

Caritas Denmark

Recertification Audit – Summary Report 2022/03/11

1. General information

1.1 Organisation

| Type | Mandates | Verified | |
|---|---|---|----|
| <input checked="" type="checkbox"/> International <input type="checkbox"/> National <input type="checkbox"/> Membership/Network <input type="checkbox"/> Direct Assistance <input type="checkbox"/> Federated <input type="checkbox"/> With partners | <input checked="" type="checkbox"/> Humanitarian <input type="checkbox"/> Development <input type="checkbox"/> Advocacy | <input checked="" type="checkbox"/> Humanitarian <input type="checkbox"/> Development <input type="checkbox"/> Advocacy | |
| Head office location | Copenhagen, Denmark (Secretariat) | | |
| Total number of country programmes | 6 Humanitarian | Total number of staff | 21 |

1.2 Audit team

| | |
|------------------------|----------------|
| Lead auditor | Marie Grasmuck |
| Second auditor | Andrea Bollini |
| Third auditor | - |
| Observer | - |
| Expert | - |
| Witness / other | - |

1.3 Scope of the audit

| | |
|---|-----------------------|
| CHS Verification Scheme | Certification |
| Audit cycle | Cycle 2 |
| Phase of the audit | Recertification audit |
| Extraordinary or other type of audit | -- |

1.4 Sampling*

| Randomly sampled country programme sites | Included in final sample | Replaced by | Rationale for sampling and selection of sites | Onsite or remote |
|--|--------------------------|-------------|---|------------------|
| Jordan | No | Uganda | Jordan has already been visited in the initial audit (IA, onsite visit) of the first certification cycle, and the maintenance audit. Furthermore, it has hosted other assessments in the past months. It has been replaced by Uganda, as suggested by the last maintenance audit (MA2) report. | Remote |
| Myanmar | No | Niger | Myanmar has been ruled out due to the possible risks for Caritas' staff in case they take part in interviews, and the uncertainty in the ability of the auditors to access the country. It has been replaced by Niger, to have a sample representative of access constraints in CDK's portfolio. Niger was also the country next in line in the random sample | Remote |

| | | | | |
|------------|-----|----|--|--------|
| | | | drawn by the auditors. CDK's areas of intervention in Niger are not accessible due to security reasons, but communities can be interviewed remotely. | |
| Bangladesh | Yes | -- | Randomly selected | Remote |

Any other sampling performed for this audit:

Sampling risk: Risk related to sampling was considered by including Niger; CDK's humanitarian portfolio being limited (6 appeals in total), ruling out both Myanmar and Niger would have excluded half of the portfolio, and both countries where CDK encounters continuous constraints.

**It is important to note that the audit findings are based on a sample of an organisation's country programmes, its documentation and observation. Findings are analysed to determine an organisation's systematic approach and application of all aspects of the CHS across different contexts and ways of working.*

2. Activities undertaken by the audit team

2.1 Locations Assessed

| Locations | Dates | Onsite or remote |
|---|-------------------------------|------------------|
| Copenhagen, Denmark (interviews with Caritas Denmark Secretariat) | 22–23 Nov 2021 and 3 Feb 2022 | Remote |
| Aroyou, Niger (interviews with Partner office) | 24, 27–28 Jan 2022 | Remote |
| Aroyou, Niger (interviews with Communities) | 25–26 Jan 2022 | Remote |
| Dhaka, Bangladesh (interviews with Partner office) | 01 Feb 2022 | Remote |
| Bidibidi, Uganda (interviews with Communities) | 01 Feb 2022 | Remote |
| Kampala, Uganda (interviews with Partner office) | 02 Feb 2022 | Remote |

2.2 Interviews

| Position / level of interviewees | Number of interviewees | | Onsite or remote |
|-------------------------------------|------------------------|-----------|------------------|
| | Female | Male | |
| Caritas Denmark Office | | | |
| Management | 3 | 1 | Remote |
| Staff | 5 | 1 | Remote |
| Partners' Offices | | | |
| Consultant | | 1 | Remote |
| Partner staff | 5 | 13 | Remote |
| External coordination forum staff | | 2 | Remote |
| Total number of interviewees | 13 | 18 | |

