



**Core Humanitarian Standard
on Quality and Accountability**

Verification Guide

A reference guide to verify against the CHS

Version 1.0

March 2025

Published by: CHS Alliance

First edition: March 2025

ISBN: 978-2-940732-10-4

© All rights reserved. The copyright of the material contained herein is held by CHS Alliance. CHS Alliance welcome its reproduction for educational purposes, including in training, research, and programme activities, provided that the CHS Verification Guide is acknowledged. To translate or adapt all or any part of the CHS Verification Framework, written permission must be obtained by emailing chs@chsalliance.org.

Table of Contents

1. Introduction	4
2. Structure of the CHS Verification Guide	4
3. General guidance for CHS verification	6
4. CHS guidance per commitment and requirement	14
Commitment 1 People and communities can exercise their rights and participate in actions and decisions that affect them	14
Commitment 2 People and communities access timely and effective support in accordance with their specific needs and priorities	26
Commitment 3 People and communities are better prepared and more resilient to potential crises	35
Commitment 4 People and communities access support that does not cause harm to people or the environment ...	42
Commitment 5 People and communities can safely report concerns and complaints and get them addressed	52
Commitment 6 People and communities access coordinated and complementary support	64
Commitment 7 People and communities access support that is continually adapted and improved based on feedback and learning	71
Commitment 8 People and communities interact with staff and volunteers that are respectful, competent, and well-managed	78
Commitment 9 People and communities can expect that resources are managed ethically and responsibly	91
Annexes	100
Annex 1: The CHS scoring grid	100
Annex 2: Glossary CHS 2024 (second edition)	102

1. Introduction

The **Core Humanitarian Standard on Quality and Accountability (CHS)** sets out nine commitments to ensure that organisations support people and communities affected by crisis and vulnerability in ways that respect their rights¹ and dignity and promote their primary role in finding solutions to the crises they face.

Following the launch of the revised CHS in 2024, the updated **CHS Verification Framework** was produced to enable a consistent approach to verifying the performance of all types of organisations against the CHS. The CHS Verification Framework focuses on assessing an organisation's quality and accountability² actions, in terms of the results for people and communities affected by crises.

This **CHS Verification Guide** builds on the expected results, measurable components and questions for verification outlined in the CHS Verification Framework by providing additional guidance on what to look for when verifying the CHS requirements and possible sources of evidence. The CHS Verification Framework sets out what *should* be in place to attest that the CHS requirements are met. The CHS Verification Guide provides suggestions and guidance on what to take into consideration when weighing up the evidence, and some examples of where *possible* evidence could be found. The CHS Verification Guide is not a list of additional requirements to be met or a prescribed approach for meeting a requirement. The guidance will need to be contextualised based on the type and size of the organisation being verified, the nature of work, operational context and modes of programme implementation.

The CHS Verification Guide is designed primarily as a reference document to support those undertaking CHS verification processes, both internal and external to the organisation. It forms part of the set of CHS verification tools³ developed to support organisations engaging with CHS verification processes.

It is anticipated that this CHS Verification Guide will continue to be updated based on the evolving landscape in the sector and lessons from its use. Users who have undertaken verification processes using this Guide are welcome to provide **feedback** that will be considered in future revisions. The first revision is scheduled to take place one year after the launch of this Guide, in consultation with organisations and auditors/verifiers using the Guide. Please address any comments or feedback on this edition of the CHS Verification Guide to chs@chsalliance.org.

2. Structure of the CHS Verification Guide

The CHS Verification Guide is structured around two main elements:

- **General guidance for undertaking verification processes**

Verification guidance on a range of topics, applicable across the entire standard, is provided in section 3 of this guide. This includes guidance related to verification methodologies, a specific section for verification of organisations working in partnership, and for using the revised CHS scoring grid.

¹ For the definition of "Support" and "Rights", please refer to the definition in Annex 2: Glossary.

² For the definitions of "Organisation", "Quality" and "Accountability", please refer to the definitions in Annex 2: Glossary.

³ CHS verification tools developed by CHS Alliance include, but are not limited to: CHS verification scheme, CHS verification framework, CHS indexes, CHS verification guide, CHS self-assessment manual, CHS commitment tracker. See <https://www.chs.org/verify/> for more information.

- **CHS guidance per commitment and requirement**

Specific guidance for verification of each requirement under the nine CHS commitments is provided in section 4 of this guide. See Table 1 below for details on how the guidance for each CHS requirement is presented.

Table 1: Description of the different elements of the guidance by requirement

<p><i>CHS requirement: This describes what organisations are required to do to ensure the commitment to people and communities is met. The number and the wording of each requirement is taken directly from the CHS (2024 edition).</i></p>
<p>Expected Result: This describes what should be in place to attest that the requirement is met. While the CHS requirement describes the ‘direction to take,’ the expected result indicates the ‘destination to reach.’ The wording of each expected result is taken directly from the CHS Verification Framework (2024).</p>
<p>Measurable Components:</p>
<p>In this section, the measurable components, as outlined in the CHS Verification Framework, are listed. These need to be checked to verify whether the requirement has been met or not, both at the community level (where relevant) and at the organisational level (the methods or ways of working). This is designed to be used in conjunction with the scoring grid in annex 1. If any one of the measurable components is assessed not to be in place, based on the weight of evidence collected, then the requirement is not met. The PSEAH measurable components are flagged in yellow highlight.</p>
<p>Guidance for verifying the requirement (apply as appropriate, considering the organisation’s type, nature of work, and operational context):</p>
<p>For each requirement, some specific guidance is provided for how to verify whether it is in place or not. What an organisation has chosen to put in place to meet any given requirement will vary significantly depending on the size and nature of the organisation being verified. Therefore, the guidance deliberately uses terms such as ‘assess,’ ‘review,’ ‘consider,’ ‘look for evidence that shows...’ to support an enquiry-based approach to verification.</p> <p>The guidance offers possible avenues of enquiry to support the verification process. It is not a ‘how to’ guide for applying the CHS, as every organisation has the freedom to choose how it meets the requirement in a way best suited to their organisation. The evidence gathered will need to be weighed up based on what is relevant and appropriate for the type of organisation working in a given context.</p>
<p>PSEAH guidance: For requirements that have a PSEAH measurable component in the Verification Framework, specific guidance for verifying the PSEAH component is provided. All guidance related to the PSEAH measurable components is shown in blue text.</p>
<p>WHEN WORKING IN PARTNERSHIP: A guidance section is included specifically for organisations being verified that work in partnership with other organisations for each CHS requirement that requires the establishment of a ‘coherent organisational approach’ (1.6, 2.6, 3.5, 4.4, 4.5, 5.6, 6.4, 7.5, 8.7, 9.6).</p> <p>In order to verify that a coherent organisational approach is in place, organisations working in partnership need to demonstrate evidence of how they strive to understand and align with each other’s approach, how responsibilities for meeting the requirements are agreed and fulfilled, and what support, if any, is shared between partners to achieve it.</p>
<p>Possible sources of evidence (non-exhaustive and non-compulsory list):</p>
<p>After the guidance, a list of possible sources of evidence is included for each requirement. This includes an indication of both the type of evidence (consultations/interviews/direct observation/documents) as well as the suggested content. A range of possible sources is suggested, based on previous verification experience, and observed or recommended good practices. However, it is important to note that organisations can choose the most appropriate way for their organisation to meet the requirement, and therefore the evidence they provide will be based on that and will necessarily differ from organisation to organisation. There is no expectation that all the possible evidence listed will be found for every organisation.</p>

It also contains two useful annexes:

- **Scoring Grid**

A definition of the scoring scale – from 0 to 4 – that all CHS verification options use to state the extent to which a requirement has been met.

- **Glossary**

A definition of key terms as presented in the CHS 2024 edition.

3. General guidance for CHS verification

Foundations for verification methodologies

Different methodologies can be used by those undertaking CHS verification processes. There are some important foundations which the chosen methodological approach should be built upon:

- **People and communities at the centre** – the CHS places people and communities in situations of crisis and vulnerability⁴ at the centre, which means that the ultimate commitment is to the people and communities that organisations work with. Within the framework of the CHS, the term “people and communities” is understood to mean the totality of women, men, girls and boys with different needs, vulnerabilities, and capacities⁵. An organisation should be committed to delivering its work in ways that respond to the contexts in which it works. It must also respect the diversity⁶, capacities, and needs of the communities it aims to work with. Similarly, the verification process should seek to place people at the centre. It should give due consideration, for example, to ensuring that the voices of people and communities, in all their diversity, are valued and given due weight while at the same time minimising unnecessary demands on them.
- **Contextualised** – the CHS is applied by a range of different types of organisations across many different working contexts. An organisation’s working methods and approaches vary depending on its mission and values, the context it operates in, the nature of its activities and the relationships with its stakeholders, including people and communities. The process and approach to verification, therefore, needs to be adapted to take these points into account. Understanding how an organisation functions and works, is key to verifying how it meets its commitments and obligations.
- **Results-based** – the verification process does not start from an assumption that a particular way of doing something is the only way to achieve the desired result. Instead, the focus is on whether the result is being achieved and how the organisation does so consistently across its work. Throughout the verification process, achieving the desired result for people and communities is more important to verify than what method the organisation uses to achieve it, i.e. whatever methods are used, they need to be effective in achieving the expected result.

⁴ For the definition of “People and communities in situations of crisis and vulnerability”, please refer to the definition in Annex 2: Glossary.

⁵ Throughout this Guide there are specific references to children. A child is any person under the age of 18, as defined in the Convention on the Rights of the Child.

⁶ For the definition of “Diversity”, please refer to the definition in Annex 2: Glossary.

- **Enquiry-based** – the CHS is designed to be accessible and inclusive for a range of different types of organisations. As a result, the methodological approach should be enquiry-based, seeking first to understand how an organisation works to meet the requirement through its methods or systems. It then reviews the evidence to ensure these ways of working are being implemented in practice and achieving the desired result for people and communities.

Guidance for verification methodologies

Triangulation of objective evidence

Objective evidence for verification processes should come from different research methods (e.g. document review, interviews, direct observation) and/or from different sources (locations, programming contexts, types of stakeholders, etc.). Combining and analysing data from a range of sources in this way enables the findings to be more reliable, robust, and credible. Triangulating evidence from a range of sources also helps identify systemic organisational weaknesses, rather than making assumptions about the organisation's systems from one example. If evidence is found in one interview or at one location indicating that a requirement is met or not, further evidence would need to be gathered from other sources. This will determine whether this case is an outlier or if the general trend across the organisation confirms that the requirement is met or not. On the other hand, one single piece of evidence can serve multiple requirements. The sources of evidence described in the Guide are non-compulsory; they represent a collection of possible sources to explore. By designing verification processes that seek to triangulate evidence from different sources, the risk of drawing conclusions from isolated cases is significantly reduced.

Sampling

Sampling is used in verification processes to ensure that the volume of data being collected is manageable and that the overall process⁷ is conducted in a timely and efficient manner. Both random and purposive sampling can be used to decide, for example, who to talk to, which locations to collect evidence from and what documents to review. It is important to strike a good balance between ensuring the sample is representative of the organisation's work and recognising that achieving a statistically representative sample may incur excessive time or cost.

Balancing the weight of evidence

It is important for those undertaking a verification process to balance the weighting applied to documentary and non-documentary evidence (interviews, consultations, observations) received during a verification process. Not all requirements need an equal level of documentary evidence or testimony. While documentation of practice might be appropriate for some organisations and requirements (e.g. to facilitate learning, report progress, and ensure consistency), it is also valid to measure practice through evidence. This evidence can stem from discussions with staff, partners, communities, and other stakeholders, as well as through direct observations.

It is also important to recognise that not all evidence needs to be primary data collected solely for the purpose of the verification process. Many secondary sources of data can provide rich sources of evidence, such as financial audits, staff surveys, monitoring reports, and internal or external project evaluations. When using secondary data sources, consider the objectivity of the evidence, for example who was the author of a report and what was its original purpose.

A sound understanding of the expected result behind each requirement, as well as the organisation's context and structure is necessary to ensure reasonable weighting and adequate consideration of all information sources to reach credible conclusions.

⁷ For the definition of "Process", please refer to the definition in Annex 2: Glossary.

Managing the risk of personal bias

How individuals carrying out verification think can depend on their life experiences and sometimes they have beliefs and views about other people that may be based on stereotypes or assumptions. This means they could make a decision influenced by their own beliefs or assumptions. It is important that they are aware that biases affect us all and strive not to let them affect their verification decisions. Individuals performing verification are responsible for mitigating the risk of personal bias undermining their conclusions through firstly ensuring that they understand that they are affected by biases, secondly questioning their biases, and thirdly ensuring that CHS scores are based on objective evidence from a range of different sources.

Guidance for confirming statements with people and communities

People and communities in situations of crisis and vulnerability are at the heart of the CHS. This includes the totality of women, men, girls and boys with different needs, vulnerabilities and capacities who are affected by disasters, conflict, poverty or other crises and challenges (see definition in CHS 2024 Glossary). Therefore, perspectives from community members on how different requirements are being met are critical in any verification process. The CHS Verification Framework requires confirmation from people at the community level for all CHS requirements, where relevant. To conclude whether “People confirm that...” something is in place or not, it is important to look for *a general trend* across different groups of people and communities’ representatives. It is not required that all people consulted or surveyed confirm that something is in place. Instead, those undertaking verification need to weigh up all the evidence from different sources and assess the significance of any outliers. A thorough understanding of the organisation being verified, and the context being worked in, will support that assessment process.

Note that you can use different approaches to confirm statements with people and communities. Direct questions can be asked (e.g. in an interview or questionnaire style). Alternatively, a conversation about the different topics can be facilitated from which the verifier can infer the extent to which people are able to confirm something (e.g. using focus group discussions or semi-structured interviews).

It is recognised that verification processes cannot practically gather primary data from a statistically representative sample of all the many and varied groups and people at community level that an organisation supports. When seeking to verify that “People confirm that...” something is in place, secondary data, if available, can also be used to triangulate findings.

When the organisation being verified is working in partnerships, it is important to note that when confirming with people at the community level that the results are being met, this is in relation to the organisation who has the mutually agreed responsibility within the partnership for these aspects. For example, the term 'the organisation' in "people confirm that the organisation shares information that is relevant to them" (requirement 1.2) applies to the organisation within the partnership that has this responsibility. This is not necessarily the organisation being verified; it can be its partners in direct contact with people and communities. The verified organisation, in this case, would need to ensure responsibilities for sharing information are understood and implemented (see section 3.5). From the community perspective, they confirm the end result of the action taken by the relevant organisation, i.e. that relevant information has been shared with them (regardless of which organisation was doing the sharing).

Guidance for verifying that an organisation demonstrates effective methods

The CHS Verification Framework includes a question for verification for each measurable component within a requirement asking whether the organisation **demonstrates effective methods** to achieve the expected result.

- The term **methods** refers to the tools or approaches the organisation employs to effectively address a measurable component. Examples include, but are not limited to, procedures, processes, guidelines, strategies, policies, training, partner due diligence, quality management systems, risk registers, reporting and monitoring tools, etc. In many cases, a method includes a combination of these; for example, a policy

combined with procedures and training. An organisation may use different methods throughout its work in different contexts.

- Emphasising whether the organisation **demonstrates** effective methods requires those undertaking verification to seek evidence that the methods are applied in practice. The organisation should be able to describe its methods (for example in its documents or in discussion with staff) and provide evidence that those methods are known by relevant staff and are being applied in practice.
- Emphasising the **effectiveness** of the methods refers to the principle of being results based (see 3.1 above). It is insufficient for an organisation to describe its methods and demonstrate them in practice if those methods do not have the desired results. Therefore, those undertaking verification need to review evidence of the methods being demonstrated by the organisation from the perspective of whether or not those methods are effective in achieving the expected result consistently throughout the organisation and its work. It is important that the consistent achievement of the expected results is required, not necessarily consistent methods (as these often differ depending on context or the nature of the activities).

In summary, when verifying the organisation's methods, the verification process is checking whether:

- The organisation has methods in place,
- These methods are effectively applied in practice,
- The result is achieved consistently throughout the organisation and its work.

Guidance for verifying the establishment of coherent organisational approaches

The CHS includes at least one requirement in each commitment for organisations to 'Establish a coherent organisational approach to ensure...' ⁸ that something is in place. The specific guidance (provided in section 4) for each of these coherent organisational approach requirements consistently encourages those undertaking verification to consider three main elements, in line with the questions for verification in the Verification Framework:

- i. how or where the organisation clearly articulates its organisational approach/approaches.
- ii. what methods the organisation has in place to put the approach into practice consistently across all locations and situations where it works.
- iii. how the organisation verifies for itself that the methods are adhered to consistently – i.e., looking at what internal review, oversight or control processes are in place internally.

The main element when verifying these coherent organisation approach requirements is that there must be evidence of an organisational system that enables the organisation to assure itself that the methods it uses are applied consistently and are effective. These can be different for different organisations and also for different requirements within an organisation. For example, the organisation may use its internal audit processes, partner establishment processes, monitoring frameworks, organisational KPIs etc. to incorporate different requirements from the CHS to monitor its own performance in establishing the different organisational approaches.

It is critical to note that organisational approaches will look very different depending on the type, size and nature of the organisation being verified. The articulation of the approach, for example, may be formally documented (e.g. in a policy or strategy, or stated as a core value etc.), or it could be articulated less formally (e.g. through staff training or mentoring or other methods appropriate to the organisation). A good understanding of how the organisation is structured, what its strategic priorities are, and how it is managed and governed is essential. Additionally, knowing its different modes of programme implementation and what internal quality management systems are in place supports a verification process that is relevant and appropriate to the organisation.

⁸ For the definitions of "Established coherent organisational approach" and "Ensure", please refer to the definitions in Annex 2: Glossary.

Guidance for verification of organisations working in partnership

Organisations collaborate with other organisations in various ways to support people and communities in situations of crisis and vulnerability. The nature of partnerships varies across different contexts, organisations, and programming. Consequently, the roles and responsibilities of each partner to ensure the CHS requirements are met in practice also differ. When verifying organisations against the CHS, understanding how partnerships are formed, and how they work in practice is key to demonstrating how the expected results of the requirements are met.

The following are some important aspects to frame the verification approach when organisations are working in partnership, regardless of the type of partnership in place:

- **Contextualise:** Understanding the organisation's approach to partnership and the type(s) of partnerships it is working in is critical before starting the verification process. This initial understanding of the organisation's partnership approach will impact the type of evidence gathered, questions asked, interviewees selected, sites visited, etc.
- **Verification of results at the community level:** Regardless of whether an organisation works with people and communities directly or in partnership with other organisations, the CHS verification processes are designed to assess its performance. The focus is on how the verified organisation *ensures* that quality and accountability results are ultimately achieved for people and communities. Whatever role the different partners have played in applying the CHS, the result at the community level is critical. Therefore, all questions for verification at the community level ("Do people confirm...") are as important for organisations working in partnership as they are for those working directly with people and communities.
- **Limit the scope to the verified organisation's work:** The scope of any verification process is limited to the work of the organisation being verified. If some of that work is implemented in partnership with another organisation, the verification process assesses the extent to which the CHS requirements are met for any work undertaken *within the scope of that partnership*. Any other work undertaken by a partner outside of their joint work with the organisation being verified is beyond the scope of the verification process.

When working in partnerships, the verification process needs to consider the following questions:

- **Do all partners contributing to the work of the organisation being verified understand their respective roles and responsibilities in relation to ensuring that the CHS requirement is met in practice throughout their joint work?**

Evidence for this could come from interviews with relevant staff from the organisation and its partners. In some cases, respective roles and responsibilities may be documented, for example, in partnership agreements, contracts, Memorandums of Understanding (MoUs), etc. For some requirements, roles and responsibilities may be articulated in project design documents, proposals, or funding applications. In some contexts, roles and responsibilities may be verbally agreed in regular meetings or online conversations. Providing support to partners where a need is mutually identified and agreed, can also be one of the roles and responsibilities agreed between them. There is no prescribed process or method for establishing roles and responsibilities between the partners. What needs to be assessed in the verification process is whether all partners contributing to the work of the organisation being verified understand and implement their respective roles and responsibilities. This ensures the relevant CHS requirement is met in practice.

- **Does the verified organisation have a way of assuring that the CHS requirements are being met?**
Depending on the type of partnership, the way an organisation ensures this for each requirement will differ. In some cases, processes may be in place at the point of partner selection, assuring an organisation that certain requirements are being met. In other cases, community surveys, written reports, evaluations, or audits may provide the necessary evidence that the requirements are being met. For some organisations, their monitoring processes, such as ongoing dialogue with partners or visits to project sites, may provide the necessary assurance that a requirement is being met. Again, there is no prescribed process or method for an organisation to assure itself that the requirements are being met, but what needs to be assessed is that they have such a process in place that suits their organisation and their partnership approach.

This guidance for ‘working in partnership’ should be applied in all cases where meeting the requirement depends on the actions of a partner of the organisation being verified. For example, requirement 1.2 relates to sharing information with people and communities. If the organisation works directly with people and communities and has the necessary resources⁹ (financial means, expertise etc.) to meet this requirement without the support of any partners, then the guidance can simply be applied to the actions of the organisation being verified. However, if the organisation being verified works with partners at the community level, there must be a joint understanding between the two organisations regarding the importance of sharing information and defining responsibilities. Necessary resources and support should be provided accordingly.

For each of the coherent organisational approach requirements (see 3.2.6), a specific section of guidance related to ‘when working in partnership’ is included. This is applicable for any organisation working in partnership with other organisations to deliver the requirements of the CHS for people and communities and must be in place for the coherent organisational requirement to be met.

Guidance on using the CHS scoring grid

The CHS Verification Framework includes the CHS scoring grid (see Annex 1). This elaborates the meaning of the scores (between 0 and 4) for all verification scheme options. Generic guidance for scoring the CHS requirements in relation to the measurable components, as outlined in the CHS Verification Framework, is also provided.

Assessing whether a requirement is met

The first step, when reviewing the evidence to decide on a score, is to identify whether all the measurable components are in place. To support this process the guidance for each requirement (in section 4) includes a grey box that outlines what the evidence needs to demonstrate across all the measurable components so that the requirement is met. The questions for verification (from the Verification Framework) for each measurable component have been used to list all the elements that need to be in place to verify that the requirement has been met, both at the community level (where relevant) and at the organisational level (the methods or ways of working). When scoring a requirement, the grey box can be used to check whether all the different elements are in place to verify whether all measurable components are met in order to award a score 2, 3 or 4. After balancing the weight of all the evidence collected, if any one of the listed elements in the grey box is assessed not to be in place, then the requirement has not been met and the score will be either 1 or 0.

If a requirement is not met, assessing whether it is score 1 or 0

If, when scoring a requirement, it is assessed that one or more of the requirement’s measurable components are not in place, then the requirement has not been met. The next step is to check whether the requirement should be scored 1 or 0. To do this, those undertaking verification need to review the evidence again and consider whether the issues that were identified that led to the requirement not being met are so significant

⁹ For the definition of “Resources”, please refer to the definition in Annex 2: Glossary.

that they not only impact on the ability of the organisation to meet the requirement, but also impact the organisation's ability to meet the overall commitment. The commitment level descriptions found in section 4 at the start of each commitment can be used to help make this decision. When weighing this up, the following points can also be taken into consideration:

- Are significant gaps observed across all measurable components at both the community and organisational levels (possibly score 0)? Or are the gaps identified limited in nature, for example to one measurable component (possibly score 1)?
- Do the gaps observed in this requirement have a significant impact on the ability of the organisation to meet other requirements in the commitment (possibly score 0), or do the gaps identified only impact on the ability to meet this requirement (possibly score 1)?
- Are the gaps consistently identified across the whole organisation and in all its work in different contexts (possibly score 0) or are the gaps identified limited to only some parts of the organisation or some contexts (possibly score 1)?

It is important to note that those conducting verification processes must use their professional judgement to weigh up all the evidence. They may need to seek additional evidence in the process to determine whether a requirement that has not been met scores 1 or 0. A good understanding of organisational and operational context will support this decision-making process.

If a requirement is met, assessing whether it is score 2, 3 or 4

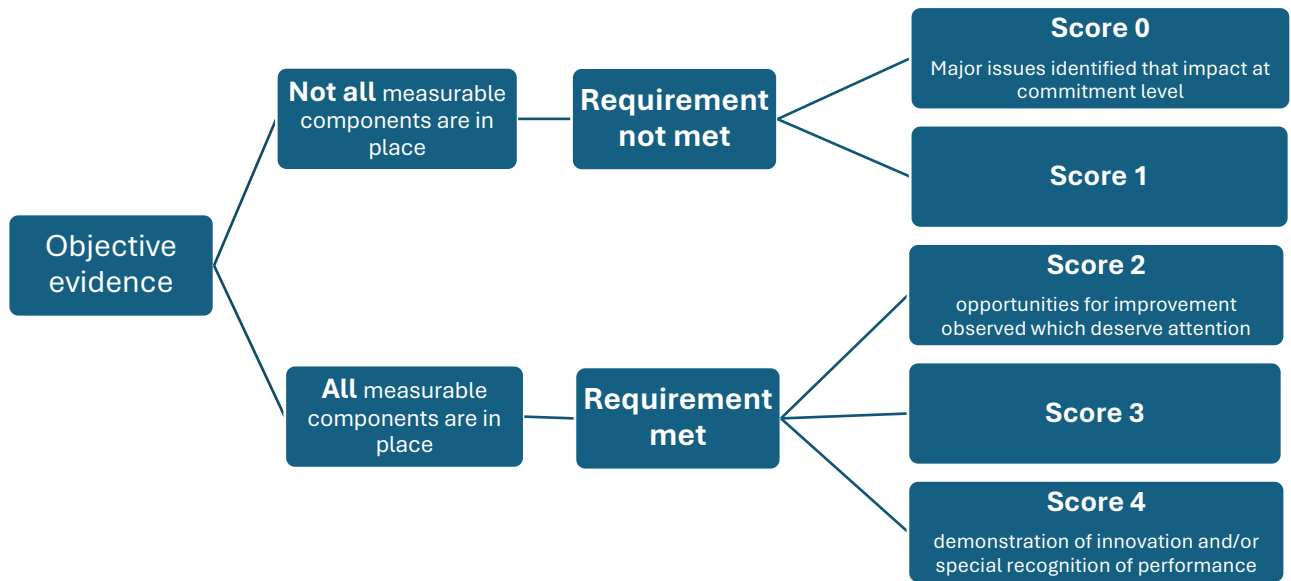
If, during verification, all measurable components are found to be in place, then the requirement has been met. The next step is to check whether the requirement should be scored 2, 3 or 4. To do this, those undertaking verification need to review the evidence again and consider whether there are any issues observed that, while not currently resulting in the requirement not being met, present a risk to this in the future. For example, if a team of staff have discussed and agreed to work in a certain way and currently the evidence shows that it is being put into practice consistently, then the requirement is currently met. However, if procedures, checklists, or guidance documents are not updated, or if this aspect is not included in regular training or handovers, there is a risk that the practice might not continue if staff leave, and new staff join. In this case, the requirement might not be met in the future. This requirement could then be scored a 2, with the observation that there is an opportunity for improvement.

