

Diakonia Sweden

Maintenance Audit – Summary Report 2021/09/08

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 checked="" type="checkbox"/> With partners	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input checked="" type="checkbox"/> Advocacy	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input checked="" type="checkbox"/> Advocacy	
Head office location	Stockholm / Sweden		
Total number of country programmes	26	Total number of staff	283

1.2 Audit team

Lead auditor	Birgit Spiewok
Second auditor	-
Third auditor	-
Observer	-
Expert	-
Witness / other	-

1.3 Scope of the audit

CHS Verification Scheme	CHS certification
Audit cycle	1
Phase of the audit	Maintenance Audit
Extraordinary or other type of audit	-

1.4 Sampling*

Randomly sampled country sites	Included in final sample	Replaced by	Rationale for sampling and selection of sites	Onsite or remote
Colombia	No	Zambia	Colombia was already included in the Initial Audit, therefore it was replaced by the next country in the list of randomly selected countries	remote
Lebanon	Yes			remote
Guatemala	Yes			remote

Any other sampling performed for this audit:

In two out of the three country programmes, a total of 2 Partner Organisations were selected. This sample was based on a pre-selection of 4 partner organisations in both Lebanon and Zambia provided by Diakonia Sweden. The final samples were identified by the auditor based on criteria such as size and mandate of the organisation.

Sampling risk:

The purpose of interviewing staff of Partner Organisations was to complete the picture of activities undertaken by Diakonia Sweden in order to close the CAR identified in the Initial Audit. The sample was not representative or entirely random as such, but allowed the auditor to verify the evidence provided by Diakonia Sweden.

**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
Country Office Guatemala	12 & 15 July 2021	remote
Country Office Zambia	13 July 2021	remote
Women for Change (Partner Organisation in Zambia)	16 July 2021	remote
Country Office Lebanon	14 July 2021	remote
Arc en ciel (Partner Organisation in Lebanon)	14 July 2021	remote

2.2 Interviews

Position / level of interviewees	Number of interviewees		Onsite or remote
	Female	Male	
Head Office			
Staff	1	2	12 – 22 July 2021 - remote
Country Programme Offices			
Staff	3	1	13 – 16 July 2021 - remote
Partner staff	1	1	14 & 16 July 2021 - remote
Total number of interviewees	5	4	9

2.3 Opening meeting

Date	2021/07/12
Location	remote
Number of participants	21
Any substantive issues arising	-

2.4 Closing meeting

Date	2021/07/16 <i>(N.B. The closing meeting was held on 16 July even though one interview was still missing at this time – all parties agreed to this procedure)</i>
Location	remote
Number of participants	11
Any substantive issues arising	-

3. Background information on the organisation

3.1 General information

Diakonia Sweden is a Swedish faith-based organisation founded in 1966 by five Swedish churches. It is a multi-mandate organisation involved in development, humanitarian emergency response, and advocacy. It supports and works with around 400+ partner organisations in 4 regions (Asia, Africa, Middle East, Latin America), and in 26 different countries. Diakonia Sweden has a vision of a world where all people live in dignified circumstances in a just and sustainable world, free from poverty.

Diakonia Sweden's mission and overall goal is to change unfair political, economic, social and cultural structures that generate poverty, inequality, oppression and violence. In its new strategy 2021 and onwards, the organisation commits to working with an Human Rights Based Approach and based on Diakonia's feminist principles.

Diakonia Sweden receives funding from several institutional donors such as Sida (Swedish International Development Cooperation Agency), the EU, Radiohjälpen, and the Swedish Postcode Lottery. Diakonia Sweden's revenues amounted to SEK 558 million in 2020 of which 91% were spent on operational expenses. Diakonia Sweden is member of the Swedish Fundraising Council, Svenska Postkodföreningen (which administers the proceeds from the Swedish Postcode Lottery that go to charitable organisations) and the global ACT Alliance network. At European level, it is also part of Eurodad and takes part in Concord. Diakonia Sweden is, amongst others, a member of the Core Humanitarian Standard Alliance, Charter for Change, the Swedish Humanitarian Network, the Swedish Network for Disaster Risk and Resilience, and the Global Network of Civil Society Organisations for Disaster Reduction (GNDR).