2.3 Consultations with communities

| Type of group and location | Number of participants | | Onsite or remote |
|--|------------------------|------|------------------|
| | Female | Male | |
| Ayrou, Refugees, individual interviews | 1 | 4 | Remote |

| | | | |
|---|----------|-----------|--------|
| Ayrou, Internally Displaced Persons, individual interviews | 1 | | Remote |
| Ayrou, Host Communities (incl. 'mamans lumière'), individual interviews | 3 | 3 | Remote |
| Ayrou, Community Volunteers and Focal points, individual interviews | | 3 | Remote |
| Bidibidi, Peace Committees | 1 | 1 | Remote |
| Bidibidi, Refugees | | 2 | Remote |
| Bidibidi, Host Communities | 1 | | Remote |
| Total number of participants | 7 | 13 | |

2.4 Opening meeting

| | |
|---------------------------------------|------------|
| Date | 2021/11/22 |
| Location | Remote |
| Number of participants | 9 |
| Any substantive issues arising | No |

2.5 Closing meeting

| | |
|---------------------------------------|------------|
| Date | 2022/02/17 |
| Location | Remote |
| Number of participants | 5 |
| Any substantive issues arising | No |

2.6 Programme sites

Briefing

| | |
|---------------------------------------|------------|
| Date | 2022/01/24 |
| Location | Remote |
| Number of participants | 10 |
| Any substantive issues arising | No |

De-briefing

| | |
|---------------------------------------|------------|
| Date | 2022/02/03 |
| Location | Remote |
| Number of participants | 10 |
| Any substantive issues arising | No |

3. Background information on the organisation

3.1 General information

Caritas Denmark (CDK) has its origins in charitable works undertaken during World War II, providing food packages to Catholic and non-Catholic families undergoing hardship in Eastern Europe. It is registered as an independent charitable organisation since 1976.

CDK is a member of Caritas Internationalis (CI), a global confederation of 165 Caritas members founded in 1951 and working in more than 200 countries and territories. CI principles draw from the Catholic Social Teachings and its mission is 'to serve the poor and to promote charity and justice throughout the world'.

CDK's strategic focus is poor and vulnerable families, women, men, and children both in development and stable contexts, and in humanitarian crisis. CDK drives its humanitarian

response according to the emergency appeals opened by CI. At the time of the recertification audit, CDK humanitarian work focuses on 5 countries, based on 6 appeals.

3.2 Governance and management structure

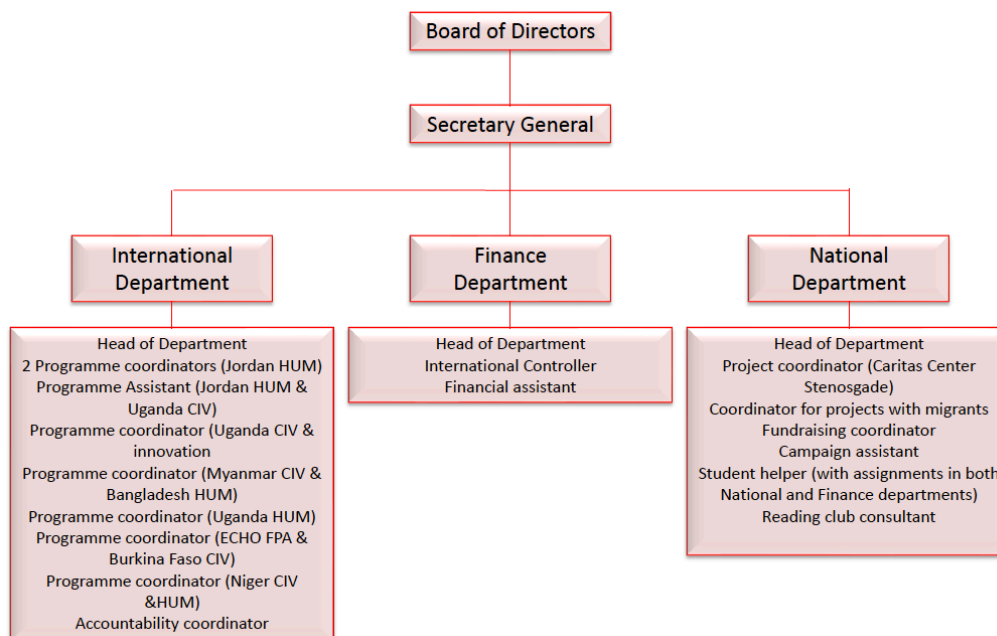
CDK has maintained its governance structure since the CHS initial audit in 2017. The bishop of the diocese of Copenhagen designates the chairman of the board, all members of which are required to be Catholic. The Board of Directors (BoD) appoints the Secretary General who manages the day-to-day management of the organisation and the secretariat. Other board members come from the Catholic school system and parish network.

