



CARITAS DENMARK
CHS Certification Report
CARITASDK – CER – 2017 -010

2017-07-14

Table of content

TABLE OF CONTENT	2
1. GENERAL INFORMATION	3
2. SCOPE	3
3. SCHEDULE SUMMARY	4
3.2 VERIFICATION SCHEDULE	4
3.2 OPENING AND CLOSING MEETINGS	4
5. HQAI QUALITY CONTROL	5
6. BACKGROUND INFORMATION ON THE ORGANISATION	6
6.1 GENERAL	6
6.2 ORGANISATIONAL STRUCTURE AND MANAGEMENT SYSTEM	7
6.3 WORK WITH PARTNERS	8
6.4 CERTIFICATION OR VERIFICATION HISTORY	8
7. SAMPLING	9
7.1 RATIONALE FOR SAMPLING:	9
DISCLAIMER:	9
7.2 INTERVIEWS:	9
8. REPORT	11
8.1 OVERALL ORGANISATIONAL PERFORMANCE	11
8.2 SUMMARY OF NON-CONFORMITIES	11
8.3 STRONG POINTS AND AREAS FOR IMPROVEMENT:	13
9. ORGANISATION'S APPROVAL	18
10. HQAI'S DECISION	19
ANNEX 1: EXPLANATION OF THE SCORING SCALE	20
WHAT DO THE SCORES STAND FOR?	21
ADDENDUM TO THE REPORT – 2018-04-30	24
1. RECOMMENDATION	24
2. SUMMARY OF NON-CONFORMITIES	24
3. HQAI'S DECISION	26
4. ORGANISATION'S APPROVAL	26

1. General information

Organisation Name:	Caritas Denmark	Verification Ref / No:	CARITASDK - CER - 2017 - 010
Type of organisation: <input checked="" type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Federated <input type="checkbox"/> Membership/Network <input type="checkbox"/> Direct assistance <input checked="" type="checkbox"/> Through partners		Organisation Mandate: <input checked="" type="checkbox"/> Humanitarian <input type="checkbox"/> Development <input type="checkbox"/> Advocacy Verified Mandate(s) <input checked="" type="checkbox"/> Humanitarian <input type="checkbox"/> Development <input type="checkbox"/> Advocacy	
Organisation size: (Total number of programme sites/ members/partners)	7 program sites/21 partners (9 national, 12 local)	Legal Registration:	Independent NGO registered in Denmark
Head Office Location:	Copenhagen, Denmark	Field locations verified:	Jordan – Irbid, Mafraq, Amman
Date of Head Office Verification:	15-16 June 2017	Date of Field Verification:	18-22nd June 2017
Lead Auditor:	Phillip Miller	Second Auditor:	Cath Blunt

2. Scope

- Independent verification initial audit Mid-term Audit
 Certification initial audit Recertification audit

3. Schedule summary

3.2 Verification Schedule

Name of Programme sites/members/partners verified	Location	Mandate	Number of projects visited	Type of projects
Caritas Jordan	Jordan	Humanitarian	3	Refugee Health

3.2 Opening and closing meetings

3.2.1 At Head Office:

	Opening meeting	Closing meeting
Date	15 th June	16 th and 22 nd June
Location	Copenhagen	Copenhagen
Number of participants	9	10
Any substantive issue arising	None	Complaints, evaluation, communication.

3.2.2 At Programme Sites:

	Opening meeting (with partner)	Closing meeting (with partner)	Closing meeting with Caritas Denmark
Date	19 th June 2017	22 nd June 2017	22 nd June 2017
Location	Amman, Jordan	Amman, Jordan	Amman, Jordan
Number of participants	7	8	1
Any substantive issue arising	None	Information provision, complaints, HR	Complaints handling

4. Recommendation

In our opinion, Caritas Denmark does not conform to the commitments of the Core Humanitarian Standard. We do not recommend certification.

Detailed findings are laid out in the rest of this report.

Lead Auditor's
Name and
Signature

Phillip Miller



Date and
Place:

2 August 2017

Red Head, NSW, Australia

5. HQAI quality control

Quality Control by: Elissa Goucem, HQAI QA Officer	First Draft: 2017-07-17 Quality Control finalised on: Final: 2017-09-12
Resolution of CARs - Quality Control by: Elissa Goucem, HQAI QA Officer	Final: 2018-04-30

6. Background information on the organisation

6.1 General

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. Caritas Denmark started in 1947 and was registered as an independent charitable organization in 1976.