Alternatively, the evidence gathered may indicate that the organisation demonstrates innovation and/or has special recognition of performance indicating that it meets the requirement in an exemplary way. To verify this, the evidence must indicate that either an organisational system (or systems) that demonstrate an innovative approach to meeting the requirement to a high standard are in place throughout the organisation, or that the organisation has been awarded special recognition of performance in relation to meeting the requirement at a high standard, and this is built into organisational systems so that the high quality is ensured throughout the organisation. In either case, the requirement is met in an exemplary way and scored 4.

It should be noted, however, that the special recognition of performance should be verified to confirm that it has been awarded independently/objectively and is directly relevant to the requirement. A score of 4 should not be awarded for one-off examples of exemplary practice. Organisational systems must be verified to ensure that the exemplary approach to meeting the requirement is met throughout the organisation. As the sector evolves, what might be considered innovative (and awarded a score 4) at the time of the verification, in future may become standard practice and therefore may revert to a score 3.

If the requirement is met and no observations/opportunities for improvement are noted, and the evidence does not indicate that it is met in an exemplary way, then the requirement is scored 3.

Figure 1: Flowchart for scoring



For more information see the CHS scoring grid in the [Annexes](#)

4. CHS guidance per commitment and requirement

Commitment 1

People and communities can exercise their rights and participate in actions and decisions that affect them

Commitment 1 recognises and emphasises the right of people and communities, in their diversity, to be treated with dignity and to participate in decisions and actions affecting them related to the organisations supporting them. Organisations are required to create tangible conditions that enable transparent information-sharing and communication with all groups of people and communities. Organisations must ensure that people and communities, in their diversity, can exercise their rights, make informed decisions, and reinforce their role in finding solutions to the crises they and their communities face.

1.1 Ensure diversity, equity and inclusion considerations are integrated into the organisation's work with people and communities, with attention to the most marginalised. 

Expected Result: Diversity, equity, and inclusion considerations are integrated into the organisation's work with people and communities, with attention to the most marginalised.

Measurable Components:

- Diversity considerations are integrated into the organisation's work with people and communities, with attention to the most marginalised.
- Equity considerations are integrated into the organisation's work with people and communities, with attention to the most marginalised.
- Inclusion considerations are integrated into the organisation's work with people and communities, with attention to the most marginalised.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Look for practice which demonstrates that the differences among people, in terms of their identities, backgrounds, experiences, perspectives, and characteristics, are understood in the contexts within which the organisation is working. How is that understanding of **diversity** taken into consideration in the work they are doing?

Look for practice which demonstrates that people and communities are treated fairly, according to their specific needs. Review what processes are in place to understand the diverse needs and capacities of people and communities that the organisation is working with. Assess how that understanding of **equity** is taken into consideration in the work it is doing.

Look for practice which demonstrates that there are deliberate and proactive efforts to create environments and practices that respect, value and support the full participation¹⁰ of individuals from diverse backgrounds with different identities in the contexts in which the organisation works. What efforts are made to deliberately include diverse groups? What barriers to **inclusion** have been considered to support greater participation of diverse groups?

Attention should particularly be given to how the organisation understands who the most marginalised groups are in any given context, what their specific needs are, and how to enable their inclusion in the work.

Look for evidence that diversity, equity, and inclusion considerations are integrated in different phases of the organisation's work, including for example, assessing needs, programme design, implementation, monitoring, and evaluation.

While sampling, make sure different groups within the context are represented.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- the extent to which people's diversity and the differences among them are considered and reflected in the organisation's work.
- the extent to which people are treated fairly, according to their specific needs.
- the extent to which inclusive environments are created with practices that respect, value and support the inclusion of diverse individuals and groups in the work.
- the extent to which the most marginalised groups in the community and their specific needs are identified, and their inclusion is enabled throughout the work.

Interviews with relevant staff working at the community level, about:

¹⁰ For the definition of "Participation", please refer to the definition in Annex 2: Glossary.

- the way staff seek to understand the diversity of people and groups in the communities they are supporting and how that is taken into consideration throughout their work.
- the way their practice enables them to understand and address different needs of different groups and to treat them fairly according to those needs.
- the way staff seek to ensure inclusive environments are created with people and communities, and what practices are in place that respect, value, and support the inclusion of, diverse individuals and groups in the work.
- the way staff seek to understand who the most marginalised groups are in the contexts in which they are working, what their specific needs are and what efforts are made to specifically ensure these groups are included throughout the work.

Interviews with relevant staff working in partnership:

- agreements (formal and informal) between the partners about how to integrate diversity, equity, and inclusion considerations into their joint work with people and communities.
- resources shared between partners to implement this effectively.
- the extent to which staff and partner staff perceive that deliberate efforts are taken to integrate considerations of diversity, equity, and inclusion into their joint work with people and communities.

Interviews with other relevant stakeholders about:

- the extent to which stakeholders perceive that the organisation takes deliberate efforts to integrate considerations of diversity, equity, and inclusion into its work with people and communities.

Direct observations, for example:

- diversity of the groups being consulted and the extent to which efforts are taken to enable the inclusion of marginalised groups in the consultation processes.
- ability and level of comfort of different groups to talk about the organisation and its work.^{76ers}

Organisational documents that show how the organisation ensures diversity, equity and inclusion considerations are integrated into their work with people and communities, for example:

- diversity, equity and inclusion policies, guidelines, circulars, statements, etc.
- stakeholder analyses.
- guidance on determining selection criteria.
- programme plans and documentation.

1.2 Regularly share relevant and timely information with people and communities, including about their rights in relation to the commitments and responsibilities of the organisation.

Expected Result: Relevant and timely information is regularly shared with people and communities, including about their rights in relation to the commitments and responsibilities of the organisation.

Measurable Components:

- Relevant information is shared regularly with people and communities, including about their rights in relation to the commitments and responsibilities of the organisation.
- Relevant information is shared with people and communities in a timely way.
- PSEAH:** Relevant information is shared regularly with people and communities about the commitments and obligations the organisation makes regarding PSEAH, and the expected behaviours in relation to PSEAH of staff and volunteers¹¹, and in a timely way.

¹¹ For the definition of “Staff and volunteers”, please refer to the definition in Annex 2: Glossary.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Look for practice which demonstrates that **information is shared** with people and communities about their rights, in relation to both the organisation working in their community, and the work taking place.

Minimally, information should include:

- Who the organisation working in their community is and what they do.
- What actions or activities are being proposed and planned in their community.
- What people's rights are in relation to the commitments and responsibilities of the organisation.
- The types of behaviour expected of the staff and volunteers of the organisation.
- The commitments and obligations the organisation makes to people and communities, including on quality, accountability, and non-discrimination.
- People's right to give feedback, report concerns and make a complaint about the organisation and/or its work.

As relevant, and based on information needs, further information might also be shared, e.g. timeframes of activities, resources available for the activities in the community, sources of the funds, service providers etc.

Consider the extent to which information is shared **regularly** with people and communities at different stages of the work. How 'regular' (e.g. once a week/month/year/at every training event etc.) will depend on the context, but it should be regularly enough so that people at the community level can confirm that they understand what they can expect from the organisations working in their community.

Look for practice which demonstrates that the most effective times to share relevant information with people and communities are considered and respected, and that information is shared at the right time from people's perspective. In some contexts, **timeliness** is about sharing information promptly after an event, for example for an emergency response. Timeliness could also be in relation to the timing of project activities, for example informing people prior to a distribution of what they are entitled to or could be related to timing of seasons for planting or ahead of events for advocacy or informing people promptly of any delays in activities etc.

PSEAH guidance:

Look for practice which demonstrates that organisations specifically share information with people and communities about the commitments and obligations they have made regarding PSEAH.

For example, this could include communicating a zero-tolerance approach to SEAH, the mechanisms that the organisation has put in place to report any concerns related to PSEAH (link to 5.3), etc. This includes specific information on the types of behaviours in relation to PSEAH that people and communities can expect from staff and volunteers working with them (link to 5.2).

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- people's understanding of the relevant commitments, responsibilities, and plans of the organisation working in their community.
- [people's understanding of the PSEAH commitments, responsibilities, plans, expected behaviours of staff of the organisation working in their community.](#)
- people's perceptions of whether information is shared regularly and in a timely way.

Interviews with relevant staff about:

- the way staff find out what and how often information is needed by people and communities.
- the extent to which the information staff share meets the elements listed in the measurable components.
- [types of information staff members share with people and communities specifically in relation to PSEAH commitments and obligations and expected behaviours of staff and volunteers.](#)

Interviews with relevant staff working in partnership about:

- the way each partner organisation communicates and shares information between one another.
- [types of information shared among partners in relation to PSEAH commitments and obligations and expected behaviours of staff and volunteers.](#)
- agreements (formal and informal) between the partners about what and when information will be shared with people and communities.
- resources shared between partner to implement this requirement effectively.

Interviews with other relevant stakeholders about:

the extent to which relevant information is shared with stakeholders about the organisation and its work, and if they consider this timely.

Direct observations, for example:

- in communities, public spaces, offices etc. of visual displays of relevant information – e.g. transparency boards, public notices, banners, posters, brochures, flyers etc.
- [visual displays of information related to PSEAH – e.g. transparency boards, public notices, banners, posters, brochures, flyers etc.](#)

Organisational documents that show how relevant information that includes all elements listed in the measurable component, is shared regularly, for example:

- policies, guidelines, circulars, statements, etc. shaping modalities for information sharing with communities.
- communication/ information sharing plans.
- budget/resources allocated for information sharing.
- printed materials (e.g. booklets, flyers, posters etc.) that include relevant content.

Organisational documents that show how PSEAH information is shared regularly, for example:

- [policies, guidelines, circulars, statements etc. shaping modalities for PSEAH information sharing with communities.](#)
- [printed materials \(e.g. booklets, flyers, posters etc.\) that include PSEAH content.](#)
- [contextualised information materials about the Code of Conduct and expected behaviours of staff.](#)

1.3 Communicate in languages and formats that are easily accessible, understandable, respectful, and contextually appropriate for people and communities.

Expected Result: Communications with people and communities are in languages and formats that are easily accessible, understandable, respectful, and contextually appropriate.

Measurable Components:

- Communications with people and communities are in languages and formats that are easily accessible and understandable for them.
- Communications with people and communities are respectful and appropriate to their context.
- PSEAH:** Communications on PSEAH with people and communities are in languages and formats that are easily accessible, understandable, respectful, and contextually appropriate.

Guidance for verifying the requirement (apply as appropriate, considering the organisation’s type, nature of work, and operational context):

To ensure communications are **easily accessible and understandable**, look for practice that the organisation identifies the different language and communication needs of different groups in a community. Review whether these needs are reflected in communications, both verbal and written communications, and that the organisation uses appropriate languages in the context within it works.

Also consider the extent to which diverse groups can access information that is shared. Look for a range of appropriate methods used to communicate information (e.g. notice boards, radio, graphics, community meetings, sign language, child-friendly formats, etc.) to ensure different groups with diverse needs can access relevant information. Also consider the accessibility of the location where information is shared (such as public areas of communities or project sites) to ensure access to all.

Look for how the organisation enables communications to be easily accessible and understandable for people and communities in their diversity. For example, provision in budgets for the development and dissemination of information materials in different languages and formats; staff and volunteers in direct contact with people and communities speak relevant languages and have skills or partnerships to enable communication with people and communities in their diversity.

To ensure that communications are **respectful and contextually appropriate**, consider whether those communicating directly with communities have a good awareness of the local culture and an awareness of any cultural sensitivities. Explore the extent to which people at the community level generally perceive that they are communicated with in a respectful manner.

Consider how the communication methods used at the community level have been selected and the extent to which they are appropriate to the local context. For example, how information is shared in written form (e.g. on a noticeboard) compared to verbally (e.g. in community meetings) and the extent to which that is informed by literacy rates.

Look for practice which demonstrates how organisations help to ensure that communications at the community level are respectful and contextually appropriate. For example, consider if training or guidance is provided for staff on how to communicate respectfully in each context and whether people with local language and contextual expertise are engaged in preparing and/or adapting communication materials.

PSEAH guidance:

Look specifically for practice which demonstrates that information about PSEAH is shared appropriately in ways that are contextualised (places, channels) to ensure access to all. This could include verbal communication by a specific group of a community to ensure that sensitivities are respected, or visual aids (posters, brochures) in various places (public places, project sites) to reach a wider group.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- the extent to which it is easy for people to access and understand the information shared with them and whether there are any groups that are unable to access or understand the information being communicated with them.
- people's perception of how respectful and culturally appropriate the communication is and whether there are any examples of communications that were not respectful or culturally appropriate.
- [the extent to which people understand the PSEAH commitments made to them.](#)
- [people's view on whether the PSEAH information are communicated in languages, formats and ways that are respectful and appropriate to their culture.](#)

Interviews with relevant staff about:

- the way staff find out what languages and formats are appropriate for communicating with people and communities.
- the way staff enable appropriate methods of communications with people and communities – is there budget provision, training for staff, guidelines to follow, consultation on design/adaptation of materials etc.?

- the way staff specifically ensure communications on PSEAH are easy to access, understandable, respectful, and culturally appropriate.

Interviews with relevant staff working in partnership about:

- the extent to which partners perceive that the organisation communicates with them in ways that are easy to access, understandable, respectful, and culturally appropriate.
- agreements (formal and/or informal) between the partners about how information is communicated with people and communities (e.g. languages, formats etc.).
- agreements (formal and/or informal) between the partners about how PSEAH information is communicated with people and communities (e.g. languages, formats etc.).
- resources shared between partners to implement this requirement effectively.

Interviews with other relevant stakeholders about:

- the extent to which stakeholders perceive that the organisation communicates in ways that are easy to access, understandable, respectful, and culturally appropriate.

Direct observations, for example:

- appropriate and respectful ways/methods of communicating information – e.g. transparency boards, public notices, banners, posters, radio, community meetings, pictorial images for children, etc.
- appropriate languages being used to communicate with people.
- appropriate formats and materials, e.g. posters, brochures, leaflets, group discussions tailored to the type of community, that communicate expected behaviours to people in appropriate language and formats.

Organisational documents and records: that show how communications with people and communities are designed to be easily accessible, understandable, respectful, and contextually appropriate, for example:

- guidance for how to systematically share information and communicate appropriately to people and communities in their diversity in specific contexts.
- contextualised communication materials.
- communication plans.
- budgets for contextualising communication materials.

Organisational documents that show how communications with people and communities are designed to be easily accessible, understandable, respectful, and contextually appropriate, for example:

- guidance for how to systematically share PSEAH information and communicate appropriately in specific contexts, including on PSEAH.

1.4 Ensure people’s participation in decisions and actions is meaningful for them and corresponds to their preferred ways of engaging.

Expected Result: People participate in decisions and actions that affect them in ways that are meaningful for them and that correspond to their preferred ways of engaging.

Measurable Components:

- People participate in decisions and actions in ways that are meaningful for them.
- People participate in decisions and actions in ways that correspond to their preferred ways of engaging.

Guidance for verifying the requirement (apply as appropriate, considering the organisation’s type, nature of work, and operational context):

Look for evidence which demonstrates that people and communities find value and significance in their involvement in the work and perceive their **participation to be meaningful**. Consider if people can engage in decision making

processes and whether they feel that their contributions influence final decisions. Explore if there are any groups that are excluded from participating in the work of the organisation (link to 1.1).

Look for the way the organisation understands the challenges and opportunities to engage with people and communities and how it adapts its approach to maximise engagement with them, especially those engaged in decision making, with attention to marginalised groups.

Look for practice which demonstrates that staff consult people on the extent to which they wish to participate in decisions and actions and consider if feedback is sought from them on how meaningful they find their participation throughout the work. Review whether the organisation listens to and reflects this feedback in its participatory approaches.

Review whether people have a choice in the way that they participate in the organisation's work and the extent to which they perceive that their participation corresponds to their **preferred ways of engaging**. Consider the level of consultation on how they would like to participate, and whether this happens at various stages of the work. Also consider whether the organisation offers a variety of ways to engage in the work to meet diverse needs and capacities of different people.

If there is limited participation in decisions or actions, seek to understand whether this was a choice by the people at community level or a decision by the organisation. Explore whether people would prefer to engage differently to how they are engaging now.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- level of participation of people and communities, in their diversity, in the organisation's work, especially in decision making
- level of satisfaction of people and communities with how they participate in decision making, and if they perceive that their engagement in the work adds value.
- the extent to which people have choice about the ways they can participate and what opportunities they have for expressing their preference for how to engage in the organisation's work.

Interviews with relevant staff about:

- the way staff engage people in the organisation's work, especially in decision making
- the extent to which staff give people a choice in how they participate.
- the way staff find out whether people find their participation meaningful.

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal between the partners about how to ensure that people's participation in the work is meaningful for them and that they have choice about how they engage, especially in decision making.
- resources shared between partners to implement this requirement effectively.

Interviews with other relevant stakeholders about:

- the extent to which other relevant stakeholders perceive their level of engagement in decisions appropriate and meaningful to their roles and responsibilities.

Direct observations, for example:

- interactions between staff with people and communities, in their diversity, when engaging them in consultations for the verification process.

Documents that show how the organisation ensures people's participation is meaningful for them and corresponds to their preferred ways of engaging, for example:

- guidance for staff on meaningful community participation.
- survey results or notes from community consultations that demonstrate people are asked about their preferred ways and accessibility needs and are given choices about how they participate in the work and their level of satisfaction with the ways in which they can engage.
- monitoring reports, meeting reports, etc. showing evolution of programmes based on feedback for people and communities.

1.5 Communications representing people and communities, including those used for advocacy and fundraising, have their informed consent, are accurate, respectful, ethical and preserve their dignity.

Expected Result: Communications representing people and communities, including those used for advocacy and fundraising, have their informed consent, are accurate, respectful, ethical and preserve their dignity.

Measurable Components:

- Communications representing people and communities, including those used for advocacy and fundraising, have their informed consent.
- Communications representing people and communities, including those used for advocacy and fundraising, are accurate, respectful, ethical and preserve their dignity.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Look for practice which demonstrates that **informed consent** is provided by people and communities for the material gathered from them for communications purposes. This should include communications used for advocacy and fundraising. Consider both the methods/processes followed for gaining consent (e.g. written consent forms, verbal consent, managing consent of large groups or for children of different ages, etc.), as well as the mechanisms to regulate or control that informed consent was given prior to publication (in print or online).

Explore whether people perceive that they have the option of not giving consent without fear of consequences. Consider what they are informed about and whether it includes the purpose and format of the communication, for example whether they know if their image could end up online or printed in a magazine. Explore whether there are examples of stories, images, or other material representing people and communities that were not used for communication purposes because there was no informed consent.

Assess the extent to which relevant staff understand any organisational policies or guidance related to communications representing people and communities needing to be **accurate, respectful, ethical, and preserving their dignity**.

Look for evidence (e.g. in printed publications, on the website or on social media) which demonstrates that people and communities are portrayed respectfully and in ways that preserve their dignity. For example, if the organisation has image guidelines or rules for external communications, consider to what extent these are followed.

Explore whether people and communities are shown the pictures that are taken of them or if they have ever seen printed materials or online communications that represent them or their community. If so, explore how satisfied they are with how they were represented or if there was anything they would change.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- level of awareness of people about how their images or testimonies will be used (format and purpose) in external communications.
- people's ability to describe the way they are asked for their consent and how it is recorded.
- people's ability to describe occasions when they have seen themselves or their community in any external communications (e.g. documented publications or online) and if so, are they satisfied with the way they were represented.

Interviews with relevant staff about:

- organisation's processes for gaining informed consent from people and communities, including children of different ages.
- organisation's processes for verifying that informed consent is in place prior to publication.
- staff's knowledge of image guidelines or rules relating to communications representing people and communities, including children in particular.

Interviews with relevant staff working in partnership about:

- agreements (formal and informal) between the partners about how informed consent is assured and that any communications representing people and communities follow ethical guidelines.
- resources shared between partners to implement this requirement effectively.

Direct observations, for example:

- printed communication materials (reports, brochures etc.)
- online material (websites, social media posts etc.)

Documents that show how the organisation ensures communication representing people and communities have their informed consent and are accurate, respectful, ethical and preserve their dignity, for example:

- communications or social media policies.
- image guidelines.
- procedures for collecting informed consent, including for children, and for regulating or controlling how images or testimonies from people and communities are used.
- templates of consent forms, including those specific to children of different ages.

1.6. Establish a coherent organisational approach to ensure transparent information-sharing, communication and meaningful participation of people and communities in the actions and decisions that affect them.

Expected Result: A coherent organisational approach that ensures transparent information sharing, communication and meaningful participation of people and communities in the actions and decisions that affect them is established.

Measurable Components:

- A coherent organisational approach to ensure transparent information sharing and communication is established.
- PSEAH:** A coherent organisational approach to ensure transparent information sharing on PSEAH is established.
- A coherent organisational approach to ensure meaningful participation of people and communities in the actions and decisions that affect them is established.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Specific to the nature of the organisation, review how or where the organisation clearly articulates its approach / commitments to:

- transparent information sharing and communication.
- meaningful participation of people and communities in the decisions that affect them.

Review the methods that the organisation has in place which promote and ensure these commitments and approaches are put into practice in all locations and situations where it works. Evidence that organisational methods are applied in practice will also be demonstrated in 1.1 to 1.5.

Assess the organisation's ways (internal review, oversight, or control) that ensures these methods are adhered to consistently throughout the organisation and its work.

PSEAH guidance:

Specific to the nature of the organisation, review how or where the organisation clearly articulates its approach / commitment to transparent information sharing and communication on PSEAH.

Review the methods that the organisation has in place which promote and ensure these commitments and approaches are put into practice in all locations and situations where it works. Evidence that organisational methods are applied in practice will also be demonstrated in 1.2 and 1.3.

Assess the organisation's ways (internal review, oversight, or control) that ensures these methods are adhered to consistently throughout the organisation and its work.

WHEN WORKING IN PARTNERSHIP:

Assess how organisations collaborating in partnership strive to understand and align with each other's approach and/or commitment to ensuring transparent information sharing and communication, and to meaningful participation. For example, this could be documented in partner agreements or discussed between partners when establishing the partnership.

Assess how organisations collaborating in partnership strive to understand and align with each other's approach and/or commitment to ensuring transparent information sharing and communication on PSEAH.

Review the measures that the organisation and its partners have implemented to ensure that transparent information sharing, communication and meaningful participation of people and communities is consistently practiced throughout their joint work. Assess how effectively the organisation and its partners have defined and agreed upon their respective roles and responsibilities to achieve this. Look for evidence that these roles and responsibilities are being fulfilled by each partner, with appropriate support provided when necessary. Evidence for this may also be demonstrated in sections 1.1 to 1.5.

Review the measures that the organisation and its partners have implemented to ensure that transparent information sharing, communication about PSEAH) is consistently practiced throughout their joint work. Assess how effectively the organisation and its partners have defined and agreed upon their respective roles and responsibilities to achieve this.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Interviews with relevant staff about:

- Staff's level of understanding of the organisation's approach to transparent information sharing and communication, and meaningful participation.
- Staff's level of understanding of the organisation's approach to transparent information sharing and communication on PSEAH.
- the methods that are established for ensuring the approach is applied consistently throughout the organisation.
- support provided to staff to apply the approach in their work.

- Support provided to staff to apply the organisation's approach to transparent information sharing and communication on PSEAH.
- staff's experiences of organisational transparency and open communications.

Interviews with relevant staff working in partnership about:

- the extent to which information is shared with partners about the organisation's commitments/approach to transparent information sharing and communication.
- the extent to which information is shared with partners about the organisation's commitments/approach to transparent information sharing and communication on PSEAH.
- the extent to which staff and partner staff demonstrate the organisational approach/commitments in their partnership.
- the extent to which expectations and resources are shared and agreed between partners on how these approaches/commitments are put into practice throughout their joint work.

Interviews with other relevant stakeholders about:

- the extent to which information is shared with key stakeholders about the organisation's commitments/approach.
- stakeholder experiences and perceptions of the transparency and communication of the organisation and its staff.

Direct observations, for example:

- at the organisation's offices, and with partners and communities, observations of a culture of open and transparent information sharing and communication between those engaged with the work.

Organisational documents that show how the organisation establishes its approach for example:

- statements, policies (such as information sharing policy or equivalent), strategies, guidance etc. that require or consistently show the organisation's approach or commitment to transparent information sharing and communication, and meaningful participation.
- internal audit reports/reviews, monitoring/assessment reports, partner due diligence documents etc. that show the results of the organisation's own oversight of the effectiveness of these approaches.

