



Core Humanitarian Standard on Quality and Accountability

SELF-ASSESSMENT REPORT

Acknowledgements: Abdul-Fatahi Adam, Omar Aden, Kerri Agee, Sahara Ahmed, Timothy Akanpabadai, Frisca Anindhita, Marie Jose Alexander, Amy Anderson, Noemi Barrientos, Chrysa Antonoglou, Moussa Bangre, Jocelyn Braddock, Cara Bragg, Caroline Brennan, Evan Callis, Katy Cantrell, Snigdha Chakraborty, Joanna Dadie, Valerie Davis, Niek De Goejj, Ian De La Roas, Haydee Diaz, Olive D'Mello, Carolyn, Edlebeck, Ali El Benni, Dane Fredenburg, Linda Gamova, Heidy Garcia, Clara Hagens, Rebecca Hallam, Ted Henning, Rebecca Hiemstra, Samantha Hutt, Julie Ideh, Zainab Isah, Rahila John, Felly Lemwaka, Karl Lowe, Marie Miano, Daniel Mumuni, Conor O'Loughlin, Donald Omingo, Victor Raul Plance, Jennifer Poidatz, Katherine Price, Nadia Rahman, Karen Rasmussen, Donal Reilly, Sanda Rihtman, Roger Sanchez O'Neill, Vanessa Saraiva, Amanda Schweitzer, Hester Smidt, Yenni Suryani, Paul Townsend, Wim Troosters, Joel Urbanowicz, Katelyn Victor, Susan Wisniewski

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Abbreviations

CHS	Core Humanitarian Standard on Quality and Accountability
CRS	Catholic Relief Services
EAC	Executive Advisory Committee
FCRM	Feedback, Complaint, and Response Mechanism
FMRT	Field Management Response Team
GKIM	Global Knowledge and Information Management
GPR	Global People Resources (Human Resources)
GSCM	Global Supply Chain Management
HRD	Humanitarian Response Department
KII	Key Informant Interview
KML	Knowledge Management and Learning
KM4X	Knowledge Management for Excellence
MEAL	Monitoring, Evaluation, Accountability, and Learning
MPP	MEAL Policies and Procedures
OOLT	OverOps Leadership Team
SCP	Strategic Change Platform

Executive Summary

Catholic Relief Services (CRS) is the official international humanitarian agency of the Catholic community in the United States. CRS works with local, national and international Catholic institutions and structures, as well as other organizations, to save, protect and transform lives in more than 100 countries, without regard to race, religion or nationality.

Accountability is a top priority for CRS. In 2018, CRS, Caritas Australia and CAFOD, jointly developed a Protection Mainstreaming/Safe and Dignified Programming Framework that lays out eight core components needed to uphold safety and dignity, meaningful access, accountability, and participation and empowerment in programming. CRS further demonstrated its commitment to accountability in 2019 by becoming a member of the CHS Alliance, "a global alliance of humanitarian and development organizations committed to making aid work better for people".

In 2021, CRS embarked on an agency-wide validated self-assessment process to assess its performance against the Core Humanitarian Standard on Quality and Accountability (CHS). The CHS – administered by the CHS Alliance and required for membership – "is a set of nine commitments made by organizations and individuals delivering humanitarian assistance to people affected by crises"¹. The CHS has traditionally focused on humanitarian contexts, as has CRS' own Safe and Dignified Programming Framework, which shares many elements with the CHS. However, recognizing the need for quality and accountability regardless of the context, CRS utilized the CHS self-assessment process to collaboratively reflect, learn, and improve on how it applies the standards in both in its relief and development work – as one-agency. With demonstrated adherence to the CHS becoming increasingly important for donors in both the humanitarian and development spaces, intra-agency ownership of the analysis and Improvement Plan herein is critical.

CRS' Humanitarian Response Department (HRD) led the agency-wide self-assessment process from 2021 to 2023 using the methodology and tools developed by the CHS Alliance. The process called for the organization's performance to be measured against a series of indicators derived from the 9 CHS commitments, drawing from multiple information sources: staff, agency documents, community members, and partners. Following data collection from these sources, the CHS Alliance provided to CRS a Tableau-based dashboard of its scores and associated qualitative feedback for the following:

- Overall Commitment Scores,
- Key Action Indicators (derived from 687 staff surveys),
- Organizational Responsibility Indicators (derived from desk review conducted by a steering committee of CRS staff),
- Performance Indicators (derived from 229 key informant interviews with community members),
- Partnership Scores (derived from 14 partner organization surveys and a desk review conducted by a steering committee of CRS staff).

In addition to the above scores, CRS received three Index Scores on "PSEA", "Localization" and "Diversity and Gender". These cross-cutting themes are mainstreamed through the CHS. Scores for all indicators ranged from 0 to 4, with 0 being the lowest possible score and 4 being the highest possible score.

¹ CHS Alliance (2022). Core Humanitarian Standard Self-Assessment Manual.
https://d1h79zlgft2zs.cloudfront.net/uploads/2020/06/Self-assessment_manual-v5.pdf

Highlighted Results

- CRS' **overall scores for all 9 CHS Commitments are above 2**, indicating that CRS implements the requirements "quite well" to "very well". CRS' commitment scores are relatively **in line with peer agencies**. CRS' highest commitment score is for Commitment 9: Communities and people affected by crisis can expect that the organizations assisting them are **managing resources effectively, efficiently and ethically**.
- CRS received a **score above 2 for all Key Action (Staff Survey) and Performance (Community Feedback) indicators**. This suggests that staff and community members alike feel that CRS is making systematic efforts toward applying the CHS requirements, but there may still be certain key points that are not addressed.
- CRS' lowest scores that require action are all associated with Organizational Responsibility (Document Review) indicators – 8 in total. These indicators all received a score of 1, which suggests that **CRS implements the requirements "poorly"**; "some required policies or procedures are in place and applied and some efforts are being made to train staff on how to use it".
 - Indicator 1.5: Policies set out commitments which take into account the diversity of communities, including disadvantaged or marginalized people, and to collect disaggregated data.
 - Indicator 3.8: Systems are in place to safeguard any personal information collected from communities and people affected by crisis that could put them at risk.
 - Indicator 4.5: Policies for information-sharing are in place and promote a culture of open communication.
 - Indicator 5.4: The complaints-handling process for communities and people affected by crisis is documented and in place. The process should cover programming, sexual exploitation and abuse, and other abuses of power.
 - Indicator 5.6: Communities and people affected by crisis are fully aware of the expected behavior of humanitarian staff, including organizational commitments made on the prevention of sexual exploitation and abuse.
 - Indicator 5.7: Complaints that do not fall within the scope of the organization are referred to a relevant party in a manner consistent with good practice.
 - Indicator 7.5: Mechanisms exist to record knowledge and experience and make it accessible throughout the organization.
 - Indicator 8.7: A code of conduct is in place that establishes, at a minimum, the obligation of staff not to exploit, abuse or otherwise discriminate against people.
- CRS received **an overall score above 2 on all indexes** signifying that it does "quite well" in implementing most of the requirements laid out by the indicators that comprise the indexes. CRS received **its highest score (2.62) for the Localization Index**. CRS scored lower at 2.27 on the Gender and Diversity Index. CRS received its lowest score (2.22) on the PSEA Index. CRS' index scores are relatively **in line with peer agencies**.
- All surveyed partner organizations indicated that **they are satisfied with the partnership** in general but shared specific actions that CRS could take to improve quality and accountability.
- All fourteen partner organizations indicated that all nine commitments are well integrated into their partnership agreements. This feedback contrasts the findings of the Steering committee, which **noted that Commitments 3, 4, 5, 7, 8, and 9 could each be better integrated into CRS' partnership practices and tools**.
- Data analysis volunteers and steering committee members identified and prioritized several key themes emerging from all data sources:
 - Inclusive Data and Assessments
 - Communication and Information-Sharing
 - Learning and Adapting

All indicators that received a score below 2 are addressed in an improvement plan. CRS staff serving as data analysis volunteers and steering committee members identified actions that could be taken in the next 2+ years to address these indicators. In addition, data analysis volunteers and steering committee members identified further areas for improvement that go beyond indicators scoring below 2; informed by the CHS data, these staff proposed actions that could be taken together with those in the Improvement Plan to further strengthen quality and accountability across CRS.

The CHS Alliance suggests that “this [self-assessment] process and [improvement] plan should be renewed every two years to measure progress made and ensure that the improvement plan remains up-to-date and focused on the most needed areas.” Next steps to implement the actions identified herein include:

- Identifying the most appropriate department to sponsor – with personnel and funding – and to manage the process
- Identifying and onboarding new and diverse steering committee members that represent the departments cited in the *Improvement Plan* and *Further Indicators Identified for Action* (Note: Some current steering committee members will continue to participate)
- Support CRS country programs wishing to develop country-level CHS improvement plans and encourage country programs to follow-up with partners as appropriate
- Work with responsible departments to support development of detailed implementation plans/roadmaps for actions identified in *Improvement Plan* and *Further Indicators Identified for Action*.
- Track and report on progress toward implementing *Improvement Plan* and *Further Indicators Identified for Action*

Introduction

CRS At a Glance

No. of Countries
Where CRS Works:
110

No. of Individuals
Served:
More than 130
million annually

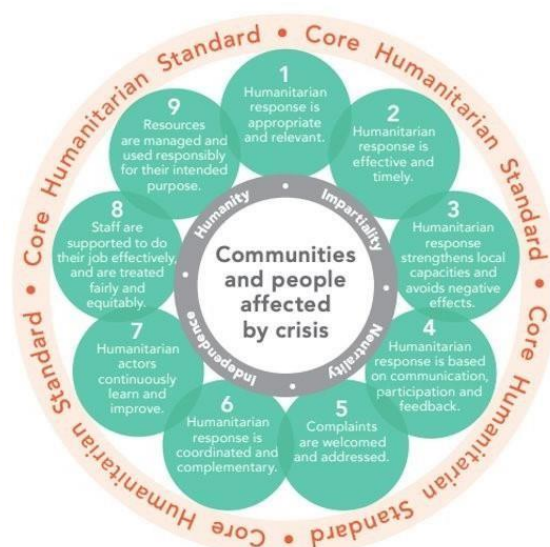
No. of Staff:
Over 7,000

Catholic Relief Services (CRS) is the official international humanitarian agency of the Catholic community in the United States. Since 1943, CRS has been carrying out the commitment of the Catholic Bishops and the Catholic community of the United States to assist the poor and vulnerable overseas. Today, CRS works with local, national and international Catholic institutions and structures, as well as other organizations, to save, protect and transform lives in more than 100 countries, without regard to race, religion or nationality.

