

ADRA Denmark

Maintenance Audit 1 – Report – 2023/11/07

1. General information and audit activities

Role / name of auditor(s)	Lead Auditor / Marie Grasmuck	
Audit cycle	First cycle	
Opening Meeting	Date / number of participants	Any substantive issues raised
	2023/09/26 5 participants	No
Closing Meeting	2023/10/02 4 participants	No
Sampling from country programme	Name/location	
	Syria	
Interviews	Position / level of interviewees	Number
	Management	4

2. Actions and progress of organisation

2.1 Significant change or improvement since previous audit

Following the last audit (Initial Certification Audit in 2022), ADRA DK developed an action plan to resolve the six open corrective action requests (CARs). The responsibility to implement the action plan is shared between the relevant focal points (safeguarding, environment and MEAL and accountability), and followed-up by focal points and members of senior management at routine coordination meetings.

ADRA DK's response to the CARs has been focused around 3 main activities:

- Partners' workshop: In November 2022, ADRA DK organised a week-long partners' workshop, where it presented the audit findings and organised dedicated sessions to discuss the approach to be adopted to close the CARs.
- Tools review: ADRA DK reviewed key project management tools (monitoring checklist, project document template, inception workshop template, and reporting template), to ensure they covered the gaps that had been identified during the audit. Some tools, notably the Monitoring Checklist, have also been reviewed with the aim of increasing their usability and relevance with regards to the successive updates over the past years.
- Continued dialogue between programme coordinators and partners: As a key part of project management, programme coordinators regularly discuss issues regarding project implementation with partners. In line with their partnership approach, ADRA DK plans on addressing the CARs through regularly following-up with partners on the strategies and agenda discussed during the partners' workshop, offering *ad hoc* and tailored support, and ensuring that new tools are communicated and used.

Since the last audit, ADRA DK has renewed its commitment with one of its major donors, which has resulted in a review of its Programme Results Framework, including the integration of focused indicators relating to participation, protection and gender. In addition, ADRA DK has recruited 2 new programme coordinators.

ADRA DK shows continued commitment to the CHS.

2.2 Summary on corrective actions

Corrective Action Requests (CAR)	Type and resolution due date	Progress made to address the CAR and in response to the findings of the indicator	Evidence (doc no., KII)
2022-3.8: The organisation does not systematically ensure that its PO safeguard personal information collected from communities and people affected by crisis.	Minor / 2025/05/20	<p>ADRA DK shows progress to address this CAR. ADRA DK organised a dedicated session on data protection for its Partner Organisations (POs) at the partners' workshop (November 2022) to discuss the basics of data protection and share on practical questions. ADRA DK has a Data Protection Policy and Open Information Checklist, which has been reshared with partners and discussed bilaterally by programme coordinators.</p> <p>ADRA DK updated The Trip Report Template to ensure that the Open Information Checklist is systematically reviewed during visits to partners. ADRA DK has also updated its Monitoring Checklist to ensure a review of data protection aspects. ADRA DK is also advocating with the network's Safeguarding community of practice to advance one of its objectives to develop templates related to data protection.</p> <p>ADRA further plans on hiring a consultant dedicated to this topic to accompany partners in the development and implementation of their data protection policy.</p>	<p>Documents: 1, 7, 11, 12, 14, 15, 17, 18, SYR</p> <p>Interviews with staff</p>
2022-4.1: ADRA DK does not ensure that its POs have a process in place to share required information systematically with communities.	Minor / 2024/05/20 Extended: 2025/05/20	<p>ADRA DK shows progress to address this CAR. ADRA DK organised a dedicated session on open information during the partners' workshop, which included group exercises and plenary discussions on ways to share information with communities and the practical challenges faced while doing so.</p> <p>ADRA DK also reviewed its Data Protection Policy and Open Information Checklist, and the corresponding section of The Trip Report Template to ensure completion of the checklist, and regular discussion on its improvement (see also 3.8).</p> <p>ADRA DK further plans on emphasising this point with partners in the coming year, and to understand if and when further support is needed to improve the information that is shared with communities.</p> <p>To adjust to the audit cycle (recertification audit planned in 2025); and to take into account the time needed for actions to show results at partner and community levels, the resolution date of this CAR is extended to 2025.</p>	<p>Documents: 1, 7, 11, 12, 14, 15, SYR</p> <p>Interviews with staff</p>
2022-4.3: ADRA DK does not ensure systematically that its partner organisations promote inclusive representation and engagement	Minor / 2025/05/20	<p>ADRA DK shows progress to address this CAR. ADRA DK has dedicated indicators pertaining to inclusive participation in its Programme Result Framework, which are to be reported on and followed by ADRA DK and its partners on an annual basis.</p> <p>While ADRA already had participatory tools in place, discussions around the topic showed that participation was</p>	<p>Documents: 1, 2, 3, 7, 9, SYR</p> <p>Interviews with staff</p>

