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Final Report

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CBM
CORE HUMANITARIAN STANDARDS
SELF-ASSESSMENT

![RED - Agency for Resilience, Empowerment and Development]

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Acronyms

CBID	Community Based Inclusive Development
CBM	Christian Blind Mission
CO	Country Office
CHS	Core Humanitarian Standards
DI	Disability Inclusiveness
DID	Disability-Inclusive Development
DPO	Disabled Persons' Organisation
EMT	Executive Management Team
ERU	Emergency Response Unit
FGD	Focus Group Discussion
FTE	Full Time Employees
GRI	Global Reporting Initiative
DIDRR	Disability Includive Disaster Risk Reduction
INGO	International Non-Governmental Organisations
IO	International Office
KI	Key Informant
KII	Key Informant Interview
M&E	Monitoring & Evaluation
MA	Member Association
NGO	Non-Governmental Organisations
PCM	Project cycle management
PO	Partner Organisation
PWD	Persons with Disabilities
RENA	Rapid Emergency Needs' Assessment
RO	Regional Office
RTE	Real Time Evaluation
SA	Self- Assessment
SDGs	Sustainable Development Goals
TNA	Training on Needs Assessment
VCA	Vulnerability & Capacity Assessment

EXECUTIVE SUMMARY

INTRODUCTION

In close cooperation with Emergency Response Unit (ERU) attached to the International Office (IO) of CBM, the Consultant was contracted in order to facilitate Core Humanitarian Standard on Quality and Accountability Self-Assessment and to formulate an improvement plan towards CHS compliance. ERU aims to align with CHS guidelines and norms for international emergency response, more specifically CHS Alliance's 9 commitments for quality and accountability. CBM's engagement and willingness to conduct CHS is also part and parcel of a wider engagement for more consistent and harmonized, coordinated and regulated humanitarian and emergency response, through the channels of local partners.

Working in close collaboration with the ERU Team, the Consultant has conducted a CHS Self-Assessment process, assessing the quality and accountability related policies, systems and practices of CBM and its partners against the 9 commitments of the CHS. During a first phase, the data collection has been undertaken through and extensive desk review and key informant interviews (KIIs) with 32 core members of the international office (international leadership team, ERU) and representatives from member associations, regional offices, country offices, and key implementing partners. During a second phase, CHS self-assessments have been conducted in five strategic countries (Bangladesh, the Philippines, Ethiopia, Haiti, Nigeria) , based on Focus group discussions (FGDs) and KIIs with partners, local staff, communities and local stakeholders/authorities. Below are the main results of the CHS Self-Assessment.

To be fully effective and accountable, CBM's humanitarian strategy must take into account and sometimes adjust certain intrinsic elements, notably:

- the way CBM works only through local organisations, which can complicates its capacity to (i) control the quality and effectiveness of activities implemented in the field but also to (ii) develop a strong identity and expertise related to emergency response
- the fact that CBM has a short experience on emergency and a limited budget, restricting its implementation capacity
- the lack of technical skills at the country level which can limit technical support to partners

CBM must therefore define as quickly as possible the strategic axes (geographical areas, sectors of intervention, partners) of its humanitarian strategy.

CHS 1: HUMANITARIAN ASSISTANCE IS APPROPRIATE AND RELEVANT

• Even if a contextual analysis is systematically conducted by the staff when starting a project, no plan or process for regular context analysis is in place. In the absence of specific tools to conduct such exercise, the risk of unequal outputs must also be taken into account. (CHS 1.1)

• Needs assessments are systematically implemented in all ERU projects and based on a standardized tool and template. They are used by local teams to collect appropriate and relevant data to identify the vulnerabilities and capacities of different groups. Even if beneficiaries' selection process is a key preoccupation to all CBM stakeholders, risks of corruption and political influence can constitute barriers to an impartial action. (CHS 1.2)

• Flexibility is one of the strong advantage of CBM working independently from institutional donors, allowing the organisation to adapt the activities and budget to changing needs, capacities and context. (CHS 1.3)

• Commitment to provide an impartial assistance based on the needs and capacities of communities and people affected by crisis is a fundamental aspect of CBM organisational culture, even if not always sufficiently detailed in the policies and strategic documents. (CHS 1.4)

• Inclusion of disadvantaged and marginalised people is part of CBM's DNA and integrated in the articles of association, the Federation strategy and CBM Inclusion Policy Framework. A minor non-conformity point revolves around the collection of disaggregated data, which is not sufficiently developed in the existing documents. (CHS 1.5)

• Although an appropriate ongoing analysis of the context is generally seen as a key priority, there is no systematic and widely used process to ensure it, and this commitment is not sufficiently translated into practical monitoring tools. (CHS 1.6)