3.2 Governance and management structure

The Annual Meeting is the highest decision-making body at Diakonia; it decides on the organization's policy, and clarifies the meaning of Diakonia's values and mission. The Annual Meeting also appoints the Secretary General, adopts the end-of-year accounts and makes decisions on discharging the Board from liability.

The Annual Meeting's representatives are appointed by the founding churches. The Secretary General is Diakonia's most senior officer and is accountable to the Board of Directors. The Secretary General represents the organization and ensures that operations follow the guidelines and decisions adopted. In April 2020, Diakonia Sweden appointed Lena Ingelstam as the new Secretary General of Diakonia, taking office in June 2020. The Board bears ultimate responsibility for Diakonia's operations and makes decisions on strategy, the overall operational plan and the budget on the basis of the frameworks established by the Annual Meeting.

The governance and management structure of Diakonia Sweden has not changed since the Initial Audit in 2020.

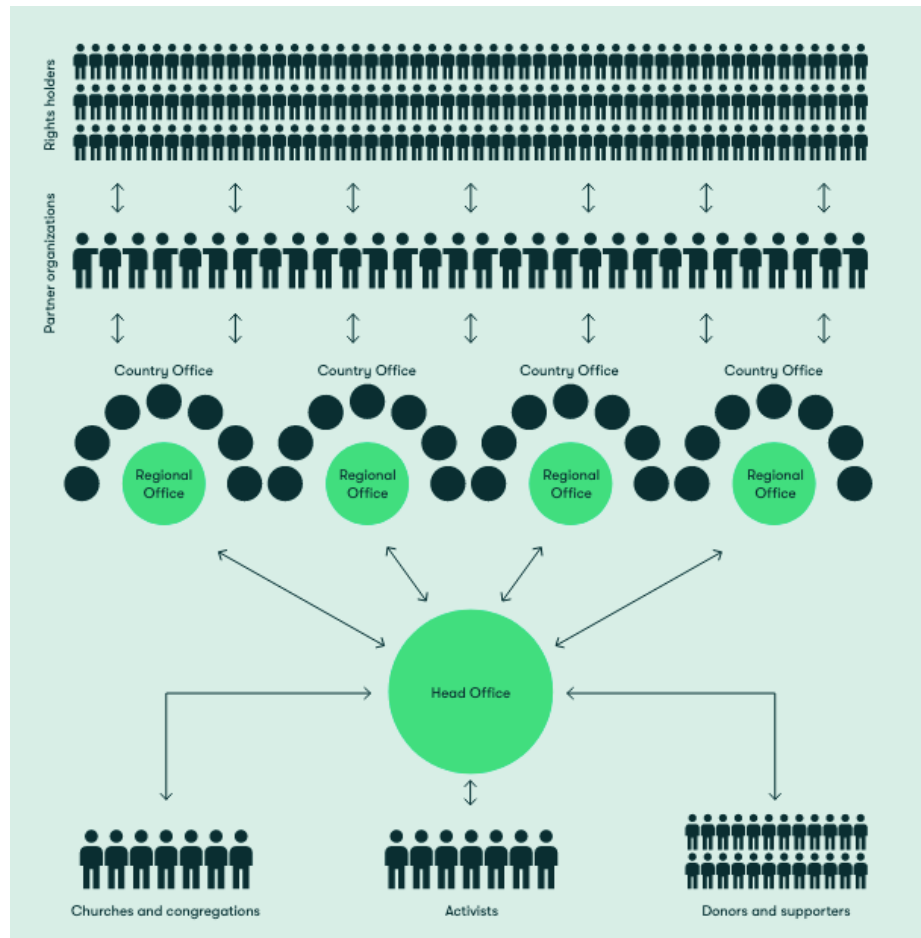
3.3 Internal quality assurance mechanisms and risk management

Diakonia Sweden's internal quality assurance mechanisms and risk management have not changed since the last audit in 2020. The organisation conducted several external and internal evaluations since then, has submitted a global application to Sida-Civsam for the period 2021 – 2025 and has developed a global security framework.

Due to the Covid19 pandemic, the organisation has had to adjust and re-prioritise projects to meet new needs and allow for new timeframes and modes of operation including switching from face-to-face meetings to digital coordination and meetings.

3.4 Work with partner organisations

Diakonia Sweden continues to work with more than 400 partner organisations and the way DS is managing these co-operations has essentially not changed in the last year even though communication became mostly digital and remote.