Organisational documents that show how the organisation establishes its approach or commitment to transparent information sharing and communication on PSEAH:

- statements, policies (such as information sharing policy or equivalent), strategies, guidance etc. that require or consistently show the organisation's approach or commitment to transparent information sharing and communication on PSEAH.

Commitment 2

People and communities access timely and effective support in accordance with their specific needs and priorities

Commitment 2 focuses on ensuring that support for people and communities meets their priority needs effectively and at the right time. Organisations are required to proactively engage with people and communities, in their diversity, to understand the context and culture, and the diverse capacities, vulnerabilities, needs and risks, to provide the most appropriate support, recognising that needs and priorities may change over time. Organisations must ensure that their support meets acceptable standards for people and communities.

2.1 Plan and implement programmes which respect and build upon local knowledge, capacities, and existing actions.

Expected Result: Programmes are planned and implemented in ways that respect and build upon local knowledge, capacities and existing actions.

Measurable Components:

- Programmes are planned and implemented in ways that respect and build upon local knowledge.
- Programmes are planned and implemented in ways that respect and build upon local capacities and existing actions.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Look for practice which demonstrates that local knowledge is a starting point for planning processes, and that discussions are ongoing with communities and other local stakeholders, throughout implementation to ensure local knowledge is integrated into the work (link to 1.1. ways of working and practice).

Assess the ways in which programme activities are contextualised and are based on the capacities of the different stakeholders in a community e.g. local government, people and community members, community committees, children and young groups, socio-economic groups, or civil society groups. Consider the extent to which the organisation engages diverse groups of local stakeholders in ongoing discussions to ensure its work **respects local knowledge and capacities** in the planning, design and throughout programmes.

Find out if local stakeholders perceive that their knowledge is respected, and whether they have examples of how their knowledge has influenced how programmes are implemented.

Also find out if local stakeholders perceive that the organisation's programmes respect and build upon their existing capacity and actions. Consider if they have examples which demonstrate how the organisation designs, adapts, or contextualises their programmes based on an understanding of local capacities and existing actions.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- people's perception regarding the way their knowledge, capacities and existing actions are respected by the organisation.
- examples about how people's knowledge has been integrated into the design or implementation of the programmes.

Interviews with relevant staff about:

- the way staff identify local knowledge, capacities and existing actions when planning and implementing programmes.
- the extent to which staff design, adapt or contextualise their programmes based on knowledge from local stakeholders and an understanding of existing local capacity and actions.
- the way efforts are made to understand and reflect knowledge of the most marginalised groups in the context (link 1.1.).

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how to ensure that programmes are planned and implemented in ways that respect and build upon local knowledge, capacities and existing actions.
- support shared between partners to implement this effectively.

Interviews with other relevant stakeholders about:

- stakeholder’s perception regarding the way their knowledge is respected by the organisation and any examples of how this has been integrated into the design or implementation of the programmes.

Direct observations, for example:

- the attitude of staff towards local knowledge, capacities and existing actions and the extent to which it is valued and respected.

Documents that show how the organisation plans and implements programmes which respect and build upon local knowledge, capacities and actions, for example:

- context analyses which identify the range and diversity of local knowledge, capacities, and existing actions (in addition to an analysis of problems/needs).
- planning documents that are contextualised and integrate identified local knowledge.
- records of consultations with local stakeholders about existing actions and implications for programming (link to 1.1.).

2.2 Use fair, impartial and transparent criteria to define programmes and the people or groups supported by the organisation

Expected Result: Fair, impartial, and transparent criteria are used to define programmes and the people or groups that the organisation supports.

Measurable Components:

- Fair, impartial, and transparent criteria are used to define programmes.
- Fair, impartial, and transparent criteria are used to define the people or groups it supports.

Guidance for verifying the requirement (apply as appropriate, considering the organisation’s type, nature of work, and operational context):

Review the criteria used by the organisation for **defining the programmes** that it supports. Consider the extent to which it is **impartial** and based on the identified needs and capacities of people in that context. Also review how the organisation makes these criteria known and with whom. Consider how decisions are made within an organisation when defining, approving, or funding programmes. Consider what criteria are used for these decision-making processes and the extent to which they are fair, impartial, and transparently communicated with relevant stakeholders.

Also consider, within programmes, the **selection criteria** for deciding which **people or groups** that the organisation will support through the programme. Review if these selection criteria are fair, impartial, and transparent, and how the diverse needs and capacities identified at the community level are taken into consideration.

Find out if people at the community level are aware of the selection criteria for the programme and the extent to which they perceive them to be fair and impartial. Explore whether there have been any complaints or feedback related to selection criteria and any relevant implications of this.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- people’s perception regarding the use of impartial and needs-based criteria to define the organisation’s programmes.
- people’s knowledge of the criteria for defining programmes and the people or groups that the organisation works with,
- people’s views regarding whether the criteria are fair and impartial or not

Interviews with relevant staff about:

- criteria used for defining programmes supported by the organisation and what efforts are made to ensure those criteria and related decision-making processes are fair, transparent, and impartial.
- efforts made to ensure people and communities are informed about selection criteria.

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how to ensure that criteria used to define programmes, and the people and groups they work with, are fair, impartial, and transparent.
- support shared between partners to implement this effectively.

Interviews with other relevant stakeholders about:

- stakeholders' knowledge of criteria for defining programmes and the people or groups that the organisation works with,
- views regarding whether the criteria are fair and impartial or not.

Direct observations, for example:

- Noticeboards in communities with selection criteria and targeting information, where relevant.

Documents that show how the organisation ensures it uses fair, impartial, and transparent criteria for defining programmes and the people or groups it supports, for example:

- decision making processes for defining, selecting, approving, or funding programmes.
- selection criteria for individual programmes.
- guidance on sharing selection criteria with different stakeholders.

2.3 Regularly monitor and adjust programmes to ensure actions are timely, accessible and address the priority needs of people and communities.

Expected Result: Programmes are monitored and adjusted regularly so that actions are timely, accessible and address the priority needs of people and communities.

Measurable Components:

- Programmes are monitored and adjusted regularly so that actions are timely.
- Programmes are monitored and adjusted regularly so that actions are accessible to people and communities.
- Programmes are monitored and adjusted regularly so that actions address the priority needs of people and communities.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Review how the organisation's programmes are **monitored**, including what is monitored and how regularly. Assess how this monitoring information is used and the processes in place to ensure that relevant adjustments can be made in a timely way.

Consider the full breadth of monitoring processes that inform adjustments to programmes, including, but not limited to, regular monitoring of changes in context, needs and risks, as well as accomplishment of programme activities, outputs and outcomes, and other programme-level commitments, for example people and communities' ability to access programmes (link to 1.1.); understanding of expected behaviour and how to report concerns and complaints (link to 5.2 and 5.3).

Consider how decision-making processes enable programme adjustment or not.

Assess how effective the monitoring and adjustment processes are at ensuring that actions are **timely, accessible and address the priority needs of people**.

Look for examples in practice which demonstrate that evidence from regular monitoring processes is used to **adjust programmes**. Consider the extent to which people and communities participate in monitoring processes (link to 1.4) so that their feedback can guide decision making (link to 7.3) and help ensure that programmes are effective and timely in responding to their specific needs and priorities.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- the extent to which people are engaged in the organisation's monitoring processes.
- the opportunities people have to give regular input to the organisation about the timeliness and effectiveness of the support they receive and whether the actions are easily accessible and address their priority needs.
- examples of how people's feedback on the programme has been listened to and resulted in changes being made.

Interviews with relevant staff about:

- the way staff regularly monitor their programmes - including what is monitored, who is engaged, how often and where the results are reported.
- the processes or procedures in place that enable timely adjustments to be made to programmes based on monitoring data.
- the extent to which monitoring processes include feedback from people and communities about how timely and accessible the programmes are and whether they address their priority needs.

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how programmes are monitored and adjusted so that they are timely, accessible, and meeting priority needs of people and communities.
- the resources shared between partners to implement this requirement effectively.

Interviews with other relevant stakeholders about:

- the way stakeholders are engaged in the monitoring of the programme.
- examples of the way programmes have been adjusted based on monitoring to be timelier and more effective in meeting priority needs.

Documents that show how the organisation regularly monitors and adjusts programmes, including:

- monitoring plans which outline what, when and how monitoring information and data is collected and reported.
- results frameworks, progress reports, situation reports, PDMs, KAP surveys etc. that record the results of monitoring activities and any resulting adjustments to programmes.
- established processes or procedures for enabling timely adaptation of programme activities and budgets based on monitoring.

2.4 Apply relevant technical standards and recognised good practice in the organisation's work with people and communities.

Expected Result: Relevant technical standards and recognised good practice are applied in the organisation's work with people and communities.

Measurable Component:

- Relevant technical standards and recognised good practice are applied in the organisation’s work with people and communities.

Guidance for verifying the requirement (apply as appropriate, considering the organisation’s type, nature of work, and operational context):

Technical standards can include national level technical standards, for example published by the relevant health or education ministries/departments. It can also include globally agreed standards, for example Sphere minimum standards and Humanitarian Standards partnership (HSP) standards in related sectors. It can also be other contextually appropriate standards and/or recognised good practice, for example in a refugee camp there may be camp-specific standards for specific activities, e.g. establishing child friendly spaces etc.

Assess how the organisation keeps current with relevant **technical standards and/or good practice**. For example, being a member of a community of practice, employing technical specialists, linking with local or national government ministries/departments, participating in coordination groups etc. Review how these standards and good practice are applied in practice. Consider how programmes are designed, implemented, monitored and evaluated in line with technical standards.

Links to other standards and recognised good practice:

<https://www.spherestandards.org/handbook-2018/>

<https://hspstandards.org/handbooks/>

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- people’s perception of the quality of the work and the extent to which it meets acceptable standards.
- the extent to which the people perceive the organisation applies technical standards if they are aware of them.

Interviews with relevant staff about:

- the way the organisation keeps current with relevant technical standards and good practice.
- the way technical standards and good practice are applied to programmes, in design, implementation, monitoring and evaluation phases.

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about the application of standards and good practice to their joint work.
- the resources shared between partners to implement this requirement effectively.

Interviews with other relevant stakeholders about:

- stakeholders’ perception of the quality of the work and if they are aware of relevant technical standards, the extent to which these are being applied.

Direct observations, for example:

- technical standards or manuals in use by staff implementing programmes.

Documents that show how the organisation ensures that relevant technical standards and good practice are applied, for example:

- description of application of technical standards in programme design and planning documents.
- technical reviews of programmes.
- job descriptions of technical experts/advisors.

2.5 Refer any unmet priority needs to relevant stakeholders with the technical expertise and capacity to address them.

Expected Result: Unmet priority needs are referred to relevant stakeholders who have the technical expertise and capacity to address them.

Measurable Components:

- Unmet priority needs are referred to relevant stakeholders who have the technical expertise and capacity to address them.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Where an organisation cannot meet identified needs, it has a responsibility to **refer these needs** to appropriate actors (including government and non-government stakeholders). Review what attention the organisation pays to other priority needs of people and communities and how the organisation seeks to address unmet needs when these are identified. For example, consider if there are established relationships with other stakeholders, either bilateral or through coordination mechanisms, whom they can refer unmet needs to.

Consider what action is taken in practice during assessment or monitoring processes when unmet needs are identified. Assess the extent to which relevant staff understand their responsibility to refer unmet needs when identified.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- actions taken by the organisation if it cannot directly respond to their priority needs.
- any examples people have of unmet needs being referred to other stakeholders by the organisation.

Interviews with relevant staff about:

- the way unmet priority needs of people and communities are addressed by the organisation.
- the way relevant stakeholders with technical expertise and capacity are identified to refer unmet needs to.

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about the referral of unmet priority needs.
- resources shared between partners to implement this requirement effectively.

Interviews with other relevant stakeholders about:

- any examples stakeholders have of unmet priority needs being referred to them, or other stakeholders, by the organisation.

Documents that show how the organisation refers unmet needs to relevant stakeholders, for example:

- monitoring report or field visit reports indicating unmet needs for people and communities.
- minutes of coordination meetings that show sharing of information on unmet needs.
- lists of other stakeholders for contacting with referrals of unmet needs.

2.6 Establish a coherent organisational approach to ensure support is based on an understanding of the context and culture and the diverse capacities, vulnerabilities, needs, and risks faced by people and communities, with attention to the most marginalised.

Expected Result: A coherent organisational approach that ensures its work is based on an understanding of the context and culture, and the diverse capacities, vulnerabilities, needs, and risks faced by people and communities, with attention to the most marginalised is established.

Measurable Components:

- A coherent organisational approach to ensure its work is based on an understanding of the context and culture of people and communities, with attention to the most marginalised is established.
- A coherent organisational approach to ensure its work is based on an understanding of the diverse capacities, vulnerabilities, needs, and risks faced by people and communities, with attention to the most marginalised is established.
- PSEAH:** A coherent organisational approach to ensure its work is based on an understanding of SEAH risks and vulnerabilities of people and communities in their diversity, with attention to the most marginalised, is established.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Specific to the nature of the organisation, review how or where the organisation clearly articulates its approach / commitments to:

- basing its work on an understanding of the context and culture of where it works and of the people and communities it works with, with attention to the most marginalised.
- basing its work on an identification, analysis and understanding of the diverse capacities, vulnerabilities, needs, and risks of people and communities, with attention to the most marginalised.

Review the methods that the organisation has in place which promote and ensure these commitments and approaches are put into practice in all locations and situations where it works. Evidence that organisational methods are applied in practice will also be demonstrated in 2.1 to 2.5.

Assess the organisation's ways (internal review, oversight, or control) that ensures these methods are adhered to consistently throughout the organisation and its work.

PSEAH guidance:

Specific to the nature of the organisation, review how or where the organisation clearly articulates its approach / commitment to basing its work on an understanding of SEAH risks and vulnerabilities of people and communities in their diversity, with attention to the most marginalised.

Review the methods that the organisation has in place which promote and ensure these commitments and approaches are put into practice in all locations and situations where it works. Evidence that organisational methods are applied in practice will also be demonstrated in 2.1 to 2.5.

Assess the organisation's ways (internal review, oversight, or control) that ensures these methods are adhered to consistently throughout the organisation and its work.

WHEN WORKING IN PARTNERSHIP:

Assess how organisations collaborating in partnership strive to understand and align with each other's approach and/or commitment to ensuring their work is informed by an understanding of the context and culture. This includes considering the diverse capacities, vulnerabilities, needs, and risks faced by people and communities, with attention to the most marginalised. For example, this could be articulated in programme documents or discussed between partners when establishing the partnership and/or developing a programme together.

Review the measures that the organisation and its partners have implemented to ensure their joint work consistently reflects an understanding of the context and culture, as well as the diverse capacities, vulnerabilities, needs, and risks faced by people and communities, with particular attention to the most marginalised. Assess how effectively the organisation and its partners have defined and agreed upon their respective roles and responsibilities to achieve this. Look for evidence that these roles and responsibilities are being fulfilled by each partner, with appropriate support provided when necessary. Evidence for this may also be demonstrated in sections 2.1 to 2.5.

Assess how organisations collaborating in partnership strive to understand and align with each other's approach and/or commitment to ensuring their work is informed by an understanding of the context and culture considering risks related to SEAH faced by people and communities, with attention to the most marginalised. Assess how effectively the organisation and its partners have defined and agreed upon their respective roles and responsibilities to achieve this.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Interviews with relevant staff about:

- the way the organisation makes its approach to understanding the context and culture, and the diverse capacities, vulnerabilities, needs, and risks faced by people and communities, clear to its staff and all stakeholders.
- the way the organisation makes its approach to understanding SEAH risks and vulnerabilities clear to its staff and all stakeholders.
- the methods that are established for ensuring these approaches are applied consistently throughout the organisation.
- the extent to which staff are supported to apply these approaches in their work.

Interviews with relevant staff working in partnership about:

- The extent to which relevant information is shared with partners about the organisation's commitments/approach to basing support on an understanding of context, culture and the diverse capacities, vulnerabilities, needs, and risks faced by people and communities.
- The extent to which relevant information is shared with partners about the organisation's commitments/approach to basing support on an understanding of context, culture and the diverse capacities, vulnerabilities, needs, and risks related to SEAH faced by people and communities.
- The extent to which expectations and mutual support is agreed between partners on how these approaches/commitments are put into practice throughout their joint work.

Direct observations, for example:

- the extent to which the organisation's understanding of context, stakeholders, culture, vulnerabilities, and risks etc. is taken into consideration when planning and implementing the verification process.

Organisational documents that show how the organisation establishes its approach for example:

- statements, policies, strategies, guidance etc. that require or consistently show the organisation's approach or commitment to understanding the context and culture, and the diverse capacities, vulnerabilities, needs, and risks faced by people and communities.
- internal audit reports/reviews, monitoring reports, partner due diligence documents etc. that show the results of the organisation's own oversight of the effectiveness of these approaches.

Organisational documents that show how the organisation establishes its approach to understanding of context, culture and the diverse capacities, vulnerabilities, needs, and risks related to SEAH faced by people and communities, for example:

- documented procedure and associated tools to ensure programme designs respond to SEAH risks (such as a standardised programme design template that includes SEAH risk as a required section or a programme design appraisal template that includes SEAH risk as a required criterion).
- statements, policies (PSEAH policy or equivalent) that ensure programme designs and implementation integrate a continuous SEAH risks assessment (as a stand-alone or into a broader risk assessment) are assessed and adapted to mitigate SEAH risks, or to ensure SEAH risks are not created or exacerbated.
- standalone SEAH risk assessments, or integration of SEAH into broader risk assessments.

Commitment 3

People and communities are better prepared and more resilient to potential crises

Commitment 3 emphasises the need to work towards strengthening the resilience of people and communities as well as their capacities to cope with and recover from crises. Organisations are required to plan and implement programmes in ways that contribute to long-term positive effects on people's lives, livelihoods, the local economy, and the environment and help support their capacity to anticipate and reduce risks of potential crises. Organisations must support local ownership of resources and local decision making from the outset of their work.

3.1 Support formal and informal community leadership and locally led efforts to reinforce the resilience¹² of people and communities.

Expected Result: Formal and informal community leadership and locally led efforts to reinforce the resilience of people and communities, are supported.

Measurable Components:

- Formal and informal community leadership is supported by the organisation.
- Locally led efforts to reinforce the resilience of people and communities is supported by the organisation.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Review how the organisation designs and implements programmes in ways that appropriately **support formal and informal community leadership**. Assess the extent to which the support is contextualised (link to 2.1) so that it respects and builds on local leadership capacity. Consider that 'appropriate support' could also mean 'no support' if it is not needed or wanted. Look at whether programme plans include activities which provide opportunities for local individuals, groups, and structures to take leadership roles. Consider whether marginalised groups are actively encouraged and supported to take on leadership roles, both within programme activities and within their community structures (link to 1.1).

Also review how the organisation designs and implements programmes in ways that appropriately **support locally led efforts that reinforce the resilience** of people and communities. Consider how the programme activities support the ability of people and communities to resist, absorb, accommodate, and recover from the effects of future shocks and hazards. Explore how an organisation works to ensure locally led efforts that support their own resilience are strengthened as a result of the programme, and not sidelined or undermined.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- the ways that local leaders are supported in appropriate ways through the work.
- examples of any leadership opportunities people have been part of in the programme, and how inclusive these are considered to be.
- the ways that their local community efforts to strengthen their ability to cope with shocks and hazards have been supported by the programme.

Interviews with relevant staff about:

- the way programmes are designed and implemented to support local leadership and local resilience efforts, inclusive of more marginalised groups.
- examples of programme interventions that support local leadership and local resilience efforts, inclusive of more marginalised groups.

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how to ensure programmes support local leadership and local resilience efforts.
- resources shared between partners to implement this requirement effectively.

Interviews with other relevant stakeholders, such as formal or informal community leaders, about:

- the ways that informal or formal community leaders and/or locally led resilience efforts have been supported by the work.

¹² For the definition of "Resilience", please refer to the definition in Annex 2: Glossary.

Documents that show how the organisation supports local leadership and locally led resilience efforts, for example:

- local capacity strengthening strategy or guidelines
- programme documents (designs, budgets, reports etc.) that show support for local leadership and resilience efforts integrated into programmes.

3.2 Support local capacities to anticipate and reduce risks of potential crises or disasters.

Expected Result: Local capacities to anticipate and reduce risks of potential crises or disasters are supported.

Measurable Components:

- Local capacities to anticipate risks of potential crises or disasters are supported.
- Local capacities to reduce risks of potential crises or disasters are supported.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Review how the organisation designs and implements programmes in ways that support local people and community structures to both **anticipate and reduce risks** of potential crises or disasters. Assess the extent to which hazard mapping, emergency preparedness planning and disaster risk reduction activities are undertaken, either as stand-alone interventions or integrated into other programmes.

Review whether staff consult with communities and local authorities in the planning phase of a programme, to understand what risks, hazard mapping and/or preparedness plans are already in place and how the organisation's work can further support these. Also consider how programme activities are designed to reduce the impact of future hazards, such as drought management, flood, hurricane or earthquake resistant structures, drought resistant crops etc.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- people's engagement in activities that help identify hazards and risks of potential disasters in their context.
- the ways that people, in their context, help reduce risks of potential hazards and disasters.
- people's perception of whether they feel better able to cope with potential crises in the future.

Interviews with relevant staff about:

- the way programmes are designed and implemented to support local capacities to anticipate and reduce risks of potential crises or disasters.
- examples of programme interventions that support hazard mapping, emergency preparedness, and disaster risk reduction with people and communities, including how more marginalised groups and those at heightened risk in crises and disasters are engaged in these processes.

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how to ensure programmes support local capacities to anticipate and reduce risks of potential crises or disasters in their context.
- resources shared between partners to implement this requirement effectively.

Interviews with other relevant stakeholders, such as local authorities, about:

- the extent to which the organisation's work on disaster risk reduction and emergency preparedness supports existing local efforts.

Documents that show how the organisation supports local capacities to anticipate and reduce risks of potential crises or disasters, for example:

- DRR strategies and guidance,
- community hazard mapping, community preparedness plans, contingency plans.
- programme documents (designs, budgets, reports) that include DRR or emergency preparedness activities.

3.3 Plan and implement programmes that contribute to long-term positive effects on people's lives, livelihoods, the local economy, and the environment.

Expected Result: Programmes are planned and implemented to contribute to long-term positive effects on people's lives, livelihoods, the local economy, and the environment.

Measurable Components:

- Programmes are planned and implemented to contribute to long-term positive effects on people's lives, livelihoods, the local economy, and the environment.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Review how the organisation plans and implements its programmes in ways that contribute to **long-term positive effects** on people's lives, livelihoods, the local economy, and the environment. Consider what tools are used to link project activities to intended impact, for example theory of change, log frames, outcome, and impact level indicators etc. Also assess whether programme designs or proposals are systematically reviewed and assessed based on the extent to which the proposed programme contributes to positive effects on people's lives, livelihoods, the local economy, and the environment.

Look for practice which demonstrates that, where appropriate and feasible depending on the context, measures are taken to have a positive impact on the different areas. For example:

- **people's lives** – sustainable improvements in access to basic human rights such as education, health, food, clean water, shelter etc.
- **people's livelihoods** - improved access to employment opportunities, income generation activities, skills, and training etc.
- **the local economy** – consideration of local market conditions when deciding what form of assistance (cash, voucher, in-kind) will have greatest impact, local procurement of goods and services etc.
- **the environment** – promotion of tree planting, sustainable agricultural practices, natural resource management, waste management and recycling, biodiversity, and conservation activities etc.

Assess how the organisation monitors that their programmes have long-term positive effects (link to 2.3). Consider whether the organisation assesses outcomes and impacts of programmes, beyond activities and outputs, in its monitoring and evaluation processes. For example, using methodologies such as outcome harvesting, impact assessments, ex-post evaluations etc.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- the ways the programme has improved people's lives, livelihoods, the local economy, and/or the environment.
- people's perception of how long-lasting the improvements will be in the future, after the programme activities end.

Interviews with relevant staff about:

- the way programmes are designed and implemented so that they contribute to long term positive effects.

- the way that outcomes and impacts of programmes are monitored or evaluated.

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how to ensure programmes are planned and implemented to contribute to long-term positive effects on people’s lives, livelihoods, the local economy, and the environment.
- resources shared between partners to implement this requirement effectively.

Documents that show how the organisation ensures programmes contribute to long term positive effects, for example:

- strategies, Theory of Change, or other documents outlining programmatic approach.
- planning, monitoring, and evaluation guidance.
- programme documents (e.g. designs, logframes, M&E frameworks, indicator tracking tables etc.).
- evaluation, outcome harvesting, impact assessment, ex-post evaluation reports etc.

3.4 Support local ownership of resources and decision making from the outset of work with people and communities.

Expected Result: Local ownership of resources and decision making is supported from the outset of work with people and communities.

Measurable Components:

- Local ownership of resources is supported from the outset of work with people and communities.
- Local decision making is supported from the outset of work with people and communities.

Guidance for verifying the requirement (apply as appropriate, considering the organisation’s type, nature of work, and operational context):

Review how the organisation designs and implements its programmes in ways that **support local ownership of resources** from the outset of the work to reduce the risk of dependency. Consider how the organisation plans to exit a context or transition its activities in ways that sustain the work with the engagement of local actors. For example, review how the organisation supports and strengthens local structures (link to 2.1 and 3.1).

Also review how the organisation designs and implements its programmes in ways that **support local decision making**. Review how engaged people and communities are, as well as other local actors (such as local authorities, local civil society organisations etc.) in the work at different stages, especially in the planning phases. Consider the extent to which they are engaged in decision making about the programme and feel able to influence the direction of the work in ways that are meaningful to them (link to 1.4).

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- the way people are supported to feel a sense of ownership over the programme activities.
- people's engagement in decision making processes.
- people's perception of how the work will continue, or the benefits sustained, after the organisation’s support has finished or transitioned.