Caritas Denmark is a member of Caritas Internationalis (CI), a global confederation of 165 Caritas members working in 200 countries. Catholic social teaching forms the underpinning principles and values of CI, which initiates emergency appeals and provides common strategies, policies, standards and tools.

The vision of Caritas Denmark is:

- a world of fairness and peace;
- a world based on solidarity and free of poverty;
- the rights and dignity of every person are respected;
- women and men share equally in shaping their societies and our world;
- the structures that shape people's lives are just and enable peace;
- the gifts of creation are shared and nurtured by all for the common good.

The mission of CDK is to:

- promote integral human development in an atmosphere of peace, justice & dignity;
- support partners in South to ensure effective implementation of emergency, recovery and development programmes according to international standards and principles;
- protect lives and relieve suffering during emergencies via effective and timely support to local initiatives;
- reduce the risks of vulnerable and poor communities and strengthen their resilience towards existing and future crises;
- work with the rural poor and disadvantaged families and communities to overcome poverty and improve livelihoods;
- support the development of rural organisations and networks that improve access to basic services and promote social justice;
- raise local, national, and global awareness of and advocate about the causes of poverty and social injustice to inspire efforts for lasting change.

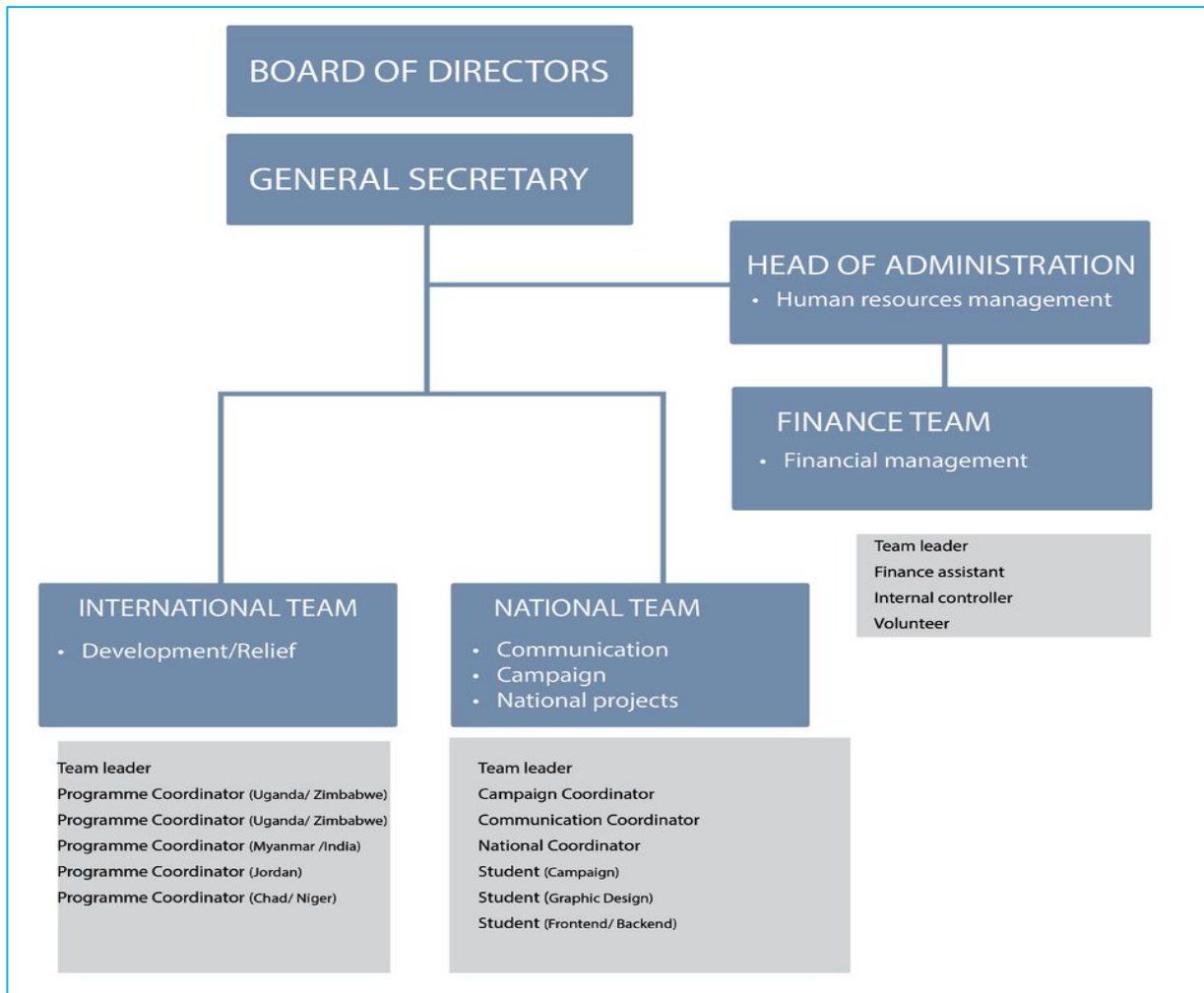
Caritas Denmark's strategic focus is poor and vulnerable families, women, men, and children in stable, fragile and humanitarian crises. The programmatic focus is on emergency response (through the appeals of Caritas Internationalis), protracted crisis and the development - humanitarian nexus. Humanitarian and development programmes are in Uganda, Chad, Niger, Jordan, Myanmar, India.