CRS' relief and development work are accomplished through programs of emergency response, HIV, health, agriculture, water, education, microfinance, peacebuilding and partnership. Headquartered in Baltimore, Maryland, CRS implements nearly all its programming in the regions of Africa, Asia, Europe, the Middle East and Latin America and the Caribbean in partnership with local organizations: local churches, governments, researchers, foundations, businesses, impact investors, and implementing partners of all sizes. CRS places a particular emphasis on accompanying local institutions in achieving their ambitions to be effective, dynamic, and sustainable catalysts for change for the people and communities they serve

CRS supported 14.2M people affected by emergencies in 2019 (35% of total CRS expenditures)². When responding to emergencies, CRS meets immediate needs for food, water, and shelter, then moves to rebuilding and reconstruction, helping people suffering from natural disasters, chronic emergencies and conflict reclaim their lives and build resilience. CRS is especially known for its work in market-based responses and shelter³.

Accountability is a top priority for CRS. In 2018, CRS, Caritas Australia and CAFOD, jointly developed a Protection Mainstreaming/Safe and Dignified Programming Framework that lays out eight core components needed to uphold safety and dignity, meaningful access, accountability, and participation and empowerment in programming. CRS further demonstrated its commitment to accountability in 2019 by becoming a member of the CHS Alliance, "a global alliance of humanitarian and development organizations committed to making aid work better for people" by implementing the Core Humanitarian Standard on Quality and Accountability (CHS). The CHS "is a set of nine commitments made by organizations and individuals delivering humanitarian assistance to people affected by crises. The CHS sets out what those affected by crises can expect from these organizations and individuals, and how they can hold them to account"¹.



In 2021, CRS embarked on an agency-wide validated process to assess its performance against the nine standards; CHS Alliance members must select one of three options to verify against the standard. The CHS have traditionally focused on humanitarian contexts, as has CRS' own Safe and Dignified Programming Framework, which shares many elements with the CHS.

² Catholic Relief Services (January 2023). Humanitarian Response Department. <https://crsorg.sharepoint.com/sites/Humanitarian-Response>

³ Catholic Relief Services (January 2023). Capacity Overview. <https://www.crs.org/our-work-overseas/capacity-overview>

However, recognizing the need for quality and accountability regardless of the context, CRS utilized the CHS self-assessment process to collaboratively reflect, learn, and improve on how it applies the standards in both in its relief and development work – as one-agency. With demonstrated adherence to the CHS becoming increasingly important for donors in both the humanitarian and development spaces, intra-agency ownership of the analysis and Improvement Plan herein is critical.

Methodology

Data Collection

CRS' Humanitarian Response Department (HRD) led the agency-wide self-assessment process from inception in 2021 through reporting in 2023. CRS' Assessment Focal Points – staff from HRD – were supported by a steering committee comprised CRS staff representing country programs and departments from across the agency.

The process, developed by the CHS Alliance, called for the organization's performance to be measured against a series of indicators derived from the 9 CHS commitments, drawing from multiple information sources: staff, agency documents, community members, and partners. To ensure minimum quality criteria and to receive certification of the process, the CHS Alliance required:

- A minimum sample size to be met.
- The document review process and assigned scores on this section be supported with a narrative.
- A self-assessment summary and improvement plan be developed and endorsed by senior leadership at CRS.

SELF-ASSESSMENT MEASURES, INFORMATION SOURCES, AND METHODS

MEASURE	INFORMATION SOURCE(S)	METHOD(S)
Key Action Indicators	687 CRS Staff in 68 Countries	Online Staff Survey
Organizational Responsibility Indicators	CRS Policies, Key Documents, Tools	Desk Review by Steering committee of CRS Staff
Performance Indicators	229 Members of Communities Served by CRS	Key Informant Interviews Conducted by CRS Staff
Partnership Scores	14 Partner Organizations from 10 Countries Where CRS Works	Online Partner Survey
	CRS Policies, Key Documents, Tools	Desk Review by Steering committee of CRS Staff

In collecting data from the above sources, CRS endeavored to achieve CHS Alliance's recommendations regarding geographic diversity, gender and age balance, inclusion of persons from marginalized and diverse groups, and inclusion of persons from varying levels (seniority) within the agency.

KEY SELF-ASSESSMENT NUMBERS

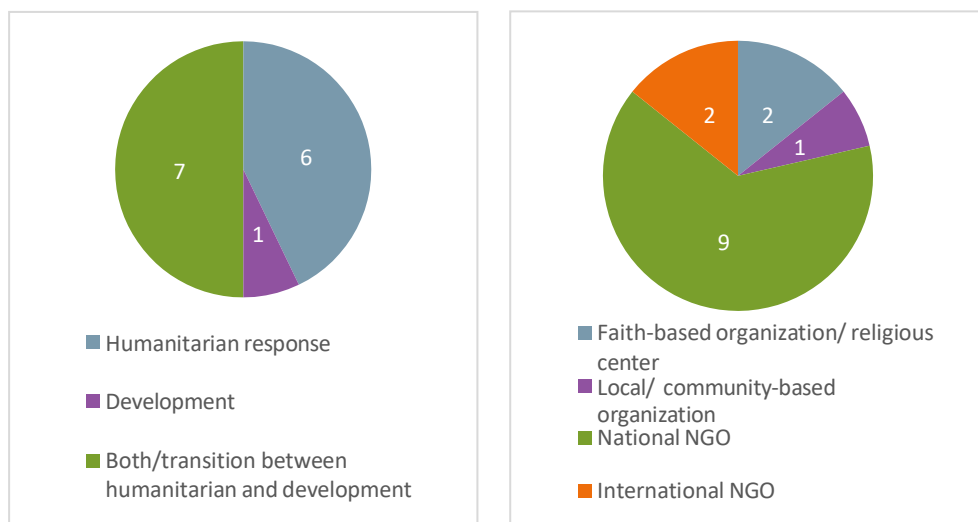
- No. Staff Completing Survey: 687 in 68 countries
 - Sex: 286 women, 395 men, 6 did not identify
 - Seniority: 313 worked with CRS 0-3 years, 243 worked with CRS 4-10 years, 131 worked with CRS 10+ years
- No. Partner Organizations Providing Feedback: 14 from 10 Countries Where CRS Works (Bangladesh, Ghana, Greece, Honduras, Indonesia, Mali, Malawi, Nigeria, Somalia, Uganda)

CRS is grateful for its partner organizations in the following country programs who provided feedback in this process:

Bangladesh
Ghana
Greece
Honduras
Indonesia
Mali
Malawi
Nigeria
Somalia
Uganda

- No. Community Members Providing Feedback: 229⁴
 - 28 persons with disabilities, 181 persons without disabilities
 - 125 women, 84 men
 - Under 18 years: 3, 18-34 years: 82, 35-54 years: 97, 55+ years: 27

TYPES OF PARTNER ORGANIZATIONS PARTICIPATING IN SELF-ASSESSMENT

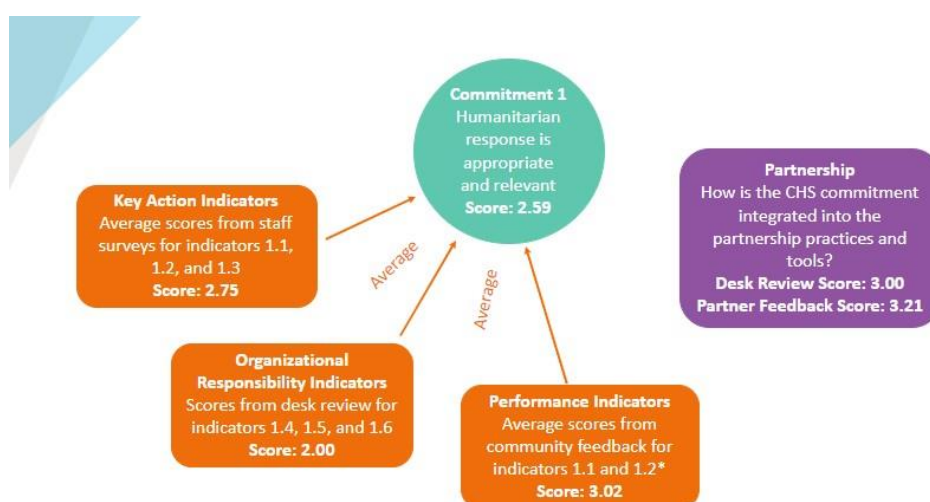


Analysis

Following collection and submission of the required data, CHS Alliance provided to CRS a Tableau-based dashboard of its overall commitment scores as well as its scores and associated qualitative feedback for Key Action, Organizational Responsibility, and Performance Indicators and Partnership.

EXAMPLE SCORE CALCULATION

(Refer to Appendix A for detailed information on how CHS Alliance calculated scores)



⁴ 20 Community members did not disclose age, sex, disability status

In addition to the above scores, CRS received three Index Scores “on “PSEA”, “Localization” and “Diversity and Gender”. These cross-cutting themes are mainstreamed through the CHS and the CHS Alliance has used a selected list of relevant indicators within the different commitments to give organizations a reflection of their performance of them... The index scores are calculated with a simple calculation of the average between the indicators.”⁵

Theme	Indicators Used to Calculate Index Score ⁶
PSEA The extent CRS has the policies and practices in place to protect people in vulnerable situations.	1.2, 2.1, 3.6, 3.7, 3.8, 4.1, 4.5, 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 6.1, 6.4, 6.6, 8.1, 8.2, 8.7, 8.9, 9.5
Localization The extent CRS is applying CHS requirements supporting an approach where national actors can play an increased and more prominent role in humanitarian assistance	3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 4.2, 6.1, 6.2, 6.5, 6.6, 9.4
Gender and Diversity The extent CRS is applying CHS requirements relevant in terms of diversity in communities (age, gender, disability, etc.)	1.2, 1.5, 3.3, 3.6, 3.7, 4.2, 4.3, 4.4, 8.5, 8.7

Scores for all indicators ranged from 0 to 4, with 0 being the lowest possible score and 4 being the highest possible score.

- A score of 0 indicates a weakness that is so significant that the organization is unable to meet the requirement.
- Scores between 1 and 2 signify efforts are being made to apply this requirement, but they are not systematic.
- Scores between 2 and 3 signify systematic efforts towards applying this requirement are being made, but certain key points are still not addressed.
- Scores above 3 signify full compliance with the requirement.
- A score of 4 indicates exemplary performance in the application of the requirement. See Annex III for the full scoring grid.