Interviews with relevant staff about:

- the way local ownership of resources and local decision making is supported from the outset of work with people and communities.
- what strategies or approaches staff have for exiting a context or transitioning from activities in ways that ensure sustainability of actions and reduce the risk of dependency.

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how to ensure programmes support local ownership of resources and local decision making from the outset of their joint work.
- resources shared between partners to implement this requirement effectively.

Documents that show how the organisation supports local ownership and decision making, for example:

- programmatic approach to sustainability.
- transition plans or exit strategies for programmes.
- programme documents (designs, reports etc.) that describe how local ownership and local decision making is integrated in the programme approach.

3.5 Establish a coherent organisational approach to ensure support reinforces locally led actions and decision making.

Expected Result: A coherent organisational approach that ensures its support reinforces locally led actions and decision making is established.

Measurable Components:

- A coherent organisational approach that ensures its support reinforces locally led actions is established.
- A coherent organisational approach that ensures its support reinforces locally led decision making is established.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Specific to the nature of the organisation, review how or where the organisation clearly articulates its approach / commitment to reinforcing locally led actions and decision making.

Review the methods that the organisation has in place which promote and ensure this commitment/approach are put into practice in all locations and situations where it works. Evidence that organisational methods are applied in practice will also be demonstrated in 3.1 to 3.4.

Assess the organisation's ways (internal review, oversight, or control) that ensures these methods are adhered to consistently throughout the organisation and its work.

WHEN WORKING IN PARTNERSHIP:

Assess how organisations collaborating in partnership strive to understand and align with each other's approach and/or commitment to ensuring that their support reinforces locally led actions and decision making. For example, this could be documented in partner agreements or discussed between partners when establishing the partnership.

Review the measures that the organisation and its partners have implemented to ensure that locally led actions and decision making is reinforced throughout their joint work. Assess how effectively the organisation and its partners have defined and agreed upon their respective roles and responsibilities to achieve this. Look for evidence that these roles and responsibilities are being fulfilled by each partner, with appropriate support provided when necessary. Evidence for this may also be demonstrated in sections 3.1 to 3.4.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Interviews with relevant staff about:

- the way the organisation makes its approach to reinforcing locally led actions and decision making clear to its staff and all stakeholders.
- the methods that are established for ensuring the approach is applied consistently throughout the organisation.

- the ways staff are supported to apply the approach in their work.

Interviews with relevant staff working in partnership about:

- the extent to which relevant information is shared with partners about the organisation's commitments/approach to reinforcing locally led actions and decision-making.
- the way staff demonstrate the organisational approach/commitments in their partnership.
- the extent to which expectations and resources are shared and agreed between partners on how these approaches/commitments are put into practice throughout their joint work.

Interviews with other relevant stakeholders about:

- stakeholder experiences and perceptions of the organisation's approach to reinforcing locally led actions and decision making.

Organisational documents that show how the organisation establishes its approach for example:

- statements, policies, strategies, guidance etc. (such as localisation policy, programme strategy, partnership approach etc.) that require or consistently show the organisation's approach or commitment to reinforcing locally led actions and decision making.
- internal and external audit reports/reviews, monitoring reports, partner due diligence documents etc. that show the results of the organisation's own oversight of the effectiveness of this approach.

Commitment 4

People and communities access support that does not cause harm to people or the environment

Commitment 4 addresses the fact the organisations' work to support people and communities may have unintended and harmful consequences on people or their environment. Organisations are required to take responsibility and ensure they identify, mitigate, and address any potential and actual negative impacts of their programmes on people and communities and their environment. Organisations must work in ways that protect the safety, security, rights and dignity of people and communities and prevent all forms of exploitation and abuse as well as reduce the negative environmental impacts of the organisation.

4.1 Identify, prevent, mitigate, and address potential and actual negative impacts of programmes on people and communities.

Expected Result: Potential and actual negative impacts of programmes on people and communities are identified, prevented, mitigated, and addressed.

Measurable Components:

- Potential negative impacts of programmes on people and communities are identified, prevented, and mitigated.
- Actual negative impacts of programmes on people and communities are identified and addressed.
- PSEAH:** Potential negative impacts related to SEAH of programmes on people and communities are identified, prevented, and mitigated, and actual negative impacts are identified and addressed.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Review how the organisation **identifies, prevents, and mitigates potential negative impacts** of its programmes on people and communities. Consider whether risks are identified across different areas, such as impacts of programmes on people's safety, security, dignity, and rights or on culture, gender, social or political relationships as well as on their livelihoods and the local economy. Where risks of doing harm to people are identified, review how the organisation mitigates those negative effects as much as possible, for example by putting safeguards in place or including mitigating actions in programme plans.

Also review how the organisation identifies and **takes action to address actual negative effects** when they occur. For example, by holding project review meetings, community feedback sessions and responding to feedback or complaints received through a community-based feedback or complaint process. Consider whether procedures are in place for responding to critical incidents, such as security protocols, SEAH and GBV response procedures and if referral pathways are mapped out (link to 5.4).

Review how the organisation establishes a decision making process to consider the best course of action when negative effects are a possible outcome of every course of action.

Review whether the organisation documents the evidence available at that time and the assumptions made that informed the decision.

Look for practice which demonstrates that relevant contextual risks to people and communities have been systematically identified, prevented, and mitigated. Also look for examples in practice where actual negative impacts have been addressed appropriately, within a reasonable timeframe.

PSEAH guidance:

Look for practice which demonstrates that the organisation specifically identifies, prevents, mitigates and address potential and actual negative impacts of its programmes relate to SEAH of people and communities. Consider how organisational and contextual constraints relating to PSEAH are systematically identified and analysed. For example, the extent to which project assessments, context and stakeholder analyses include potential risks of SEAH. Review how SEAH considerations are incorporated into programme design, implementation, and evaluation and whether programme designs are adapted to safeguard people from SEAH. Review methods for regular monitoring of programmes to detect potential and actual unintended negative effects related to SEAH. Assess whether timely and systematic action is taken where negative effects relating to SEAH are identified (link to 5.6 and 8.4).

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- the extent to which people are consulted about risks to them resulting from programmes during assessment and monitoring activities.
- the extent to which people know how to provide feedback (link to 7.1) or to complain (link to 5.3) if they identify any negative impacts of the programmes.
- any examples of negative impacts that the organisation addressed in a satisfactory way.

Interviews with relevant staff about:

- the way potential risks to people and communities are identified and monitored in programmes.
- processes or procedures in place to address any negative impacts to people and communities that may occur in programmes.
- [the way that potential cases of SEAH by staff or volunteers at community level are identified and mitigated.](#)
- [the way that actual cases of SEAH by staff or volunteers at community level are identified and addressed \(link to 5.4\).](#)

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how potential negative impacts of programmes on people and communities are identified, prevented, and mitigated and how actual negative impacts are identified and addressed.
- [agreements \(formal and/or informal\) between the partners about how potential negative impacts of programmes on people and communities related to SEAH are identified, prevented, and mitigated and how actual negative impacts are identified and addressed.](#)
- resources shared between partners to implement this requirement effectively.

Interviews with other relevant stakeholders about:

- examples of how programmes have been adjusted to minimise potential negative impacts on people and communities and, if actual negative impacts have been identified, examples of how they have been addressed.

Organisational documents that show how the organisation identifies, prevents, mitigates, and addresses potential and actual negative impacts of programmes on people and communities, for example:

- project level risk assessments and mitigation plans.
- market assessments.
- context analyses, including on specific areas such as gender, inclusion, conflict etc. (link to 2.6).
- complaints logs and complaints reports.
- programme documents (plans, revisions, budget changes, reports etc.) that document changes made to design based on potential or actual negative impacts.

[Organisational documents](#) that show how the organisation identifies, prevents, mitigates, and addresses potential and actual negative impacts of programmes on people and communities, for example:

- [guidance for PSEAH focal points on identifying, monitoring, and responding to SEAH risks and incidents.](#)
- [PSEAH training for all staff and awareness raising materials for people and communities to mitigate SEAH.](#)

4.2 Identify, prevent, mitigate, and address potential and actual negative impacts of programmes on the environment.

Expected Result: Potential and actual negative impacts of programmes on the environment are identified, prevented, mitigated, and addressed.

Measurable Components:

- Potential negative impacts of programmes on the environment are identified, prevented, and mitigated.
- Actual negative impacts of programmes on the environment are identified and addressed.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Review how the organisation **identifies, prevents, and mitigates potential negative impacts** of its programmes on the climate and the environment. Consider whether risks to the environment are systematically included in programme level risk assessment processes, or if stand-alone assessments are undertaken, such as environmental impact assessments or use of NEAT+ (Nexus Environmental Assessment Tool) in humanitarian work. Where risks of doing harm to the environment are identified, review how the organisation mitigates those negative effects as much as possible. Consider if appropriately qualified technical staff review and provide input to programme designs to minimise harm to the environment and the extent to which the results of environmental risk assessments inform the design and implementation of programmes.

Also review how the organisation identifies and **takes action to address actual negative effects** on the environment when they occur. Consider whether environmental risks are monitored throughout programme implementation and what action is taken to adapt activities if harm to the environment is identified.

Look for practice which demonstrates that climate and environmental risks have been systematically identified, prevented, and mitigated in programmes. Also look for examples in practice of adaptations to programme activities designed to address any actual harm to the environment caused by programme activities.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- people's awareness of environmentally responsible practices promoted by the organisation to minimise harm to the environment.
- examples of negative impacts the programme had on the environment that the organisation addressed in a satisfactory way.

Interviews with relevant staff about:

- the way potential risks to the environment are identified and monitored in programmes.
- processes in place to address any negative impacts to the climate or the environment that may occur in programmes.

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how potential negative impacts of programmes on the environment are identified, prevented, and mitigated and how actual negative impacts are identified and addressed.
- resources shared between partners to implement this requirement effectively.

Interviews with other relevant stakeholders about:

- examples of how programmes have been adjusted to minimise potential negative impacts on the environment and, if actual negative impacts have been identified, how they have been addressed.

Documents that show how the organisation identifies, prevents, mitigates, and addresses potential and actual negative impacts of programmes on the environment, for example:

- environmental assessment tools, such as (Nexus Environmental Assessment Tool) NEAT+, Environmental Impact Assessments (EIAs) etc.
- programme/project risk assessments that include risks to the environment and mitigation plans.
- programme documents (plans, revisions, budget changes, reports etc.) that document changes made to design based on potential or actual negative impacts to the environment.

4.3 Ensure safe, ethical, and effective management of data and information to minimise risks for people and communities, in line with recognised good practice for data protection.

Expected Result: Data and information are managed safely, ethically, and effectively to minimise risks for people and communities, in line with recognised good practice.

Measurable Components:

- Data and information are managed safely, ethically, and effectively to minimise risks for people and communities, in line with recognised good practice.
- PSEAH:** Data and information related to SEAH are managed safely, ethically, and effectively to minimise risks for people and communities, in line with recognised good practice.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Review the organisation's **data protection, security, and operational data management** documents to ensure they align with recognised good practice and legal requirements. Assess the measures in place to protect and secure personal and non-personal data e.g. identifiable names or locations, such as encryption, access controls and secure storage. Review technical protocols for data collection, storage, sharing and disposal to ensure risks are minimised for people and communities and that they adhere to good practice.

Review incident logs and records of feedback or complaints regarding data breaches or misuse of information to assess the organisation's response and how they were handled and resolved, to minimise risks. Review any internal review or assessments used to regularly check compliance with data protection and data security good practice and legal requirements.

Consider what is included in staff and representatives' (partners, suppliers) contracts in regard to data protection, security, and confidentiality. Review whether confidentiality agreements are in place as relevant, especially for the management of sensitive or potentially harmful data.

PSEAH guidance:

Review specific protocols, systems and/or guidance related to the protection and security of SEAH-related data or incidents to ensure they are comprehensive and enforceable, and that they safeguard sensitive personal information related to SEAH incidents. Review what specific training is provided on handling and protecting SEAH-related data for relevant staff.

Consider whether the organisation has a policy (or equivalent) and guidance to ensure the protection and security of sensitive personal data and information related to SEAH incidents, including related to survivors of GBV or SEAH.

Review what systems are in place that ensure the protection and security of sensitive personal data and information related to SEAH incidents. Assess if appropriate systems with delegated oversight are in place and confidentiality requirements for staff managing SEAH incidents are ensured.

Links to other standards and recognised good practice:

CHSA Managing Complaints Best Practice Guide: https://d1h79zlgft2zs.cloudfront.net/uploads/2023/11/Managing-complaints_best-practice-guide_CHS-Alliance.pdf (TO BE UPDATED BASED ON 2024 CHS)

EU General Data Protection Regulation (GDPR) : https://commission.europa.eu/law/law-topic/data-protection_en

IASC Operational Guidance on Data Responsibility in Humanitarian Action:

<https://interagencystandingcommittee.org/operational-response/iasc-operational-guidance-data-responsibility-humanitarian-action>

<https://privacyinternational.org/data-protection-guide>

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members show or indicate that:

- The organisation keeps people's personal and non-personal data confidential.
- people's trust in the organisation's ability to protect and keep their data and information confidential.
- [people's confidence in the protection and confidentiality of data related to SEAH.](#)

Interviews with relevant staff about:

- the ways data and information are managed effectively to minimise risks for people and communities.
- training staff receive on data protection and security (including safe, ethical, and effective management of personal and non-personal data.
- [the ways data and information are managed effectively to minimise SEAH risks for people and communities.](#)
- [training staff received on SEAH data protection and security.](#)

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how to manage data and information effectively to minimise risks for people and communities.
- resources shared between partners to implement this requirement effectively.

Direct observations, for example:

- Onsite in office locations, access controls on digital data, locked storage facilities for sensitive data etc.

Organisational documents that show how the organisation ensures data is protected and secured, for example:

- data protection protocols and management documents.
- technical procedures for data security.
- records of internal audits, complaints, incident logs related to data security.
- training records for staff on data protection, data security and data responsibility.

Organisational documents that show how the organisation ensures data SEAH is protected and secured, for example:

- [SEAH data protection, security and handling protocols, policy, or guidance \(e.g. locked filing cabinets, password protected and delegated access to electronic data storage\).](#)

4.4 Establish a coherent organisational approach to ensure the organisation works in ways that protect the safety, security, rights and dignity of people and communities and prevent all forms of exploitation and abuse, including sexual exploitation, abuse, and harassment, by staff and volunteers in line with recognised good practice.

Expected Result: A coherent organisational approach that ensures the organisation works in ways that protect the safety, security, rights and dignity of people and communities, and prevent all forms of exploitation and abuse, including sexual exploitation, abuse, and harassment, by staff and volunteers, in line with recognised good practice, is established.

Measurable Components:

- A coherent organisational approach that ensures the organisation works in ways that protect the safety, security, rights and dignity of people and communities, in line with recognised good practice, is established.
- PSEAH:** A coherent organisational approach that ensures the organisation works in ways that prevent all forms of exploitation and abuse, including SEAH, by staff and volunteers in line with recognised good practice, is established.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Specific to the nature of the organisation, review how or where the organisation clearly articulates its approach / commitments to not cause harm to people. This should include commitments to protect the safety, security, rights and dignity of people and communities.

Review the organisational methods in place which promote and ensure these commitments and/or approaches are put into practice in all locations and situations where it works.

Assess the organisation's ways (internal review, oversight, or control) that ensures these methods are adhered to consistently throughout the organisation and its work.

Evidence that organisational methods are applied in practice will also be demonstrated in 4.1, 4.3, C5 and 8.4.

PSEAH guidance:

Specific to the nature of the organisation, review how or where the organisation clearly articulates its approach / commitments to prevent all forms of exploitation and abuse, including SEAH, by staff and volunteers. This could be in a policy, framework, or guidance document specifically to prevent and respond to SEAH. Look for clear delegated authorities with responsibility for oversight of SEAH incidents and SEAH incident reporting to the organisation's governing body or equivalent.

Review the organisational methods in place which promote and ensure its commitment to PSEAH are put into practice in all locations and situations where it works. For example, consider **recruitment processes** related to PSEAH. Check whether there is a systematic vetting procedure in place for job candidates through proper screening. This should include, at minimum, reference checks for sexual misconduct and a self-declaration by the job candidate requesting that they confirm they have never been subject to sanctions (disciplinary, administrative or criminal) arising from an investigation in relation to SEA, or left employment pending investigation and refused to cooperate in such an investigation. Also consider whether the organisation holds **mandatory trainings** (online or in-person) for all personnel on PSEA and relevant procedures. The training should include a definition of SEAH, explanation on prohibition of SEA actions that personnel are required to take (i.e. prompt reporting of allegations and referral of victims).

Assess the organisation's ways (internal review, oversight, or control) that ensures these methods are adhered to consistently throughout the organisation and its work.

WHEN WORKING IN PARTNERSHIP:

Assess how organisations collaborating in partnership strive to understand and align with each other's approach and/or commitment to not cause harm to people. This includes considering how they work in ways that protect the safety, security, rights and dignity of people and communities and **how they prevent all forms of exploitation, abuse, and harassment, by staff and volunteers**. For example, this could be documented in partner agreements or discussed between partners when establishing the partnership.

Review the measures that the organisation and its partners have implemented to ensure that they work in ways that protect the safety, security, rights and dignity of people and communities and prevent all forms of exploitation and abuse by staff and volunteers. Assess how effectively the organisation and its partners have defined and agreed upon their respective roles and responsibilities to achieve this. Look for evidence that these roles and responsibilities are

being fulfilled by each partner, with appropriate support provided when necessary. Evidence for this may also be demonstrated in sections 4.1, 4.3, C5 and 8.4.

Assess how organisations collaborating in partnership strive to understand and align with each other's approach and/or commitment to prevent SEAH by staff and volunteers. Assess how effectively the organisation and its partners have defined and agreed upon their respective roles and responsibilities to achieve this.

Links to other standards and recognised good practice:

Sphere Protection Principles: <https://handbook.hspstandards.org/en/sphere/#ch004>

Possible sources of evidence (list non-exhaustive and non-compulsory):

Interviews with relevant staff about:

- the way the organisation makes its approach to working in ways that protect the safety, security, rights and dignity of people and communities clear to its staff and all stakeholders.
- the way the organisation makes its approach to working in ways that prevent all forms of exploitation, abuse, and harassment by staff and volunteers, clear to its staff and all stakeholders.
- [the way the organisation makes its approach to working in ways that prevent sexual exploitation, abuse, and harassment by staff and volunteers, clear to its staff and all stakeholders.](#)
- the methods that are established for ensuring these approaches are applied consistently throughout the organisation.
- the way staff are supported to apply these approaches in their work.

Interviews with relevant staff working in partnership about:

- the extent to which relevant information is shared with partners about the organisation's commitments/approach to protecting people and communities and [preventing all forms of exploitation, abuse, and harassment by staff and volunteers.](#)
- [the extent to which relevant information is shared with partners about the organisation's commitments/approach to protecting people and communities and preventing sexual exploitation, abuse, and harassment by staff and volunteers.](#)
- the extent to which expectations and mutual support is agreed between partners on how these approaches/commitments are put into practice throughout their joint work.

Interviews with other relevant stakeholders about:

- stakeholder experiences and perceptions of the organisation's approach to protecting people and communities and [preventing exploitation, abuse, and harassment by staff and volunteers.](#)
- [stakeholder experiences and perceptions of the organisation's approach to preventing sexual exploitation, abuse, and harassment by staff and volunteers.](#)

Organisational documents that show how the organisation's approach to protecting the safety, security, rights and dignity of people and communities, for example

- statements, policies, strategies, guidance etc. that require or consistently show the organisation's approach or commitment to protecting people and communities, e.g. protection policy, child safeguarding policy, or equivalent, protection or child protection work plan.
- [statements, policies, strategies, guidance etc. that require or consistently show the organisation's approach and commitment to prevent all forms of exploitation, abuse and harassment, and abuse, by staff and volunteers, e.g. safeguarding policy or equivalent, whistleblowing policy and procedures, Code of Conduct.](#)
- internal audit reports/reviews, monitoring/assessment reports, partners due diligence documents, etc. that show the results of the organisation's own oversight of the effectiveness of its approach.

[Organisational documents](#) that show how the organisation's approach to preventing SEAH by staff and volunteers, for example:

- statements, policies, strategies, guidance etc. that require or consistently show the organisation’s approach and commitment to prevent sexual exploitation, abuse and harassment by staff and volunteers, e.g. PSEAH or policy or equivalent, PSEAH work plan, whistleblowing policy and procedures, Code of Conduct, survivor support/provision of assistance policy or equivalent/guidance.
- documentation of standard procedures for all personnel to receive/sign PSEA policy.
- recruitment procedures that include reference check template including check for sexual misconduct (including reference from previous employers and self-declaration).
- online Safeguarding policy or equivalent, for organisation that interact with people and communities online, or convene online groups.
- documentation on staff capacity strengthening on PSEAH including training plans, training agenda, training package, attendance sheet, training certificates etc.

4.5 Establish a coherent organisational approach to reduce the negative environmental impacts of the organisation and its work in line with recognised good practice.

Expected Result: A coherent organisational approach to reduce the negative environmental impacts of the organisation and its work, in line with recognised good practice, is established.

Measurable Component:

- A coherent organisational approach to reduce the negative environmental impacts of the organisation and its work, in line with recognised good practice, is established.

Guidance for verifying the requirement (apply as appropriate, considering the organisation’s type, nature of work, and operational context):

Specific to the nature of the organisation, review how or where the organisation clearly articulates its approach / commitments to reducing the negative environmental impacts of the organisation and its work.

Review the methods that the organisation has in place which promote this approach across the organisation and to ensure it is understood and applied by all its staff and volunteers, and other associated representatives, throughout its work. Review the organisation level methods which are in place to ensure this commitment and/or approach is put into practice and applied effectively in all locations and situations where it works. Evidence that organisational methods are applied in practice will also be demonstrated in 4.2 and 9.4.

Assess the organisation’s ways (internal review, oversight, or control) that ensures these methods are adhered to consistently throughout the organisation and its work.

WHEN WORKING IN PARTNERSHIP:

Assess how organisations collaborating in partnership strive to understand and align with each other's approach and/or commitment to reduce the negative environmental impacts of their joint operations and programming. For example, this could be documented in partner agreements or discussed between partners when establishing the partnership.

Review the measures that the organisation and its partners have implemented to ensure that any negative environmental impacts of their joint work are reduced. Assess how effectively the organisation and its partners have defined and agreed upon their respective roles and responsibilities to achieve this. Look for evidence that these roles and responsibilities are being fulfilled by each partner, with appropriate support provided when necessary. Evidence for this may also be demonstrated in sections 4.2 and 9.4.

Assess how organisations collaborating in partnership strive to understand and align with each other's approach and/or commitment to prevent SEAH by staff and volunteers. Assess how effectively the organisation and its partners have defined and agreed upon their respective roles and responsibilities to achieve this.

Links to other standards and recognised good practice:

<https://www.climate-charter.org/guidance/>

<https://neatplus.org/>

Possible sources of evidence (list non-exhaustive and non-compulsory):

Interviews with relevant staff about:

- the way the organisation makes its approach to reduce negative environmental impacts clear to its staff and all stakeholders.
- the methods that are established for ensuring the approach is applied consistently throughout the organisation and its work with people and communities.
- the way staff are supported to apply the approach in their work.

Interviews with relevant staff working in partnership about:

- the extent to which relevant information is shared with partners about the organisation's commitments/approach to reducing negative environmental impact.
- the way staff and partner staff demonstrate the organisational approach/commitments in their partnership.
- the extent to which expectations and resources are shared and agreed between partners on how these commitments/approaches are put into practice throughout their joint work with people and communities.

Interviews with other relevant stakeholders about:

- stakeholder experiences and perceptions of the organisation's approach to reducing negative environmental impacts of the way it operates and its programmes.

Direct observations of actions taken to reduce environmental impact, for example:

- greening, recycling systems, ways to reduce waste at the organisation and partners' offices.
- visual materials promoting green strategies, recycling, waste systems in communities.

Organisational documents that show the organisation's approach to reduce the negative environmental impacts of the organisation and its work, in line with recognised good practice, for example:

- statements, policies, strategies, guidance or equivalent, that require or consistently show the organisation's approach or commitment to reducing the negative environmental impacts of the organisation and its work e.g. Sustainability Strategy, Environmental Policy, environment KPIs, etc.
- internal audit reports/reviews, monitoring/assessment reports, partner due diligence documents etc. that show the results of the organisation's own oversight of the effectiveness of these approaches.

Commitment 5

People and communities can safely report concerns and complaints and get them addressed

Commitment 5 reiterates people and communities' right, when things go wrong, to complain and to receive an appropriate and timely response. Organisations are required to enable people, communities, and other stakeholders to complain, report misconduct or concerns about the organisations' work with them, including the quality and effectiveness of programmes and the behaviours of the organisation and its staff, volunteers, or partners. Organisations must ensure any concerns and complaints are welcomed and acted upon in a timely and appropriate manner.

5.1 Plan and implement safe, accessible, and appropriate ways for all groups in a community to provide feedback, report concerns and complaints in line with recognised good practice.

Expected Result:

Safe, accessible, and appropriate ways for all groups in a community to provide feedback, report concerns and complaints are planned and implemented in line with good practice.

Measurable Components:

- Safe, accessible, and appropriate ways for all groups in a community to provide feedback, report concerns and complaints are planned and implemented in line with good practice.
- PSEAH:** Safe, accessible, and appropriate ways for all groups in a community to report concerns and complaints related to SEAH are implemented in line with good practice.

Guidance for verifying the requirement (apply as appropriate, considering the organisation’s type, nature of work, and operational context):

Review how the organisation ensures feedback and complaints processes at the community level are planned and implemented in ways that are considered **safe, accessible, and appropriate** to all groups in a community, such as availability of different formats (written and verbal). Consider how the organisation **contextualises** its complaint handling processes based on community preferences and existing local systems. Review the training and resources provided to staff to plan and implement community-based feedback and complaint systems.