6.2 Organisational structure and management system

CDK is the Catholic Church in Denmark’s humanitarian organisation. The bishop of the diocese of Copenhagen designates the chairman of the board. The Board of Directors 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 secretariat has 16-20 employees and volunteers.

In 2015 a set of common standards - the Caritas Internationalis Management System (CIMS) -were adopted by the confederation and Caritas Denmark was the first member to become certified against them. Members of CI must meet minimum standards in governance, organisational infrastructure, financial viability and accountability, and ethical codes of conduct. This is currently being implemented across the Confederation.

Caritas Denmark’s organogram is shown below:



6.3 Work with Partners

Caritas Denmark undertakes all humanitarian work through partners and does not directly implement any project. It does not establish country offices, preferring to 'accompany' its local partners through provision of support, dialogue and mutual transparency and accountability. All current humanitarian partners are nationally registered Caritas members. In 2016 more than 75% of its international funding went directly to local partners.

Caritas Denmark adheres to the CI Partnership Guiding Principles and prefers long term partnerships, rarely initiating new ones. It has a policy and process for assessing new partners if this is required, using tools established by Caritas member organisations and the CIMS self-assessment. All Caritas members are required to meet the minimum standards of the CIMS and CDK encourages and supports their partners to undertake this process. CDK will work with partners until compliance and/or their own requirements are met.

CDK currently allocates 7% of its humanitarian budget to capacity building.

CDK staff undertake 3 to 4 visits annually of 3 weeks duration for each partner and maintain regular communication with them in between visits. The agenda is mutually agreed on between CDK and its partner, and may include a training session on areas that require attention. If multiple Caritas organisations support the same partner to implement humanitarian work (e.g Caritas Switzerland and Canada both work with Caritas Jordan) these organisations get together once a year to share common approaches (capacity building initiatives) and reduce duplication.

Partners are required to provide a quarterly financial and programmatic monitoring report, utilising the templates provided by CI. These are reviewed and discussed by CDK staff.

6.4 Certification or verification history

None relevant to the present standard.

7. Sampling

7.1 Rationale for sampling:

3 out of the 7 country programs implemented by CDK are humanitarian (Niger, Chad and Jordan). Due to the scope of the audit, these are the only countries that could be shortlisted.

Chad and Niger were not considered suitable due to high security risks at the time of the site selection.

Jordan was chosen as it is the largest program implemented at the moment, with minimal security considerations. Project sites were accessible and possible to visit within the agreed audit timeframes. However, some challenges were encountered as field site visits were conducted during the Holy Month of Ramadan.

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.

7.2 Interviews:

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

Type of people interviewed	Number of people interviewed
Head Office	
CDK Secretary General, Head of International and Administration teams, program co-ordinators, financial controller.	10
Programme sites	
Caritas Jordan head office staff (General director, program manager, senior finance and HR departments, health co-ordinator, quality assurance, grants officers)	9
Caritas Jordan health centre field staff (co-ordinators, office, case workers, supervisors, health professional)	9
External stakeholders (Senior officers in the Ministry Health and Planning)	2
Total number of interviews	30

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

Type of Group	Number of participants	
	Female	Male
Syrian refugees (6 groups: Primary Health Care and Secondary Health Care; Non-Communicable Diseases; Maternity and Child Health)	42	17
Vulnerable Jordanians (4 groups: Primary Health Care and Secondary Health Care; Non-Communicable Diseases; Maternity and Child Health)	25	11
Total number of participants	67	28

8. Report

8.1 Overall organisational performance

Caritas Denmark's (CDK) strengths in applying the CHS are most evident in the way it manages its resources and provides coordinated and complementary assistance. It has strong policy and practice regarding use of financial resources and works rigorously with its partners to ensure good practice in this area. Programmes are designed and implemented to fit in with the priorities in terms of needs identified by a range of stakeholders. The appreciation of the behaviour, attitude and skills of CDK staff by communities is very high.