Reflection and Planning

“A Self-Assessment is a two-year cycle of continuous learning and improvement: once the self-assessment is completed for the first time, it must feed into an improvement plan.”⁷ To analyze the CHS data and develop CRS’ improvement plan, the Assessment Focal Point solicited staff volunteers from countries and departments that participated in data collection. The Assessment Focal Point led nine “data analysis sessions” during which volunteers reviewed the CRS scores as calculated by the CHS Alliance as well as disaggregated quantitative and qualitative data, collaboratively identified strengths and prioritized areas for improvement, and generated ideas for ways that CRS could address the identified gaps while leveraging its strengths and ongoing initiatives. Following the data analysis sessions, the steering committee reconvened to review and refine the improvement plan.

Per CHS Self-Assessment requirements, all indicators that received a score below 2 are addressed in the improvement plan that follows. Data analysis volunteers and steering

⁵ CHS Alliance (2022). Core Humanitarian Standard Self-Assessment Manual. https://d1h79zlgft2zs.cloudfront.net/uploads/2020/06/Self-assessment_manual-v5.pdf

⁶ Refer to Appendix B for indicator descriptions

⁷ CHS Alliance (2022). Core Humanitarian Standard Self-Assessment Manual. https://d1h79zlgft2zs.cloudfront.net/uploads/2020/06/Self-assessment_manual-v5.pdf

committee members identified actions that could be taken in the next 2+ years (2023 – 2025) to address highlighted gaps. In addition, data analysis volunteers and steering committee members identified further areas for improvement that go beyond indicators scoring below 2; informed by the CHS data, these staff proposed actions that could be taken together with those in the Improvement Plan to further strengthen quality and accountability across CRS.

Limitations

- ***Delays in the process may have resulted in loss of staff support.*** The self-assessment process was initially scheduled to be completed within 12 weeks – by September 2021 – but was delayed for the following reasons:
 - CHS Alliance faced technical difficulties developing CRS’ Tableau dashboard which delayed CRS’ data analysis sessions and improvement planning
 - CRS’ Assessment Focal Point, tasked with managing this process internally from inception to implementation, was replaced several times due to staff turnover

There were initially 40+ data analysis volunteers set to participate in collaborative analysis and improvement planning but only ~20 were available by the time data analysis sessions were scheduled.

- ***Delays in the process may mean that some scores do not reflect the current reality in CRS.*** Because there was a significant gap between data collection (May-Sep 2021) and data analysis (July-Oct 2022), the Assessment Focal Point asked data analysis volunteers and steering committee members to answer the question: “**What actions have been taken in the last year in relation to the commitments and indicators that might contribute to improved scores?**” Staff responded with a plethora of ongoing initiatives both at the CP and agency levels, most notably work around safeguarding and safe and dignified programming, FCRMs, and Responsible Data. This ongoing work and additional assets within the agency are noted in the improvement plan so that they may be considered and built upon when taking further actions to maximize quality, accountability, and impact.
- ***Selection of participants (staff, countries, community members, and partner organizations) was not random, which may have impacted the generalizability of findings.*** Sample sizes of staff, countries, community members, and partner organizations were set by CHS using a 95% confident level and 3% (staff) or 5% (partners) margin of error. Except for the staff survey (687 staff surveyed is slightly lower than suggested sample size of 700), CRS exceeded the sample sizes encouraged by CHS, but selection of participants was not random.
 - Countries programs were selected based on a balance of the following criteria:
 - Time, interest, and commitment especially if there is alignment with CP learning/capacity development objectives
 - Humanitarian and development programs
 - Work with local partners and direct implementation
 - Ability to meet self-assessment deadlines (based on CP activity portfolio)
 - Regional representation (at least one CP per region). 10 countries in total.
 - Variety of contexts (stable with cyclical crises, rapid onset emergency, protracted crises)
 - Complexity of operating context (remote versus in-country presence)
 - Level of experience with protection mainstreaming, accountability to affected people, safeguarding, etc.

- Ability to dedicate time for one in-country focal point to coordinate CP level activities
- Partner organizations were selected by senior leadership in the selected country programs.

All of the above participants provided support and information critical to this self-assessment process, but non-random sampling introduces the potential for bias in results. For example, 13 of 14 selected partners organizations self-identified as working in “humanitarian” or “transitional” contexts. Would inclusion of more “development”-focused partners in the data collection process have altered CRS’ partnership score fundings? Some insights from the self-assessment may not be applicable in all CRS contexts and should therefore be considered a snapshot.

- ***Power imbalance between CRS and participants may have impacted indicator scores.*** Steering committee members pointed out that CRS may be perceived as a donor to some of its partner organizations worldwide. Partner organizations may therefore be inclined to provide favorable feedback to maintain a positive working relationship with the agency.

Findings

CHS' Nine Commitments

Communities and people affected by crisis...

1. Receive assistance **appropriate and relevant** to their needs
2. Have access to the humanitarian assistance they need **at the right time**
3. Are **not negatively affected** and are **more prepared, resilient, and less at-risk** as a result of humanitarian action
4. Know their **rights and entitlements**, have **access to information** and **participate in decisions** that affect them
5. Have access to **safe and responsive mechanisms** to handle **complaints**
6. Receive coordinated, **complementary assistance**
7. Can expect delivery of improved assistance as organizations **learn from experience and reflection**
8. Receive the assistance they require from **competent and well-managed staff** and volunteers
9. Can expect that organizations assisting them are **managing resources effectively, efficiently, and ethically**

Indicator Results

- CRS' **overall scores for all 9 CHS Commitments are above 2**, indicating that CRS implements the requirements "quite well" to "very well". CRS received a score of 3 for Commitment 9 – CRS' highest overall score among all Commitments, indicating that CRS manages resources effectively, efficiently, and ethically very well.⁸
- For **Commitments 2, 6, and 9, CRS received a score of at least 2 for all the associated indicators**. This translated to relatively high overall scores for Commitments 6 and 9, but not for Commitment 2; the scores for the Organizational Responsibility (Document Review) indicators associated with Commitment 2 decreased the overall average score.

Scoring Framework for Overall Indicator Scores

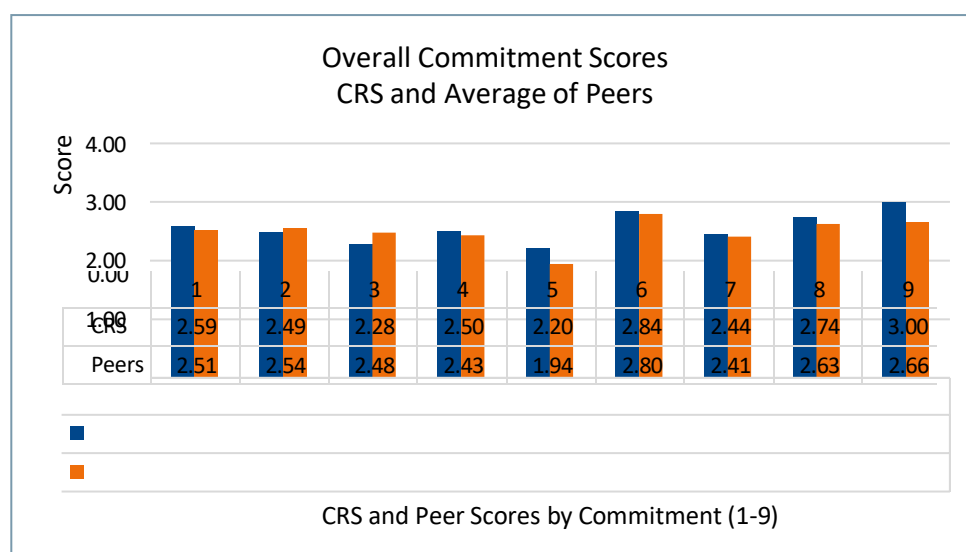
0 - Your organization currently doesn't work towards applying this requirement, either formally or informally. It's a major weakness that prevents your organization from meeting the overall commitment.

1 - Your organization has made some efforts towards applying this requirement, but these efforts have not been systematic.

2 - Your organization is making systematic efforts towards applying this requirement, but certain key points are still not addressed.

3 - Your organization conforms to this requirement, and organizational systems ensure that it is met throughout the organization and over time - the requirement is fulfilled.

4 - Your organization's work goes beyond the intent of this requirement and demonstrates innovation. It is applied in an exemplary way across the organization and organizational systems ensure high quality is maintained across the organization and over time.

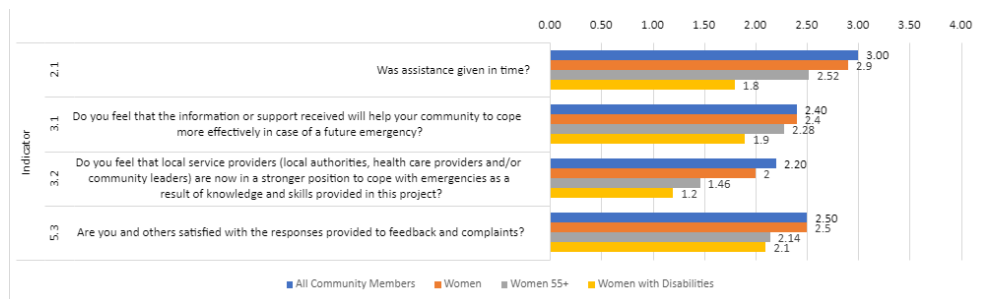


⁸ CHS Alliance (2022). Humanitarian and Accountability Report: Average of 95 CHS verified organizations 2015-2021. <https://d1h79zlgfht2zs.cloudfront.net/uploads/2022/09/Humanitarian-Accountability-Report-2022-full-report.pdf>

Key Action and Performance Indicators

Key Action indicators describe what staff should deliver to ensure high-quality, accountable humanitarian assistance. Key Action indicator scores are calculated using data from the online staff survey. Performance indicators measure progress in meeting the commitments and scores are calculated using data from key informant interviews with community members affected by crisis.

- CRS received an **overall score above 2 for all Key Action (Staff Survey) and Performance (Community Feedback) indicators**. This suggests that staff and community members alike feel that CRS is making systematic efforts toward applying the CHS requirements, but there may still be certain key points that are not addressed.
 - For staff, this feedback holds true regardless of gender and seniority.
 - **Female community members** scored CRS lower for Performance Indicators 2.1 and 5.3, while women over age 55 and women with disabilities scored CRS lower for Performance Indicators 2.1, 3.1, 3.2, and 5.3 – see graph below.



- CRS' highest scoring Key Action and Performance Indicators are
 - Key Action Indicator 9.3: Expenditure is monitored and reported against budget.
 - Key Action 9.5: The risk of corruption is managed, and appropriate action is taken when corruption cases are identified.
 - Performance Indicator 8.1: Do you consider our staff to be capable and effective (i.e., in terms of their knowledge, skills, behaviors and attitudes)?
 - Performance Indicator 9.2: Do you feel that the goods and services are being provided in an honest and efficient way?
- Despite their positive perception of CRS' implementation of CHS Commitments, both staff and community members provided constructive feedback – discussed below.

