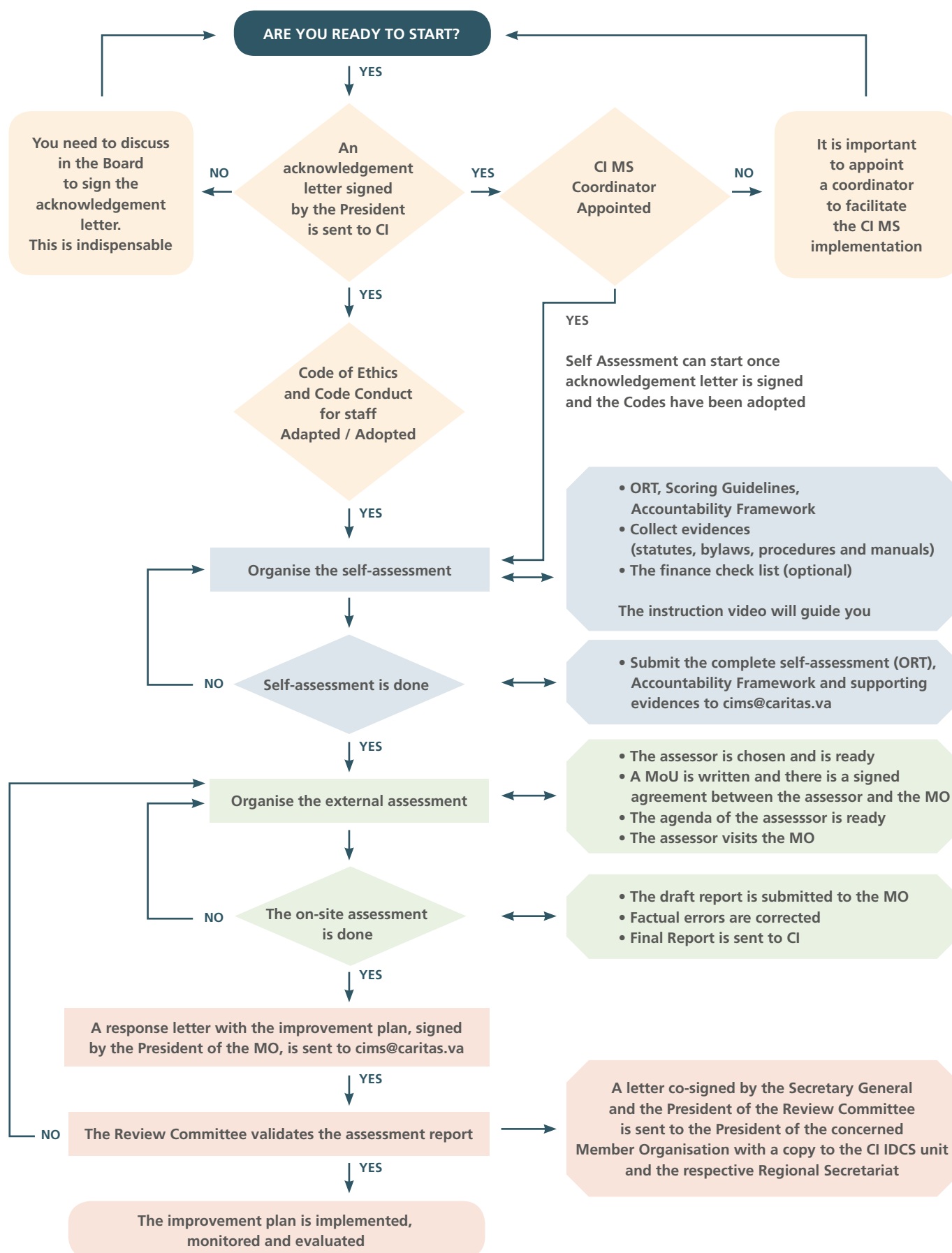
## KEY ELEMENTS OF THE CI MS

**TABLE 3: EXAMPLES OF MAIN DOCUMENTS AND TOOLS TO CHECK THE COMPLIANCE WITH THE CI MS**

MANAGEMENT STANDARDS	TOOLS AND DOCUMENTS ANALYSED		
<b>STANDARD 1 : LAWS AND ETHICAL CODES</b>	<ul style="list-style-type: none"> <li>✓ Official recognition of Caritas signed by the relevant Ecclesiastical authority</li> <li>✓ Statutes / Internal Rules</li> <li>✓ Human Resources Manual</li> <li>✓ Strategic Plan</li> <li>✓ Fundraising Manual</li> </ul>	<ul style="list-style-type: none"> <li>✓ Projects' documentation</li> <li>✓ Policies</li> <li>✓ Official registration of the MO to the local government</li> <li>✓ Official registration of the MO to the Social Security</li> <li>✓ Official Tax registration</li> </ul>	<ul style="list-style-type: none"> <li>of the MO</li> <li>✓ Code of Ethics signed</li> <li>✓ Code of conduct for staff signed</li> <li>✓ Partnership policy</li> <li>✓ Partnership Agreements signed</li> <li>✓ Complaints policy and procedures</li> </ul>
<b>STANDARD 2 : GOVERNANCE AND ORGANISATION</b>	<ul style="list-style-type: none"> <li>✓ Constitution/Statutes / Internal Rules</li> <li>✓ Documents on the appointment of the members of the governance and executive management</li> <li>✓ CV of the governance members</li> <li>✓ Reports of the governance bodies' meetings</li> <li>✓ Annual reports</li> </ul>	<ul style="list-style-type: none"> <li>✓ Calendar of the executive management meetings</li> <li>✓ Reports of meetings and list of decisions taken by the executive management</li> <li>✓ Reports of the meeting of the executive management with the staff</li> <li>✓ Organigram available for all staff members</li> </ul>	<ul style="list-style-type: none"> <li>✓ Job descriptions</li> <li>✓ Protection policy</li> <li>✓ Human resources manual</li> <li>✓ Code of Ethics</li> <li>✓ Description of the salary system and welfare policy</li> <li>✓ Physical space(s) for prayer</li> <li>✓ Safety and security policy</li> <li>✓ Risk management policy</li> </ul>