Look for practice which demonstrates that community complaint handling processes are based on the preferences of different groups of people, including marginalised groups. This includes engaging and discussing with people and communities to co-design and implement complaint handling processes. Review how various preferences of different groups, specifically related to **accessibility, safety and confidentiality**, are considered in the design and implementation of complaints handling processes.

PSEAH guidance:

Look specifically for practice which demonstrates that people are engaged in how SEAH reports are accommodated in the design and implementation of complaints handling processes. Check how these processes are designed and implemented to be safe, accessible, and appropriate for all groups in a community to report concerns and complaints related to SEAH in their context. Consider how the organisation integrates the preferences, particularly those related to accessibility, safety, and confidentiality, of different groups in the design of complaints handling processes that specifically accommodate SEAH reports.

Links to other standards and recognised good practice:

<https://safeguardingsupporthub.org/documents/how-design-and-manage-community-based-complaints-mechanisms-cbcm>

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members show or indicate about:

- people's engagement with the organisation on the design and implementation of feedback and complaints handling processes at the community level.
- the extent to which people’s views are incorporated into the design and implementation of feedback and complaints handling processes.
- the extent to which the feedback and complaints processes available to people are accessible and appropriate for them to use and whether they feel safe doing so.
- **the extent to which people feel safe specifically reporting SEAH concerns or complaints.**

Interviews with relevant staff about:

- the way staff engage and discuss with people and communities to plan and implement feedback and complaint handling processes.

- the processes staff follow to ensure feedback and reporting channels are safe, accessible, and appropriate for people.
- [the processes staff follow to ensure feedback and reporting channels, specifically for reporting concerns and complaints related to SEAH, are safe, accessible, and appropriate for people.](#)

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how to plan and implement safe, accessible, and appropriate ways for all groups at community level to give feedback and raise complaints.
- [agreements \(formal and/or informal\) between the partners about how to plan and implement safe, accessible, and appropriate ways for all groups at community level to give feedback and raise complaints related to SEAH.](#)
- resources shared between partners to implement this requirement effectively.

Direct observations, for example:

- engagement of people at community level in processes for raising feedback and reporting complaints.

Organisational documents that show how the organisation plans and implements ways for people and communities to provide feedback and report concerns and complaints, such as:

- processes, guidance, tools for establishing, setting-up and implementing community-based feedback and complaint systems, including community engagement.
- reports, results of consultations with people and communities.
- examples of documented complaints handling processes that have been contextualised.

[Organisational documents](#) that show how the organisation plans and implements ways for people and communities to provide feedback and report concerns and complaints related to SEAH, for example:

- [processes, guidance, tools for establishing, setting-up and implementing community-based SEAH feedback and complaint systems, including community engagement.](#)
- [examples of documented SEAH complaints handling processes that have been contextualised.](#)

5.2 Regularly monitor that people and communities understand how staff and volunteers are expected to act to prevent harmful behaviours, including sexual exploitation and abuse, and harassment.

Expected Result: People and communities understand how staff and volunteers are expected to act to prevent harmful behaviours, including sexual exploitation and abuse, and harassment.

Measurable Components:

- People and communities understand how staff and volunteers are expected to act to prevent harmful behaviours.
- PSEAH:** People and communities understand how staff and volunteers are expected to act to prevent and protect people from SEAH.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Review the ways that the organisation **monitors and assesses that people and communities understand what types of behaviours they should expect** from staff and volunteers working in their community and how they are expected to act to prevent harmful behaviours. For example, consider whether this is incorporated into monitoring plans, included as a question in regular community surveys or PDMs, or incorporated into regular monitoring visits. Look for how staff are trained and supported to explain the expected behaviour, PSEAH, protection with people and communities (link to 1.2) and the extent to which the training includes monitoring how effective those information sharing activities are in relation to the expected behaviour of staff.

Look for practice which demonstrates the organisation regularly monitors the awareness and understanding of people and communities about expected behaviours of staff and volunteers. Review how monitoring takes place regularly and how effectively the organisation addresses a lack of understanding when this is identified. Review how the organisation adapts and improves its information sharing and communications with people and communities about expected behaviour, where understanding is found not to be adequate (link to 1.2 and 1.3), e.g. changes to how information is shared, adapting the language to ensure it is clear, engaging on the issue more regularly, etc.

Assess the extent to which people understand how staff and volunteers interacting with them are expected to act to prevent harmful behaviours. This could come from direct consultations with community members and/or the results of the monitoring that the organisation has undertaken, if appropriate.

PSEAH guidance:

Review how the organisation monitors and assesses that people and communities understand organisational commitments and expected PSEAH related behaviours of staff and volunteers working with them (link to 1.2). Consider whether the organisation communicates a zero-tolerance approach to SEAH (link to 1.2) and the extent to which it monitors that such communications are effective. Consider what action the organisation takes to improve the effectiveness of its information sharing related to PSEAH at the community level based on the results of its monitoring activities.

Explore the extent to which people at the community level understand how staff and volunteers interacting with them are expected to act to prevent and protect them from SEAH. This could come from direct consultations with community members and/or the results of the monitoring that the organisation has undertaken, if appropriate.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- people's understanding of the ways staff and volunteers are expected to act which prevent harmful behaviours.
- [people's understanding of organisational PSEAH commitments and whether they know how staff and volunteers are expected to act in ways to prevent and protect them from SEAH.](#)

Interviews with relevant staff about:

- the way staff monitor community awareness and knowledge of expected behaviours.
- [the way staff monitor community awareness and knowledge of expected PSEAH related behaviours.](#)
- the actions staff take when a lack of awareness and understanding is identified.

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how to ensure that people and communities understand how staff are expected to act to prevent harmful behaviours.
- [agreements \(formal and/or informal\) between the partners about how to ensure that people and communities understand how staff are expected to act to prevent SEAH.](#)
- how resources are shared between partners to implement this requirement effectively.

Interviews with other relevant stakeholders about:

- stakeholders understanding of the ways staff and volunteers are expected to act which prevent harmful behaviours.
- [stakeholders understanding of organisational PSEAH commitments and whether they know how staff and volunteers are expected to act in ways to prevent and protect them from SEAH.](#)

Organisational documents that show how the organisation regularly monitors that people and communities understand expected behaviours for example:

- monitoring guidance, tools, templates etc. with specific questions related to expected behaviours.
- results of monitoring activities related to expected behaviour, such as PDM reports, community survey reports, focus group discussion outcomes, monitoring visit reports etc.
- documented plans for how to adjust information sharing activities to make them more effective, based on results from monitoring.

Organisational documents that show how the organisation regularly monitors that people and communities understand expected PSEAH related behaviours, for example:

- [guidance on how to monitor community perceptions and understanding of PSEAH commitments and expected behaviours.](#)

5.3 Regularly monitor that people, communities and other relevant stakeholders understand how to report concerns and complaints, and how they will be addressed.

Expected Result: People, communities, and other relevant stakeholders understand how to report concerns and complaints, and how they will be addressed.

Measurable Components:

- People, communities, and other relevant stakeholders understand how to report concerns and complaints.
- People, communities, and other relevant stakeholders understand how concerns and complaints will be addressed.
- PSEAH:** People, communities, and other relevant stakeholders understand how to report concerns and complaints related to SEAH and how these will be addressed.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Review the ways that the organisation **monitors and assesses that people, communities and other relevant stakeholders understand how to report concerns and complaints, and how they will be addressed.** For example, consider whether this is incorporated into monitoring plans, included as a question in regular community surveys or PDMs, or incorporated into regular monitoring visits. Look for how staff are trained and supported to share information with people and communities about how to raise concerns and complaints, and how these will be addressed (link to 1.2) and the extent to which the training includes monitoring how effective those information sharing activities are.

Look for practice which demonstrates the organisation regularly monitors the awareness and understanding of people and communities about how to raise concerns and complaints, and how these will be addressed. Review how monitoring takes place regularly and how effectively the organisation addresses a lack of understanding when this is identified. Review how the organisation adapts and improves its information sharing and communications with people and communities about how they can report concerns and raise complaints, where understanding is found not to be adequate (link to 1.2 and 1.3), e.g. changes to how information is shared, adapting the language to ensure it is clear, engaging on the issue more regularly, etc.

Assess the extent to which people understand how to report concerns and complaints and how they will be addressed. Consider the extent to which people understand how the organisation would handle sensitive information, maintain confidentiality, and provide support to them related to an incident or complaint of misconduct. This could come from direct consultations with community members and/or the results of the monitoring that the organisation has undertaken, if appropriate.

PSEAH guidance:

Look specifically for practice which demonstrates that the organisation monitors that people, communities and other relevant stakeholders understand how to use the channels available to them to report concerns and complaints related to SEAH (link to 1.2). Check that this includes ensuring people understand how reports or incidents of SEAH will be addressed. Review how the organisation adapts and contextualises its information and communication with people and communities, when it identifies a lack of awareness or understanding about how to report issues related to SEAH. Consider how they ensure people and communities know how sensitive information is handled, confidentiality is maintained, and how support is provided to them in the case of a PSEAH incident or complaint (link to 5.5).

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- people's understanding of how they can report complaints, and how these will be addressed.
- people's understanding of how the organisation would handle sensitive information, maintain confidentiality, and provide support to them related to misconduct.
- [people's understanding of how the organisation would handle sensitive information, maintain confidentiality, and provide support to them related to SEAH, incident or complaint.](#)
- people's understanding of how they can report complaints or concerns, and how these will be addressed, including what protection they would be provided with throughout the process.
- [people's understanding of how they can report complaints or concerns related to any issue of SEAH, and how these will be addressed, including what protection they would be provided with throughout the process.](#)

Interviews with relevant staff about:

- the way staff monitor people's understanding regularly throughout their work.
- the way staff adapt their practice to ensure people are clear on how complaints, [including on SEAH](#), can be made, on what issues, how responses are given, what complainants can expect when raising a complaint and how they are protected throughout the process.
- [the way staff adapt their practice to ensure people are clear on how SEAH complaints can be made, how responses are given, what complainants can expect when raising a SEAH complaint and how they are protected throughout the process.](#)

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how to ensure people understand how to report complaints/concerns and how these will be addressed.
- [agreements \(formal and/or informal\) between the partners about how to ensure people understand how to report SEAH related complaints/concerns and how these will be addressed.](#)
- resources shared between partners to implement this requirement effectively.
- partner staff understanding of how concerns and reports can be made and how they will be addressed.
- [partner staff understanding of how SEAH related concerns and reports, can be made and how they will be addressed.](#)

Interviews with other relevant stakeholders about:

- Stakeholders' knowledge of how concerns and reports can be made and how they will be addressed.
- [Stakeholders' knowledge of how SEAH related concerns and reports can be made and how they will be addressed.](#)

Organisational documents that show how the organisation monitors that people and communities and other relevant stakeholders, understand how to report concerns and complaints, for example:

- specific questions on community understanding in monitoring processes, guidance, templates, tools.
- reports, results of community surveys, consultations, etc.
- guidance, templates, tools to adapt awareness raising materials for complaints mechanisms to local languages, be accessible to children, meet the accessibility needs of different groups etc. based on results of monitoring.

Organisational documents that show how the organisation monitors that people and communities and other relevant stakeholders, understand how to report concerns and complaints, including about reporting SEAH, for example:

- guidance, templates, tools to adapt awareness raising materials for SEAH complaints mechanisms to local languages, accessibility needs of different groups etc. based on results of monitoring.

5.4 Manage, investigate, address and/or appropriately refer complaints in line with recognised good practice.

Expected Result: Complaints are managed, investigated, addressed, and/or appropriately referred in line with recognised good practice.

Measurable Components:

- Complaints are managed and investigated in line with recognised good practice.
- Complaints are addressed and/or appropriately referred in line with recognised good practice.
- PSEAH:** Complaints related to SEAH are managed, investigated, addressed, and/or appropriately referred in line with recognised good practice.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Review how the organisation **manages and investigates complaints effectively**. Look for evidence that demonstrates good practice in complaint management and investigations for all types of complaints, including complaints about programme and project activities, SEAH, fraud and other abuses of power. Check that procedures include specific timelines for handling different types of complaints, and that these are adhered to. Review how complaints are recorded and kept confidential. Consider how the organisation ensures its procedures are in line with applicable laws and regulations, including handling of personal data (link to 4.3). Check that the organisation has context and country specific rules and processes for mandatory reporting, including how and when staff should liaise with appropriate authorities in cases of criminal activity or where international law is broken. Consider efforts made to collaborate with other organisations to manage complaints collectively, (e.g. joint mechanisms) when appropriate to do so.

Review how the organisation **addresses and/or appropriately refers complaints effectively**. Look for practice which demonstrates that the organisation applies its methods for addressing and appropriately referring complaints systematically and how and when the organisation will refer complaints to other service providers. Look for processes outlining how different types of complaints, e.g. programmatic, operational, fraud, SEAH, etc., are addressed. Check that these are contextualised to how and where the organisation works. Look for guidance that clearly describes what complaints are considered out-of-scope and how and when complaints are referred to others, including complaints or allegations of SEAH and fraud. Consider whether relevant service providers (e.g. for legal advice, medical treatment, psychological support, relevant authorities) are mapped out at appropriate levels of the organisation and its work.

Explore how the organisation equips staff with the necessary skills, competence, and resources to manage, investigate, address and/or appropriately refer complaints. Review how staff are supported by the organisation to maintain confidentiality throughout the management and investigation of complaints (link to 4.3). Consider how the organisation ensures that it is aware of recognised good practice and integrates current thinking into how the organisation manages complaints.

PSEAH guidance:

Look for practice which demonstrates that the organisation manages, investigates, addresses, and/or appropriately refers SEAH complaints in line with recognised good practice.

Consider the extent to which the organisation has a system to refer SEA victims to available support services available locally, based on their needs and consent. This can include active contribution to in-country PSEA networks (where applicable) and/or referral pathways at an inter-agency level. Check for guidance and a documented referral system for SEAH reports/complaints, which includes up-to-date information about safe and appropriate services available for different profiles of SEAH victims/survivors. Check that this is distributed to relevant staff for information in case

approached by victim/survivors. Confirm that the organisation has context and country specific guidance, rules, and processes for mandatory reporting, including on how and when staff should liaise with appropriate authorities in cases of criminal activity or where international law is broken related to SEAH.

Links to other standards and recognised good practice:

<https://www.chsalliance.org/get-support/resource/managing-complaints-package/>

https://d1h79zlgfht2zs.cloudfront.net/uploads/2022/04/IQTS_SEAH_Investigation_Guide.pdf

<https://d1h79zlgfht2zs.cloudfront.net/uploads/2023/01/Victim-survivor-centred-approach-to-PSEAH-CHS-Alliance.pdf>

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- the extent to which people trust the organisation to manage, investigate and/or refer their complaints appropriately and confidentially.
- people's level of confidence in staff working in their community to keep their complaints or issues raised with them secure and private.
- people's perceptions of how the organisation would work with others effectively to manage their complaints confidentially and appropriately, when complaints/reports are out of its scope or where further support is required.
- [people's level of confidence to raise a complaint or issue related to PSEAH if they needed to and whether they trust the organisation to handle them in a fair, appropriate and safe way.](#)

Interviews with relevant staff about:

- the processes staff follow to manage and investigate complaints, and to build trust with people and communities.
- [the processes staff follow to manage and investigate SEAH complaints, and to build trust with people and communities.](#)
- the way the organisation supports staff to apply complaint handling methods in line with recognised good practice.
- staff knowledge and skills to appropriately investigate and refer complaints in line with recognised good practice.
- [staff knowledge and skills to appropriately investigate and refer SEAH complaints in line with recognised good practice.](#)

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how to manage, investigate, address/or refer complaints in line with good practice.
- [agreements \(formal and/or informal\) between the partners about how to manage, investigate, address/or refer SEAH complaints in line with good practice.](#)
- resources shared between partners to implement this requirement effectively.

Interviews with other relevant stakeholders about:

- stakeholder knowledge of how they can raise concerns or report complaints, and whether they have trust in the system.

Direct observations, for example:

- online complaints log/database/system that supports the effective management of complaints, for example recording types of complaints, timeframes for complaints resolution, outcomes of investigations, referrals etc.

Organisational documents that show how the organisation manages, investigates, addresses, and/or refers complaints, for example:

- documented processes for reporting and handling complaints from people and communities, and other stakeholders, which includes confidentiality.

- guidance, tools, and training for staff on complaint investigation and management, including fraud or corruption.
- documented internal or interagency referral pathways at different levels of the organisation and its work, which includes mandatory reporting.
- records of how complaints are managed and resolved effectively and in line with procedures.

Organisational documents that show how the organisation manages, investigates, addresses, and/or refers complaints, for example:

- documented processes for reporting and handling SEAH complaints from people and communities, and other stakeholders, which includes confidentiality including list of available service providers, Description of referral or Standard Operation Procedure (SOP).
- guidance, tools, and training for staff on SEAH complaint investigation and management.
- written process for review of SEA allegations including Internal or Interagency referral pathway.
- PSEA investigation policy/procedures.
- records of how SEAH complaints are managed and resolved effectively and in line with procedures.
- referral form for survivors/victims of SEA.
- dedicated resources for investigation(s) and/or commitment of partner for support.
- contract with professional investigative service.

5.5 Apply appropriate victim/survivor-centred approaches to investigate and address complaints and reports of any misconduct, including sexual exploitation, abuse, and harassment.

Expected Result: Appropriate victim/survivor-centred approaches to investigate and address complaints and reports of any misconduct, including sexual exploitation, abuse and harassment are applied.

Measurable Components:

- Appropriate victim/survivor-centred approaches to investigate and address complaints and reports of any misconduct are applied.
- PSEAH:** Appropriate victim/survivor-centred approaches to investigate and address complaints and reports of any SEAH are applied.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Review how the organisation **applies victim/survivor-centred approaches** by prioritising the safety of the complainant or victim/survivor and those affected at all stages of a complaint process. Look for guidance and resources available to relevant staff on the provision of survivor support/victim assistance that is survivor/victim centred. Consider how this relates to children of different ages as well as to adults. Consider how this is appropriately contextualised for different country contexts and all levels of the organisation (e.g. global to programme and local). Check that there are clear and appropriate timeframes established to investigate and resolve specific types of complaints/reports.

Assess whether complaints/reports are investigated and addressed by staff with relevant competencies at an appropriate level of authority and expertise within the organisation. Review how complainants or victim/survivors are supported and kept fully informed within the parameters of confidentiality throughout the process. Review how the organisation ensures the implementation of its non-retaliation policy, or equivalent.

PSEAH guidance:

Look specifically for practice which demonstrates that the organisation investigates SEAH complaints of SEAH at an appropriate level of authority, urgency, and expertise (e.g. trained investigators). Review how the organisation investigates and addresses complaints and reports of SEAH, while implementing a victim/survivor centred approach at all stages of the process. This includes having in place victim/survivor-centred and contextualised processes to

support the complainant or victim/survivor, ensuring and prioritising confidentiality and the safety of the complainant at all stages through the complaints handling mechanisms, keeping them fully and regularly informed, as relevant and necessary, throughout the complaints and investigation process, and ensuring they are not subject to any retaliation, as well as considering how actions relate to children of different ages in comparison to adults.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- people's understanding and level of confidence in the organisation to ensure any victim/survivor is appropriately supported and protected throughout a complaint or reporting process.
- [people's understanding and level of confidence in the organisation to ensure any victim/survivor is appropriately supported and protected throughout a SEAH complaint or reporting process.](#)

Interviews with relevant staff about:

- the extent to which staff are resourced and supported to provide appropriate level of support to victims/survivors of a complaint.
- [the extent to which staff are resourced and supported to provide appropriate level of support to victims/survivors of a SEAH complaint.](#)
- the processes staff follow to maintain safety and confidentiality throughout a process.
- [the processes staff follow to maintain safety and confidentiality throughout a process of handling an SEAH complaint.](#)

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how appropriate victim/survivor-centred approaches are ensured.
- [agreements \(formal and/or informal\) between the partners about how appropriate SEAH victim/survivor-centred approaches are ensured.](#)
- resources shared between partners to implement this requirement effectively.

Organisational documents that show how the organisation applies victim/survivor-centred approaches, for example:

- victim/survivor support policy or equivalent, which prioritises the safety and protection of victims/survivors, is rights-based, age, disability, and gender sensitive, non-discriminatory, and culturally appropriate.
- documented complaints handling policy or equivalent, procedures, guidelines, and outlines: reporting and investigations system/procedures including timeframes; commitment to victim/survivor centred approach; procedures for the provision of support/assistance for victims/survivors of different ages.

Organisational documents that show how the organisation applies victim/survivor-centred approaches, for example:

- [SEAH victim/survivor support policy or equivalent.](#)
- [documented SEAH complaints handling policy or equivalent, procedures and guidelines.](#)

5.6 Establish a coherent organisational approach to ensure any concerns and complaints are welcomed and acted upon in a timely and appropriate manner.

Expected Result: A coherent organisational approach to welcome and act upon any concerns and complaints in a timely and appropriate manner is established.

Measurable Components:

- A coherent organisational approach to welcome and act upon any concerns and complaints in a timely and appropriate manner is established.
- PSEAH:** A coherent organisational approach to welcome and act upon concerns and complaints related to sexual exploitation and abuse, and harassment in a timely and appropriate manner is established.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Specific to the nature of the organisation, review how or where the organisation clearly articulates its approach / commitment to welcoming and acting upon any concerns and complaints in a timely and appropriate manner.

Review the methods that the organisation has in place which promote and ensure this commitment and/or approach is put into practice in all locations and situations where it works. Evidence that organisational methods are applied in practice will also be demonstrated in 5.1 to 5.5 and 8.5 and 8.6.

Assess the organisation's ways (internal review, oversight, or control) that ensures these methods are adhered to consistently throughout the organisation and its work.

PSEAH guidance:

Review how the leadership of the organisation promotes an organisational culture in which SEAH complaints are taken seriously, and how responsibility for PSEAH is assigned to the organisation's governance structure. Consider whether organisational risk frameworks include SEAH risks and whether dedicated PSEAH/safeguarding/complaints human resources are in place across the organisation with sufficient expertise and responsibility to implement organisational PSEAH commitments/approaches.

Review where staff obligations to report incidents or suspicions of SEAH or other abuses of power by others, including colleagues, partner staff, are clearly set out and disseminated to all staff. Check that mandatory reporting of SEAH incidents to the organisation's senior management and governing bodies is ensured. Assess whether substantiated SEAH complaints result in either disciplinary action or contractual consequences consistent with the allegation.

Consider the extent to which the organisation has taken appropriate corrective action in response to SEA allegations, if any. Evidence of implementation of corrective measures include, for example, capacity strengthening of staff and taking specific measures to identify and reduce risks of SEA in programme delivery (link with 4.4).

WHEN WORKING IN PARTNERSHIP:

Assess how organisations collaborating in partnership strive to understand and align with each other's approach and/or commitment to welcome and act upon any concerns and complaints in a timely and appropriate manner. For example, this could be documented in partner agreements or discussed between partners when establishing the partnership.

Review the measures that the organisation and its partners have implemented to ensure that any concerns and complaints are welcomed and acted upon in a timely and appropriate manner consistently throughout their joint work with people and communities. Assess how effectively the organisation and its partners have defined and agreed upon their respective roles and responsibilities to achieve this. Look for evidence that these roles and responsibilities are being fulfilled by each partner, with appropriate support provided when necessary. Evidence for this may also be demonstrated in sections 5.1 to 5.5.

Assess how organisations collaborating in partnership strive to understand and align with each other's approach and/or commitment to welcome and act upon SEAH concerns and complaints. Assess how effectively the organisation and its partners have defined and agreed upon their respective roles and responsibilities to achieve this.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Interviews with relevant staff about:

- the way the organisation makes its approach to welcome and act upon any concerns and complaints in a timely and appropriate manner clear to its staff and all stakeholders, including people and communities.
- the way the organisation makes its approach to welcome and act upon SEAH concerns and complaints in a timely and appropriate manner clear to its staff and all stakeholders, including people and communities.
- the methods that are established for ensuring the approach is applied consistently throughout the organisation and its work with people and communities.

- the extent to which staff are supported to apply the approach in their work.

Interviews with relevant staff working in partnership about:

- the extent to which relevant information is shared with partners about the organisation's commitments/approach to welcoming and acting upon complaints.
- [the extent to which relevant information is shared with partners about the organisation's commitments/approach to welcoming and acting upon SEAH complaints.](#)
- The way staff and partner staff demonstrate the organisational approach/commitments in their partnership.
- the extent to which resources are shared and agreed between partners on how this approach is put into practice throughout their joint work with people and communities.

Interviews with other relevant stakeholders about:

- the extent to which relevant information is shared with key stakeholders about the organisation's commitments/approach to welcoming and acting upon complaints.
- [the extent to which relevant information is shared with key stakeholders about the organisation's commitments/approach to welcoming and acting upon SEAH complaints.](#)
- stakeholder experiences and perceptions of the organisation's approach to welcoming and acting upon complaints.

Direct observations, for example:

- at the organisation's office, and with partners and communities, observations of appropriate ways to report concerns or complaints (e.g. posters with information about hotlines/complaints email addresses, complaints boxes etc.).
- on the organisation's website, how accessible online procedures for making complaints are.

Organisational documents that show how the organisation establishes its approach to welcome and act upon complaints throughout its work with people and communities, for example:

- statements, policies or equivalent and procedures for complaint handling and investigations.
- strategies, guidance, tools on complaint handling and investigations.
- internal audit reports/reviews, monitoring/assessment reports, partner due diligence documents etc. that show the results of the organisation's own oversight of the effectiveness of its approaches.

