



DANCHURCHAID
CHS Certification
Mid-term Audit Report

DCA-MTA-2019-01

Date: 2019-02-21

(completed by HQAI)	Date	Name
Q control by HQAI	2019-02-20	EG
Organisation's comments	2019-03-04	
Q control by HQAI	2019-03-13	EG
Control Executive Director		

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1. General information

1.1 Organisation

Organisation	Dan Church Aid		
Type	<input type="checkbox"/> National <input checked="" type="checkbox"/> International <input type="checkbox"/> Membership/Network <input type="checkbox"/> Federated <input checked="" type="checkbox"/> Direct assistance <input checked="" type="checkbox"/> Through partners		
Mandate	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input type="checkbox"/> Advocacy		
Verified Mandate(s)	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input type="checkbox"/> Advocacy		
Size (Total number of programme sites/ members/partners – Number of staff at HO level)		Sampling Rate (Country programme sampled)	Remote: Lebanon, Libya Field visit: Cambodia
Lead auditor	Birgit Spiewok	Auditor	Stephen Morrow
		Others	Observer HQAI: Elissa Goucem
	Head Office	Programme Site(s)	
Copenhagen	Remote visit, 07 – 18 Jan, 2019		
Lebanon			Remote visit, 07 – 18 Jan, 2019
Libya			Remote visit, 07 – 18 Jan, 2019
Cambodia			28 Jan – 01 Feb, 2019

1.2 Indicators verified at the Mid-term Audit

CHS Commitment	Organisational Responsibilities	Key Actions
1		1.1 1.2 1.3
2		2.1 2.2 2.3 2.4 2.5
3	3.7 3.8	3.1 3.2 3.3 3.4 3.5 3.6
4		4.1 4.2 4.3 4.4
5	5.4 5.5 5.6 5.7	5.1 5.2 5.3
6		6.1 6.2 6.3 6.4
7		7.1 7.2 7.3
8	8.5 8.6 8.7 8.8 8.9	8.1 8.2 8.3
9	9.6	9.1 9.2 9.3 9.4 9.5

2. Schedule summary

2.1 Verification Schedule

Name of Programme sites/members/partners verified	Location	Mandate (Humanitarian, Development, Advocacy)	Number of projects visited	Type of projects
DCA Cambodia Country office	Phnom Penh, Cambodia	Humanitarian, Development		
Mith Samlanh (Partner)	Phnom Penh, Cambodia	Development	1	Youth & Children
Life with Dignity (Partner)	Kampong Speu	Humanitarian, Development	1	Disaster Risk Reduction
Bantey Srei (Partner)	Battambang	Humanitarian, Development	1	Community based development, Human Rights

2.2 Opening and closing meetings

2.2.1 Remote visit of Head Office:

	Opening meeting	Closing meeting
Date	07 Jan 2019	6 Feb 2019
Location	Remote by Skype	Remote by Skype
Number of participants	5	6
Any substantive issue arising	-	-

2.2.2 On-site visits at Programme Site(s):

	Opening meeting	Closing meeting
Date	28 Jan 2019	6 Feb 2019
Location	Phnom Penh, DCA Office	Remote by Skype
Number of participants	10	4
Any substantive issue arising	-	-

3. Recommendation

In our opinion, Dan Church Aid has implemented the necessary actions to close the minor CARs identified in the previous audit 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.