throughout all stages of the project cycle.		<p>not covered at all stages of the project cycle. As a result, ADRA DK developed an inventory of participation tools used by its partners to be used as a resource to improve participation of communities in projects at different stages of the project cycle. The Project Document Template and Monitoring Checklist have been reviewed to include prompts on participation and gender-based representation in the project.</p> <p>ADRA DK's programme coordinators regularly review the implementation of this strategic area during bilateral communications with partners.</p> <p>ADRA DK further plans on emphasising this point with partners in the coming year, and to understand if and when further support is needed to improve inclusive representation and engagement through all stages of the project cycle.</p>	
2022-5.1: ADRA DK does not work with its partners to ensure communities are consulted in regards to the design, implementation and monitoring of complaints handling mechanisms.	Minor / 2025/05/20	<p>ADRA DK shows progress to address this CAR. ADRA DK has discussed this point with partners at the partners' workshop, and has decided to further approach it through other CARs:</p> <ul style="list-style-type: none"> - Emphasising that communities' consultation on the design and monitoring of complaints mechanism is a success factor of functional complaints mechanisms (CAR 5.4) - Emphasising that communities' consultation on the design and monitoring of complaints mechanism is part of ensuring meaningful and relevant participation of communities throughout the project cycle (CAR 4.3) <p>ADRA DK's programme coordinators are responsible for clarifying expectations and following-up on this point, especially during their conversations about the complaints mechanism and how it is monitored.</p>	<p>Documents: 1, 11, 12</p> <p>Interviews with staff</p>
2022-5.4: ADRA DK does not always take sufficient measures to satisfy itself that partners have a complaints handling process for communities and people affected by crisis that is documented and in place.	<p>Minor / 2024/05/20</p> <p>Extended: 2025/05/20</p>	<p>ADRA DK shows progress to address this CAR. While not all partners had a complaint policy in place at the last audit, ADRA DK has supported partners to ensure they all have a complaint policy to act as a guide for further work on the existence and functionality of complaints mechanisms.</p> <p>ADRA DK's Monitoring Checklist has been updated to include an improved review of partners' complaints mechanisms.</p> <p>ADRA DK's programme coordinators regularly review the implementation of this strategic area of complaints mechanisms during inception reports and bilateral communications with partners. The MEAL focal point also provides tailored support when challenges are identified through discussions and monitoring activities.</p> <p>To adjust to the audit cycle (recertification audit planned in 2025); and to take into account the time needed for actions</p>	<p>Documents: 1, 7, 8, SYR</p> <p>Interviews with staff</p>

		to show results at partner and community levels, the resolution date of this CAR is extended to 2025.	
2022-9.4: The organisation does not ensure that environmental risks are assessed at project level and POs are not systematically supported in considering their impact on the environment.	Minor / 2025/05/20	<p>ADRA DK shows progress to address this CAR. ADRA DK approaches environmental risk assessments through its work on environmental safeguarding, which constitutes a dedicated action plan in the organisation, aligned with its Results Framework.</p> <p>Since the last audit, ADRA DK has finalised NFI and Cash environmental assessments, which are in the process of being integrated into the NEAT+ tool. This new tool has been discussed in a dedicated workshop in one of the country programmes in order to understand how to further improve it.</p> <p>In the coming year, ADRA DK plans to finalise the tool and communicate it to all its partners. It is also planned to include indicators specific to the environment in the next review of the Programmatic Results Framework.</p>	<p>Documents: 1, 2, 3, 19, SYR</p> <p>Interviews with staff</p>