[Organisational documents](#) that show how the organisation establishes its approach to welcome and act upon SEAH complaints throughout its work with people and communities, for example:

- [statements, policies or equivalent, tools procedures etc. for SEAH complaint handling and investigations.](#)
- [internal audit reports/reviews, monitoring/assessment reports, partner due diligence documents etc. that show the results of the organisation's own oversight of the effectiveness of its approaches for SEAH complaint handling and investigations.](#)

Commitment 6

People and communities access coordinated and complementary support

Commitment 6 reflects the fact that people and communities are most likely to get the best of organisations' efforts to support them when these efforts are coordinated and complementary. Organisations are required to ensure their work is coordinated with and complementary to locally led and community-based actions, and those of relevant stakeholders. Organisations must also ensure their collaboration and partnerships are based on a commitment to equitable decision making and resource sharing and that the characteristics, roles and responsibilities of each partner are respected.

6.1 Ensure the work of the organisation is coordinated with and complementary to locally led and community-based actions, and those of relevant stakeholders.

Expected Result: The organisation's work is coordinated with, and complementary to, locally led and community-based actions, and those of relevant stakeholders.

Measurable Components:

- The organisation's work is coordinated with, and complementary to, locally led and community-based actions.
- The organisation's work is coordinated with, and complementary to those of relevant stakeholders.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Look for practice which demonstrates how the organisation ensures its work is **coordinated with and complementary to locally led and community-based actions**. Consider, for example, the extent to which the organisation identifies existing local actions (see 2.1) and how that impacts its own programming choices to ensure complementarity. Assess, from the perspective of local stakeholders (e.g. communities, local authorities, local civil society groups), the extent to which the organisation's work is perceived as being complementary to existing actions, building on and strengthening what is already in place and not undermining existing locally led and community-based actions.

To ensure that organisations are minimising gaps and overlaps, look for how the organisation **coordinates its work with other relevant stakeholders to minimise duplication**. These can include national authorities, private sector, civil society as well as other organisations working in the same area or on the same issue, including local organisations representing more marginalised groups (link to 2.1 and 3.1). Consider, for example, how the organisation and/or its partners engage in relevant coordination bodies and whether, for example, they participate in joint efforts to minimise demands on people and communities. Assess, from the perspective of local stakeholders (e.g. communities, local authorities, local civil society groups), the extent to which the organisation seeks to avoid duplication of other actions.

In humanitarian settings, there should be recognition that the overall planning and coordination of relief efforts is ultimately the responsibility of the host government. Consider the extent to which the organisation works in a way that supports the state's response and coordination function. Where authorities are a party to a conflict, organisations should use their judgement, based on an understanding of the humanitarian principles, regarding the authorities' independence, keeping the interests of affected people and communities at the centre of their decision-making.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- people's perceptions of how well the organisation's work complements any existing community-based actions.
- examples of how the organisation's work either strengthens or undermines existing local actions.
- the extent to which people are aware of any overlaps or duplication of work between the organisation and other actors.
- examples of organisations working together in a way that minimises demands on them.

Interviews with relevant staff about:

- the way staff ensure their work is complementary to existing locally led actions.
- staff participation in coordination bodies and how that has resulted in minimising gaps, duplication, and demands on people and communities.

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how to ensure coordination and complementarity with local actions and those of other relevant stakeholders.
- resources shared between them to implement this requirement effectively.

Interviews with other relevant stakeholders about:

- stakeholder perception of how well the organisation coordinates their work with them and other stakeholders.
- examples of how the organisation’s coordination efforts help minimise duplication or overlaps.

Documents that show how the organisation’s work is coordinated with and complementary to local actions and those of other relevant stakeholders, for example:

- programme documents that demonstrate understanding of existing local actions and how the work will complement them.
- minutes showing participation in relevant coordination bodies.
- reports of joint activities (e.g. joint needs assessments).

6.2 Support partners to apply commitments to quality and accountability to people and communities in all stages of work.

Expected Result: Partners are supported to apply commitments to quality and accountability to people and communities in all stages of work.

Measurable Component:

- Partners are supported to apply commitments to quality and accountability to people and communities in all stages of work.

Guidance for verifying the requirement (apply as appropriate, considering the organisation’s type, nature of work, and operational context):

To ensure that commitments to quality and accountability are applied in all stages of joint work in partnership, look for practice which demonstrates that the organisation and its partners discuss and agree upon the level and types of support necessary, specific to the organisations, the partnership, and their joint programmes. Review agreements made on what resources will be shared between each organisation in a partnership to effectively apply these commitments.

Appropriate levels of support can vary significantly between different partnerships and within a partnership for different quality and accountability commitments. Assess the extent to which the level of support is mutually agreed upon and appropriate to the specific needs of the partnership. Additionally, assess how well this support is resourced.

Evidence may also come from the partnership element of each coherent organisational approach requirement in each CHS commitment (see 1.6, 2.6, 3.5, 4.4, 4.5, 5.6, 6.4, 7.5, 8.7, 9.6).

Possible sources of evidence (list non-exhaustive and non-compulsory):

Interviews with relevant staff about:

- the processes that enable joint discussions with partners to agree the level and type of appropriate support that is needed for each partner to apply quality and accountability commitments.
- resources available within the partnership to provide the appropriate support.

Interviews with relevant staff working in partnership about:

- the processes that enable them to discuss and mutually agree the appropriate levels and types of support needed to apply quality and accountability commitments.
- resources shared between them to support each other to apply these in their joint work.

Documents that show how the organisation ensures appropriate levels of support are shared by each partner to apply commitments to quality and accountability, for example:

- notes or action points from discussions on what support is needed by who within a partnership in relation to applying quality and accountability commitments.
- budgets allocating resources for support to partners, where needed.
- plans or reports which document support provided within a partnership for strengthening application of quality and accountability commitments throughout their joint work.

6.3 Regularly assess the quality and effectiveness of the relationship between partners and take corrective action when needed.

Expected Result: The quality and effectiveness of the relationship between partners is regularly assessed and corrective action is taken when needed.

Measurable Components:

- The quality and effectiveness of the relationship between partners is regularly assessed.
- Corrective action is taken regarding the quality and effectiveness of the relationship between partners, when needed.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Look for practices demonstrating that the organisations working in partnership **regularly review** and discuss their relationship together. Consider the extent to which the quality and effectiveness of the relationship are assessed from the perspective of all partners, how often this assessment occurs, and the implications for the partnership moving forward.

If aspects of the partner relationship are jointly identified as needing improvement, review what **corrective actions** are mutually agreed upon and how these actions are resourced and implemented. Ensure that these reviews are inclusive and equitable and reflect the voices and perspectives of all partners involved.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Interviews with relevant staff about:

- the processes in place to review their relationships with partners and how often they take place.
- examples of actions taken to improve partnerships, when relevant.

Interviews with relevant staff working in partnership about:

- the processes that enable them to discuss the quality of their partnership and mutually agree any corrective action if needed.

Documents that show how the organisation regularly assesses their partner relationships, for example:

- procedures or guidance for managing partnerships.
- notes or action points from discussions with partners on the quality for their relationship and action points for improvement where needed.

6.4 Establish a coherent organisational approach to ensure collaboration and partnerships are based on a commitment to equitable decision making and resource sharing and respect the characteristics, roles, and responsibilities of each partner.

Expected Result: A coherent approach that ensures collaboration and partnerships are based on a commitment to equitable decision-making and resource sharing and respect the characteristics, roles and responsibilities of each partner is established.

Measurable Components:

- A coherent organisational approach that ensures collaboration and coordination with relevant stakeholders is established.
- A coherent organisational approach that ensures partnerships are based on a commitment to equitable decision-making and resource sharing and respect the characteristics, roles and responsibilities of each partner is established.
- PSEAH:** A coherent organisational approach that ensures the roles, responsibilities, and capacities to prevent SEAH of each partner is established.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Specific to the nature of the organisation, review how or where the organisation clearly articulates its approach / commitments to:

- collaborating and coordinating with relevant stakeholders.
- equitable partnerships.

Review the methods that the organisation has in place which promote and ensure these commitments and approaches are put into practice in all locations and situations where it works. Evidence that organisational methods are applied in practice will also be demonstrated in 6.1 to 6.3.

Assess the organisation's ways (internal review, oversight, or control) that ensures these methods are adhered to consistently throughout the organisation and its work.

PSEAH guidance:

Specific to the nature of the organisation, review how or where the organisation clearly articulates its approach / commitment to ensuring the roles, responsibilities, and capacities to prevent SEAH of each partner is established.

Review the methods that the organisation has in place which promote and ensure these commitments and approaches are put into practice in all locations and situations where it works. For example, where applicable, consider how the organisation's due diligence or partner capacity assessment processes assess their partners' PSEAH systems and capacity and whether PSEAH obligations are specifically addressed in written agreements with partners. Check whether the organisation's contracts and partnership agreements include a standard clause requiring sub-contractors and partners to adopt policies and practices that prohibit SEAH and to take measures to prevent and respond to SEAH. Also consider how the organisation monitors their partners' compliance with jointly agreed PSEAH obligations.

Also review how the organisation coordinates with other relevant stakeholders on PSEAH issues, such as sharing relevant information on PSEAH with partners, coordination groups and other actors. Consider, for example, whether the organisation participates in joint screening and reporting mechanisms regarding PSEAH, whether they participate in inter-agency SEAH misconduct data sharing and/or if they are members of coordination bodies and networks related to PSEAH or safeguarding.

Assess the organisation's ways (internal review, oversight, or control) that ensures these methods are adhered to consistently throughout the organisation and its work.

WHEN WORKING IN PARTNERSHIP:

Assess how organisations working in partnership with each other seek to understand and align with each other's approach and/or commitment at the organisational level to coordination, collaboration, and equitable partnerships. This could be articulated in programme documents or discussed between partners when establishing the partnership and/or developing a programme together.

Review how effectively the organisation and its partners work together to ensure that their joint work is consistently coordinated and complementary to the work of other relevant stakeholders. Consider the extent to which the organisation and its partners have agreed their respective roles and responsibilities for this and look for evidence that the agreed roles and responsibilities are being carried out by each partner, with appropriate levels of support provided, if necessary. Evidence for this may also be demonstrated in 6.1.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Interviews with relevant staff about:

- the way the organisation makes its approach to collaboration, coordination and equitable partnerships clear to its staff and all stakeholders.
- the methods established for ensuring coordination and equitable partnership approaches are applied consistently throughout the organisation.
- the ways the staff are supported to apply the approach in their work.

Interviews with relevant staff working in partnership about:

- the way the organisation shares and demonstrates its organisational approach/commitments to coordination and partnership with partners.
- [the way the organisation ensures PSEAH obligations are jointly agreed with partners, for example how PSEAH is addressed in written partner agreements, whether PSEAH capacity of both partners is assessed in partner capacity assessment processes, how they ensure partners understand SEAH mandatory reporting obligations, legal and contextual implications and PSEAH contextual risks etc.](#)
- the expectations and mutual support agreed between partners on how commitments to coordination and equitable partnerships are put into practice throughout their joint work.

Interviews with other relevant stakeholders about:

- the extent to which relevant information is shared with key stakeholders about the organisation's commitments/approach to coordination and equitable partnerships.
- [The extent to which contracts include a standard clause requiring sub-contractors to adopt policies and practices that prohibit SEA and to take measures to prevent and respond to SEA.](#)

Direct observations, for example:

- with partners, stakeholders and communities, observations of a culture of collaboration and equitable relationships between those engaged with the work.

Organisational documents that show how the organisation establishes its approach/commitments to coordination and partnership with partners, for example:

- statements, policies, strategies, guidance etc. (such as partnership policy, partner due diligence processes) that require or consistently show the organisation's approach or commitment to collaboration, coordination, and equitable partnerships.
- internal audit reports/reviews, monitoring reports, partner due diligence documents etc. that show the results of the organisation's own oversight of the effectiveness of these approaches.
- templates and/or examples of clear, consistent partner agreements that respect each partners' mandate, obligations, and independence, recognise their respective commitments and constraints

[Organisational documents](#) that show how the organisation establishes its approach/commitments related to PSEAH to coordination and partnership with partners, for example:

- [templates and/or examples of clear, consistent partner agreements that specifically address PSEAH obligations, including adopting policies that prohibit SEAH and to take measures to prevent and respond to SEAH.](#)
- [partner documentation, such as due diligence processes and templates, partner capacity assessment processes and templates etc. that specifically address PSEAH.](#)

- contracts that include a standard clause requiring sub-contractors to adopt policies that prohibit SEA and to take measures to prevent and respond to SEA.

Commitment 7

People and communities access support that is continually adapted and improved based on feedback and learning

Commitment 7 recognises and emphasises the fact that learning from success and failure and applying these insights to modify and adapt current and future work, is a cornerstone of accountability and quality management. Organisations are required to regularly listen and respond to feedback and inputs from people and communities, using this to adapt programmes, as necessary. Organisations must ensure continuous learning and improvement of actions and ways of working to better meet all their commitments to quality and accountability.

7.1 Regularly listen and respond to feedback and inputs from people and communities about the organisation and its work.

Expected Result: Feedback and inputs from people and communities about the organisation and its work are regularly listened to and responded to.

Measurable Components:

- Feedback and inputs from people and communities about the organisation and its work are regularly listened to.
- Feedback and inputs from people and communities about the organisation and its work are regularly responded to.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Review how the organisation proactively **provides regular opportunities for people and communities to give feedback** and inputs about its work. Consider the different methods that the organisation has for doing this, both formal and informal, and the extent to which feedback is sought from diverse groups of people. Assess how the feedback processes are designed to ensure cultural, gender, age, contextual and/or accessibility sensitivities are respected, such as female only focus groups, child-friendly methods, languages, confidential one on one consultation etc. Also consider how the staff working directly with people and communities are trained to create an environment in which people and communities are encouraged and feel comfortable to give feedback.

Look for practice that demonstrates how the organisation **analyses and acts upon the feedback** and inputs it receives from people and communities about its work. Consider the different methods that the organisation has for doing this (such as formally through M&E processes or complaints mechanisms, as well as informally during ongoing interactions) and the extent to which people and communities perceive that their feedback is considered by the organisation and acted upon or addressed appropriately. Responding to feedback can also include explaining to those giving the feedback why a suggestion may not be possible, for example, but at least demonstrating that the feedback was considered. Also consider how the staff working directly with people and communities are trained on how to deal with positive and negative feedback appropriately.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- people's experience of having opportunities to provide feedback to the organisation about its work.
- people's perception of how well the organisation responded to their feedback and inputs, including any specific examples.

Interviews with relevant staff about:

- the processes staff use to regularly gather feedback and inputs from people and communities.
- the way staff handle feedback from communities – the analysis of feedback and the processes for informing those giving feedback about any action taken as a result.
- examples of feedback from people and communities that led to adaptations and improvements in the work.

Interviews with relevant staff working in partnership about:

- agreements (formal and informal) between the partners about how to listen to and respond to feedback from people and communities in their joint work.

resources shared between partners to implement this requirement effectively.

Documents that show how the organisation proactively listens and responds to feedback and inputs from people and communities, for example:

- feedback mechanisms, reports of consultation processes, PDM reports, M&E plans.
- documented adaptations to projects based on feedback from people and communities.

7.2 Collect disaggregated data for decision making that reflects the diversity of people and communities and in ways that minimise demands on them.

Expected Result: Disaggregated data for decision making reflects the diversity of people and communities and is collected in ways that minimise demands on them.

Measurable Components:

- Disaggregated data for decision making reflects the diversity of people and communities.
- Disaggregated data for decision making is collected in ways that minimise demands on people and communities.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Review how **disaggregated data is collected** from people and communities that reflects their diversity, including those most marginalised. Consider whether the organisation collects data on factors such as sex, age, socioeconomic status, ethnicity, disability etc., as relevant to the context and the work. Assess how the organisation uses the disaggregated data for decision making. Consider if different decisions are made for different groups of people based on the analysis of disaggregated data.

Look for practice which demonstrates that data is collected from people and communities in ways that **minimise demands** on them. Consider the extent to which the organisation respects the people's time, availability, and willingness to share information when collecting data from them. Assess how staff collecting disaggregated data from people and communities are trained to do so responsibly, in a way that minimises demands on people.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- the extent to which data is collected on people's different characteristics, such as gender, age, disability, ethnicity etc.
- people's perception of how well the organisation respects their time, availability, and willingness to share information when they collect data from them.

Interviews with relevant staff about:

- the way staff collect and use data for decision making in a way that reflects the diversity of people and communities.
- the way staff ensure data collection activities are carried out in ways that minimise demands on people and communities.

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how to collect disaggregated data for decision making that reflects the diversity of people and communities in their joint work.
- agreements (formal and/or informal) between the partners about how to collect disaggregated data in ways that minimise demands on people and communities in their joint work.
- resources shared between partners to implement this requirement effectively.

Documents that show how the organisation ensures disaggregated data for decision making reflects diversity and minimises demands on people and communities, for example:

- policies and/or guidance on M&E, responsible use of programme data, diversity etc.
- programme documents (proposals, logframes, assessments, reports etc.) that show how disaggregated data is used for decision making.

7.3 Use data from monitoring, feedback, complaints and learning to guide decision making, and to improve programmes and the organisation's ways of working.

Expected Result: Data from monitoring, feedback, complaints, and learning is used to guide decision making, and to improve programmes and the organisation's ways of working.

Measurable Components:

- Data from monitoring, feedback, complaints, and learning is used to guide decision making.
- Data from monitoring, feedback, complaints, and learning is used to improve programmes and the organisation's ways of working.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Review how the organisation uses information and data collected from a range of different processes (monitoring, evaluation, feedback, complaints, and other learning processes) to **guide its decision making**. Consider what happens to information and data after it is collected, including how it is analysed, and which decision makers have access to the data. Also consider how long it takes for the data and information to be collected and analysed so that timely decisions can be made (link with 2.3).

Look for practice which demonstrates that **improvements have been made** to programmes and/or to the way the organisation works, based on information and data from monitoring, feedback, complaints, and/or other learning processes. This could be short term adjustments to project activities based on regular monitoring activities or feedback from people and communities. It could also be longer term improvements made to programmatic strategies based on evaluation findings. Alternatively, it could also be strategic shifts in the way the organisation works, such as how it works with partners (link to 6.3) or how it shares information with people and communities (link to 1.2, 5.2 and 5.3) or how it engages people in the work so that it is meaningful for them (link to 1.4) or improving how the organisation manages its financial resources based on audit findings (link to 9.2).

Also consider the extent to which the organisation has taken appropriate corrective action in response to formal complaints, such as SEA allegations, if any. Evidence of implementation of corrective measures include, for example, capacity strengthening of staff and taking specific measures to identify and reduce risks of SEA, for example, in programme delivery (link with 4.4).

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- people's perception of how the organisation uses the information they share with them to inform its decisions (link to 7.1).
- examples of how the information they have shared has led to improvements in the programme and/or the way the organisation works with them (link to 2.3).

Interviews with relevant staff about:

- the processes in place for staff to reflect on and analyse learning from M&E findings, feedback, and complaints.
- the processes in place for staff to make decisions and improvements to programmes and to ways of working based on learning.
- examples of improvements made to programmes, or to how the organisation works, that resulted from these processes.

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how to use data from monitoring, feedback, complaints and learning to guide decision making and improve programming and ways of working in their joint work.
- resources shared between partners to implement this requirement effectively.

Organisational documents that show how the organisation ensures learning guides decision making and improves programmes and ways of working, for example:

- management responses to MEAL reports indicate changes to be implemented in future programmes.
- minutes of reflection meetings which document decisions for improvements.
- complaints reports which document lessons learned and implications for improvements needed in programmes or in the way the organisation works.
- complaints logs which indicate responses to individual cases result in organisational or programmatic changes or adjustments as relevant.
- annual plans and reports which describe organisational or programmatic changes made based on lessons learned.

7.4 Share the analysis and learning from feedback and monitoring and any related changes with people and communities supported by the organisation and with relevant stakeholders.

Expected Result: The organisation shares the analysis and learning from feedback and monitoring and any related changes with people and communities supported by the organisation and with relevant stakeholders.

Measurable Components:

- The organisation shares the analysis and learning from feedback and monitoring and any related changes with people and communities supported by the organisation.
- The organisation shares the analysis and learning from feedback and monitoring and any related changes with relevant stakeholders.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Review how the organisation **shares its analysis and learning from feedback and monitoring activities, and any related changes, with the people and communities it supports**. Consider what processes are in place to communicate relevant learning in an understandable and accessible manner, for example in local languages, verbally and through information sharing materials, including child-friendly materials, as appropriate (link to 1.3). Assess the extent to which people and communities perceive that the organisation proactively shares its learning with them and that they understand what changes and improvements have been made as a result of their feedback and other ongoing monitoring activities (link to 2.3 and 7.3).

Also review how the organisation **shares learning with a range of other relevant stakeholders**, for example with staff, with partners, amongst peers and with the wider sector. Consider whether the organisation holds regular learning events to gather, review and share learning within the organisation and/or with its partners and the extent to which staff use any information sharing platforms to disseminate learning with others across the organisation. Find out whether staff participate in any external platforms such as think tanks, UN global or country level clusters, local government, and NGO forums etc. (link to 6.1) and if relevant learning is shared in these forums. Review whether information related to learning is shared in an accessible way, with different formats for different audiences.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- the way the organisation shares learning with people.

- people's understanding of changes made as a result of the analysis and learning from feedback and monitoring processes.

Interviews with relevant staff about:

- the way learning from feedback and monitoring is shared with different stakeholders, including people and communities.
- examples of learning from feedback and/or monitoring that has been shared in an appropriate format for a specific audience.

Interviews with relevant staff working in partnership about:

- agreements (formal and informal) between the partners about how to share learning and any related changes with people and communities, and other stakeholders as relevant, in their joint work.
- resources shared between partners to implement this requirement effectively.

Interviews with other relevant stakeholders about:

- stakeholder perception of how well the organisation shares learning with them.

Direct observations, for example:

- on the organisation's website – examples of learning being shared publicly (such as evaluation reports, case studies, research papers etc.).

Organisational documents that show how the organisation shares learning with people and communities and other relevant stakeholders, for example:

- project documents (plans, budgets, reports) that demonstrate learning is proactively shared with people and communities.
- research and learning reports.
- minutes from programmatic or management review meetings.
- TORs of communities of practice.

7.5 Establish a coherent organisational approach to ensure continuous learning and improvement of actions and ways of working to better meet commitments to quality and accountability.

Expected Result: A coherent organisational approach that ensures continuous learning and improvement of actions and ways of working to better meet commitments to quality and accountability is established.

Measurable Components:

- A coherent organisational approach that ensures continuous learning to better meet commitments to quality and accountability is established.
- A coherent organisational approach that ensures continuous improvement of actions and ways of working to better meet commitments to quality and accountability is established.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Specific to the nature of the organisation, review how or where the organisation clearly articulates its approach / commitments to continuous learning and improvement of its actions (e.g. programmes), as well as its ways of working, to better meet commitments to quality and accountability.

Review the methods that the organisation has in place which promote and ensure learning and continual improvement are put into practice in all locations and situations where it works. Evidence that organisational methods are applied in practice will also be demonstrated in 7.1 to 7.4.

Assess the organisation's ways (internal review, oversight, or control) that ensures these methods are adhered to consistently throughout the organisation and its work.

WHEN WORKING IN PARTNERSHIP:

Assess how organisations collaborating in partnership strive to understand and align with each other's approach and/or commitment to continuous learning and improvement. For example, this could be documented in partner agreements or discussed between partners when establishing the partnership.

Review the measures that the organisation and its partners have implemented to ensure that continuous learning and improvement of actions and ways of working are consistently practiced throughout their joint work to better meet commitments to quality and accountability. Assess how effectively the organisation and its partners have defined and agreed upon their respective roles and responsibilities to achieve this. Look for evidence that these roles and responsibilities are being fulfilled by each partner, with appropriate support provided when necessary. Evidence for this may also be demonstrated in sections 7.1 to 7.4.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Interviews with relevant staff about:

- the way the organisation makes its approach to continuous learning and improvement clear to its staff and all stakeholders.
- the methods that are established for ensuring the approach is applied consistently throughout the organisation.
- the extent to which staff are supported to apply the approach in their work.

Interviews with relevant staff working in partnership about:

- the ways that relevant information is shared with partners about the organisation's commitments/approach to continuous learning and improvement.
- the way that the staff and partner staff demonstrate continuous learning and improvement in the context of their partnership (link with 6.3).
- expectations and resources shared and agreed between partners on how continuous learning and improvement is put into practice throughout their joint work.

Interviews with other relevant stakeholders about:

- stakeholder experiences and perceptions of how the organisation continuously learns and improves.

Organisational documents that show how the organisation establishes its approach for example:

- statements, policies, strategies, guidance etc. (such as strategic plan, learning strategy, M&E Policy, or guidelines) that require or consistently show the organisation's approach or commitment to continuous learning and improvement of actions and ways of working.
- internal audit reports/reviews, monitoring reports, partner due diligence documents etc. that show the results of the organisation's own oversight of the effectiveness of these approaches.

Commitment 8

People and communities interact with staff and volunteers that are respectful, competent, and well-managed

Commitment 8 reflects the importance for people and communities to be approached by staff and volunteers who are respectful, competent, and well-managed by their organisations. Organisations are required to promote and demonstrate an organisational culture of quality and accountability, maintain a safe and inclusive working environment, ensure all staff and volunteers have the necessary support, and adhere to a code of conduct. Organisations must ensure that human resources are managed effectively in a fair, non-discriminatory, and transparent manner.

8.1 Leadership, staff and volunteers promote and demonstrate an organisational culture of quality and accountability.

Expected Result: An organisational culture of quality and accountability is promoted and demonstrated by the leadership, staff, and volunteers of the organisation.

Measurable Components:

- An organisational culture of quality and accountability is promoted and demonstrated by the leadership.
- An organisational culture of quality and accountability is promoted and demonstrated by staff and volunteers of the organisation.
- PSEAH:** An organisational culture that takes SEAH issues seriously is promoted and demonstrated by the leadership, staff, and volunteers of the organisation.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Look for how the organisation establishes its culture of quality and accountability, both amongst the leadership of the organisation as well as amongst staff and volunteers. Review documentation that promotes this throughout the organisation e.g. strategies, procedures and guidance on quality and accountability related issues.