Birgit Spiewok, Lead Auditor



Date and Place:

Berlin, 19 Feb 2019

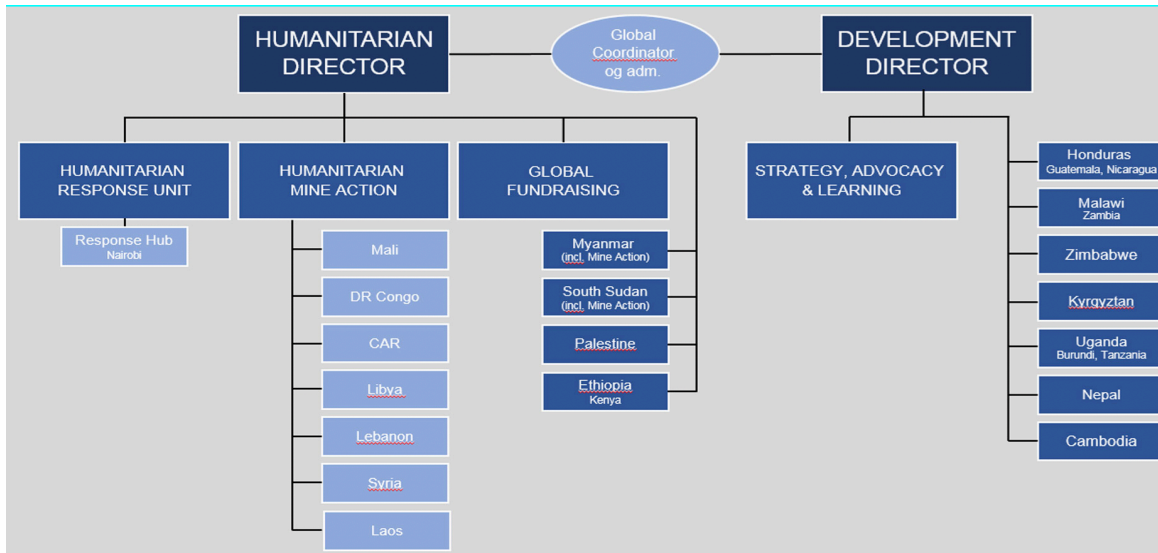
4. HQAI Quality Control

Quality Control by	Elissa Goucem
Follow up	
First Draft	2019-02-19
Final Draft	2019-03-13

5. Background information on the organisation

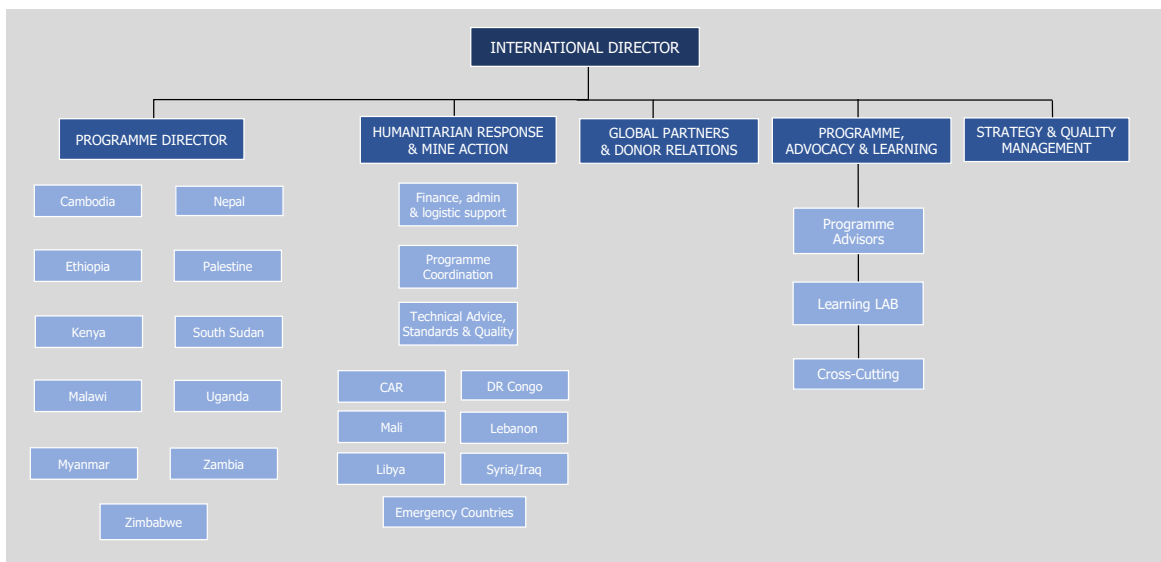
5.1 Organisational structure and management system