Organizational Responsibility Indicators

Organizational responsibilities describe what policies, processes, and systems that organizations need to have in place to meet the CHS. Organizational Responsibility indicator scores are calculated using data from the desk review.

- CRS' highest scoring Organizational Responsibility indicators are:
 - Indicator 1.4 Policies commit to impartial assistance based on the needs and capacities of communities and people affected by crisis.
 - Indicator 6.6 Work with partners is governed by clear and consistent agreements that respect each partner's mandate, obligations, and independence, and recognizes their respective constraints and commitments.
 - Indicator 9.6 Policies and processes governing the use and management of resources are in place, including how the organization:
 - accepts and allocates funds and gifts-in-kind ethically and legally;

- uses its resources in an environmentally responsible way;
- prevents and addresses corruption, fraud, conflict of interest and misuse of resources;
- conducts audits, verifies compliance and reports transparently;
- assesses, manages and mitigates risk on an ongoing basis;
- ensures that the acceptance of resources does not compromise its independence.

These indicators all received a score of 3, which suggests that **CRS implements the requirements “very well”**; “all required policies or procedures are in place and staff are systematically trained on how to use it.”

- CRS’ lowest scores Organizational Responsibility indicators – the lowest scores of the assessment overall – are noted below. These indicators all received a score of 1, which suggests that **CRS implements the requirements “poorly”**; “some required policies or procedures are in place and applied and some efforts are being made to train staff on how to use it”. Since scores were based on organizational documents and practices as of May 2021, **additional actions to address these gaps may have already been taken** at agency level since that time. Nevertheless, the below eight indicators must be included in CRS’ improvement plan. **High-level explanations for the low scores are noted in the *Steering Committee and/or Staff Comments* column of the improvement plan.**

Indicator 1.5: Policies set out commitments which take into account the diversity of communities, including disadvantaged or marginalized people, and to collect disaggregated data.

Indicator 3.8: Systems are in place to safeguard any personal information collected from communities and people affected by crisis that could put them at risk.

Indicator 4.5: Policies for information-sharing are in place, and promote a culture of open communication.

Indicator 5.4: The complaints-handling process for communities and people affected by crisis is documented and in place. The process should cover programming, sexual exploitation and abuse, and other abuses of power.

Indicator 5.6: Communities and people affected by crisis are fully aware of the expected behaviour of humanitarian staff, including organizational commitments made on the prevention of sexual exploitation and abuse.

Indicator 5.7: Complaints that do not fall within the scope of the organization are referred to a relevant party in a manner consistent with good practice.

Indicator 7.5: Mechanisms exist to record knowledge and experience, and make it accessible throughout the organization.

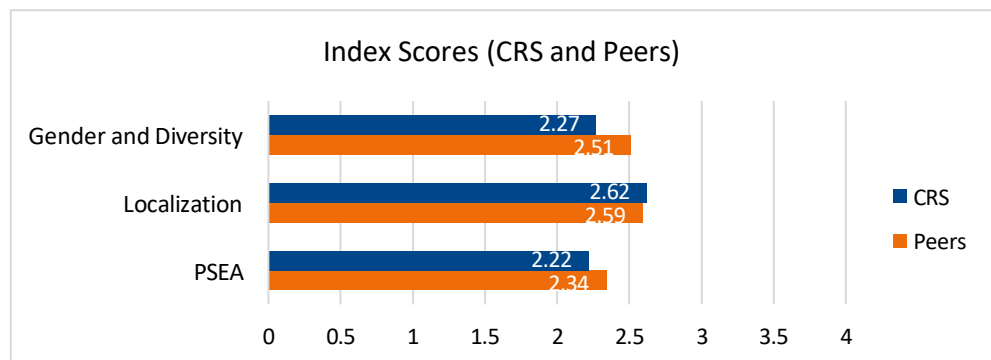
Indicator 8.7: A code of conduct is in place that establishes, at a minimum, the obligation of staff not to exploit, abuse or otherwise discriminate against people.

- For 6 of the above 8 indicators (1.5, 3.8, 5.4, 5.6, 5.7, 8.7), CRS’ steering committee attributed a score of 2 when conducting its desk review; Steering committee members felt **CRS implements the requirements “quite well”**; “a majority of the required policies or procedures are in place and staff are often trained on how to use it.” CRS staff who served as stakeholders reviewing the steering committee’s findings felt a score of 1 was more fitting and adjusted the scores down.

Index Scores

Index scores on “PSEA”, “Localization” and “Diversity and Gender” provide organizations a reflection of their performance on these cross-cutting themes.

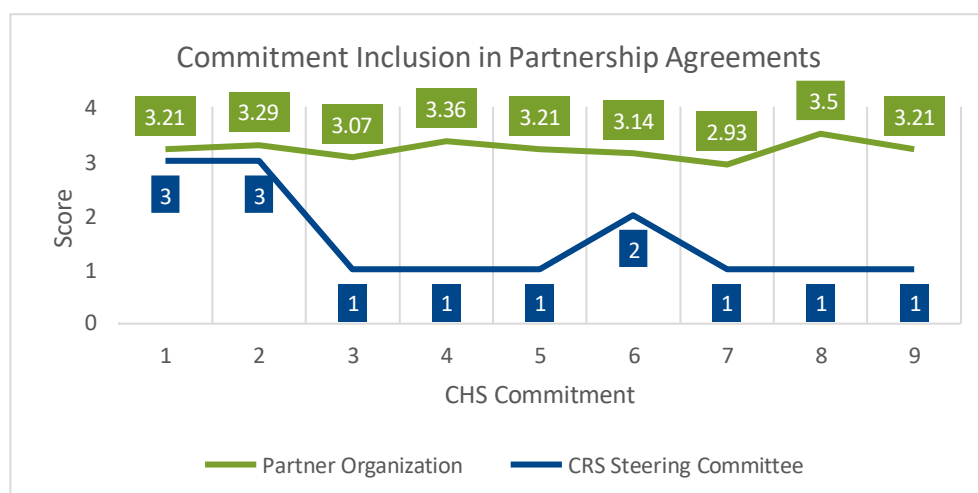
- CRS received **an overall score above 2** on all indexes signifying that it does “quite well” in implementing most of the requirements laid out by the indicators that comprise the indexes.
- CRS received **its highest score (2.62) for the Localization Index**. This may not be surprising given CRS’ emphasis on local leadership in its 2030 strategic plan and long-standing prioritization of partner capacity strengthening.
- CRS scored **lower at 2.27 on the Gender and Diversity Index**. Indicators 1.5 (data disaggregation) and 8.7 (CoC explicitly includes PSEAH and anti-discrimination) can be cited as the two lowest scoring indicators that reduced the index’s overall score. **Refer to the Steering Committee and/or Staff Comments column of the Improvement Plan for explanations of low scores.**
- CRS received its **lowest score (2.22) on the PSEA Index**. Indicator 8.7 was also one of the lowest-scoring indicators included this index along with Indicators 3.8, 4.5, 5.4, 5.6, and 5.7 – all of which received a score of 1.00. Data analysis volunteers speculated that the PSEA Index may have scored the lowest of the three (2.22) since CRS restructured how it implements safeguarding just three years prior. Since that time – and especially in the last year – CRS has made significant investment and advances in PSEA work. Were CRS re-assessed right now, it may receive higher scores on some of the PSEA indicators.



Partnership Scores

Partnership scores measure how CRS integrates the nine commitments of the CHS into its partnership practices and tools. Ten partner organizations provided feedback on this through an online survey and CRS’ Steering committee conducted a desk review of partnership policies, guidance, and tools. Partners also provided qualitative feedback.

- All surveyed partner organizations indicated that **they are satisfied with the partnership** in general.
- All fourteen partners indicated that all nine commitments are well integrated into their partnership agreements. This feedback contrasts the findings of the Steering committee, which **noted that Commitments 3, 4, 5, 7, 8, and 9 could each be better integrated into CRS’ partnership practices and tools.**



- Partner organizations commented with **specific actions** that could be taken to enhance the partnership (see Appendix C), some of which aligned well with indicator scores and staff comments:
 - CRS could better understand partners' strengths and needs (link with Indicator 6.1 – Stakeholder Mapping and Capacity Assessments)
 - Learning and information-sharing could be better prioritized (link with Indicator 7.5 – Record and Share Knowledge)
 - CRS could be more participatory in its approach (link with Commitment 4 – Communities Engage in Decision-Making)
 - CRS programming could be better designed for hard-to-reach areas and promote long-term resilience (link with Commitments 1 – Relevant Assistance, Commitment 2 – Timely Assistance)

I think we could be much stronger in understanding our stakeholders and also the perspective of our program participants.

- CRS Staff

Emerging Themes

Data analysis volunteers and steering committee members identified and prioritized several key themes emerging from all data sources:

Inclusive Data and Assessments

CRS received a score below 2 for **indicators 1.5 (collecting disaggregated data) and 3.8 (data protection and communication)**, so these indicators must be addressed in the improvement plan. Thinking bigger, the steering committee suggested that CRS could **go farther** to ensure its programs are designed and implemented based on **systematic, comprehensive, ongoing data collection (assessments)** related to risks, including protection, safeguarding, and environmental risks, as well as stakeholders and their capacities. Staff noted that assessments are usually conducted during design of projects but may not capture the nuances of the contexts in which CRS works. Ongoing assessments capturing changes may not be consistently implemented.

Inclusion has focused mostly on hearing the voices of women as well as men and seeking out the perspective of the most marginalized. Some programs have also been good at engaging children / adolescents. We still have progress to do in taking old age in consideration or in using the WGQ to improve disability inclusion. Most critical, we could still improve team's systematic use of disaggregated assessment and monitoring data to make programming decisions.

- CRS Staff

More systematic emphasis can be made for participation and active engagement of communities to drive assistance needs that are best for the community and empower the community along the way.

-CRS Staff

The humanitarian response arrives but often not at the right time, due to the slowness of the processes. In emergency phases, administrative action is taken as in a development project.

-CRS Staff

Communication and Information-Sharing

CRS received a score below 2 for **indicators 4.5 (open communication with communities) and 5.4-5.7, 8.7 (infrastructure and communication relating to PSEA)**. These indicators are addressed in the improvement plan. Staff and partners suggested that CRS could enhance its accountability by going from information-sharing to **participatory program design and implementation**. Qualitative data from both Commitments 8 and 4 highlighted that **information-sharing with staff** may be another area for improvement, particularly information related to organizational policies, procedures, and resources. Partners and staff also suggested that CRS could improve **information-sharing with partners and peers**.