CHS 2: HUMANITARIAN RESPONSE IS EFFECTIVE AND TIMELY

• The constraints that may limit the implementation of a project and/or its impact on the beneficiaries are identified at the planning stage but not in a comprehensive way. The risk analysis process is not structured enough nor continuously monitored throughout the project cycle. Furthermore, the capacities of the staff in charge of conducting the analysis are often not sufficient enough to ensure that the project is realistic and safe for the communities. (CHS 2.1)

• Thanks to their knowledge of local stakeholders and communities, the POs facilitate the identification of possible delays and are able to address these operational issues and ensure the continuity of projects. However, early warning systems as well as contingency plans and associated budgets are not systematically integrated into project programming. Furthermore, one of the main obstacles to providing a timely humanitarian assistance is the difficulty of rapidly mobilizing funds for the implementation of emergency projects. (CHS 2.2)

• Unmet needs are not subject to identification, documentation and reporting mechanisms, making this process heavily linked to the responsiveness of the person who has identified them. (CHS 2.3)

• CBM is actively engaged in supporting POs to assimilate and use relevant international standards and good practices. Thanks to various training and awareness sessions, as well as access to international advisors, the POs can identify and integrate international technical standards and good practices. However, the way these standards and practices are used and referred throughout the design and implementation of projects remain unclear and insufficiently documented. (CHS 2.4)

• The monitoring of activities, outputs and outcomes, as well as the use of monitoring results to adapt programmes, appear as key elements of CBM's organizational model. One minor non-conformity point is the incomplete involvement and responsibility of local staff and communities in such monitoring processes. (CHS 2.5)

• Organisational capacities of both COs and POs are not sufficiently assessed and strengthened to properly equip them with the knowledge and tools required for an effective and timely humanitarian response. (CHS 2.6)

• Clear procedures and commitments seem to exist to monitor programmes and define responsibilities and timelines for decision-making. However, the evaluation process is still largely informal and unequally implemented. (CHS 2.7)

CHS 3: HUMANITARIAN RESPONSE STRENGTHENS LOCAL CAPACITIES AND AVOIDS NEGATIVE EFFECTS

• Programmes aim to involve the local stakeholders who are in some instance mobilised to support project implementation, thus having a positive impact on their capacity to lead future emergency response. However, there are not enough activities implemented in the ER projects to reinforce the aptitudes of DPOs, CBOs and PWDs in terms of disaster preparedness. (CHS 3.1)

• Even if community hazard and risk assessments and preparedness plans are developed to guide the ER activities, they are not meant to assess if the humanitarian action could negatively affect or put at-risk the communities. (CHS 3.2)

• CBM's action fundamentally aims to develop local leadership. Based on the existing partnerships and activities conducted by the POs, ER projects are designed to develop the

capacity of local actors and include PWDs as first responders. CBM's approach to promote national staff over expatriates is also in line with such strategy. (CHS 3.3)

• Currently, there is no exit strategy for ERU programmes. ER projects lack a strategic framework, as well as strong systems and tools regarding the exit strategy, and staff's awareness is still weak. (CHS 3.4)

• CBM is strongly engaged in innovative processes that aim to benefit the local economy, such as cash transfer and local procurement. However, this approach should be systematized in every ER project, and more emphasis should be placed on promoting early recovery through the capacity building of the local stakeholders. (CHS 3.4)

• Unintended negative effects of a project are continuously monitored by PO staff and acted upon. However, no formalized policy or process is in place to adequately and systematically take into account the potential negative effects and report them to the relevant hierarchy level. (CHS 3.5)

• Policies, strategies and guidance are in place inside the organisation to prevent programmes having any negative effects such as exploitation, abuse or discrimination by staff against communities and affected people, and particularly against children. (CHS 3.6)

• Mechanisms are in place to safeguard any personal information collected from communities and people affected by crisis that could put them at risk. But no policy document seems to exist to formally establish and strengthen these mechanisms. (CHS 3.7)

CHS 4: HUMANITARIAN RESPONSE IS BASED ON COMMUNICATION, PARTICIPATION AND FEEDBACK

• CBM staff does not provide sufficient information about its mandate and action, nor clear explanations on the projects and activities. Furthermore, sharing the code of conduct and expected behaviour of staff with the beneficiaries is not a systematic approach across all CBM projects. (CHS 4.1)

• Although IEC materials and communication are outlined as key preoccupations in CBM's multi-year programmes, the communication on ER projects is not always made clear, comprehensive and accessible to all beneficiaries' profiles. (CHS 4.2)

• Ensuring that representation is inclusive is one of CBM's guiding principles regarding PWDs, who all widely involved in the project implementation. However, affected communities do not always feel they have equitable and safe opportunities to participate in programme decisions, especially at the design stage. (CHS 4.3)