DCA's governance organogram is the same as outlined in the Initial Audit Report, January 2017. At that time the Global Management Structure separated humanitarian and development work as outlined in the organogram below:



Since then, DCA has restructured to create one International Department to strengthen its work across the humanitarian-development-peace nexus. A single International Department encompasses humanitarian and development work, with a common approach to strategy and quality management, and advocacy and learning. In both structures, decision-making authority is decentralised to the Country Directors (CD), who are responsible for the country program strategy and projects, consistent with global DCA policies and strategies. The current Management Structure is as follows:

INTERNATIONAL DEPARTMENT



5.2 Organisational quality assurance

The Initial Audit Report, January 2017, addressed Organisational Quality Assurance in various sections of the report rather than as a stand-alone section. For example, Section 5.3 cites a nascent Partner Assessment Tool that reflects some CHS requirements, and Section 7.3 addresses, inter alia, M&E frameworks, and internal auditing.

DCA formally commits to continue implementing the CHS in the International Strategy 2019-2022, October 2018, and outlines a range of actions to achieve and maintain

alignment with the Organisational Responsibilities in the nine Core Commitments. DCA has allocated resources to this end. For example, the CHS Focal Point in head office became a full-time role in June 2018, providing coordination, formal training, and ongoing support to the CHS Focal Points in each country program (CP). The focal points work with other DCA staff and partner organisations, to understand and document the partner's approach to the CHS Commitments, and then support them to progressively implement those Commitments.

Since the Initial Audit, DCA has established a mandatory annual Accountability Improvement Plan (AIP) for each Country Program (CP) to be completed in December each year. The purpose of the AIP is to systematically assess DCA's adherence to the CHS, to detect any gaps and weaknesses in the way DCA and partners work, and to identify actions and steps to address them. The AIP is congruent with the 38 Key Actions for the nine Core Commitments in the CHS.

In the event that a CP cannot reasonably address a CHS Key Action, usually for security and community safety reasons, the Country Director (CD) submits an Exoneration request outlining the Commitment and Key Action, the rationale for not addressing it, and mitigation measures. This is then reviewed for endorsement at Director level in DCA.

The Partner Assessment Tool (PAT), launched in 2017, is a pre-requisite for finalising Cooperation Agreements for funded activities. It is revisited each year prior to regular partnership meetings, and is reported on in the DCA Annual International Report. In the PAT process, DCA and partners identify and agree specific capacity building (CB) and organisational development (OD) areas that DCA will support for the subsequent 1-3 years. The PAT was updated in August 2018 to more explicitly reflect DCA's commitment to implement the CHS and to support partnerships with organisations that are committed to incorporate CHS standards and principles within their own organisations and in their interaction with rights holders. This has included actions around accountability to communities including Prevention of Sexual Exploitation and Abuse (PSEA), Codes of Conduct (CoC), Complaints and Feedback mechanisms, and other elements of the CHS.

5.3 Work with Partners

The Initial Audit affirmed that work with partner organisations is a core principle for DCA, and fundamental to its values and identity. In 2017, approximately 45% of DCA costs were allocated to humanitarian responses, and 40% to development programs. DCA transferred about 24% of its humanitarian funding to local and national partners.

The commitment to work with partners is re-affirmed in the International Strategy 2019-2022, October 2018. DCA's partners include civil society organisations; churches; faith-based organisations; governments and other duty bearers; academic institutions; political parties; international regional and global institutions; networks; and private sector actors. DCA is an ACT Alliance member.

The International Report 2017 and interviews indicate that DCA has 173 activity level Cooperation Agreements with partners organisations, and strategic level Partnership Agreements with 80 of these. In Cambodia, DCA has five Partnership Agreements with core partner organisations, and 15 Cooperation Agreements covering funded activities.