Learning and Adapting

There are gaps in CRS' implementation of **indicators 7.5 (mechanisms for recording and sharing knowledge)** that are addressed in the improvement plan. Staff generally agreed that learning is taking place within CRS but highlighted that there may be barriers to **sharing information, including programmatic learning** – across the agency, with partners, peers, and communities, and over time. Staff suggested that CRS could strengthen its **use of learning** to implement practical changes (**adaptive management**), noting that there may be further **operational barriers to making changes quickly**.

We are collecting data but not always utilizing it for decision-making. We aren't always asking ourselves what the data means or reflecting on whether or not we are collecting the data we need to make decisions. There are efforts to improve this, and it is done in some of our projects but there is a lot of room for improvement.

- CRS Staff

Improvement Plan

Indicators Scoring Less Than Two

The following actions were identified by data analysis volunteers and steering committee members as necessary to meet requirements of CHS indicators for which CRS scored below 2 (all indicators included in the table below received a score of 1).

IMPROVEMENT PLAN FOR INDICATORS SCORING LESS THAN TWO

INDICATOR AND DESCRIPTION	GAPS AND OPPORTUNITIES HIGHLIGHTED BY CHS DATA	DESIRED OUTCOMES AND ACTIVITIES	ASSETS AND ONGOING INITIATIVES ⁹	POTENTIAL FOCAL POINTS AND CONSULTING DEPARTMENTS	COMPLETED BY
1.5 Policies set out commitments which take into account the diversity of communities, including disadvantaged or marginalized people, and to collect disaggregated data. Description: <ul style="list-style-type: none"> Required levels of data disaggregation for assessment and reporting are clearly outlined. 	<ul style="list-style-type: none"> CRS MEAL Policies and Procedure document does not clearly reference requirement for collecting disaggregated data 	1.5.1 CRS staff collect, analyze, and utilize disaggregated data (age, gender, disability status at minimum) during design, monitoring, and reporting Collect <ul style="list-style-type: none"> Develop/consolidate guidance defining data disaggregation (ex. Should age be measured by asking for birth date or self-selecting a range of ages), and best practices in collecting data from vulnerable groups Consider how to include requirement to collect disaggregated data (age, gender, disability status at minimum) in 	<ul style="list-style-type: none"> Data disaggregation included as “good practice” in MEAL Policies and Procedures Link with systematic needs and capacity assessments (i.e., protection risk assessments) Reference USAID data disaggregation categories 	PIQA/MEAL; PIQA/Gender, Youth, Disability Inclusion TAs; HRD/SDP, PIQA/PM Standards	2024

⁹ Collected from CHS data analysis Sessions. Lists are not intended to be comprehensive. **Consider whether any assets or initiatives may have already improved CRS’ score for the associated indicator.**

		<p>Meal Policies and Procedures or other program guidance</p> <p>Analyze</p> <ul style="list-style-type: none"> Develop/consolidate CRS guidance/tools re: accounting for diversity and inclusion in data analysis, program design, and program implementation (ex. Gender Analysis); adapt for rapid/emergency contexts if needed <p>Utilize</p> <ul style="list-style-type: none"> Train staff to ensure sufficient capacity to analyze disaggregated data for project design and implementation Global metrics (ex. PSDI) reported with data disaggregation 			
<p>3.8 Systems are in place to safeguard any personal information collected from communities and people affected by crisis that could put them at risk.</p> <p>Description:</p> <ul style="list-style-type: none"> Establish clear and comprehensive policies on data protection, including 	<ul style="list-style-type: none"> Limited Data Protection Policy; no requirement to inform participants of rights No accountability mechanism re: informing beneficiaries of data rights Need to strengthen staff training 	<p>3.8.1 CRS Responsible Data Roadmap Implemented, including:</p> <ul style="list-style-type: none"> Comprehensive Data Protection Policy and Procedure in place, including required communication to participants, and incorporated into program planning documents (i.e., PM Standards) 	<ul style="list-style-type: none"> Responsible Data Values and Guidelines MPP Requirement to Collect Consent or Assent and upload de-identified data to Gateway Good practices for data protection in FCRM Guidance EthicsPoint used for PSEAH data GKIM engaging vendor for PIAs Responsible Data Roadmap Working Group 	GKIM/Responsible Data Working Group, HRD/SDP, PIQA/Safeguarding	Policy by 2024; other activities to follow

<p>electronic registration and distribution systems.</p> <ul style="list-style-type: none"> • Inform those receiving aid about their rights in relation to data protection, how they can access the personal information that an organization holds about them and how to raise concerns they have about misuse of information. • PSEAH requirement to fulfil this indicator: The organization needs to have systems in place to safeguard personal information relating to SEAH incidents that could put affected people at risk. 		<ul style="list-style-type: none"> • Inclusion of Responsible Data requirements in JDs • Responsible Data Awareness program created and mandated 			
4.5 Policies for information-sharing are in place and	<ul style="list-style-type: none"> • Need to strengthen communication to participants 	4.5.1 Policy in place outlining minimum requirements for	<ul style="list-style-type: none"> • MPP Good Practices to communicate key project information to project participants 	HRD/SDP, PIQA/Safeguarding, PIQA/MEAL,	2025

<p>promote a culture of open communication.</p> <p>Description:</p> <ul style="list-style-type: none"> Define and document processes for sharing information. Strive to share organizational information about successes and failures openly with a range of stakeholders to promote a system-wide culture of openness and accountability. PSEAH requirement to fulfil this indicator: The organization needs to have an information sharing policy that addresses PSEAH. 	<p>on rights and entitlements – no systematic approach</p> <ul style="list-style-type: none"> No staff training on communicating rights and entitlements to participants Staff orientation could be strengthened to reinforce content and where to find key policies, procedures, and resources 	<p>information-sharing to frontline workers and communities, including PSEAH rights and entitlements</p> <ul style="list-style-type: none"> Develop/consolidate guidance and tools for programmatic and organizational information-sharing with frontline workers and project participants, including PSEAH rights and entitlements (<i>see indicator 5.6</i>) Further integrate regular information-sharing into program planning documents (i.e., PM Standards) Train staff on effective communication with project participants 	<p>at start up and close out, progress and changes</p> <ul style="list-style-type: none"> SMILER+ Stakeholder Communication Plan FCRM Guidance includes information sharing tools SPSEA Toolkit and upcoming PrePD toolkit 	<p>PIQA/PM Standards, GPR</p>	
<p>5.4 The complaints-handling process for communities and people affected by crisis is documented and in place. The</p>	<ul style="list-style-type: none"> Perception that complaints-handling may not be consistent across the agency Policies were missing details on requirements for safe channels, how they link to EthicsPoint and 	<p>5.4.1 CPs implement CP-level FCRMs/data management systems (i.e., YouTrack) in accordance with FCRM Guide that</p>	<ul style="list-style-type: none"> FCRM Guide released Piloted YouTrack CP-level FCRM data management system YouTrack Working Group Ongoing discussion re: linking YouTrack with EthicsPoint 	<p>PIQA/MEAL, HRD/SDP, PIQA/Safeguarding, GKIM/YouTrack Working Group CRs, DRDs</p>	<p>2025</p>

<p>process covers programming, sexual exploitation and abuse, and other abuses of power.</p> <p>Description:</p> <ul style="list-style-type: none"> • Keep records of how the complaints mechanism is set up, decision criteria, all complaints made, how they were responded to and within what time frame. • Take care to ensure that information on complaints is kept confidential, in strict accordance with data protection policies. • Work with other organizations on complaints mechanisms, as this may be less confusing for communities and staff. • PSEAH requirement to 	<p>how to escalate sensitive complaints</p> <ul style="list-style-type: none"> • Training on the Code of Conduct and Safeguarding Policy is not built into regular/ongoing conversations • Survivor-centered approach is not clearly communicated/ built into processes, esp. communication with survivor • Documented investigation procedure not widely available 	<p>incorporate multiple project-level channels</p> <ul style="list-style-type: none"> • Identify roles and responsibilities at CP and Baltimore levels for ensuring FCRMs are in place, confidential, and accessible • Require standardized SoPs for FCRMs in Meal Policies and Procedures • Account for partner-managed FCRMs in design of CRS FCRMs • Develop a training package for staff re: FCRM set up and requirements, prohibited conduct/expected behaviors and reporting options • Link CP-level FCRMs with EthicsPoint • Identify compliance /audit mechanisms 	<ul style="list-style-type: none"> • Accountability Focal Points in some countries • Partner Safeguarding Policy and Procedure includes FCRM requirement • Safeguarding Department E2E process for complaints handling (internal document) and forthcoming SAM/FAM procedure • EthicsPoint for whistleblowing and data storage • MPP Self-Assessment collected data on existence of safe and accessible FCRMs 	<p>PQ and Ops, CP Program and MEAL</p>	
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<p>fulfil this indicator: The organization needs to have a documented complaints-handling and investigations process that addresses SEAH, is survivor/victim centered, and sets out mandatory reporting obligations relating to SEAH.</p>					
<p>5.6 Communities and people affected by crisis are fully aware of the expected behavior of humanitarian staff, including organizational commitments made on the prevention of sexual exploitation and abuse.</p> <p>Description:</p> <ul style="list-style-type: none"> Explain the complaints process to communities and staff. Include mechanisms for both sensitive issues (such as 	<ul style="list-style-type: none"> Policies and Code of Conduct, complaints handling process, are not adequately or systematically shared with communities FCRMs that meet community needs are absent in some places Not all staff (including affiliates/contractors/volunteers) are fully aware of expected behaviors and reporting requirements, mechanisms 	<p>5.6.1 Communities and project participants systematically receive information about expected behaviors (including SEAH), reporting channels, complaints handling processes:</p> <ul style="list-style-type: none"> System is developed to identify particular roles responsible for ensuring training of CRS representatives and awareness-raising with community members re: expected behaviors, reporting obligations and options <p>Develop/consolidate guidance and tools for community</p>	<ul style="list-style-type: none"> FCRM Guidance includes information sharing tools MPP Good Practices to communicate key project information to project participants at start up and close out, progress and changes Ethics Unit trainings for staff re: Safeguarding Policy Safeguarding Roll-Out Priorities Strengthening Partners in Protection Against Sexual Exploitation and Abuse through Protection Mainstreaming (SPSEA) project toolkit 	<p>PIQA/Safeguarding, HRD/SDP, PIQA/MEAL, PIQA/PM Standards</p>	<p>2025</p>