The BoD usually has six members but had one vacancy at the time of the recertification audit (RA), following the withdrawal of a member to avoid a conflict of interest. The remaining members have identified the required competencies to fill the vacant seat and are in the process of appointing a new board member.

CDK’s management structure is represented in the organigram below. The Secretary General oversees 3 departments:

- The International Department, composed of Programme Coordinators, each with a different portfolio of countries and mandates. The Department also hosts the Accountability Coordinator.
- The Finance Department, which supports international activities in terms of finances, human resources, communication technologies and administration. It also hosts the position of International Controller.
- The National Department, which manages national activities and is in charge of fundraising and communication with the public, schools and volunteers in Denmark.

A new Head of International Department was appointed in December 2020



3.3 Internal quality assurance mechanisms and risk management

CDK has several quality assurance and risk management mechanisms in place:

- As a member of CI, CDK commits to good governance, transparency and accountability and as such, commits to implementing Caritas International Management Standards (CIMS), which covers governance, organisational structure, finance, accountability and ethics. CDK and its partners are regularly

assessed against the CIMS in order to maintain their CI membership, which allows for a continuous dialog on areas of improvement and priorities setting.

- CDK has several policies and guidance manuals covering quality assurance and risk management, among which the Complaints Handling Policy and Procedures, the Manual for International Interventions (currently being updated), the Children and Vulnerable Adults Safeguarding Policy, the Code of Conduct, and the Code of Ethics.
- CDK ensures awareness, understanding and compliance of the staff on these policies through induction, training, regular refreshers at staff meeting, and by involving them in formulating policy updates.
- CDK identifies risks in the Theories of Change (ToC), which are developed for each project and updated on a yearly basis. The risks identified in the template include contextual risks, programmatic risks, institutional and financial risks, environmental risks, and risks associated with sexual exploitation, abuse, and harassment.
- CDK staff is in regular contact with partners to follow up on the quality of the projects implemented. Together with their partners' staff, they identify risks and possible unintended negative effects of the activities at the design stage, and plan budget lines and activities according to their mitigation strategy.
- During the project, quarterly monitoring reports and regular communication and on-site visits ensure a basis for dialog, discussion and identification of challenges linked to the project or to the implementation of the CHS and the CIMS. However, due to the Covid-19 pandemic, CDK staff have not been able to go on site since March 2020, which has resulted in an increase in remote monitoring meetings.
- Regarding the financial monitoring, CDK has developed a budget template, which is now in use and facilitates structured budget reviews. Budgets are reviewed on a quarterly basis. CDK's International Controller coordinates external audit activities for partners and performs spot checks in between external audits.
- CDK has several processes to identify, prevent, mitigate and manage the risks related to financial management, which are laid in its Anti-Corruption Policy and developed in practice in the Manual for International Interventions.

3.4 Work with partner organisations

CDK does not directly implement projects in country and works solely through partner organisations. Partner organisations do not necessarily have to be members of CI. However, at the time of the RA, all partners of Caritas DK's humanitarian portfolio were members of CI.

CDK's role towards partners is to provide funds, to support local systems and processes, ensure quality and risk management of the projects, and to facilitate access to and information of international policy debates through linkages with CI and other key stakeholders.

As members of CI, both CDK and its partners share their commitment to the CIMS, to the Caritas Internationalis Guiding Principles, and to CI's policies. CDK monitors its partners through regular communication with the Programme Coordinator, site visit, third party monitoring and quarterly reporting.

4. Overall performance of the organisation

4.1 Effectiveness of the governance, internal quality assurance and risk management of the organisation

CDK was first certified in 2018 and has demonstrated continuous improvements of key internal quality assurance systems throughout its first four years cycle, notably in the areas of partners' quality assurance, complaints mechanisms and learning. The internal quality assurance systems which were already effective in the areas of partnership, coordination, collaboration, and localisation, have remained in place throughout the cycle.

The initial stage of this audit identified Minor CAR 2019-5.6 and observations on commitment 4, related to communication with communities, as risks to the present recertification. However CDK has provided strong evidence that it has implemented corrective actions, which have been closely followed and prioritised by senior management and staff. These corrective actions include training, development of communication materials, technical support, and regular monitoring. The evidence demonstrates that compliance towards the CHS has improved, leading to the closing of Minor CAR 2019-5.6; however, some expected results have not yet trickled down to communities and some observations remain.