5.4 Certification or verification history

Initial Audit	January 2017
Maintenance Audit	January 2018

6. Sampling

6.1 Rationale for sampling

In line with HQAI procedures, the auditors conducted a random sampling of all countries as presented by the organisation (ADM 139). The random sample identified the countries Libya, Central African Republic (CAR) and Lebanon. As Libya and CAR have security ratings of 4 and above, Lebanon was identified as the only potential country for field visit. All three countries showed Mine Action as their mandate.

In order to include development and humanitarian mandates and also to address the issues of language barriers, the audit team proposed replacing CAR with Cambodia for a broader representation of mandates and regions over the audit cycle.

The field visit in Lebanon became impossible to organise due to numerous upcoming visits and evaluations by major donors in the same dates and important security concerns. In conversation with HQAI and in order to keep the changes to the original random selection to a minimum, the audit team decided to move the field visit to Cambodia and keep both Libya and Lebanon for remote assessments.

The audit team confirms that the final selection of countries covered a broader spectrum of mandates and regions and only one out of three countries from the random selection was replaced through purposive sampling.

Disclaimer:

It is important to note that the audit findings are based on the results of a sample of the organisation's documentation and systems as well as interviews and focus groups with a sample of staff, partners, communities and other relevant stakeholders. Findings are analysed to determine the organisation's systematic approach and application of all aspects of the CHS across its organisation and to its different contexts and ways of working.

6.2 Interviews:

6.2.1 Semi-structured interviews (individual interviews or with a small group <6)

Position of interviewees	Number of interviewees
Head Office	
Director International Programmes	1
Staff	8
Programme site(s)	
DCA country office Cambodia	12
DCA country office Lebanon (remote)	6
DCA country office Libya (remote)	6
Total number of interviewees	31

6.2.2 Focus Group Discussions (interviews with a group >6)

Type of Group	Number of participants	
	Female	Male
Youth	4	2
District council members	1	1
Commune council members	1	7
Commune council members	4	1
Communities, mixed group	2	7
Communities, mixed group	2	4
Communities, female only	10	0
Communities, female only	13	0
Communities, female only	12	0
Community Facilitators	9	5
Total number of participants	58	27

7. Report

7.1 Overall organisational performance

DCA is clearly committed to implementing the CHS and demonstrates this continuously and at all levels of the organisation. A significant positive development has been the setting up of CHS focal points in head office (HO) and all Country Offices, which allows for systems and procedures developed at HO level to be cross-checked and operationalised in the field. The organisation is also dedicated to supporting its partner organisations (PO) in achieving higher levels of accountability and transparency while at the same time recognising the inherent strengths and challenges of working with a partnership approach, as outlined in its Partnership Policy, March 2014. DCA commits to working with POs in horizontal rather than vertical relationships, in which POs are at varying points of progress towards agreed principles and operating arrangements principles.

Since the initial audit in January 2017, DCA has managed to close numerous CARS and observations, with only one CAR (3.8) still open for resolution in two years` time for re-certification. The organisation is particularly strong with regard to complaints handling procedures and demonstrates a robust organisational culture that takes this commitment seriously at all levels.

7.2 Summary of corrective action requests

Corrective Action Requests	Type (Minor/Major)	Original deadline for resolution	Status of CAR at MTA	Time for resolution
3.8 DCA has yet not put in place the systems to ensure that all the personal information collected from communities is adequately safeguarded in all its programmes	Minor	2019-02-02	In resolution	2021-02-21
5.6 DCA does not ensure that communities are aware of expected behaviours of staff, including commitments made on PSEA.	Minor	2019-02-02	Closed	-
8.7 DCA does not systematically ensure that partner codes of conduct are implemented or that staff and partners are aware of the Prevention of Sexual Exploitation and Abuse (PSEA)	Minor	2019-02-02	Closed	-

7.3 Strong points and areas for improvement:

Commitment 1: Humanitarian assistance is appropriate and relevant

Score: 3

DCA continues to conform to the requirements of this Commitment as outlined in the Initial Audit Report, 2017 and confirmed in the Maintenance Audit, January 2018. Further, it conducts annual partnership meetings in which DCA and POs critically reflect on the country context and stakeholders, to update the theory of change underpinning the program, which allows it to continuously check that humanitarian and other assistance is relevant and appropriate.