• Feedback mechanisms are not properly planned and budgeted as part of the programmes to engage the beneficiaries in the design of a mechanism and ensure its adaptation to local culture, capacities and practices. (CHS 4.4)

• CBM has a culture of open communication and information sharing, but it is not sufficiently translated into policies nor extended to widely engage partners and beneficiaries. (CHS 4.5)

• Policies and guidelines about community participation in the design and implementation of projects are lacking. (CHS 4.7)

• External communications, including those used for fundraising, seem to be developed in accordance with various guidelines and policies that safeguard accurate, ethical and respectful representation of the communities. (CHS 4.8)

CHS 5: COMPLAINTS ARE WELCOMED AND ADDRESSED

• A formal system of complaints exists for CBM staff but not for all partners and beneficiaries. During the projects' implementation, not every partner uses a formalised complaint mechanism and, when one does exist, its degree of confidentiality varies. (CHS 5.1)

• Although complaints are welcomed, accepted and escalated, complaints handling mechanisms are not widely accessible and the related process is not sufficiently explained to communities. (CHS 5.2)

• As project-related complaints handling mechanisms are often sketchy, they do not integrate specific timelines for complaints management nor specific procedures to protect

the complainers from potential retaliations. Nevertheless, practices tend to show that complaints are considered in a fair manner and dealt with seriously when transmitted to the correct recipient. (CHS 5.3)

• The mechanism to handle complaints is run by CBM's IO and documented in partnership agreements, but it seems not to be cascaded down to all projects and adequately owned by all staff. (CHS 5.4)

• The vast majority of CBM staff at the international and regional levels is aware of the complaint mechanism and consider that complaints are taken seriously and acted upon. At the country level and with local partners, this culture is less pregnant. If theoretically ensured by partnership agreements, the effective handling of complaints varies depending on partners' will and capacities. (CHS 5.6)

• No specific information seems to be provided to communities about the expected behaviour of the staff and the prevention of sexual exploitation and abuse. (CHS 5.6)

• The complaints handling mechanisms do not currently integrate the case of complaints that do not fall within the scope of the organisation and how to manage them. (CHS 5.7)

CHS 6: HUMANITARIAN RESPONSE IS COORDINATED AND COMPLEMENTARY

• Stakeholders' mapping is not used as a systematic and comprehensive exercise by staff at CO and PO levels to identify the roles, responsibilities, capacities and interests of different stakeholders. (CHS 6.1)

• Even if collaboration processes can still be strengthened, CBM and its POs are usually active at both national and local levels to engage with other humanitarian actors and local authorities and thus avoid gaps and/or duplication of the assistance. (CHS 6.2)

• CBM seems to be internationally recognised for its expertise in Disability Inclusiveness and its leading role in terms of cooperation and advocacy. At field level, the participation into cooperation bodies relies too heavily on the partner organisations and individuals. In addition, the absence of a dedicated ER focus point within the COs does not help to ensure that CBM is well represented and recognised in the emergency response platforms. (CHS 6.3)

• Sharing necessary information with partners and other relevant actors is something that CBM seems to be doing quite openly but there is a lack of consistency and standardisation on this point. Communication channels are identified locally, depending on partners' willingness, and the sharing of information is not monitored by ERU. (CHS 6.4)

• Commitment to coordination and collaboration with others, including national and local authorities, do not appear clearly in the policies and the strategic documents of CBM. (CHS 6.5)

• Work with POs is governed by clear and comprehensive partner agreements that explicit the mandate and obligations of each partner. In addition, specific project agreements are implemented to detail the responsibilities of each party in terms of funding, implementation, monitoring and evaluation. MoUs between POs and local authorities are not a standard procedure, raising the risk of interference. (CHS 6.6)

CHS 7: HUMANITARIAN ACTORS CONTINUOUSLY LEARN AND IMPROVE

• CBM's capitalisation process is not formal and systematic enough. Most of the capitalization systems are built upon local/individual initiatives and the integration of lessons learned when designing a project relies substantially on personal experience of staff. (CHS 7.1)

• Although project monitoring is often leading to positive changes and/or innovations in programme design and implementation, the weakness of the evaluation, feedback and complaints handling mechanisms do not help the organisation to fully capture lessons and improve the services rendered to the communities. (CHS 7.2)

• Sharing of learning and innovation with partners and other stakeholders appears to be a common but largely informal practice for the ERU team and KI from the IO. Sharing with communities and people affected by crisis is more limited, even if sometimes done partially

and informally. Another point of non-conformity is the lack of communication with the POs' field staff that are generally not aware of the evaluation results. (CHS 7.3)

• Evaluation and learning policies are not part of CBM organisation's documents and/or only partially in the ERM Guidelines. Furthermore, even if evaluation and learning seems to be part of ERU's organisational culture, they do not constitute a strong commitment at the field level. (CHS 7.4)