<b>STANDARD 3 : PROGRAMME AND FINANCE ACCOUNTABILITY</b>	<ul style="list-style-type: none"> <li>✓ Policy/Procedure for partners' selection</li> <li>✓ Guidelines for project management</li> <li>✓ Tools for projects' elaboration and evaluation</li> <li>✓ Funding agreements</li> <li>✓ Projects' implementation reports</li> <li>✓ Projects' implementation plans</li> <li>✓ Projects' financial reports</li> </ul>	<ul style="list-style-type: none"> <li>✓ Protocols and instructions of the MO for emergency situations</li> <li>✓ Preparedness/Contingency plan for emergency situations</li> <li>✓ Multi-year operational plan</li> <li>✓ Annual operational plan</li> <li>✓ Annual budget</li> <li>✓ Accounting Manual</li> <li>✓ Documents on the accounting software</li> </ul>	<ul style="list-style-type: none"> <li>✓ Policy and Procedures against Fraud, Corruption, Money Laundering and Terrorist activities Financing</li> <li>✓ Audit letter and recommendations</li> <li>✓ Assests Register</li> <li>✓ Vehicles logbooks</li> <li>✓ IT Politique, procedures, manual</li> <li>✓ Internal audit reports</li> </ul>
<b>STANDARD 4 : STAKEHOLDER INVOLVMENT</b>	<ul style="list-style-type: none"> <li>✓ Code of Ethics signed</li> <li>✓ Code of staff conduct signed</li> <li>✓ Safeguarding policy</li> <li>✓ Advocacy strategy</li> <li>✓ Plans / descriptions of the advocacy programs</li> </ul>	<ul style="list-style-type: none"> <li>✓ Policy of the stakeholder/community engagement/involvement</li> <li>✓ Adhesion of the MO to the networks</li> <li>✓ Evidences of information sharing with staff and other stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>✓ Website of the MO</li> <li>✓ Communication policy</li> <li>✓ Communication protocols</li> <li>✓ Policy of data protection</li> <li>✓ Privacy policy</li> <li>✓ Disclosure information policy</li> </ul>
<b>STANDARD 5: SAFEGUARDING</b>	<ul style="list-style-type: none"> <li>✓ Code of Ethics</li> <li>✓ Code of Conduct for Staff</li> <li>✓ Whistleblower policy</li> <li>✓ Safeguarding Policy</li> <li>✓ Anti-harassment Policy</li> <li>✓ Human resources manual/ Staff Handbook</li> </ul>	<ul style="list-style-type: none"> <li>/ Staff regulations</li> <li>✓ Recruitment procedures</li> <li>✓ Staff orientation training material</li> <li>✓ Training records on Codes and Policies</li> <li>✓ Documented complaints handling procedures</li> </ul>	<ul style="list-style-type: none"> <li>✓ Information, education, and communication material for communities</li> <li>✓ Complaints register</li> <li>✓ Risk management mechanism</li> </ul>

## KEY ELEMENTS OF THE CI MS

TABLE 4: CI MS ASSESSMENT PROCESS





For any further information  
please contact the CI IDCS unit  
at *[cims@caritas.va](mailto:cims@caritas.va)*