Feedback from people affected by crisis and communities on Commitment 1:

Communities consistently affirmed that DCA activities were informed by consultations with community members and local authorities and responded to local priorities.

Commitment 2: Humanitarian response is effective and timely

Score: 3

DCA continues to conform to the requirements of this Commitment as outlined in the Initial Audit Report, 2017 and confirmed in the Maintenance Audit, January 2018. Positive developments since then include DCA developing a Human Rights policy and associated operational procedures that explicitly ensure that the safety of communities is considered in the design of project activities. Further, the International Strategy 2019-2022 formally commits the organisation to implement the CHS and Accountability Improvement Plans (AIP) which assesses country programs against the 36 Key Actions in the nine CHS Commitments.

Feedback from people affected by crisis and communities on Commitment 2:

Communities in Cambodia consistently reported that DCA and POs responded appropriately to local needs, in a timely manner.

Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects

Score: 2,7

DCA continues to conform to the requirements of this Commitment as outlined in the Initial Audit Report, 2017 and confirmed in the Maintenance Audit, January 2018. The Initial Audit identified a minor non-conformity with regard to DCA not ensuring the protection of personal data (3.8). The organisation has since embarked on a comprehensive journey to address and also ensure that the organisation complies with the new European GDPR. The CAR was extended by one year at the time of the maintenance audit. At the MTA, evidence was given that the organisation is taking this commitment seriously and is in the middle of a strategic approach to ensure that personal data protection is achieved at all levels of the organisations' work including the gathering of data at field level and through Partner Organisations. The roll-out has not been completed yet, and has proven to be more time-consuming than originally

envisaged. DCA`s leadership shows clear commitment to fully achieving compliance at strategic level, through dedicating substantial resources and time and by contracting the support of external consultants. At operational level, sufficient evidence was given to see that DCA is actively addressing the non-compliance but will need more time to fully close off this non-conformity and the complete field roll out. Therefore, the minor CAR has been extended by two more years.

Feedback from people affected by crisis and communities on Commitment 3:

Communities consistently confirm that DCAs humanitarian response strengthens local capacities and avoids negative effects. As the data protection actions have not been fully rolled out yet, no community feedback could be gathered with regard to this topic.

Commitment 4: Humanitarian response is based on communication, participation and feedback

Score: 3

DCA continues to conform to the requirements of this Commitment as outlined in the Initial Audit Report, 2017 and confirmed in the Maintenance Audit, January 2018. The organisation has strong communication, participation and feedback policies in place and endorses these in solid procedures and systems. The organisation ensures that communities are well informed regarding the expected behaviour of staff, including PSEA and puts emphasis on ensuring that culturally and socially acceptable ways of seeking feedback are explored and put in place. The participation of rights holders is given the highest value at strategic level e.g. through the organisations` Human Rights Policy, and put into practice at various operational levels of the organisation.

Feedback from people affected by crisis and communities on Commitment 4:

Communities interviewed confirmed that they felt well informed on the programmes and projects of DCA, were able to participate and give feedback to DCA and its POs.

Commitment 5: Complaints are welcomed and addressed

Score: 3

DCA continuous to conform to the requirements of this Commitment as outlined in the Initial Audit Report, 2017 and confirmed in the Maintenance Audit, January 2018. The initial audit identified a number of observations and CAR.

At the time of the maintenance audit, one CAR was still open: DCA did not ensure that communities are aware of commitments made by DCA and its POs on PSEA (5.6).