Review the initiatives, communications, and actions taken by **leadership figures** in the organisation to promote the organisation's values and commitments related to quality and accountability. Consider the level of engagement and commitment to quality and accountability processes of both senior management, leadership, and governance of the organisation. Assess the perception from other staff and relevant stakeholders of the extent to which the organisation's leadership actively promotes and demonstrates an organisational culture of quality and accountability, making decisions that prioritise quality and accountability throughout the organisation. For example, consider whether quality and accountability is reflected as a strategic priority for the organisation, whether the governing bodies demonstrate it as a priority, whether resources (e.g. staff and funds) are allocated to quality and accountability priorities, whether the leadership reviews KPIs related to quality and accountability or regularly speak about the importance of it in all staff meetings etc.

Review the initiatives, communications, and actions of **staff and volunteers** in the organisation that promote the organisation's values and commitments related to quality and accountability. Consider if staff are supported and trained on quality and accountability, whether training sessions are attended by all staff and volunteers, and leadership from all levels of the organisations and its work and how effective this is. Assess how staff engaged in the verification process promote and demonstrate the organisation's stated values and commitments to quality and accountability. This can be demonstrated through their behaviour, language, and interactions with others. Consider the extent to which staff not directly involved in quality and accountability work are aware of and understand the organisation's quality and accountability commitments and how they can put them into practice in their area of work.

PSEAH guidance:

Assess how PSEAH / safeguarding are promoted throughout the organisation e.g. policy, strategies, procedures, and guidance (link to 4.4, 5.6). Review how the leadership promotes an organisational culture of zero tolerance of SEAH and review how serious misconduct is acted upon (link to 5.6). Consider whether the organisation participates in inter-agency data sharing related to PSEAH.

Review the recruitment and screening processes for staff and any other associates or representatives of the organisation and consider how these promote safeguarding from SEAH. Look for evidence that PSEAH is integrated into the organisation's recruitment processes e.g. Job advertisements that reference the organisation's commitment to PSEAH, e.g. police or criminal history checks (where possible and safe), targeted interview questions relating to PSEAH, written and verbal referee checks including targeted questions related to PSEAH. Also review staff performance management and appraisal procedures and consider if they include adherence to the code of conduct, completion of associated trainings and commitment to PSEAH.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- the behaviour and practices of the leadership and staff that people interact with.
- people's understanding of the organisation's values and commitments to quality and accountability.
- [people's understanding of the organisation's PSEAH commitments.](#)

Interviews with relevant leadership about:

- the role of leaders in promoting and demonstrating a culture of quality and accountability and how they do this in practice.
- [the role of leaders in taking SEAH and any potential complaints/report on SEAH seriously, and how they do this in practice.](#)

Interviews with relevant staff about:

- the role of staff and volunteers in promoting and demonstrating a culture of quality and accountability and how they do this in practice.
- [the role of staff and volunteers in taking SEAH and any potential complaints/report on SEAH seriously, and how they do this in practice.](#)
- staff perception of the extent to which the leadership of the organisation prioritises issues related to quality and accountability throughout the organisation.
- [staff perception of the extent to which the leadership of the organisation takes SEAH issues seriously.](#)

Interviews with relevant staff working in partnership about:

- the role of partners in promoting and demonstrating a culture of quality and accountability and how they do this in practice in their joint work.
- [the role of partners in demonstrating that they take SEAH seriously, and how they do this in practice in their joint work.](#)
- resources shared between them to support each other to apply this in their joint work.

Direct observations, for example:

- interactions between staff and community members during consultations.
- interactions between leadership and staff in their workplace and during interviews to see if they align with stated values and commitments.
- prominence of quality and accountability issues in the public domain, e.g. on the website, in the annual report, organisational strategy etc.

[Organisational documents](#) that show how the organisation's leadership, staff and volunteers promote and demonstrate a culture of quality and accountability, for example:

- [statements of commitment, strategic documents, annual reports, all staff meeting presentations etc.](#)
- [organisational structures/charts, staff TORs/JDs.](#)
- [publicly displayed materials.](#)
- [training materials, reports and attendance logs.](#)
- [documented recruitment and screening procedures, examples of job advertisements, interview questions.](#)
- [Human Resources Policy or equivalent, employment contracts.](#)

[Organisational documents](#) that show how the organisation's leadership, staff and volunteers take PSEAH, and any potential complaints/report on SEAH issues seriously, for example:

- [safeguarding and investigations policies, organisational values, statements of commitment all staff meeting presentations etc.](#)
- [organisational structures/charts, staff TORs/JDs.](#)
- [publicly displayed materials.](#)
- [PSEAH training materials, reports and attendance logs.](#)

- documented recruitment and screening procedures, examples of job advertisements, interview questions.
- Human Resources Policy or equivalent, employment contracts.

8.2 Maintain a safe and inclusive working environment, taking measures to protect the safety, security and wellbeing and dignity of all staff and volunteers.

Expected Result: A safe and inclusive working environment is maintained with measures taken to protect the safety, security, wellbeing and dignity of all staff and volunteers.

Measurable Components:

- A safe working environment is maintained with measures taken to protect the safety, security, wellbeing and dignity of all staff and volunteers.
- An inclusive working environment is maintained all staff and volunteers.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Review what measures the organisation has in place to **protect the physical and psychological safety of staff and volunteers**, e.g. effective security management systems, security risk assessments, reasonable work hours, R&R procedures where relevant, health and confidential psychological advice and care, travel, and medical insurance etc.

Review the types of training that the organisation provides its staff on safety and security procedures in all locations and contexts where they work. Check that the organisation has methods to regularly inspect and uphold workplace physical safety, including aspects such as assessing security risks of travel or operational contexts, security of premises and transport, emergency procedures, adequate health, and safety. Consider measures taken to create safe spaces in the working environments. Assess the support provided to staff, such as counselling services, mediation, conflict resolution processes.

Review how the organisation **creates and promotes inclusion** in its ways of working, and prohibits discrimination, harassment, and bullying e.g. strategy, people management procedures and guidance. Consider if the organisation clearly expresses zero tolerance for harassment and abuse, including SEA in the workplace. Review whether any training on diversity, equity and inclusion is provided for staff and volunteers, including for example, unconscious bias training, cultural competence, inclusive leadership, etc. Assess whether the organisation's methods and documents reflect and respect the diverse backgrounds and identities of all staff and volunteers. Consider whether the organisation's recruitment and hiring practices are designed to attract a wide range of candidates, and which do not create bias e.g. language used in advertisements or job descriptions, blind recruitment processes, etc. Review the processes for career development and whether offers for professional development, mentoring etc., is offered equitably for all staff, with a focus on underrepresented groups.

Assess whether the organisation promotes open communication and feedback, with efforts made to ensure underrepresented groups are heard and valued. Consider what measures the organisation has in place for flexible working, to make reasonable accommodations for people with disabilities and diverse needs, and to support work-life balance for all staff e.g. wellness initiatives, remote working. Assess how the physical environment and communications are accessible and inclusive to all staff, including those with disabilities, and which promote interactions and collaboration among staff from diverse backgrounds and experience.

Consider if there are safe reporting mechanisms for reporting safety, security, and dignity concerns and incidents (link to 8.5) and if processes to protect whistle blowers/complainants or victims/survivors are in place (link to 5.5 and 8.5).

Possible sources of evidence (list non-exhaustive and non-compulsory):

Interviews with relevant staff about:

- the implementation of safety, security, wellbeing, and inclusion practices.
- staff experiences and perceptions of safety, security, and inclusion.
- staff perception of the organisational culture being supportive, inclusive, and respectful.

Interviews with relevant staff working in partnership about:

- agreements (formal and informal) between the partners about how the safety, security and wellbeing of all staff and volunteers is maintained throughout their joint work.
- the measures agreed and taken between the partners to maintain an inclusive joint working environment.
- resources shared between partners to support each other to maintain a safe and inclusive working environment in their joint work.

Direct observations, for example:

- physical and psychological safety measures in place in the organisation's offices, transport, and working environments.
- transparent information and actions promoting the availability of wellbeing support.
- Accessibility needs e.g. physical access, communications, are addressed and designed to be inclusive.

Documents that show how the organisation maintains a safe and inclusive environment, for example:

- security protocols and guidance.
- security and safety risk assessments and strategies.
- HR procedures and guidance.
- training records.
- incident reporting mechanisms.
- staff surveys.

8.3 Ensure all staff and volunteers have the necessary support, skills, and competencies to fulfil their roles and responsibilities effectively and accountably.

Expected Result: Staff and volunteers fulfil their roles and responsibilities effectively and accountably with the necessary support, skills, and competencies.

Measurable Components:

- Staff and volunteers have the necessary support to fulfil their roles and responsibilities effectively and accountably.
- Staff and volunteers have the necessary skills and competencies to fulfil their roles and responsibilities effectively and accountably.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Look for practice which demonstrates that staff (including volunteers) working at the community level are accountable to them and effective in their roles. Assess the extent to which people and communities perceive staff to have the necessary skills, knowledge, and attitudes to be competent and effective in their work.

Review how the organisation ensures all staff and volunteers have the **necessary support so that they can fulfil their roles** effectively. Consider what organisational structures or bodies provide support to staff. Depending on the type of organisation, this could be anything from a formalised Union or Staff Association through to support provided by direct supervisors or peer/ mentor support provided by other team members.

Look for practice which demonstrates that performance management systems support staff's personal and professional development and whether staff needs and opportunities for development are discussed with the organisation, for example during performance reviews or appraisals. Assess whether training and development

opportunities are accessible and available for all staff and volunteers in a fair manner. Also consider the extent to which staff perceive their position, role, and workload to be manageable and adequately supported by the organisation.

Review how the organisation ensures its staff and volunteers have the **necessary skills and competencies to fulfil their roles** effectively. Consider how the organisation uses its recruitment processes to ensure that the staff and volunteers they employ/engage have the necessary skills and competencies for the role. Look for practice which demonstrates that job requirements are clearly articulated and that there is a process of matching skills and competencies of prospective staff and volunteers to the skills and competencies required for the role.

Consider the extent to which induction processes help to strengthen organisational and/or job specific values, skills, and competencies. Look for practice which demonstrates that resources are invested in staff development at all levels, including for example, budget, time, training, equipment, tools etc. Also consider the extent to which performance management systems include the ongoing development of an individual's skills and competencies and whether there are resources available, including allocation of time and budget, to fulfil any professional staff development plans.

Review the different systems (formal and informal) in place which facilitate staff to reflect, review, and receive and give feedback on organisational and on individual performance against agreed objectives and personal development goals. Consider, for example, if staff have a document which describes their job, detailing their current role, responsibilities, and work objectives and if they have a formal plan agreed with their manager to monitor performance against individual work objectives and personal development goals.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- people's experiences and perceptions of the skills and competencies that staff display when working in their community.

Interviews with relevant staff about:

- the extent to which the organisation supports staff in their roles.
- the extent to which the staff's professional and personal skills and competencies are supported and developed by the organisation.
- staff perception of whether their position, role, and workload are manageable and adequately supported.

Interviews with relevant staff working in partnership about:

- agreements (formal and informal) between the partners about how to ensure the staff and volunteers involved in their joint work have the necessary support, skills, and competencies to fulfil their roles.
- the measures taken between the partners to achieve this.
- resources shared between the partners to implement this requirement effectively in their joint work.

Interviews with other relevant stakeholders about:

- stakeholder experiences and perceptions of the competence and effectiveness of staff and volunteers working in their community.

Direct observations, for example:

- interactions between staff and volunteers, partner staff and community members and the extent to which they demonstrate relevant skills and competencies.
- online job adverts requiring minimum skills and competencies.
- online training resources for staff and partners.

Documents, that show how the organisation ensures staff and volunteers have the necessary support, skills, and competencies, for example:

- staff development and training policy, framework or equivalent, guidance.

- staff performance management policy, framework or equivalent, guidance.
- appropriate budgets designed, and resources allocated, for staff and volunteer training and development at all levels of the organisation.
- staff training plans and reports.
- job descriptions, personal development plans, appraisal reports.

8.4 Ensure all staff and volunteers understand and adhere to a code of conduct, which, at a minimum, prohibits any form of exploitation, abuse, harassment or discrimination against people or any misuse of resources.

Expected Result: Staff and volunteers understand and adhere to a code of conduct, which at a minimum, prohibits any form of exploitation, abuse, harassment or discrimination against people or any misuse of resources.

Measurable Components:

- A code of conduct which, at a minimum, prohibits any form of exploitation, abuse, harassment or discrimination against people or any misuse of resources is established.
- Staff and volunteers understand and adhere to a code of conduct, which at a minimum, prohibits any form of exploitation, abuse, harassment or discrimination against people or any misuse of resources.
- PSEAH:** Staff and volunteers adhere to a code of conduct that prohibits SEAH and understand the consequences of not to adhere to it.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Review that the organisation has a **documented code of conduct** (or equivalent e.g. code of behaviour/ethics etc.) that describes the standards of behaviour for staff, volunteers, representatives (e.g. contractors, suppliers) and partners. The document should:

- prohibit any form of exploitation, abuse, harassment, or discrimination against people.
- prohibit misuse of resources.
- define a child as under the age of 18 years.
- include the duty to report allegations or suspicions of breaches of the code of conduct.
- include the consequences of any breach of the code of conduct.

Review how the organisation ensures all its staff and representatives understand, sign, and comply with the code of conduct (e.g. induction processes, contracts, agreements, mandatory training). Consider whether staff contracts include reference to sanctions for failing to adhere to the code of conduct. Review how the organisation makes its code of conduct and expected behaviours clear to all staff, and other representatives, on a regular basis e.g. through inductions, training, refreshers, and the extent to which these are available equitably to all staff across the organisation. Also consider how the organisation supports staff and volunteers to apply the code of conduct in their working contexts. Assess staff understanding of the content of the code of conduct and their obligation to adhere to it.

Explore from different stakeholders, including people and communities, their perception of the way staff and volunteers behave when interacting with them. Assess the extent to which the behaviours described reflect or align with the behaviours outlined in the organisation's code of conduct.

PSEAH guidance:

Review that the organisation has a **documented code of conduct** or equivalent that:

- explicitly prohibit sexual exploitation, abuse, and harassment.
- include mandatory reporting obligations specifically related to SEAH.
- include definitions of sexual exploitation, abuse, and harassment.

Review how the organisation ensures it meets its mandatory reporting obligations for SEAH in all its offices and places of work, including legal, statutory and donor requirements and risks in different contexts.

Review how the organisation ensures that its staff at all levels and locations, receive induction and refresher training on PSEAH commitments, policy and reporting obligations and the consequences of not adhering to them. Consider whether staff contracts include reference to sanctions for failing to adhere to PSEAH policies specifically. Also consider whether induction process include orientation to PSEAH, whistleblowing and complaints handling commitments, policy, and procedures. Assess staff understanding of the principles of PSEAH and their obligations to adhere to these.

Links to other standards and recognised good practice:

<https://www.chsalliance.org/get-support/resource/code-of-conduct-toolkit/>

<https://www.chsalliance.org/get-support/resource/whistleblower-protection-guidance/>

Common PSEAH Principles: <https://capseah.safeguardingsupporthub.org/common-approach#part2>

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- people's experiences of how staff or representatives behave when interacting with them and working in their community.

Interviews with relevant staff about:

- the way that the code of conduct is established across the organisation and throughout its work.
- staff understanding of the organisation's code of conduct and their obligations to it.
- [staff understanding of the principles of PSEAH and their obligations to adhere to these.](#)
- staff knowledge of their obligations to report and how this would be managed by the organisation.

Interviews with staff working in partnership about:

- [the way that codes of conduct, which include absolute prohibition of SEAH, are agreed upon and adopted by staff working on joint programmes.](#)
- the way that adherence to an agreed code of conduct is monitored and obligations to report agreed.
- the way that breaches of the code of conduct are addressed and managed between the partners.
- resources shared between partners to implement this requirement effectively.

Direct observations, for example:

- visual display of the expected behaviours of staff.
- [visual display of PSEAH principles and expected behaviours related to PSEAH.](#)
- behaviour of staff and representatives.

Organisational documents that show how the organisation ensures a code of conduct or equivalent document is established, for example:

- a documented code of conduct or equivalent.
- signed contracts with codes of conduct included or attached.
- staff and representative induction plans and mandatory training schedules that include orientation on code of conduct.
- monitoring and tracking tools of code of conduct signatures and participation in code of conduct inductions.
- partnership MOUs or agreements, that reference or include a code of conduct and/or shared resources for establishing codes of conduct.

Organisational documents that show how the organisation ensures a code of conduct or equivalent document is established which includes the absolute prohibition of SEAH, for example:

- a documented code of conduct or equivalent, which includes the absolute prohibition of SEAH.
- signed contracts with codes of conduct, which include the absolute prohibition of SEAH, included or attached.

- staff and representative induction plans and mandatory training schedules that include orientation on code of conduct, including organisational commitments to PSEAH.
- partnership MOUs or agreements, that reference or include a code of conduct, which includes the absolute prohibition of SEAH.

8.5 Ensure there are safe, confidential, and accessible ways for all staff and volunteers to raise concerns and report misconduct, with appropriate protection for those reporting.

Expected Result: Safe, confidential, and accessible ways for all staff and volunteers to raise concerns and report misconduct are in place, with appropriate protection for those reporting.

Measurable Components:

- Safe, confidential, and accessible ways for all staff and volunteers to raise concerns and report misconduct are in place.
- Appropriate protection is available for those raising concerns or reporting misconduct.
- PSEAH:** Safe, confidential, and accessible ways for all staff and volunteers to raise concerns and report misconduct related to SEAH are in place.
- PSEAH:** Appropriate protection is available for those reporting misconduct related to SEAH.

Guidance for verifying the requirement (apply as appropriate, considering the organisation’s type, nature of work, and operational context):

Review the methods available to staff at all levels of the organisation to **raise concerns and report misconduct**. Assess whether these reporting methods are **accessible** for all staff and volunteers working at different levels and locations where the organisation works, e.g. management and volunteers, office or community-based or remote working, etc. Review how these methods are tailored specific to the context so that they are **safe and accessible** for staff and people to use, e.g. format of the reporting channel, languages used, toll-free phone numbers. Assess the measures taken to assure **confidentiality** of reporting, e.g. locked-complaint boxes, trained complaint managers, data protection (link to 5.5 and 5.6). Check for initiatives taken to raise awareness with all staff and volunteers about reporting procedures and how the safety, confidentiality, and accessibility of them is ensured.

Review the methods for ensuring that any staff member or volunteer raising a concern or reporting misconduct is **protected from discrimination, retaliation, or further harm** (link to 5.5 on victim/survivor-centred approaches). This could be any staff or volunteer involved in a report, e.g. the complainant, the victim/survivor of staff misconduct, a third-party involved or a witness, etc. Review how the organisation’s whistleblower protection policy, procedures or equivalent, are implemented for all staff working across the organisation (link to 4.4). Consider whether all staff have access to guidance about how to report misconduct and how this will be managed by the organisation. Review the provisions the organisation has in place to protect and support those reporting misconduct. Explore the extent to which staff and volunteers feel they could use the reporting mechanisms safely and be protected from any retaliation or further harm in the process.

PSEAH guidance:

Review how the organisation specifically ensures that staff and volunteers have safe, confidential, and accessible ways to raise concerns or report misconduct related to SEAH. Consider whether there are any provisions in the general misconduct reporting procedures that address SEAH concerns specifically, as well as whether any context-specific adaptations have been made so that staff and volunteers feel safe to report misconduct related to SEAH if they need to.

Review how the organisation specifically ensures that protection is available for those reporting misconduct related to SEAH. Consider whether there is a whistleblower or non-retaliation policy or equivalent that explicitly protects staff

and volunteers disclosing misconduct related to SEAH. Explore the extent to which staff and volunteers feel they would be able to report misconduct related to SEAH and whether they would feel safe and protected doing so.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Interviews with relevant staff about:

- the procedures in place for staff to raise concerns or report misconduct.
- [the procedures in place for staff to raise concerns or report misconduct related to SEAH.](#)
- the way that staff and volunteers are made aware of the reporting process.
- examples of how the process for reporting misconduct has been tailored to ensure safety, accessibility, and confidentiality in different contexts and for diverse groups of staff and volunteers.
- staff understanding of what protection is in place for staff and volunteers who report misconduct.
- staff perception of whether they feel the procedure in place for raising a concern or reporting misconduct as a member of staff is safe, confidential, and accessible.
- [staff perception of whether they would understand how to report a concern or complaint related to SEAH and whether they would feel safe and protected doing so.](#)

Interviews with relevant staff working in partnership about:

- agreements (formal and informal) between the partners about how to ensure that staff and volunteers have safe, confidential, and accessible ways to raise concerns and report misconduct, with appropriate protection in place, throughout their joint work.
- resources shared between partners to implement this requirement effectively.
- partner staff perception of whether they would understand how to report a concern or complaint related to SEAH and whether they would feel safe and protected doing so.

Direct observations, for example:

- visual displays for staff in their work environment of procedures for reporting misconduct.
- [visual displays for staff in their work environment of procedures for reporting misconduct related to SEAH.](#)
- contextual adaptations to reporting processes that ensure they are safe and accessible for all staff and volunteers.

Organisational documents that show how the organisation ensures staff and volunteers can raise concerns and report misconduct with appropriate protection in place, for example:

- misconduct reporting procedure (or equivalent) for staff
- whistleblower protection policy and procedures
- non-retaliation policy (or equivalent)
- staff handbook/manual, safety policy

Organisational documents that show how the organisation ensures staff and volunteers can raise concerns and report misconduct with appropriate protection in place, for example:

- [sexual harassment policy or equivalent.](#)
- [SEAH training materials for staff.](#)
- [whistleblower or non-retaliation policy \(or equivalent\) that explicitly protects staff and volunteers disclosing misconduct related to SEAH.](#)

8.6 Take timely, appropriate actions to address misconduct of all staff and volunteers in line with recognised good practice.

Expected Result: Timely and appropriate actions are taken to address misconduct of all staff and volunteers in line with recognised good practice.

Measurable Components:

- Timely actions are taken to address misconduct of all staff and volunteers in line with recognised good practice.
- Appropriate actions are taken to address misconduct of all staff and volunteers in line with recognised good practice.
- PSEAH:** Timely and appropriate actions are taken to address misconduct related to SEAH of all staff and volunteers in line with recognised good practice.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Review what procedures the organisation has in place for investigating and **addressing staff misconduct** and whether these are clearly documented. For example, look at whether the organisation's human resource policy and employment contracts clearly outline disciplinary actions and termination provisions for staff misconduct. Consider the disciplinary procedures that outline the steps taken once misconduct is reported and what timeframes are in place to ensure that any action taken is done so in a **timely** way. Assess the records of misconduct cases to understand if actions were taken promptly in line with its procedures, and if the actions taken were **appropriate** to the severity and nature of the misconduct. Review how the organisation ensures staff and volunteers are aware of how misconduct is handled, for example consider whether the organisation provides regular training on recognising, reporting, and addressing misconduct. Explore whether the organisation has a system for monitoring and following up on any corrective actions resulting from misconduct cases and that this is put into practice.

PSEAH guidance:

Review how the organisation ensures that misconduct of staff or volunteers related to SEAH is addressed in a timely and appropriate way. Look specifically for documented procedures for investigating and addressing misconduct related to SEAH with timeframes for taking action. Consider whether the organisation has PSEAH Human resources (e.g. focal points) and access to trained SEAH investigators (internal or external e.g. arrangements with third party investigative bodies). Review whether there are delegated authorities with responsibility for oversight of SEAH incidents and whether the organisation provides regular training on recognising, reporting, and addressing misconduct related to SEAH.

Explore how these procedures have been put into practice, reviewing, where possible, records showing the management of SEAH incidents. Consider if the action taken was in line with the organisations procedures and whether it was both timely and appropriate. Specifically look for examples of termination of employment in response to substantiated cases of SEAH.

Links to other standards and recognised good practice:

<https://www.chsalliance.org/get-support/resource/sexual-exploitation-abuse-and-harassment-seah-investigation-guide/>

<https://www.chsalliance.org/investigators-toolkit/>

<https://www.chsalliance.org/get-support/resource/managing-complaints-package/>

Possible sources of evidence (list non-exhaustive and non-compulsory):

Interviews with relevant staff about:

- the procedures or processes in place to address staff misconduct, including how to ensure action is taken in a timely and appropriate manner.
- staff awareness of how misconduct is handled in the organisation and their perception of whether it is done in a timely and appropriate way.
- the way that investigations are carried out.
- [the way that investigations are carried out for SEAH cases.](#)
- examples of cases where misconduct was investigated, and action taken.
- [examples of cases where SEAH misconduct was investigated.](#)
- [examples of action taken following investigated SEAH misconduct.](#)

- resources dedicated to investigating SEAH misconduct.
- the way that cases are monitored to ensure any corrective action required takes place.

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how to ensure that timely, appropriate actions are taken to address misconduct of staff and volunteers engaged in their joint work.
- resources shared between partners to implement this requirement effectively.

Direct observations, for example:

- online case management system

Organisational documents that show how the organisation ensures timely and appropriate action is taken to address staff and volunteer misconduct, for example:

- complaints handling policy, procedures, and guidelines.
- Investigation process, procedures, guidelines.
- staff grievance & disciplinary policy & procedures; procedure manuals, flowcharts of disciplinary processes.
- examples of grievances being followed up and what action was taken.
- case files with timestamps showing the timeline of the report, investigation, and resolution.
- case summaries, disciplinary action records, correspondence with involved parties.
- incident follow-up reports, monitoring logs.
- incident reporting to governing body (or equivalent) for misconduct cases and how they were handled. training schedules, attendance records, training materials.