(extracted from Diakonia Sweden Annual Report 2020)

4. Overall performance of the organisation

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

The effectiveness of the Diakonias governance, internal quality assurance and risk management is based on well-developed and applied systems, policies and procedures. In 2020, Diakonia's Annual Meeting adopted an updated policy and Diakonia's Board of Directors adopted a new global operations strategy. The policy, which describes Diakonia's values and theological foundation, has been developed in close cooperation with the founding churches and the Board. The new global strategy focuses on Diakonia's theory of change, i.e. the organization's description and view of how change takes place. It is based on both a rights perspective and a feminist perspective and has identified four main strategic movements. The two steering documents set the direction for the country strategies of the countries in which Diakonia operates.

4.2 How the organisation applies the CHS across its work

Diakonia Sweden shows ongoing commitment to accountability and transparency and applies the commitments of the CHS. In 2021, the organisation has started to update its accountability framework to ensure greater coherence between the accountability procedures and processes of the organisation, including systems to oversee CIRM and PSHEA approaches of its partner organisations.

The IA had identified weaknesses mainly around the mechanisms to promote the CHS amongst its partner organisations, support them in working towards compliance with the CHS and apply consistent due diligence processes. The systematic application of the requirements of the CHS at PO and community level will have to be further assessed during the next surveillance audit, when travelling to project sites and direct interviews with communities and rights holders become possible again.

4.3 Average score per CHS commitment

Commitment	Average Score*
Commitment 1: Humanitarian assistance is appropriate and relevant	2.3
Commitment 2: Humanitarian response is effective and timely	2.7
Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	2.5
Commitment 4: Humanitarian response is based on communication, participation and feedback	2.7
Commitment 5: Complaints are welcomed and accepted	1.9
Commitment 6: Humanitarian response is coordinated and complementary	2.8
Commitment 7: Humanitarian actors continuously learn and improve	2.7
Commitment 8: Humanitarian response is effective and timely	3.1
Commitment 9: Resources are managed and used responsibly for their intended purpose	2.8

* *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
2020 – 1.5: There is no policy and tools that formally commit the organization to collect systematically disaggregated data by age and abilities for all programmes.	Minor non-conformity	3 Aug 2022	open
2020-3.8: DS does not have a system in place to safeguard any personal information collected from communities and people affected by crisis that could put them at risk.	Minor non-conformity	3 Aug 2022	open
2020-4.1: DS does not ensure that information is systematically provided to communities about expected staff behaviour	Minor non-conformity	3 Aug 2022	open
2020-5.4 DS does not ensure that their partner organisations enable communities and people affected by crisis to have access to documented complaints-handling processes	Minor non-conformity	3 Aug 2022	open
2020-5.5: The organisation does not have robust due diligence processes to ensure that POs welcome complaints and take these seriously.	Minor non-conformity	3 Aug 2022	open
Total Number	5		


* *Note:* The CARs are completed by the audit team based on the findings.

6. Sampling recommendation for next audit

Sampling rate	Due to the ongoing pandemic situation and subsequent travel restrictions and security concerns, sites visits have not been possible for both the IA and this MA1. The auditor re-confirms the importance of including site visits and consultations with communities, rights holders and partner organisations in the next audit. The sampling
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	rate should ensure that the gaps in gathering evidence that occurred during the IA can be closed in the next surveillance audit.
Specific recommendation for selection of sites	Selection of project sites that cover all three mandates of Diakonia. Include one regional office in the sampling


7. Lead auditor recommendation

<p>In our opinion, Diakonia Sweden has demonstrated that it continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability.</p> <p>Based on the evidence obtained, we confirm that we have received reasonable assurance that the organisation is implementing 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:</p> <p>Birgit Spiewok</p> 	<p>Date and place:</p> <p>Berlin, 4 Aug 2021</p>

8. HQAI decision

<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 2021/08/04	
<p>Name and signature of HQAI Executive Director:</p>  <p>Pierre Hauselmann</p>	<p>Date and place:</p> <p>8th September 2021, Geneva</p>

9. 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: <i>If yes, please give details:</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit I accept the findings of the audit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and signature of the organisation's representative:  Lena Ingelstam, Secretary General	Date and place: 2021-09-27 Stockholm

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