Since then, DCA has set up and fully rolled out the activities as planned, finalised an online learning tool which is mandatory to all staff, endorsed a new policy on PSEA, conducted information and awareness raising workshops for all staff, distributed information material and posters, and conducted ToTs for Country Office Focal Points. Staff, POs and communities interviewed during the MTA all confirmed having been trained and have a clear understanding of their responsibilities. The organisation has systematically addressed this non-compliance with adequate corrective actions.

The present audit observed that DCA does not ensure that all its POs have fully functional complaints handling systems in place for all operations. However, the organisation is working continuously and systematically to achieve higher levels of accountability mechanisms amongst its partners and has put in place an organisational work plan that is being implemented consistently.

The MA had identified several observations regarding how DCA ensured that communities were systematically consulted about the design of complaints mechanism (5.1), that trainings were made available for non-English speakers (5.2) and that all complaints are recorded, including for those that did not fall within the scope of the organisation and were externally referred. These observations have been fully addressed by the time of the MTA.

All the actions taken by the organisation in order to address the mentioned non-conformities and observations show that DCA has an organisational culture in place that takes complaints seriously and acts upon them according to defined policies and procedures. This culture has been further developed since the MA and demonstrates a very high level of organisational commitment at strategic and operational levels. The scoring has been increase to reflect this.

Feedback from people affected by crisis and communities on Commitment 5:

Communities confirm that DCA has a solid complaints handling system in place, which was set-up and is being implemented and monitored in consultation with them. The system is clearly communicated to them and complaints are welcomed in a secure and appropriate manner. Communities also confirmed that DCA communicates its commitment to PSEA, including the acceptable behaviour of DCA staff and staff of Partner Organisations. When interviewed, communities in Cambodia also confirmed that feedback and complaints were welcomed by the Partner Organisations.

Commitment 6: Humanitarian response is coordinated and complementary

Score: 3.5

DCA continues to conform to the requirements of this Commitment as outlined in the Initial Audit Report, 2017 and confirmed in the Maintenance Audit, January 2018. DCA's commitment to collaboration, working within partnerships and in networks was confirmed in key policy and guideline documents at the time of the previous audits, and is reiterated in the more recent International Strategy 2019-2022.

Feedback from people affected by crisis and communities on Commitment 6:

Communities, Commune and District Councils in Cambodia confirmed that DCA, through its work with PO, consulted with local authorities as part of the project planning phase, and that activities were in line with and took account of local plans and standards.

Commitment 7: Humanitarian actors continuously learn and improve

Score: 3.2

DCA continues to conform to the requirements of this Commitment as outlined in the Initial Audit Report, 2017 and confirmed in the Maintenance Audit, January 2018. The Initial Audit made an Observation that DCA does not have the systems in place to systematically learn from feedback and complaints at country programme and project levels. DCA has addressed this by ensuring that project planning and review processes, as defined in the programming procedures, consider previous monitoring reports, evaluation recommendations and advisory comments, when planning subsequent phases of the work. It also uses an AIP at country level to monitor its performance against the three Key Actions under Commitment 7.

Feedback from people affected by crisis and communities on Commitment 7:

Communities interviewed in Cambodia confirmed that they provide feedback and suggestions to DCA, through the POs and mechanisms such as the Community Facilitators, and in regular meetings. They confirmed that changes in activities have occurred in response to feedbacks.

POs in Cambodia reported that they participate in sectoral and other networks where DCA, POs, and other CSOs consistently share learning, review activities, lessons arising, and suggestions for further work.

Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably

Score: 2,8

DCA continues to conform to the requirements of this Commitment as outlined in the Initial Audit Report, 2017 and confirmed in the Maintenance Audit, January 2018. The Initial Audit made an Observation that DCA does not provide support to partners to develop codes of conduct within their organisation, which include PSEA. This had not been fully addressed at the time of the Maintenance Audit and hence was raised as a non-conformity.