<p>those relating to corruption, sexual exploitation and abuse, gross misconduct or malpractice) and non-sensitive information (such as challenges to the use of selection criteria).</p> <ul style="list-style-type: none"> • PSEAH requirement to fulfil this indicator: the organization needs to ensure that affected people are fully aware of the expected behavior of staff in regard to PSEAH, and organizational PSEAH commitments. 		<p>information-sharing (see Indicator 4.5, Activity 4.5.1); i.e., Update <i>Simplified Safeguarding Allegation Management (SAM) Procedure</i> handout and identify additional required learning materials and training package with targeted content</p> <ul style="list-style-type: none"> • Integrate information-sharing program planning documents (i.e., PM Standards) • Socialize learning resources among staff and project participants • Identify compliance/audit mechanisms 			
<p>5.7 Complaints that do not fall within the scope of the organization are referred to a relevant party in a manner consistent with good practice.</p> <p>Description:</p>	<ul style="list-style-type: none"> • No systematic referral mapping or process; referral mechanisms that exist are on project level and for sector/service provision rather than complaints 	<p>5.7.1 Staff understand when and how to safely refer complaints and service needs to other actors</p> <ul style="list-style-type: none"> • Clarify scope of FCRM, including guidance on types of issues that should be referred 	<ul style="list-style-type: none"> • Essential Service Mapping included in Field Security Plans as appendix • FCRM Guide references referral of out-of-scope feedback and complaints • Strengthening Partners in Protection Against Sexual Exploitation and Abuse through Protection Mainstreaming (SPSEA) project toolkit: Developing a 	<p>PIQA/Safeguarding, HRD/SDP, PIQA/MEAL</p>	<p>2025</p>

<ul style="list-style-type: none"> Clarify guidance on which complaints fall within the organization's remit, and when and how to refer to other service providers. PSEAH requirement to fulfil this indicator: The organization needs to refer SEAH complaints/ reports that do not fall within the scope of the organization to a relevant party in a manner consistent with good practice. 		<ul style="list-style-type: none"> Develop guidelines for safe referrals CPs complete and regularly update quality essential service maps; consider whether this should be an auditable requirement Train staff on FCRM scope and safe referrals 	referral path for essential protection services		
<p>7.5 Mechanisms exist to record knowledge and experience and make it accessible throughout the organization.</p> <p>Description:</p> <ul style="list-style-type: none"> Organizational learning leads to practical changes (such as improved strategies for 	<ul style="list-style-type: none"> Not always clear for staff where to find learning and knowledge management resources Sharing mechanisms (i.e., Gateway) may not be used effectively No systematic training on learning and sharing Sharing learning with communities in minimal Learning may not lead to practical changes 	<p>7.5.1 Minimize barriers to learning and accessing/sharing information at the project and agency levels</p> <ul style="list-style-type: none"> Map CRS learning and sharing mechanisms at project and agency levels Identify barriers to agency learning and adaptive management at project level, i.e. lack 	<ul style="list-style-type: none"> Learning and sharing mechanisms including: <ul style="list-style-type: none"> Gateway MyCRS Webinars and communities of practices CASCADE KM4X KML SCPs Competencies/Capabilities CRSLearns 	OverOps/KML, PIQA/MEAL, GKIM/KM4X, PIQA/Safeguarding, SCPs, GPR	2025

<p>carrying out assessments, reorganization of teams for more cohesive response, and clearer articulation of decision-making responsibilities).</p>		<p>of knowledge management structure, emergency-development, Baltimore-field divides</p> <ul style="list-style-type: none"> Recommend solutions to identified barriers and develop/consolidate guidance and tools Roll out agreed solutions, including sensitizing staff as appropriate 	<ul style="list-style-type: none"> Strategic investment in Learning Manager roles Learning from Failure Event LCO Needs Assessment findings MPP good practices for Learning 		
<p>8.7 A code of conduct is in place that establishes, at a minimum, the obligation of staff not to exploit, abuse or otherwise discriminate against people.</p> <p>Description:</p> <ul style="list-style-type: none"> The organization's code of conduct is understood, signed and upheld, making it clear to all representatives of the organization (including staff, volunteers, partners and 	<ul style="list-style-type: none"> CRS prohibits SEA in its Safeguarding Policy, which is separate from the Code of Conduct (CoC). CoC includes a link to the Safeguarding Policy. Staff and others oriented to CoC may not review Safeguarding Policy in entirety if they do not click on the link 	<p>8.7.1 Restructure agency policies so that “Code of Conduct” explicitly includes (is not linked to) obligation of staff and associated individuals and entities not to sexually exploit, abuse or harass people and to comply with reporting obligations</p> <ul style="list-style-type: none"> Determine appropriate naming and structure of relevant policies (Safeguarding Policy, Code of Conduct, Fraud Procedure, Workplace Conduct, etc.) Consider further integration of CoC into ongoing training and onboarding events 	<ul style="list-style-type: none"> Safeguarding Policy includes requirements but is only linked to in CoC document – see BHA feedback 	<p>GPR, PIQA/Safeguarding, OGC</p>	<p>2024</p>

<p>contractors) what standards of behavior are expected and what the consequences will be if they breach the code.</p> <ul style="list-style-type: none"> • PSEAH requirement to fulfil this indicator: the organization needs to have a code of conduct that includes the obligation of staff and associated individuals and entities, not to sexually exploit, abuse or harass people and to comply with reporting obligations. 	<ul style="list-style-type: none"> • CoC may not be shared with participants, contractors, and affiliates • Limited awareness among some of consequences of a policy breach and reporting requirements • Staff should be required to sign both CoC and Safeguarding Policy if they remain separate documents • Need to go beyond periodic online training to ensure understanding 	<p>8.7.2 Contractors (consultants, vendors) are trained on CRS' Code of Conduct, including safeguarding behaviors</p> <ul style="list-style-type: none"> • Develop briefing note or training for contractors • Train relevant staff to implement training for contractors 	<ul style="list-style-type: none"> • Supplier and Service Provider Code of Conduct 	<p>GSCM, PIQA/Safeguarding, OGC</p>	<p>2024</p>
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Further Indicators Identified for Action

The above plan represents the minimum required actions for CRS to improve upon its lowest-scoring CHS indicators; however, data analysis volunteers and steering committee members alike identified additional actions that CRS could take to address the gaps highlighted in the *Findings - Themes* section of this report. These actions could be taken together, with the Improvement Plan actions further strengthen quality and accountability across CRS.

Theme: Inclusive Data and Assessments	
Related Indicators addressed in Improvement Plan (above): 1.5 (collecting disaggregated data) and 3.8 (data protection and communication) that must be addressed in the Improvement Plan.	
Gap/Challenge	Actions
Staff noted that assessments are usually conducted during design of projects but may not capture the nuances of the contexts in which CRS works. Ongoing assessments capturing changes may not be consistently implemented.	<p>Ensure programs are designed and implemented based on systematic, comprehensive, ongoing data collection (assessments) related to risks and stakeholders</p> <ul style="list-style-type: none"> Conduct safety and security, protection, safeguarding risk assessments and environmental impact assessments, stakeholder mapping and capacity assessment (Indicators 1.1, 1.2, 6.1, 9.4) <ul style="list-style-type: none"> There is already a breadth of resources available within CRS and externally to support such assessments – consolidate guidance and tools for assessments Train appropriate staff and relevant stakeholders to conduct assessments in a participatory manner, safely manage data, and analyze data for programming Use data for participatory program design and adaptive management Support the systematization of the above through policy, procedure, guidance documents and compliance mechanisms as appropriate
Theme: Communication and Information Sharing	
Related Indicators addressed in Improvement Plan (above): 4.5 (open communication with communities) and 5.4-5.7, 8.7 (infrastructure and communication relating to PSEAH) that must be addressed in the Improvement Plan.	
Gap/Challenge	Actions
Information-sharing with staff, particularly related to organizational policies, procedures, and resources.	<p>Improve staff awareness and understanding of policies, strategies, and guidance to prevent programs from having negative effects (Indicator 3.7)</p> <ul style="list-style-type: none"> Identify needs and develop of further compulsory trainings for new staff and refresher trainings for current staff on: Lesser-known/understood policies and procedures – particularly GPR (i.e., Social Media Policy); Consequences of breaching policies (i.e. SAM Procedure, Progressive Discipline); Organization structure and roles/responsibilities of departments; Where to go for more information (i.e. how to navigate MyCRS)

I think there is a recognition that we need to be much more inclusive at all stages of the project cycle, but [there is] a lack of clarity on how best to do this while ensuring implementation is rapid/agile.

- CRS Staff

Partners and staff suggested that CRS could improve information-sharing, including learning, with partners and peers.	<p>Improve staff understanding of learning resources, partnership practices, effective coordination and representation, (Indicator 6.5).</p> <ul style="list-style-type: none"> Some regions have piloted learning events on strategic communication/representation, but systematic and training may be needed Build information-sharing and coordination into program planning documentation – along with communication to project participants
Theme: Learning and Adapting	
Related Indicators addressed in Improvement Plan (above): 7.5 (mechanisms for recording and sharing knowledge) that must be addressed in the Improvement Plan.	
Gap/Challenge	Actions
Staff suggested that CRS could strengthen its use of learning to implement practical changes (adaptive management), noting that there may be further operational barriers to making changes quickly.	<ul style="list-style-type: none"> Pre-position for emergency responses by mapping/identifying bottlenecks in operations (ie. Insight) and developing appropriate solutions (Indicator 9.1) Analyze capacity of teams to respond to emergencies and increase staffing – particularly on FMRT – as appropriate (Indicator 9.1)

The *Findings* section further highlighted a discrepancy between the steering committee’s and partner organizations’ assessments of the extent to which CHS Commitments are integrated into partnership agreements, guidance, and tools. All fourteen partners indicated that all 9 CHS Commitments are well integrated, while the Steering committee noted that Commitments 3, 4, 5, 7, 8, and 9 could each be better integrated into CRS’ partnership practices and tools. Further inquiry into this discrepancy – including a review of CRS’ partnership agreements, guidance, and tools – may be needed to ensure CHS Commitments are emphasized during project implementation. This is not included in the Improvement Plan above but should be considered given most of CRS’ work is carried out through partner organizations and CRS can play a role in supporting partners to improve quality and accountability. This also aligns well with CRS’ 2030 Strategy and its emphasis on local leadership.

Looking Ahead

CRS embarked on the CHS self-assessment process because quality and accountability are top priorities for the agency – both in its humanitarian and development work. By engaging in this process, CRS sought to reflect, learn, and improve on how it applies the CHS.

Following endorsement of this plan and successful submission to/review by CHS, CRS hopes to be considered verified against the CHS. The “verified” status is increasingly important for international and national NGOs seeking funding from European donors.