Two new Minor CAR have been issued:

- Minor CAR 2022-8.9: The existence of mechanisms to ensure that security processes exist and are fully identified at partners' level had been identified as an observation during the cycle, and gaps in compliance with the indicator are still observed during the RA.
- Minor CAR 2022-9.6: While CDK allocates and receives funds to and from sources that present ethical and legal assurance, no formal policy or process exists to ensure that CDK allocate and accepts funds ethically and legally, and from sources that do not compromise its independence.

4.2 How the organisation applies the CHS across its work

CDK's good performance in the areas of project design, flexibility and timeliness of humanitarian response, collaboration, coordination, and partnership has been maintained throughout the cycle. It is noteworthy that CDK's partners have pictured CDK as particularly respectful of their independence, while supporting them in areas of needs, for instance adapting to the Covid-19 pandemic, developing complaint mechanism or supporting with staff trainings. CDK's is strongly committed to localisation, as illustrated by its project designs, long-term involvement with partners, and organisational model of implementing assistance solely through local partners.

As noted above, the area of communication with communities still needs further investment to ensure that the information is trickled down to communities, especially on the principles the organisation adheres to. Organisational responsibilities in the areas of security management, data protection management, and funds reception and allocation necessitate further formalisation to ensure compliance with the CHS.

Communities interviewed expressed great gratitude towards the assistance they have received through Caritas organisations.

Overall and since the MTA in 2019, this audit records:

- 1 Minor CAR (2019-5.6) closed;
- 2 Minor CAR (2019-8.9 and 2022-9.6) opened;
- 4 observations maintained or slightly changed;
- 5 observations sufficiently addressed;
- 8 new observations raised.

4.3 PSEA

Score: 2.7

CDK has a number of policies in place regarding PSEA, such as the Code of Conduct, the Code of Ethics, the Children and Vulnerable Adults Safeguarding Policy, the Complaints Handling Policy and Procedures. Systems are in place at CDK level to ensure open communication, awareness and whistleblowing channels. CDK supports its partners with

financial and technical support to develop similar systems. While a number of systems exist at partners' level and while evidence demonstrates that this area has been prioritised by CDK and its partners, awareness of the communities around PSEA and sensitive complaints channels is not consistent.

4.4 Localisation

Score: 2.9

CDK implements projects solely through local partners, and designs projects with a focus on resilience and sustainability, by planning for income generating, vocational training, livelihoods assets distribution, and social cohesion activities.

CDK and its partners share common partnership principles, among them the respect of each other's independence. Partners interviewed have highlighted that CDK has supported the improvement of the capacities of its staff in several areas throughout their partnerships. CDK and its partners coordinate their activities and collaborate with local actors and authorities.

4.5 Gender and diversity

Score: 2.6

CDK and its partners ensure inclusive representation at all stages of the work, by engaging communities in the design, activities and monitoring and evaluation of the activities. The communities explained that they perceived the assistance as inclusive, and that they were able to provide feedback through different accessible channels. However, the communities are not consistently aware of the principles the organisation adheres to, and data is not consistently disaggregated by age or abilities.

4.6 Organisational performance against each CHS Commitment

| Commitment | Strong points and areas for improvement | Feedback from communities | Average score* |
|---|---|---|----------------|
| Commitment 1: Humanitarian assistance is appropriate and relevant | <p>CDK commits to impartial assistance through its mission statement and has several processes in place to ensure an ongoing analysis of the context.</p> <p>Context analysis and needs assessment identify and further inform project design regarding diversity and vulnerabilities of the communities. However, CDK and its partners do not disaggregate data according to abilities within the communities.</p> | <p>Communities stated that CDK and its partners are viewed as impartial, and that different groups within the community are taken into account in the activities.</p> <p>Communities found the assistance they received to be appropriate and relevant.</p> | 2.7 |
| Commitment 2: Humanitarian response is effective and timely | <p>CDK's Manual for International Interventions lays out several processes to ensure adapted and flexible project design and implementation. CDK's policies and guidelines refer to several standards and good practices to be applied in projects.</p> <p>CDK ensures that projects are adapted to the context, constraints and sufficiently resourced through participative project designs, quarterly narrative and financial reviews, yearly update of the theory of change, and regular monitoring activities.</p> <p>The staff interviewed could exemplify their use of international or national standards in their work, and how projects had been adapted in a</p> | <p>Communities found that they had received the assistance in a timely and effective way, and that the assistance was relevant to their needs and constraints.</p> | 2.9 |