Organisational documents that show how the organisation ensures timely and appropriate action is taken to address staff and volunteer misconduct related to SEAH, for example:

- complaints handling policy, procedures and guidelines which cover SEAH specifically and includes the investigations process.
- incident reporting to governing body (or equivalent) for misconduct cases and how they were handled for SEAH related cases.
- TOR for internal SEAH investigators or agreement with professional third party investigators.
- Evidence of implementation of corrective measures.

8.7 Establish a coherent organisational approach to ensure that human resources are managed effectively in a fair, non-discriminatory, and transparent manner, in line with recognised good practice.

Expected Result: A coherent organisational approach that ensures human resources are managed effectively in a fair, non-discriminatory, and transparent manner, in line with recognised good practice is established.

Measurable Components:

- A coherent organisational approach that ensures human resources are managed effectively in a fair, non-discriminatory, and transparent manner, in line with recognised good practice is established.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Specific to the nature of the organisation, review how or where the organisation clearly articulates its approach / commitments to manage human resources effectively in a fair, non-discriminatory, and transparent manner, in line with recognised good practice.

Review the methods that the organisation has in place which promote and ensure effective human resource management is put into practice in all locations and situations where it works. Evidence that organisational methods are applied in practice will also be demonstrated in 8.1 to 8.6.

Assess the organisation's ways (internal review, oversight, or control) that ensures these methods are adhered to consistently throughout the organisation and its work.

WHEN WORKING IN PARTNERSHIP:

Assess how organisations collaborating in partnership strive to understand and align with each other's approach and/or commitment to managing human resources effectively in a fair, non-discriminatory, and transparent manner. For example, this could be documented in partner agreements or discussed between partners when establishing the partnership.

Review the measures that the organisation and its partners have implemented to ensure that good practice for managing human resources are consistently applied throughout their joint work. Assess how effectively the organisation and its partners have defined and agreed upon their respective roles and responsibilities to achieve this. Look for evidence that these roles and responsibilities are being fulfilled by each partner, with appropriate support provided when necessary. Evidence for this may also be demonstrated in sections 8.1 to 8.6.

Links to other standards and recognised good practice:

<https://www.chsalliance.org/get-support/resource/hr-manual/>

<https://www.chsalliance.org/get-support/resource/human-resources-hr-toolkit-for-small-and-medium-nonprofit-actors/>

Possible sources of evidence (list non-exhaustive and non-compulsory):

Interviews with relevant staff about:

- the way the organisation makes its approach to managing human resources, in a fair, non-discriminatory, and transparent manner, clear to its staff and all stakeholders.
- the methods that are established for ensuring the approach is applied consistently throughout the organisation.
- the way staff are supported to apply the approach in their work.
- staff perception of how fair, non-discriminatory, and transparent the organisation's approach to human resource management is.

Interviews with relevant staff working in partnership about:

- the extent to which relevant information is shared with partners about the organisation's commitments/approach to managing human resources effectively in a fair, non-discriminatory, and transparent manner.
- the ways that the organisational approach/commitments are demonstrated in their partnership.
- the extent to which expectations and resources are shared and agreed between partners on how these approaches/commitments are put into practice throughout their joint work.

Organisational documents that show how the organisation establishes its approach to ensure that human resources are managed effectively in a fair, non-discriminatory, and transparent manner, for example:

- statements, policies, strategies, guidance etc. that require or consistently show the organisation's approach or commitment to effective human resource management, such as staff handbook, policy approval process & records, safety and security policy, travel policy, performance management processes, recruitment processes.
- internal and external audit reports/reviews, monitoring reports, partner due diligence documents, staff survey results etc. that show the results of the organisation's own oversight of the effectiveness of its approach.

Commitment 9

People and communities can expect that resources are managed ethically and responsibly

Commitment 9 emphasises the fact that resources are finite and need to be used with care to ensure people and communities get the best support from organisations. Organisations are required to ethically and responsibly mobilise, allocate and manage resources as well as identify, prevent, and manage risks of misuse of resources at all levels. Organisations must ensure resources are managed efficiently, effectively, and ethically, achieving their intended purpose while minimising waste and impact on the environment.

9.1 Ensure adequate capacity and resources to meet the organisation's commitments.

Expected Result: The organisation has adequate capacity and resources to meet its commitments.

Measurable Component:

- The organisation has adequate capacity and resources to meet its commitments.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Resources are what an organisation needs to deliver its mission, which includes, but is not limited to, natural, human, financial, capital, technological and informational resources.

Review how the organisation manages its **capacity and resources** so that it can meet its commitments in line with its strategy. Consider what processes are in place to predict demand and regularly monitor that resources are adequate to meet organisational objectives, for example budgeting processes and staffing plans. Also consider if the organisation has flexible resources in case of resource shortages or additional resource demands, for example reserves, contingency funds, surge capacity staffing arrangements etc.

Review how an organisation responds when availability of resources is limited. Look for examples demonstrating how organisational choices have been guided by a thorough understanding of resource availability.

Specifically related to ensuring sufficient human capacity and resources, review how the organisation analyses key staff gaps and exit interviews, to identify and meet the capability requirements at different levels of the organisation. For example, consider if the organisation has clear guidance and plans to manage peaks in demand for qualified staff (e.g. emergency surge capacity, roster etc.). Review staff turnover rates and consider whether these are a reasonable target, pegged against the sector norm.

At the community level, seek to understand the extent to which people perceive that the commitments made to them, in terms of what the organisation plans to do in their community, are adequately resourced. This can be in terms of whether there is enough funding to do what is promised, or enough staff or volunteers to do the work, or if the organisation has other relevant types of resources available as needed, such as appropriate technology or access to natural resources.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- the extent to which the organisation working with the people and communities has enough funds, staff, equipment, and any other relevant resources to do the work that has been committed to.

Interviews with relevant staff about:

- the way staff balance their commitments (e.g. programmatic) with the resources they have available (e.g. funding, staff etc.).
- the way the organisation enables flexibility with resources to manage unexpected shortages or additional demands.
- examples of organisational decision-making that aim to balance adequate capacity and resources with organisational commitments.
- staff perception of whether the organisation has adequate capacity and resources to meet its commitments.

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how to ensure there is adequate capacity and resources to undertake their joint work.

- resources shared between partners to implement this requirement effectively.
- partner staff perceptions of whether the organisation has adequate capacity and resources to meet its joint commitments with partners.

Interviews with other relevant stakeholders about:

- stakeholder perceptions of whether the organisation has adequate capacity and resources to meet its commitments.

Documents that show how the organisation ensures it has adequate capacity and resources to meet its commitments, for example:

- planning documents – strategic plan, HR plan, business plan, financial plan, resource allocation plan, contingency plan etc.
- budgeting and review processes that align, and re-align as necessary, resources with organisational commitments.
- decision making documents that demonstrate strategic choices to ‘right-size’ organisational commitments with available resources – scaling up or down as necessary to enable commitments to be met.
- gap analysis of key positions; analyses of exit interviews; rosters.

9.2 Manage financial resources responsibly in line with recognised good practices.

Expected Result: The organisation demonstrates responsible management of financial resources in line with recognised good practices.

Measurable Component:

- The organisation demonstrates responsible management of financial resources in line with recognised good practices.

Guidance for verifying the requirement (apply as appropriate, considering the organisation’s type, nature of work, and operational context):

Review how the organisation **manages its financial resources** in line with recognised good practice. Consider what the organisation has put in place to ensure responsible management of financial resources, for example:

- the financial rules and regulations of the organisation and how they are communicated to all staff.
- processes for developing budgets that are realistic and aligned with relevant organisational or programmatic objectives.
- continuous monitoring, and adjustment where needed, of financial resources. For example, using financial statements, KPIs, finance reports, reviews of budget vs actuals, variance analysis etc.
- transparent reporting of financial situation, at programmatic and organisational levels.
- use of internal and external audits to objectively verify that resources are being used effectively, efficiently and compliance with internal policies, industry standards and legal and regulatory requirements.

Assess how well staff understand and apply relevant financial policies and procedures in their roles. Also find out the perception of staff, partners, communities, and other stakeholders in relation to how well the organisation uses its funds.

Links to other standards and recognised good practice:

In line with national legal requirements or partner requirements.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- people's perceptions of whether the organisation uses its funds in a responsible way.

Interviews with relevant staff about:

- processes for budgeting, procurement, monitoring, and reporting of expenditure.
- processes for internal financial controls, internal and external audits.
- staff understanding and application of the organisation's financial policies, processes, and procedures relevant to their role.

Interviews with relevant staff working in partnership about:

- agreements (formal and/or informal) between the partners about how to ensure financial resources are managed responsibly for their joint work.
- resources shared between partners to implement this requirement effectively.
- partner staff perceptions of whether the organisation uses its funds in a responsible way.

Interviews with other relevant stakeholders about:

- stakeholder perceptions of whether the organisation uses its funds in a responsible way.

Direct observations, for example:

- transparent reporting of organisational finances on the website.

Documents that show how the organisation ensures responsible financial management, for example:

- financial policies and procedures, procurement guidelines, internal controls.
- budgeting processes with realistic budgets aligned with goals and objectives.
- financial monitoring and reporting documents such as budget vs actual reports, variance analysis, financial KPIs, annual reports.
- risk assessments that include identification of financial risks and mitigation strategies, and contingency plans for financial emergencies.
- Internal and external audit reports and management responses.

9.3 Ensure fundraising, resource mobilisation and fund allocations are ethical and do not compromise the organisation's commitments and values.

Expected Result: Fundraising, resource mobilisation, and fund allocations are conducted ethically, without compromising the organisation's commitments and values.

Measurable Components:

- Fundraising and resource mobilisation are conducted ethically, without compromising the organisation's commitments and values.
- Fund allocations are conducted ethically, without compromising the organisation's commitments and values.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Review the processes that an organisation has in place to ensure **fundraising and resource mobilisation** activities are conducted ethically. Consider what organisational commitments and values guide decision-making about which organisations to accept funds from and for what purpose. Explore how the organisation ensures that the acceptance of resources does not compromise its independence. Review how transparent fundraising materials and proposals to donors are, e.g. in terms of administrative costs, and how realistic they are in terms of the donor promise for what can be achieved with the funds.

Also review the processes that an organisation has in place to ensure that **funds are allocated** ethically. Consider what organisational commitments and values, including strategic direction, guide decision-making about what to

allocate funds for, especially unrestricted and undesignated funds. Consider how the organisation manages potential conflicts of interest when making decisions about how and where to allocate funds. Assess what accounting processes enable the organisation to track funds from source to end use so that funds are allocated for their intended purpose and the donor promise is upheld.

Review whether documentation exists outlining the basis for ethical decisions, to support ongoing accountability and facilitate learning.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Interviews with relevant staff about:

- the values, standards, or rules that guide decision-making on acceptance of resources, where to apply for funding, and what to allocate funds to.
- the principles that guide fundraising activities and how transparent they are with donors about hidden costs, such as administration.
- the processes in place to track the allocation of funds and ensure it matches the donor promise.

Interviews with relevant staff working in partnership about:

- agreements (formal and informal) between the partners about how to ensure funds are raised and allocated ethically for their joint work.
- resources shared between partners to implement this requirement effectively.

Direct observations, for example:

- website showing transparency of purpose of fundraising, intended impact and disclosure of administrative costs.
- fundraising materials that present an honest, transparent picture of what the funds will be spent on.

Documents that show how the organisation ensures ethical fundraising, resource mobilisation and fund allocation, for example:

- fundraising strategy, policy, or guidelines.
- policy or procedures to manage conflict of interest.
- list of types of organisations that an organisation does not accept funds from.
- accounting processes that track source of funds through to use of funds to ensure donor promise is upheld.

9.4 Manage and use resources to achieve their intended purpose, minimising waste, and the impact on the environment.

Expected Result:

The organisation manages and uses resources to achieve their intended purpose while minimising waste and environmental impact.

Measurable Components:

- The organisation manages and uses resources to achieve their intended purpose while minimising waste.
- The organisation manages and uses resources to achieve their intended purpose while minimising environmental impact.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Resources are what an organisation uses to deliver its mission, which includes, but is not limited to, natural, human, financial, capital, technological and informational resources.

Review the organisational processes in place to ensure resources are used to **achieve their intended purpose while minimising waste**. Consider for example, what approval processes are in place to spend funds according to a budget,

and how clear staff are on what is required of them, so that time is not wasted. Assess how an organisation ensures it gets value for money, balancing considerations such as quality, cost, and timeliness so that resources are not wasted, for example in procurement or stock control processes.

Also review how the organisation uses its resources to **achieve their intended purpose while minimising the impact on the environment**. Assess whether the organisation has plans to improve eco-efficiency across its operations, for example a carbon reduction plan. Review if tendering and procurement procedures, as well as travel policies, take environmental considerations into account. Explore what other organisational choices are made, e.g. in the area of facilities management, that take into account potential impact on the environment.

Note that actions taken at the programmatic level, either that contribute to long term positive effects or to identify and mitigate potential negative impacts on the environment, are covered in requirements 3.3 and 4.2, respectively.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Consultations with community members about:

- people's perception of whether resources are used for what is intended or if the resources are wasted.
- people's perception of how environmentally conscious the organisation working with them is, and the extent to which, where relevant, they promote environmentally responsible practices.

Interviews with relevant staff about:

- organisational processes that provide control and oversight over resource usage to ensure they are used for their intended purpose.
- organisational processes that seek to minimise waste and impact on the environment when using resources.
- staff perception of whether resources are used for what is intended or if the resources are wasted.
- examples of how resources are used in ways that minimise negative impacts on the environment.

Interviews with relevant staff working in partnership about:

- agreements (formal and informal) between the partners about how to use resources for their intended purpose, while minimising waste and the environment.
- resources shared between partners to implement this requirement effectively.

Interviews with other relevant stakeholders about:

- stakeholder perception of whether resources are used for what is intended or if the resources are wasted.

Direct observations, for example:

- at office premises – observation of wasteful use of resources or lack of consideration for impact on the environment.

Documents that show how the organisation ensures resources are used for their intended purpose, minimising waste, and impact on the environment, for example:

- procurement guidelines or procedures, and procurement audit reports.
- examples of completed competitive tendering processes.
- environment policy, travel policy, CO2 emissions reports.
- decision-making processes related to use of resources that consider the impact on the environment.
- approval processes and thresholds that provide appropriate levels of control (not too high, not too low, depending on size of organisation/programme budget), balanced with enabling funds to be spent for their intended purpose.

9.5 Identify, prevent, and manage risks at all levels of the organisation, including corruption, fraud, misuse of resources and conflicts of interest and take appropriate action if these are identified.

Expected Result: The organisation identifies, prevents, and manages risks, including corruption, fraud, misuse of resources, and conflicts of interest, at all levels and takes appropriate action if these are identified.

Measurable Components:

- The organisation identifies, prevents, and manages risks, including corruption, fraud, misuse of resources, and conflicts of interest, at all levels.
- The organisation takes appropriate action to address corruption, fraud, misuse of resources and conflict of interest when these are identified.

Guidance for verifying the requirement (apply as appropriate, considering the organisation's type, nature of work, and operational context):

Review the processes in place to manage risk throughout the organisation. Consider what risk management framework is in place and how the organisation carries out risk assessments and what categories of risk are identified by the organisation. Risks related to corruption, fraud, misuse of resources and conflict of interest should be included. Assess how the organisation seeks to prevent and mitigate these risks throughout the organisation, at all levels.

When reviewing how the organisation **manages the risk of corruption**, explore:

- what internal control mechanisms are in place to prevent corruption, for example segregation of duties, multiple levels of approval, regular reconciliations etc.
- whether there is mandatory anti-fraud and corruption training for all staff.
- what mechanisms are in place to detect corruption in all situations where the organisation works, for example complaints mechanisms, whistle blowing procedures (link to 5.1 and 8.5);
- awareness of staff, partners, and other stakeholders of an organisation's zero-tolerance approach to corruption (link to 5.2 & 8.4).

Also assess whether the organisation takes appropriate action if corruption, fraud, misuse of resources or conflict of interest are identified. Review what capacity and resources the organisation has to investigate allegations or incidents of corruption when these are identified. Look for examples in practice which demonstrate what steps were taken in such cases, and, if upheld, what disciplinary action was taken. Identify whether the organisation systematically reports the results of corruption cases to its governing body, donors, and other stakeholders as relevant.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Interviews with relevant staff about:

- organisational risk management processes, and the staff's role in identifying and mitigating risks in their area of work.
- the ways that the organisation manages the risk of misuse of resources (including fraud, corruption, conflict of interest).
- staff understanding of the organisation's zero-tolerance approach to corruption.

Interviews with relevant staff working in partnership about:

- agreements (formal and informal) between the partners about how to manage risks related to their joint work.
- the ways that the specific risks related to fraud, corruption, misuse of resources and conflict of interest are managed and responded to between the partners.

- resources shared between partners to implement this requirement effectively.

Interviews with other relevant stakeholders about:

- stakeholder understanding of the organisation’s zero-tolerance approach to corruption.

Direct observations, for example:

- transparent reporting of corruption cases on the website.

Documents that show how the organisation ensures risk is managed and appropriate action is taken if resources are misused, for example:

- conflict of interest and anti-fraud and corruption policies, procedures, reports and training plans.
- risk management processes, for example risk matrix, risk mitigation plans.
- fraud investigation procedures.
- results of disciplinary procedures linked to misuse of resources.
- reports to governance or donors on corruption cases and how they were managed.

9.6 Establish a coherent organisational approach to ensure that resources are managed efficiently, effectively, and ethically.

Expected Result: A coherent organisational approach to manage resources efficiently, effectively, and ethically is established.

Measurable Components:

- A coherent organisational approach to manage resources efficiently, effectively, and ethically is established.

Guidance for verifying the requirement (apply as appropriate, considering the organisation’s type, nature of work, and operational context):

Specific to the nature of the organisation, review how or where the organisation clearly articulates its approach / commitment to managing resources efficiently, effectively, and ethically. Where resource demand exceeds availability, document the basis on which decisions were made to ensure accountability and learning.

Review the methods that the organisation has in place which promote and ensure these commitments and approaches are put into practice in all locations and situations where it works. Evidence that organisational methods are applied in practice will also be demonstrated in 9.1 to 9.5.

Assess the organisation’s ways (internal review, oversight, or control) that ensures these methods are adhered to consistently throughout the organisation and its work.

WHEN WORKING IN PARTNERSHIP:

Assess how organisations collaborating in partnership strive to understand and align with each other's approach and/or commitment to ensuring that resources are managed efficiently, effectively, and ethically. For example, this could be documented in partner agreements or discussed between partners when establishing the partnership.

Review the measures that the organisation and its partners have implemented to ensure that resources are managed efficiently, effectively, and ethically throughout their joint work. Assess how effectively the organisation and its partners have defined and agreed upon their respective roles and responsibilities to achieve this. Look for evidence that these roles and responsibilities are being fulfilled by each partner, with appropriate support provided when necessary. Evidence for this may also be demonstrated in sections 9.1 to 9.5.

Possible sources of evidence (list non-exhaustive and non-compulsory):

Interviews with relevant staff about:

- the way the organisation makes its approach to managing resources efficiently, effectively, and ethically clear to its staff and all stakeholders.
- the methods that are established for ensuring the approach is applied consistently throughout the organisation.
- the way staff are supported to apply the approach in their work.

Interviews with relevant staff working in partnership about:

- the extent to which relevant information is shared with partners about the organisation's commitments/approach to managing resources ethically and responsibly.
- the way that the organisational approach/commitments are demonstrated in their partnership.
- the extent to which expectations and resources are shared and agreed between partners on how these approaches/commitments are put into practice throughout their joint work.

Interviews with other relevant stakeholders about:

- the extent to which relevant information is shared with key stakeholders about the organisation's commitments/approach to ethical and responsible resource management.
- Stakeholders' experiences and perceptions of the organisation's management of resources.

Direct observations, for example:

- at the organisation's offices, and with partners and communities - observations of a culture of responsible resource management.

Organisational documents that show how the organisation establishes its approach for example:

- statements, policies, strategies, guidance etc. that require or consistently show the organisation's approach or commitment to responsible resource management, such as finance manual, procurement policy, environment strategy, financial rules and regulations, fundraising strategy etc.
- internal and external audit reports/reviews, monitoring reports, partner due diligence documents etc. that show the results of the organisation's own oversight of the effectiveness of these approaches.

Annexes

Annex 1: The CHS scoring grid

Please see section 3.6 for more detailed guidance on how to use this scoring grid.

Scores	Meaning for all verification scheme options, including self-assessment and third-party audits	Guidance for scoring requirements
0	<p>Your organisation does not currently meet the requirement and indicates a major issue that is so significant that the organisation's ability to meet the commitment is compromised.</p> <p>For third-party auditing schemes:</p> <ul style="list-style-type: none"> • Independent verification: A major weakness. • Certification: A major non-conformity that compromises the integrity of the commitment which leads to a major corrective action request (CAR). 	<p>To give a score 0, not all of the measurable components of the requirement are verified to be in place and the issue(s) identified are so significant that the organisation's ability to meet the commitment is compromised.</p>
1	<p>Your organisation does not currently meet the requirement.</p> <p>For third-party auditing schemes:</p> <ul style="list-style-type: none"> • Independent verification: A minor weakness. • Certification: A minor non-conformity that compromises the integrity of the requirement which leads to a minor corrective action request (CAR). 	<p>To give a score 1, not all of the measurable components of the requirement are verified to be in place.</p>
2	<p>Your organisation currently meets the requirement, but there is an opportunity for improvement that deserves attention so that the requirement is not compromised in the future.</p> <p>For third-party auditing schemes:</p> <ul style="list-style-type: none"> • Independent verification: Requirement is met with an observation. • Certification: Conformity with an observation. 	<p>To give a score 2, all measurable components of a requirement are verified to be in place, however, one or more opportunities for improvement are observed which deserve attention so that the requirement is not compromised in the future.</p>

3	<p>Your organisation meets the requirement, with organisational systems ensuring it is being met consistently throughout the organisation.</p> <p>For third-party auditing schemes:</p> <ul style="list-style-type: none"> • Independent verification: Requirement is met. • Certification: Conformity. 	<p>To give a score 3, all measurable components of a requirement are verified to be in place.</p>
4	<p>Your organisation meets the requirement in an exemplary way, demonstrating innovation and/or special recognition of performance, and organisational systems ensure this high quality throughout the organisation.</p> <p>For third-party auditing schemes:</p> <ul style="list-style-type: none"> • Independent verification: Requirement is met in an exemplary way. • Certification: Conformity in an exemplary way. 	<p>To give a score 4, all measurable components of a requirement are verified to be in place.</p> <p>In addition, the following must be verified:</p> <ul style="list-style-type: none"> • An organisational system (or systems) that demonstrate an innovative approach to meeting the requirement at a high standard throughout the organisation are in place. <p>and/or</p> <ul style="list-style-type: none"> • The organisation has been awarded special recognition of performance in relation to meeting the requirement at a high standard, and this is built into organisational systems so that the high quality is ensured throughout the organisation.
<p>Guidance notes for scoring commitments: Commitments are scored by taking the mean average score of the requirements, i.e. the sum of all the requirement scores in a commitment divided by the number of requirements in that commitment. Except when a major non-conformity/weakness is issued, in this case the overall score for the Commitment is 0.</p>		

Annex 2: Glossary CHS 2024 (second edition)

For the CHS, and related verification tools, the following definitions apply:

Accountability: the process of using power responsibly and taking account of and being held accountable by different stakeholders, primarily those who are affected by the exercise of such power. Accountability means putting people and communities at the centre of decisions on issues that affect them, as described in the nine commitments of the CHS.

Diversity: the presence of differences among people in terms of their identities, backgrounds, experiences, perspectives, and characteristics. These differences can include, but are not limited to, factors such as race, ethnicity, gender, age, sexual orientation, socioeconomic status, physical abilities, religious beliefs, and cultural backgrounds.

Ensure: implies that there is some degree of internal review, oversight, and control by the organisation to make sure commitments are happening.

Equity: a situation where individuals or groups are treated fairly according to their specific needs.

Established coherent organisational approach: structured and systematic methods adopted within an organisation to address goals, adhered to consistently throughout the organisation based on best practices and tailored to its needs.

Inclusion: the deliberate and proactive effort to create environments and practice that respect, value, and support the full participation of individuals from diverse backgrounds and with different identities.

Most marginalised: any individual in any context at risk of being subjected to or experiencing discrimination due to their identities, backgrounds, experiences, perspectives, and characteristics.

Organisation: an entity or individual with the resources and commitment to apply the CHS. This includes, but is not limited to, any community-based structure, civil society organisation, charitable or non-profit organisation, private sector company, or public authority, international organisations, consortia, or other bodies working at the local, national, or international level.

Participation: the processes and activities that allow people and communities to play an active role in all decision-making processes that affect them. Meaningful participation involves all groups, including the most vulnerable and marginalised and is organised in accordance with people's specific needs and preferences. Participation is voluntary.

People and communities in situations of crisis and vulnerability: the totality of women, men, girls and boys with different needs, vulnerabilities and capacities who are affected by disasters, conflict, poverty or other crises and challenges.

Process: actions, tools and resources needed to accomplish a specific task or goal in a consistent and efficient way. These can be more or less formal, depending on context and factors like the size and capacity of an organisation.

Quality: a set of characteristics that ensures that the support provided to people and communities meets their implied or stated needs and expectations and respects the dignity of people.

Resilience: the ability of an individual or community exposed to hazards to resist, absorb, accommodate, and recover from the effects of a hazard in a timely and efficient manner.

Resources: what the organisation needs to deliver its mission, including but not limited to, natural, human, financial, capital, technological and informational.

Rights: people's right to life with dignity, their right to receive support and assistance and their right to protection and security, as described in the Humanitarian Charter.

Staff and volunteers: any designated representative of an organisation, including governance and leadership, permanent or short-term employees and consultants.

Support: any work or activity an organisation provides or shares with people and communities to achieve goals, address needs or overcome challenges.