Church of Sweden

CHS Certification

Maintenance Audit Report

COS-MA-2019

Date: 2019-04-30

Table of Content

1. General information

1.2 Organisation

Organisation	Church of Sweden		
Type	☐ National ☐ International ☐ Membership/Network ☐ Federated ☐ Direct assistance ☒ Through partners		
Mandate	☒ Humanitarian	☒ Development	☒ Advocacy
Verified Mandate(s)	☒ Humanitarian	☒ Development	☒ Advocacy
Size		12 country programs 3 regional programs 117 partners 12 staff at HO	
Lead auditor	Camille Nussbaum	Auditor	n/a
		Others	n/a
	Interviews		
Locations	Remote		
Dates	From 19th February to 4th March 2019		

1.2 Indicators verified at the Maintenance Audit

CHS Commitment	Organisational Responsibilities	Key Actions
4		4.4
5	5.6	5.2

2.   Schedule summary

2.1   Opening and closing meetings at Head Office

	Opening meeting	Closing meeting
Date	19th February 2019	4th March
Location	Remote (Upsala)	Remote (Upsala)
Number of participants	8	3
Any substantive issue arising	-	-

2.2   Interviews

Position of interviewees	Number of interviewees
Head Office	11
Field	2
Total number of interviews	13

3.   Recommendation

In our opinion, Church of Sweden is implementing the necessary actions to close the minor CARs identified in the previous and continues to conform with the requirements of the Core Humanitarian Standard. We recommend maintenance of certification.

Detailed findings are laid out in the rest of this report and its confidential annex.

Lead Auditor's Name and Signature   Date and Place:

                                                                               Madrid, 24th April 2019

Camille Nussbaum

4. Quality Control

Quality Control by	Johnny O'Regan and Elissa Goucem
Follow up	
First Draft	29/4/19
Final Draft	

5. Background information on the organisation

5.1 Organisational structure and management system

CoS went through a minor restructuring in 2017 that has led to the new section for Strategic Planning and Donor Relations, which supports internal planning and programmes. In 2018, CoS has revised job descriptions of Programme Officers and Liaison Officers accordingly and other job descriptions are to be revised later in 2019.

5.2 Organisational quality assurance

CoS has increased the sustainability of Quality and Accountability (Q&A) work by increasing the number of staff working actively with different aspects of it. There were no other significant changes over the past year regarding quality assurance.

5.3 Work with Partners

As observed in the initial audit in 2015 CoS works entirely through partners and this has not changed. CoS works closely with the ACT Alliance partners, particularly in humanitarian action.

6. Report

6.1 Overall organisational performance

Church of Sweden (CoS) was the first organisation to complete a certification audit against the CHS. During the initial audit in 2015 eight minor CARS were identified, all with a two-year resolution timeframe. All of these CARs have been addressed by the CoS within the deadline. One CAR was closed by the auditors in 2017 as part of the maintenance audit and the remaining seven CARs were closed as part of the Mid-term audit (MTA) in 2018. The MTA identified three new CARs with a two year timeline (2020-04-16) to resolve all CARs. CoS has made strong efforts to address the weaknesses and corrective actions highlighted in the Mid-term audit (MTA) through clear leadership and allocation of resources. CoS works in coordination with Act Alliance members to improve management of feedback from affected communities and complaints handling mechanisms. CoS has updated the Quality and Accountability Q&A Framework and produced new guidelines (including child safeguarding). CoS has a clear commitment to train staff and partners in key areas related to the improvement of feedback management and complaints mechanism. CoS has hired a consultant to support, amongst other things, the

operationalization of the CHS. Nevertheless, CoS has not implemented all corrective actions identified in the action plan and others will take time to be effective.

6.2 Status of the Corrective Action Requests

CORRECTIVE ACTION REQUESTS	TYPE (MINOR/MAJOR)	ORIGINAL DEADLINE FOR RESOLUTION	STATUS OF CAR AT MA2	TIME FOR RESOLUTION
4.4 CoS does not systematically include feedback from communities in their dialogue with partners and does not systematically pay particular attention to gender, age and diversity of those giving feedback.	Minor	2020-04-16	In resolution	2020-04-16
5.2 CoS does not systematically support its partners on communicating with communities how to access CRM processes.	Minor	2020-04-16	In resolution	2020-04-16
5.6 Systemic changes made to CoS processes to ensure that people affected by crisis are aware of the expected behaviour of partner staff including partner's organisational commitments made on the prevention of sexual exploitation and abuse in their Code of Conduct have not yet flowed through to all communities.	Minor	2020-04-16	In resolution	2020-04-16

6.3   Updated average scores per commitment

CHS Commitment	Score
Commitment 1: Humanitarian assistance is appropriate and relevant	3.1
Commitment 2: Humanitarian response is effective and timely	3
Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	3
Commitment 4: Humanitarian response is based on communication, participation and feedback	2.7
Commitment 5: Complaints are welcomed and addressed	2.4
Commitment 6: Humanitarian response is coordinated and complementary	3.5
Commitment 7: Humanitarian actors continuously learn and improve	3
Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably	3
Commitment 9: Resources are managed and used responsibly for their intended purpose	3.3

6.5   Recommendations for sampling at next audit

The sampling in next audits should ensure that different geographical and cultural contexts will be covered. This is especially relevant regarding activities implemented by CoS to promote and improve complaints handling mechanisms to assess their effects in different situations.