CRS will then embark on implementing its improvement plan over a two-year period (2023–2025). This effort will be guided by a renewed steering committee comprised of returning and new members who represent the departments identified in the improvement plan. The steering committee will be asked to:

- **Review and enhance the improvement plan**
 - The committee should review and validate/update the improvement plan to include any further initiatives already underway that may contribute to enhanced quality and accountability.
 - The committee will be asked to identify additional stakeholder departments that have not yet provided feedback on the improvement plan, such as KM4X and Compass.
 - Departments/groups who have already provided feedback include: GKIM, GPR, MEAL, GSCM, Safeguarding, KML, OOLT, and EAC
 - The committee will develop detailed implementation plans for each indicator and desired outcome, which will include realistic timelines and resource requirements.
- **Track and report** on progress toward implementing the *Improvement Plan* and *Further Indicators Identified for Action*

Country programs that participated in the self-assessment process have already received their CHS data from staff, partner, and community surveys. Country programs have been invited to develop a country-level improvement plan based on insights from their data and will have access to modest funding to implement their plans. Country programs will also be encouraged to follow-up with partners as appropriate, regarding findings from the CHS data.

Next steps to consider at agency level:

- **Identify the most appropriate department to sponsor** – with personnel and funding – and to manage this process. HRD may be well-placed to continue leading this process, but this should be carefully considered given CRS’ desire to apply CHS findings in both humanitarian and development contexts.
- The CHS Alliance suggests that “this [self-assessment] process and [improvement] plan should be renewed every two years to measure progress made and ensure that the improvement plan remains up-to-date and focused on the most needed

CHS VERIFICATION SCHEME

- Option 1: Self-Assessment is designed to be a learning exercise; it helps an organization gain an understanding of its performance against the CHS and highlights areas in need of improvement.
- Option 2: Independent Verification provides organizations with an external, independent assessment of application of the CHS and areas where improvement is needed.
- Option 3: Certification also provides organizations with an external, independent assessment, measuring adherence to the CHS, and, depending on the result, provides a certification of compliance against the CHS.

areas.” The CHS Alliance further encourages organizations, once they feel ready for it, to progress to external verification and ultimately to certification.”¹⁰¹¹ CRS should **revisit the option of self-assessment or external verification in 2025**.

¹⁰ CHS Alliance (2022). Core Humanitarian Standard Self-Assessment Manual.
https://d1h79zlgfht2zs.cloudfront.net/uploads/2020/06/Self-assessment_manual-v5.pdf

¹¹ CHS Alliance (2022). Humanitarian Accountability Report: CHS Verification Scheme.
<https://d1h79zlgfht2zs.cloudfront.net/uploads/2022/09/Humanitarian-Accountability-Report-2022-full-report.pdf>

Endorsement

I acknowledge and understand the findings of the CHS Self-Assessment:

☒ YES ☐ NO

Sean Callahan

Date

President & CEO, Catholic Relief Services

Appendix

Appendix 1: Scoring Methodology

MEASURE	METHODOLOGY
Key actions – 36 indicators	<p>Staff at all levels of the organization, and in all countries where the organization works, take the survey individually to share their perception on how the organization applies the key actions. The indicators are scored using a Likert scale that aligns with the CHS Verification Scheme scoring grid (see below). A comment box is available if staff want to explain more. Scale used:</p> <ul style="list-style-type: none"> • 0 – Very poorly – the requirement is not implemented in the field. • 1 – Poorly – some efforts are made to implement the requirement, but it is anecdotal. • 2 – Quite well – systematic efforts are being made to implement the requirement in the field, but it is still not entirely the case. • 3 – Very well – the requirement is systematically and entirely fulfilled in the field. • 4 – Outstandingly – the requirement is systematically and entirely fulfilled, and the activities go even beyond the requirements set.
Organizational responsibilities – 26 indicators	<p>In collaboration with the organization’s Steering committee, the Self-Assessment focal point rates the organization’s performance in meeting the requirements of the CHS organizational responsibilities, once and on behalf of the organization. The indicators are scored using a Likert scale that aligns with the CHS Verification Scheme scoring grid. For each indicator a comment box is available in which the organization is required to summarize how it is meeting the requirement and list the documents and/or evidence that justifies their scores. After submission, the CHS Alliance Verification team does a spot-check review of responses submitted. In case of serious doubts, it reserves the right to ask organizations for back-up evidence for scores allocated. Scale used to rate how the organization is meeting its requirements:</p> <ul style="list-style-type: none"> • 0 – Very poorly: The required policies or procedures are not in place. • 1 – Poorly: Some required policies or procedures are in place and applied and some efforts are being made to train staff on how to use it. • 2 – Quite well: A majority of the required policies or procedures are in place and staff are often trained on how to use it. • 3 – Very well: All required policies or procedures are in place and staff are systematically trained on how to use it. • 4 – Outstandingly: All required policies or procedures are in place; staff are systematically trained on how to use it, AND it is shared with communities and relevant stakeholders.
Performance indicators (18)	<p>A bilateral interview is conducted with key informants from the affected communities using a questionnaire that uses the 18 performance indicators developed by the CHS Alliance (along with other questions allowing the interviewee to share more of their views, so that the exercise is not solely extractive). The questions using the performance indicators are answered using a Likert scale that aligns so that the scores can be put aside and compared at the commitment level:</p> <ul style="list-style-type: none"> • 0 – Not at all • 1 – Not really • 2 – Neutral • 3 – Mostly yes • 4 – Completely

	<ul style="list-style-type: none"> • I don't want to answer
Partnership Scores	<p>In the organization's survey the focal point answers the question: "How are the nine commitments of the CHS integrated into your partnership practices and tools? and for each Commitment answers using the following scale (this also aligns with the other scales used in the Self-Assessment):</p> <ul style="list-style-type: none"> • 0 – We don't consider that commitment. • 1 – We encourage our partners to fulfil this commitment → it's mentioned in our partnership documents. • 2 – We encourage and require our partners to fulfil this commitment → mechanisms are in place to verify it. • 3 – We encourage, require, and support our partners to fulfil this commitment → we run capacity building activities. • 4 – We require, support, and develop innovative ways to apply it in collaboration with the partner. <p>Mirroring this process, partner organizations answer the following question, again at commitment level: "How are the following commitments of the Core Humanitarian Standard integrated into your partnership agreement with the organization?" using the following scale:</p> <ul style="list-style-type: none"> • 0 – It's not mentioned. • 1 – It's mentioned, but no particular action or follow-up is made to check that we implement it. • 2 – It's mentioned, and we are being asked to report on how we implement this commitment. • 3 – It's mentioned, we are being asked to report on it, and we get support to implement it. • 4. – It's mentioned, we are asked to report on it, we get support to implement it and work together with the organization to develop innovative ways to implement this commitment.
Index Scores	<p>These cross-cutting themes (PSEA, Localization, and Diversity and Gender) are mainstreamed through the CHS and the CHS Alliance has used a selected list of relevant indicators within the different commitments to give organizations a reflection of their performance of them. CHS Alliance has used a selected list of relevant indicators within the different commitments to give organizations a reflection of their performance of them. The index scores are calculated with a simple calculation of the average between the indicators.</p> <ul style="list-style-type: none"> • PSEAH: 1.2, 2.1, 3.6, 3.7, 3.8, 4.1, 4.5, 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 6.1, 6.4, 6.6, 8.1, 8.2, 8.7, 8.9, 9.5 • Localization: 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 4.2, 6.1, 6.2, 6.5, 6.6, 9.4 • Diversity and Gender: 1.2, 1.5, 3.3, 3.6, 3.7, 4.2, 4.3, 4.4, 8.5, 8.7

Appendix 2: CRS Scores for All CHS Self-Assessment Indicators

Commitment 1. Communities and people affected by crisis receive assistance appropriate and relevant to their needs.		
Quality Criterion: Humanitarian response is appropriate and relevant.		
N°	Indicators	Score
1.1	The context and stakeholders are systematically, objectively and continuously analyzed.	2.69
1.2	Programs are appropriately designed and implemented based on an impartial assessment of needs and risks and an understanding of the vulnerabilities and capacities of different groups.	2.83
1.3	Programs are adapted to changing needs, capacities and context.	2.72
Average score for Key Actions		2.75
1.4	Policies commit to impartial assistance based on the needs and capacities of communities and people affected by crisis.	3.00
1.5	a. Policies set out commitments which take into account the diversity of communities, including disadvantaged or marginalized people. b. Policies set out commitments to collect disaggregated data.	1.00
1.6	Processes are in place to ensure an appropriate ongoing analysis of the context.	2.00
Average score for organizational responsibilities		2.00
1.1	Do you consider this program/project appropriate to your needs and culture?	2.76
1.2	Do you think that the program/project has made good use of the skills and knowledge of your community and its members?	3.28
Feedback from communities and people affected by crisis		3.02
Average score at Commitment level		2.59
Commitment 2. Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.		
Quality Criterion: Humanitarian response is effective and timely.		
N°	Indicators	Score
2.1	Programs are designed taking into account constraints so that the proposed action is realistic and safe for communities.	2.80
2.2	Decisions affecting programming are taken and acted upon without unnecessary delay so that the humanitarian response is delivered in a timely manner.	2.45
2.3	Unmet needs are referred to an organization with relevant technical expertise and mandate or there is advocacy to address these needs.	2.36
2.4	Programs are planned and assessed using relevant technical standards and good practice employed across the humanitarian sector.	2.92

2.5	a. Activities, outputs and outcomes are monitored. b. Programs are adapted based on monitoring results. c. Poor performance is identified and addressed.	2.83
Average score for key Actions		2.67
2.6	Programme commitments are in line with organizational capacities (see also 8.4).	2.00
2.7	a. Policy commitments ensure a systematic, objective and ongoing monitoring and evaluation of activities and their effects (see 1.3). b. Policy commitments ensure that evidence from monitoring and evaluations is used to adapt and improve programs. c. Policy commitments ensure timely decision-making with resources allocated accordingly.	2.00
Average score for organizational responsibilities		2.00
2.1	Was assistance given in time? (e.g., seeds given before planting time, roofing materials before monsoon season, etc....)	2.98
2.2	Do think that the people who needed help were given sufficient support?	2.64
Feedback from communities and people affected by crisis		2.81
Average score at Commitment level		2.50
Commitment 3. Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.		
Quality Criterion: Humanitarian response strengthens local capacities and avoids negative effects.		
N°	Indicators	Score
3.1	Programs are built on local capacities and work towards improving the resilience of communities and people affected by crisis.	2.87
3.2	The organization uses the results of any existing community hazard and risk assessments and preparedness plans to guide activities (see 2.1).	2.66
3.3	Programs enable the development of local leadership and organizations in their capacity as first responders and promote an appropriate representation of marginalized and disadvantaged groups in local leadership and organizations.	2.73
3.4	A transition or exit strategy is planned in the early stages of the humanitarian program to ensure longer-term positive effects and reduce the risk of dependency.	2.33
3.5	a. Programs are designed and implemented in order to promote early recovery. b. Programs are designed and implemented in order to benefit the local economy (see 3.6).	2.76
3.6	Programs identify and act upon potential or actual unintended negative effects in a timely and systematic manner, including in the areas of people's safety, security, dignity and rights, sexual exploitation and abuse by staff, culture, gender, social and political relationships, livelihoods, the local economy, and the environment.	2.72
Average score for key Actions		2.68
3.7	Policies, strategies and guidance are designed to prevent programs having any negative effects such as, for example, exploitation, abuse or discrimination by staff against communities and people affected by crisis, and to strengthen local capacities.	2.00