3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Resolution timeframe	Status	New resolution timeframe
2022-3.8: The organisation does not systematically ensure that its PO safeguard personal information collected from communities and people affected by crisis.	Minor	By the 2025 Renewal Audit		
2022-4.1: ADRA DK does not ensure that its POs have a process in place to share required information systematically with communities.	Minor	2024/05/20	Extended	By the 2025 Renewal Audit
2022-4.3: ADRA DK does not ensure systematically that its partner organisations promote inclusive representation and engagement throughout all stages of the project cycle.	Minor	By the 2025 Renewal Audit		
2022-5.1: ADRA DK does not work with its partners to ensure communities are consulted in regards to the design, implementation and monitoring of complaints handling mechanisms.	Minor	By the 2025 Renewal Audit		
2022-5.4: ADRA DK does not always take sufficient measures to satisfy itself that partners have a complaints handling process for communities and people affected by crisis that is documented and in place.	Minor	2024/05/20	Extended	By the 2025 Renewal Audit
2022-9.4: The organisation does not ensure that environmental risks are assessed at project level and POs are not systematically supported in considering their impact on the environment.	Minor	By the 2025 Renewal Audit		
Total Number of open CARs	6			

4. Lead auditor recommendation

In our opinion, ADRA Denmark has demonstrated that it is taking necessary steps to address the CARs identified in the previous audit and continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability.

We recommend maintenance of certification.

Name and signature of lead auditor:
Marie Grasmuck



Date and place:
Monday, 25th October 2023
France

5. HQAI decision

☒ Certificate maintained
☐ Certificate suspended

☐ Certificate reinstated
☐ Certificate withdrawn

Surveillance audit before: 2024/11/07

Name and signature of HQAI Executive Director:

Désirée Walter



Date and place:

Geneva, 07 November 2023

6. Acknowledgement of the report by the organisation

Space reserved for the organisation

Any reservations regarding the audit findings and/or any remarks regarding the behaviour of the HQAI audit team:

If yes, please give details:

☐ Yes ☒ No

Acknowledgement and Acceptance of Findings:

I acknowledge and understand the findings of the audit

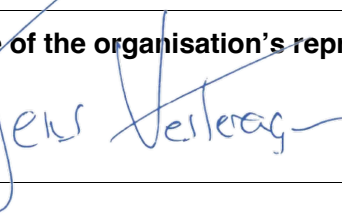
I accept the findings of the audit

☒ Yes ☐ No

☒ Yes ☐ No

Name and signature of the organisation's representative:

Jens Vesterager



Date and place:

Gode, 15 November 2023



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 HQAI in writing 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*

Scores	Meaning: for all verification scheme options	Technical meaning for all independent verification and certification audits
0	Your organisation does not work towards applying the CHS commitment.	<p>Score 0: indicates a weakness that is so significant that the organisation is unable to meet the commitment. This leads to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent verification: major weakness. <input type="checkbox"/> Certification: major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issued or immediate suspension of certificate.
1	Your organisation is making efforts towards applying this requirement, but these are not systematic.	<p>Score 1: indicates 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 it. This leads to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent verification: minor weakness. <input type="checkbox"/> Certification: minor non-conformity, leading to a minor corrective action request (CAR).
2	Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed.	<p>Score 2: indicates an issue that deserves attention but does not currently compromise the conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent verification and certification: observation.
3	Your organisation conforms to this requirement, and organisational systems ensure that it is met throughout the organisation and over time – the requirement is fulfilled.	<p>Score 3: indicates full conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent verification and certification: conformity.
4	Your organisation's work goes beyond the intent of this requirement and demonstrates innovation. 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>Score 4: indicates an exemplary performance in the application of the requirement.</p>

* Scoring Scale from the CHSA Verification Scheme 2020