7. Organisation's report approval

Acknowledgement and Acceptance of Findings

For Organisation representative – please cross where appropriate

I acknowledge and understand the findings of the audit	☒
I accept the findings of the audit	☒
I do not accept some/all of the findings of the audit	☐

Please list the requirements whose findings you do not accept

Maryruka Kohn
Name and Signature

Uppsala, 2019-06-14
Date and Place

2019-04-30

8. HQAI's decision

Certification Decision
Certificate:
☒ Certificate maintained   ☐ Certificate reinstated ☐ Certificate suspended   ☐ Certificate withdrawn

Next audits	
Before date: 2020-03-20	
Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative	Date: 2019-04-30

Appeal

In case of disagreement with the decision on certification, the organisation can appeal to HQAI within 14 days after being informed of the decision.

HQAI will investigate the content of the appeal and propose a solution within 10 days after receiving the appeal.

If the solution is deemed not to be satisfactory, the organisation can inform in writing HQAI within 30 days after being informed of the proposed solution of their intention to maintain the appeal.

HQAI will transmit the case to the Chair of the Advisory and Complaint Board who will constitute a panel made of at least two experts who have no conflict of interest in the case in question. These will strive to come to a decision within 30 days.

The details of the Appeals Procedure can be found in document PRO049 – Appeal Procedure.

Annex 1: Explanation of the scoring scale

0	**A score of 0 denotes a weakness that is so significant that it indicates that the organisation is unable to meet the required commitment. This is a major weakness to be corrected immediately.**
	EXAMPLES:
	Operational activities and actions contradict the intent of a CHS commitment.
	Policies and procedures contradict the intent of the CHS commitment.
	Absence of processes or policies necessary to ensure compliance at the level of the commitment.
	Recurrent failure to implement the necessary actions at operational level make it impossible for the organisation to ensure compliance at the level of the commitment.
	Failure to implement corrective actions to resolve minor non-conformities in the adequate timeframes (for certification only)
	More than half of the indicators of one commitment receive a score of 1 (minor non-conformity), making it impossible for the organisation to ensure compliance at the level of the commitment. (for independent verification or certification only)
1	**A score of 1 denotes a weakness that does not immediately compromise the integrity of the commitment but requires to be corrected to ensure the organisation can continuously deliver against the commitment.**
	EXAMPLES:
	There are a significant number of cases where the design and management of programmes and activities do not reflect the CHS requirement.
	Actions at the operational level are not systematically implemented in accordance with relevant policies and procedures.
	Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment.
	Existing policies are not accompanied with sufficient guidance to support a systematic and robust implementation by staff. A significant number of relevant staff at Head Office and/or field levels are not familiar with the policies and procedures.
	Absence of mechanisms to monitor the systematic application of relevant policies and procedures at the level of the requirement/commitment.
2	**A score of 2 denotes an issue that deserve attention but does not _currently_ compromise the conformity with the requirement.. This is worth an observation and, if not addressed may turn into a significant weakness (score 1).**
	EXAMPLES:
	Implementation of the requirement varies from programme to programme and is driven by people rather than organisational culture.
	There are instances of actions at operational level where the design or management of programmes does not fully reflect relevant policies.
	Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment.
3	**The organisation conforms with this requirement, and organisational systems ensure that it is met throughout the organisation and over time.**
	EXAMPLES:
	Relevant policies and procedures exist and are accompanied with guidance to support implementation by staff.
	Staff are familiar with relevant policies. They can provide several examples of consistent application in different activities, projects and programmes.
	The organisation monitors the implementation of its policies and supports the staff in doing so at operational level.
	Policy and practice are aligned.

4	**The organisation demonstrates innovation in the application of this requirement/commitment. It is applied in an exemplary way across the organisation and organisational systems ensure high quality is maintained across the organisation and over time.**
	EXAMPLES:
	Field and programme staff act frequently in a way that goes beyond CHS requirement to which they are clearly committed.
	Relevant staff can explain in which way their activities are in line with the requirement and can provide several examples of implementation in different sites. They can relate the examples to improved quality of the projects and their deliveries.
	Communities and other external stakeholders are particularly satisfied with the work of the organisation in relation to the requirement.
	Policies and procedures go beyond the intent of the CHS requirement, are innovative and systematically implemented across the organisation.