| | | | |
|--|--|---|-----|
| | <p>timely manner according to results of monitoring activities. But referral pathways to convey unmet needs are not consistently known.</p> | | |
| <p>Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects</p> | <p>CDK has policies and processes to prevent programmes having any negative effects, such as a Code of Conduct, Code of Ethics, Children and Vulnerable Adults Safeguarding Policy, and Complaints Handling Policy and Procedure. CDK identifies different types of risks through its country-specific theories of change. However, the fact that complaint mechanisms are not functional in all areas of intervention affects their capacity to fully identify potential unintended negative effects of the programmes.</p> <p>CDK is committed to enabling local leadership and capacity as first responders, and the partners interviewed explained how they had gradually improved their processes and response activities by partnering with CDK. CDK and its partners collaboratively design projects which are oriented towards resilience, sustainable livelihoods and peaceful communities.</p> | <p>Communities explained that the assistance they receive is beneficial to their livelihoods and health over the long term, and focus on approaches that can be self-sustained outside of the project.</p> | 2.8 |
| <p>Commitment 4: Humanitarian response is based on communication, participation and feedback</p> | <p>CDK has policies regarding information sharing, open communication, external communications, and engaging communities at all stages of the work, such as the Information Disclosure Policy, and the Manual for International Interventions.</p> <p>CDK ensures that the communities receive relevant information and provides feedback by supporting its partners with budget lines and technical advice. In the last year, several awareness-raising activities have taken place, utilising communication materials adapted to the communities. However, this awareness raising has not yet yielded in consistent results.</p> <p>CDK and its partners collect the feedback of the communities through on-site visits, routine activities, monitoring and evaluation activities, and complaints channels.</p> | <p>Communities stated that they receive sufficient information, about the activities and that it is understandable.</p> <p>Communities were aware of the organisation's mandate and values. However, communities were not consistently aware of the principles the organisation adheres to, especially on PSEA.</p> <p>Communities stated that they have several feedback channels available, and that feedback is welcome.</p> | 2.6 |
| <p>Commitment 5: Complaints are welcomed and addressed</p> | <p>CDK and its partners have existing complaints handling procedures and committees. However, the complaints handling mechanism or committees are not consistently functional. At the time of the RA, CDK and its partners had formulated several recommendations to improve this situation.</p> <p>CDK ensures that budget lines and technical advice exist to develop adapted communication materials for communities regarding safeguarding, PSEA and complaint mechanisms. Awareness-raising activities are organised at staff and at communities' levels. CDK monitors compliance with this commitment directly, or through third-party monitoring.</p> | <p>Communities stated that they felt confident reporting any type of complaints, through traditional conflict resolution pathways, or the ones defined with the organisation, such as complaint committees or calling a telephone number.</p> | 2.6 |

| | | | |
|---|---|---|-----|
| | <p>The staff interviewed confirmed that both CDK and its partners foster a welcoming organisational culture towards complaints and could explain how complaints process ensure fairness and confidentiality.</p> | | |
| <p>Commitment 6: Humanitarian response is coordinated and complementary</p> | <p>CDK and its partners participates to numerous coordination forums, at national and local levels, in their countries of operations and in Denmark. They share information and collaborate with those forums, as well as with national authorities, without compromising humanitarian principles.</p> <p>CDK conducts its partnerships around the Caritas Internationalis Shared Partnership Principles, which highlight the independence and mutual respects of the partners. The partners interviewed expressed great satisfaction for their partnership with CDK, in all aspects of the partnership, such as independence, flexibility, support, and equal collaboration.</p> | <p>The volunteers and focal points from the communities explained that CDK's partners coordinate with local authorities, both governmental and customary.</p> | 3 |
| <p>Commitment 7: Humanitarian actors continuously learn and improve</p> | <p>CDK's and its partners plan evaluation activities and the necessary budget to implement them in project proposals, according to the Manual for International Interventions and the Danish Ministry of Foreign Affairs Evaluation Framework.</p> <p>Several mechanisms exist to share knowledge and learn from monitoring, evaluation and innovative activities, such as weekly staff meetings, annual meetings with partners, and community mobilisation activities. There are numerous evidence of CDK and its partners implementing changes on the basis of feedback, complaints, and monitoring and evaluation activities.</p> | <p>Communities interviewed explained that they had witnessed changes to the projects based on the feedback they had given.</p> | 2.8 |
| <p>Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably</p> | <p>CDK's Staff Handbook lays out several rules and regulations to support their staff to do their job effectively and treat them fairly and equitably. CDK ensures that staff understand the policies which guide their work, have updated job descriptions, and annual performance reviews, and the necessary training for the position they hold.</p> <p>CDK support its partners to train their staff through offering them training opportunities or financial support for training. The staff interviewed explained that they found rules and regulations and recruitment processes fair and transparent.</p> <p>CDK has started developing country specific security guidelines and preparedness plans; however, the said plan does not exist in all countries of operations at the time of the RA.</p> | <p>Communities interviewed stated that the staff delivering humanitarian assistance were competent in their duties and behaved professionally.</p> | 2.8 |