At the MTA, DCA has fully addressed the PSEA elements through the development of a specific policy, rolling out training, providing support to POs around PSEA, and ensuring community level awareness of DCA's CoC and obligations around PSEA. An integral element in DCA capacity building and organisational development support to POs is a direct support to develop their own CoC over a period of several years (the exact timeframe is still in discussion). This is ongoing work and hence not all POs have yet developed and implemented a CoC, and this remains an observation.

Feedback from people affected by crisis and communities on Commitment 8:

All communities interviewed in Cambodia had clear expectations around appropriate behaviour from DCA and PO staff and were aware of avenues if they wished to raise concerns.

Commitment 9: Resources are managed and used responsibly for their intended purpose

Score: 2.8

DCA continues to conform to the requirements of this Commitment as outlined in the Initial Audit Report, 2017 and confirmed in the Maintenance Audit, January 2018. DCA has solid policies and systems in place to ensure that resources are managed and used responsibly for their intended purpose. However, an observation was raised as the organisation does not fully ensure that its Partner Organisations systematically consider the impact of their responses on the environment.

Feedback from people affected by crisis and communities on Commitment 9:

Communities confirmed that the organisation and its POs manage resources well, avoid waste and act overall responsibly.

8. 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

Name and Signature

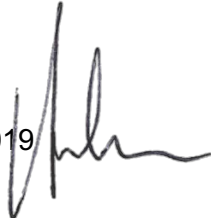


Date and Place

20-3-19

2019-02-21

9. HQAI's decision

Certification Decision	
Certificate:	
<input checked="" type="checkbox"/> Maintained	<input type="checkbox"/> Reinstated
<input type="checkbox"/> Suspended	<input type="checkbox"/> Withdrawn
Next audits before	
Second maintenance audit : 2020-01-26	
Recertification audit : 2121-01-26	
Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative	Date: 13 th March 2019 

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 – Appeals Procedure.

Annex 1: Explanation of the scoring scale

0	<p>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.</p>
	<p>EXAMPLES:</p> <p>Operational activities and actions contradict the intent of a CHS commitment.</p> <p>Policies and procedures contradict the intent of the CHS commitment.</p> <p>Absence of processes or policies necessary to ensure compliance at the level of the commitment.</p> <p>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.</p> <p>Failure to implement corrective actions to resolve minor non-conformities in the adequate timeframes (for certification only)</p> <p>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)</p>
1	<p>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.</p>
	<p>EXAMPLES:</p> <p>There are a significant number of cases where the design and management of programmes and activities do not reflect the CHS requirement.</p> <p>Actions at the operational level are not systematically implemented in accordance with relevant policies and procedures.</p> <p>Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment.</p> <p>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.</p> <p>Absence of mechanisms to monitor the systematic application of relevant policies and procedures at the level of the requirement/commitment.</p>
2	<p>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).</p>
	<p>EXAMPLES:</p> <p>Implementation of the requirement varies from programme to programme and is driven by people rather than organisational culture.</p> <p>There are instances of actions at operational level where the design or management of programmes does not fully reflect relevant policies.</p> <p>Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment.</p>
3	<p>The organisation conforms with this requirement, and organisational systems ensure that it is met throughout the organisation and over time.</p>
	<p>EXAMPLES:</p> <p>Relevant policies and procedures exist and are accompanied with guidance to support implementation by staff.</p> <p>Staff are familiar with relevant policies. They can provide several examples of consistent application in different activities, projects and programmes.</p>

	<p>The organisation monitors the implementation of its policies and supports the staff in doing so at operational level.</p> <p>Policy and practice are aligned.</p>
4	<p>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.</p> <p>EXAMPLES:</p> <p>Field and programme staff act frequently in a way that goes beyond CHS requirement to which they are clearly committed.</p> <p>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.</p> <p>Communities and other external stakeholders are particularly satisfied with the work of the organisation in relation to the requirement.</p> <p>Policies and procedures go beyond the intent of the CHS requirement, are innovative and systematically implemented across the organisation.</p>