3.8	Systems are in place to safeguard any personal information collected from communities and people affected by crisis that could put them at risk.	1.00
Average score for organizational responsibilities		1.50
3.1	Do you feel that the information or support received will help your community to cope more effectively in case of a future emergency?	2.41
3.2	Do you feel that local service providers (local authorities, health care providers and/or community leaders) are now in a stronger position to cope with emergencies as a result of knowledge and skills provided in this project?	2.16
3.3	Do you think that people in your community (particularly the most vulnerable) were protected from risks associated with receiving aid? (i.e., theft, social conflict, hostility, jealousy, environmental pollution, etc.)	3.41
Feedback from communities and people affected by crisis		2.66
Average score at Commitment level		2.28
Commitment 4. Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them.		
Quality Criterion: Humanitarian response is based on communication, participation and feedback.		
N°	Indicators	Score
4.1	Information is provided to communities and people affected by crisis about the organization, the principles it adheres to, the expected behaviors of staff, and its programs and deliverables.	2.80
4.2	Communication with communities and people affected by crisis uses languages, formats and media that are easily understood, respectful and culturally appropriate for different parts of the community, especially vulnerable and marginalized groups.	2.91
4.3	Inclusive representation, participation and engagement of people and communities are ensured at all stages of the work.	2.72
4.4	Communities and people affected by crisis are encouraged to provide feedback on their level of satisfaction with the quality and effectiveness of assistance, paying particular attention to the gender, age and diversity of those giving feedback.	2.83
Average score for key Actions		2.82
4.5	Policies for information-sharing are in place and promote a culture of open communication.	1.00
4.6	Policies are in place for engaging communities and people affected by crisis and reflect the priorities and risks communities identify in all stages of the work (see also 1.2).	2.00
4.7	External communications, including those used for fundraising, are accurate, ethical and respectful, presenting communities and people affected by crisis as dignified human beings.	2.00
Average score for organizational responsibilities		1.67
4.1	Are you and members of your community aware of your rights in relation to humanitarian assistance?	3.04
4.2	Do you consider that you have timely access to relevant and clear information?	3.17

4.3	Do you feel that all members of your community are/were able to influence the objectives and implementation of programs/projects that take/took place in your community?	2.84
Feedback from communities and people affected by crisis		3.02
Average score at Commitment level		2.50
Commitment 5. Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.		
Quality Criterion: Complaints are welcomed and addressed.		
N°	Indicators	Score
5.1	Communities and people affected by crisis are consulted on the a. design, b. implementation, and c. monitoring of complaints handling processes.	2.38
5.2	Complaints are welcomed and accepted, and it is communicated how the mechanism can be accessed and the scope of issues it can address.	2.78
5.3	a. Complaints are managed in a timely, fair and appropriate manner. b. Complaints handling mechanisms prioritize the safety of the complainant and those affected at all stages.	2.60
Average score for key Actions		2.59
5.4	The complaints-handling process for communities and people affected by crisis is documented and in place. The process covers programming, sexual exploitation and abuse, and other abuses of power.	1.00
5.5	An organizational culture in which complaints are taken seriously and acted upon according to defined policies and processes has been established.	2.00
5.6	Communities and people affected by crisis are fully aware of the expected behavior of humanitarian staff, including organizational commitments made on the prevention of sexual exploitation and abuse.	1.00
5.7	Complaints that do not fall within the scope of the organization are referred to a relevant party in a manner consistent with good practice.	1.00
Average score for organizational responsibilities		1.25
5.1	Are you and members of your community aware that you can give feedback or make complaints if you think there are any problems with the project or staff?	2.69
5.2	Do you think that this ability to give feedback or complain is well publicized and easy to use?	3.00
5.3	Are you and others satisfied with the responses provided to feedback and complaints?	2.63
Feedback from communities and people affected by crisis		2.77
Average score at Commitment level		2.21
Commitment 6. Communities and people affected by crisis receive coordinated, complementary assistance.		
Quality Criterion: Humanitarian response is coordinated and complementary.		
N°	Indicators	Score

6.1	The roles, responsibilities, capacities and interests of different stakeholders are identified.	2.73
6.2	The response complements the action of national and local authorities and other actors.	2.78
6.3	The organization participates in relevant coordination bodies and collaborates with others in order to minimize demands on communities and maximize the coverage and service provision of the wider humanitarian effort.	2.98
6.4	Information is shared with partners, coordination groups and other relevant actors through appropriate communication channels.	2.89
Average score for key Actions		2.85
6.5	Policies and strategies include a clear commitment to coordination and collaboration with others, including national and local authorities without compromising humanitarian principles.	2.00
6.6	Work with partners is governed by clear and consistent agreements that respect each partner's mandate, obligations and independence, and recognizes their respective constraints and commitments.	3.00
Average score for organizational responsibilities		2.50
6.1	Do you think that aid organizations coordinate well together to avoid gaps and duplication in their work?	3.18
Feedback from communities and people affected by crisis		3.18
Average score at Commitment level		2.84
Commitment 7. Communities and people affected by crisis can expect delivery of improved assistance as organizations learn from experience and reflection.		
Quality Criterion: Humanitarian actors continuously learn and improve.		
N°	Indicators	Score
7.1	Programs are designed based on lessons learnt and prior experience.	2.87
7.2	The organization learns, innovates and implements changes on the basis of monitoring and evaluation, and feedback and complaints.	2.80
7.3	Learning and innovation are shared internally, with communities and people affected by crisis, and with other stakeholders.	2.47
Average score for key Actions		2.71
7.4	Evaluation and learning policies are in place, and means are available to learn from experiences and improve practices.	2.00
7.5	Mechanisms exist to record knowledge and experience and make it accessible throughout the organization.	1.00
7.6	The organization contributes to learning and innovation in humanitarian response amongst peers and within the sector.	2.00
Average score for organizational responsibilities		1.67
7.1	Do you consider that the assistance and protection received from our organizations has improved over time?	2.94
Feedback from communities and people affected by crisis		2.94
Average score at Commitment level		2.44

Commitment 8. Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.		
Quality Criterion: Staff are supported to do their job effectively and are treated fairly and equitably.		
N°	Indicators	Score
8.1	Staff work according to the mandate and values of the organization and to agreed objectives and performance standards.	3.08
8.2	Staff adhere to the policies that are relevant to them and understand the consequences of not adhering to them.	3.04
8.3	Staff develop and use the necessary personal, technical and management competencies to fulfil their role and understand how the organization can support them to do this.	2.88
Average score for key Actions		3.00
8.4	The organization has the management and staff capacity and capability to deliver its programs (see 2.6).	2.00
8.5	Staff policies and procedures are fair, transparent, non-discriminatory and compliant with local employment law.	2.00
8.6	Job descriptions, work objectives and feedback processes are in place so that staff have a clear understanding of what is required of them.	2.00
8.7	A code of conduct is in place that establishes, at a minimum, the obligation of staff not to exploit, abuse or otherwise discriminate against people.	1.00
8.8	Policies are in place to support staff to improve their skills and competencies.	2.00
8.9	Policies are in place for the security and wellbeing of staff.	2.00
Average score for organizational responsibilities		1.83
8.1	Do you consider our staff to be capable and effective (i.e., in terms of their knowledge, skills, behaviors and attitudes)?	3.39
Feedback from communities and people affected by crisis		3.39
Average score at Commitment level		2.74
Commitment 9. Communities and people affected by crisis can expect that the organizations assisting them are managing resources effectively, efficiently and ethically.		
Quality Criterion: Resources are managed and used responsibly for their intended purpose.		
N°	Indicators	Score
9.1	Programs are designed and processes implemented to ensure the efficient use of resources, balancing quality, cost and timeliness at each phase of the response.	2.89
9.2	The organization manages and uses resources to achieve their intended purpose and minimize waste.	2.95
9.3	Expenditure is monitored and reported against budget.	3.14
9.4	Local and natural resources are used taking their actual and potential impact on the environment into account.	2.59
9.5	The risk of corruption is managed, and appropriate action is taken when corruption cases are identified.	3.12

Average score for key Actions		2.94
9.6	Policies and processes governing the use and management of resources are in place, including how the organization: a. accepts and allocates funds and gifts-in-kind ethically and legally; b. uses its resources in an environmentally responsible way; c. prevents and addresses corruption, fraud, conflicts of interest and misuse of resources; d. conducts audits, verifies compliance and reports transparently; e. assesses, manages and mitigates risk on an ongoing basis; and f. ensures that the acceptance of resources does not compromise its independence.	3.00
Average score for organizational responsibilities		3.00
9.1	Are you well informed on the progress and results of the program/project?	2.78
9.2	Do you feel that the goods and services are being provided in an honest and efficient way?	3.34
Feedback from communities and people affected by crisis		3.06
Average score at Commitment level		3.00
Gender & Diversity score:		2.27
PSEAH score:		2.22
Localization score:		2.62

Appendix 3: Detailed Partner Feedback

THEME	COMMENTS
Training and Learning	<ul style="list-style-type: none"> • Encourage joint learning visits in the project sites they support to share best practices to improve programming. • Organize ways to exchange learnings, experiences and up to date approaches at the regional level or globally. • Capacity building: <ul style="list-style-type: none"> ○ Of the Dioceses in thematics not directly linked with programs' implementation ○ Related to development programs and their relationship to the SDGs on climate change ○ How to maximize information technology in program implementation, monitoring and feedback mechanisms ○ Sphere standards ○ CHS standards
CRS-Partner Relationship	<ul style="list-style-type: none"> • Have a better understanding of the organization's needs and strengths • Consider signing long-term institutional agreements with selected partners that go beyond individual project duration. This will foster meaningful commitment from partners as they will feel more valued.
Fundraising and Finances	<ul style="list-style-type: none"> • Greater partner involvement in preparation of proposals and resource management • A participatory budgetary process that involves the key leaders of partners organization • Long-term sustainable funding • Encourage joint fundraising visits at project sites • Rethink the internal financial mechanism and systems to enable them turn around the timelines for funding obligations to their sub-recipient partners
Programming	<ul style="list-style-type: none"> • Innovative responses for those in hard-to-reach areas • Consider long-term mitigation measures against future occurrences • Resilience sensitive programming • Follow-up of the beneficiaries after coordinated additional aid to see if they have not fallen back into precariousness
Other	<ul style="list-style-type: none"> • Hand over the management of beneficiary complaints to a neutral structure