| | | | |
|---|---|---|-----|
| Commitment 9: Resources are managed and used responsibly for their intended purpose | <p>CDK has several processes regulating how it uses financial resources, such as regular internal and external auditing activities, procurement thresholds and committees, segregation of duties, and quarterly budget reviews.</p> <p>CDK considers the impact of its projects on the environment through risk analysis and conducts ad hoc risk assessment when necessary. However, it is not clear how CDK follows up on environmental risks once the project is implemented.</p> <p>CDK has not yet formalised how it accepts and allocates funds ethically and legally, and without compromising its independence.</p> | Communities did not witness mismanagement regarding the assistance they have received, and knew how to report suspicions of fraud and corruption. | 2.5 |
|---|---|---|-----|

* *Note: Average scores are a sum of the scores per commitment divided by the number of indicators in each Commitment, except when one of the indicators of a commitment scores 0 or if several scores 1 on the indicators of a Commitment lead to the issuance of a major non-conformity/ weakness at the level of the Commitment. In these two cases the overall score for the Commitment is 0.*

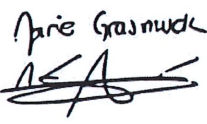
5. Summary of non-conformities

| Corrective Action Requests (CAR) | Type | Resolution due date | Date closed out |
|--|----------|---------------------|-----------------|
| 2019-5.6: C-DK does not ensure that its partners inform people affected by crisis of the expected behaviour of staff, and organisational commitments on the prevention of sexual exploitation and abuse. | Minor | 2021-09-21 | 2022-03-04 |
| 2022-8.9: CDK has no systematic process in place to ensure that partners' security commitments are consistently implemented | Minor | 2024-03-04 | |
| 2022-9.6: CDK has no policy or procedure to regulate how it allocates funds ethically and legally and accepts funds without compromising its independence. | Minor | 2024-03-04 | |
| Total Number | 2 | | |

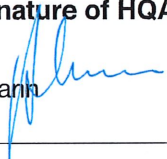
6. Sampling recommendation for next audit

| | |
|---|------------------------------|
| Sampling rate | According to HQAI procedures |
| Specific recommendation for selection of sites | - |

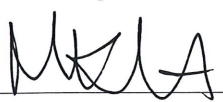
7. Lead auditor recommendation

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|---|--|
| <p>Based on the evidence obtained, we confirm that we have received reasonable assurance that the organisation has implemented the necessary actions to close the minor CARs identified in the previous audit and continues to meet the requirements of the Core Humanitarian Standard.</p> <p>We recommend maintenance of certification.</p> | |
| <p>Name and signature of lead auditor: Marie Grasmuck</p>  | <p>Date and place: Metz (FR), March 4th, 2022</p> |

8. HQAI decision

| | |
|--|---|
| Certificate: | |
| <input checked="" type="checkbox"/> Certification maintained <input type="checkbox"/> Certificate suspended | <input type="checkbox"/> Certificate reinstated <input type="checkbox"/> Certificate withdrawn |
| Next audit: Surveillance audit before March 4th 2023 | |
| <p>Name and signature of HQAI Executive Director: Pierre Hauselmann</p>  | <p>Date and place: 11 March 2022 Châteline</p> |

9. Acknowledgement of the report by the organisation

| | |
|--|--|
| Space reserved for the organisation | |
| <p>Any reservations regarding the audit findings and/or any remarks regarding the behaviour of the HQAI audit team:</p> <p><i>If yes, please give details:</i></p> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <p>Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit</p> <p>I accept the findings of the audit</p> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>Name and signature of the organisation's representative:</p>  | <p>Date and place: 16/03/22 CPH</p> |

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"> • Independent verification: major weakness; • Certification: major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issue 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"> • Independent verification: minor weakness • 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"> • 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"> • 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