• There is no established and systematic mechanism in place to record knowledge and experience and make it accessible throughout the organisation. (CHS 7.5)

• Even if the IO is very active on international platforms, no strong and specific policies seem to be dedicated to the way CBM can contribute to learning and innovation amongst peers within the sector. (CHS 7.6)

CHS 8: STAFF ARE SUPPORTED TO DO THEIR JOB EFFECTIVELY, AND ARE TREATED FAIRLY AND EQUITABLE

• Mandate and values of the organisation are taught to staff at recruitment and through regular trainings. CBM's standards and values are included in internal policies and work contracts, and every employee has a regular performance review. When technical officers have a solid knowledge of standards and policies, dissemination within the whole federation is often too weak. High staff turnover can also interfere with awareness and adherence to values. (CHS 8.1)

• In general, it appears that staff adhere to policies that are relevant to them, which they have to read and sign at recruitment (in particular the Code of conduct and Children Safeguarding Policy). But the awareness is not strictly measured and consequences of not adhering to policies are not always understood. CBM's complaint handling mechanism for the staff is sometimes mentioned by staff but no policy has been clearly identified. (CHS 8.2)

• Assistance and guidance are provided to staff to help them in identifying the resources and training they can use to fulfil their role. However, the strategic thinking, planning and follow-up

on this matter is not strong enough to ensure that the technical and managerial skills of the staff are continuously improving. A major concern is the training of the CO's staff in the field of ER: as there are no identified resources for ER at the RO/CO level, the persons in charge to follow projects are not always able to meet requirements. (CHS 8.3)

• CBM is not equipped with specific HR policies that would ensure the adequacy of human resources in relation to programmes. (CHS 8.4)

• Even if equity, inclusion and transparency appear as core principles within CBM's organizational structure, the organisation does not have specific staff & HR policies laying the foundation of a fair, transparent and non-discriminatory system compliant with local employment law. (CHS 8.5)

• Job descriptions, KPOs and annual evaluations of the staff are common tools and systems used by CBM staff and its partners. However, job descriptions are often not developed in a systematic and standardized way. (CHS 8.6)

• CBM's Code of conduct and Child Safeguarding Policy are in place to establish the obligation of staff not to exploit, abuse or otherwise discriminate people, especially children. These documents appear to be widely known and understood by the staff. (CHS 8.7)

• Although training appears to be part of CBM's organisational culture, there are currently no policies in place to support staff to improve their skills and competencies. However, some policies and guidelines clearly mention CBM's responsibility in building the capacity of its POs. (CHS 8.8)

• Several policies seem to be in place for the security and wellbeing of the staff, such as the Safety and Security Guidelines, the Safety and Security Policy SOP, the H&S Policy under RH at the IO. (CHS 8.9)

CHS 9: RESOURCES ARE MANAGED AND USED RESPONSIBLY FOR THEIR INTENDED PURPOSE

• The standards in terms of transparency and efficiency have been improving over the past years but are not fully implemented yet. (CHS 9.1)

• POs are in charge of monitoring the cost-efficiency of the action and each project has an M&E plan to ensure that value for money is obtained. Even if the organization is strongly committed to this standard, there is still room for improvement regarding waste management. (CHS 9.2)

• Programmes' finances and resources are monitored directly by the POs and reported to ERU and MA. While recognized tools and practices in terms of financial management are not always sufficiently used and integrated, the financial follow-up of each project appears to be well functioning. (CHS 9.3)

• Environmental impact is not taken into account in policies nor practices at design and monitoring stages. A special attention is often paid to the use of local resources during the monitoring of a project, but overall the potential impact on environment is not key concern for CBM staff and its partners. (CHS 9.4)

• Processes are in place at national and international levels to monitor and control the use of funds and resources. In case of identified corruption or misuse of resources, specific procedures to record and address allegations are implemented in accordance with CBM's Policy on Preventing Corruption and Fraud. (CHS 9.5)

• CBM's Policy on Preventing Corruption and Fraud has been developed at the IO level but remains largely incomplete when it comes to the use and management of resources. Furthermore, communication to staff on this matter is not developed enough. (CHS 9.6)

CONCLUSION

Strategies, policies, tools and procedures are fundamental instruments for the successful design and implementation of the projects. In this perspective, strengthening the strategic framework as well as the written materials and practical tools used by CBM and its partners is a necessary and fruitful approach. It will help CBM to reduce potential errors and delays, and to adapt to new contexts and challenges.

But one final point that must be raised and remembered is the strong and sincere commitment of the CBM staff in all countries and at all levels. The human factor must indeed be kept in mind as paramount and key to success. In this regard, the daily work of CBM employees and their commitment to a common mandate and shared values must be both recognized and commended.