CDK participation in the Caritas Internationalis (CI) network enables it to respond quickly to emergency appeals and to contribute to globally significant fora. The CI Toolkit and Caritas International Management Standards (CIMS) provided by the Confederation provide a common framework for Caritas Denmark and its humanitarian partner organisations.

Communities consistently stated that they receive appropriate assistance and at the right time, however CDK lacks policies to adequately consider their diversity and capacity as part of the programme design and implementation. The lack of an information policy and contextualisation of the information provided at local level sometimes contributes to some confusion about programmes amongst communities.

On a slightly different topic, the organisation has not worked sufficiently with its partners to create a culture of open communication which includes a willingness to analyse both positive and negative feedback and critically evaluate monitoring data collected. Some of Caritas Denmark's areas of weakness are also around ensuring impartiality in the delivery of a certain number of its programmes, as a lack of religious diversity was observed by the team of auditors through the focus group discussions held at programme site.

But the major issue faced by CDK in meeting the CHS is the limited scope of its complaints policy and processes. The lack of compliance regarding each indicator of Commitment 5 (see summary 8.3 below), indicates that Caritas Denmark is not able to deliver systematically and at an adequate level on this specific commitment. This results in a major non-conformity.

8.2 Summary of non-conformities

Non-compliance	Type	Time for resolution
3.3 Caritas Denmark programmes do not enable the development of local leadership and organisations in their capacity as first responders and promote an appropriate representation of marginalised and disadvantaged groups in local leadership and organisations	MINOR	2 years
3.8 Caritas Denmark does not ensure that its partners have systems in place to safeguard personal information collected from communities	MINOR	1 year

and people affected by crisis that could put them at risk.		
4.5 There is no policy or guidelines on information sharing. A culture of open communication was not observed in partners.	MINOR	1 year
5.1 Communities and people affected by crisis are not consulted on the design, the implementation and the monitoring of complaints handling processes.	MINOR	1 year
5.2 Caritas Denmark doesn't have a system in place to ensure that stakeholders and beneficiaries know how to make a complaint to them and Caritas Denmark does not require its partners to make know to their beneficiaries how they can make a complaint.	MINOR	1 year
5.3 Caritas Denmark does not work with its partners to ensure they are aware of their obligation to manage complaints in a timely, fair and appropriate manner and prioritise the safety of the complainant.	MINOR	1 year
5.4 Caritas Denmark does not have a complaints handling process in place for communities affected by crisis which covers sexual exploitation and abuse of people, or other abuses of power	MAJOR	
5.5 Caritas Denmark have not established an organisational culture in which complaints are taken seriously and acted upon according to defined policies and processes nor does it work with its partner organisations to ensure that they have systems and a culture which ensure complaints are taken seriously	MAJOR	
5.6 Communities and people affected by crisis are not aware of the organisations commitment on prevention of sexual exploitation and abuse.	MINOR	1 year
5.7 Complaints that do not fall within the scope of the organisation are not referred to a relevant party in a manner consistent with best practice	MINOR	1 year
8.9 Caritas Denmark has not ensured that policies are in place for staff wellbeing at partner level.	MINOR	1 year
TOTAL Number of Non-conformities	MAJOR: 2 MINOR: 9	

8.3 Strong points and areas for improvement:

1. Humanitarian assistance is appropriate and relevant

Score: 2.7

Caritas Denmark has policies and processes in place to ensure that the context and status of stakeholders are analysed at the outset and throughout the implementation of its programmes. These processes include impartial assessment of the needs and risks facing those they work with (or intend to work with). These processes also consider vulnerabilities and capabilities of different groups and this analysis is reflected in the programme design. Caritas Denmark doesn't have policies which set out its commitment to considering the capacity and diversity of communities. Through applying the Caritas Internationalis toolkit, there is a policy commitment to collect disaggregated data.

Feedback from people affected by crisis and communities on Commitment 1

People affected by crisis confirmed that their suggestions were listened to and programmes were changed as a result of their feedback. They also advised that the health services were very relevant to their needs and although there were other health services providers, they differentiated the work of CDK's partner based on the respect and kindness shown by its staff.

2. Humanitarian response is effective and timely

Score: 2.8

CDK operates effectively and in a timely manner within the parameters and constraints of an annual cycle of allocated Danish government funding and host country programme approval requirements. It also has the capacity to respond quickly to Caritas Internationalis (CI) emergency appeal initiatives. Programmes are monitored and evaluated by CDK, with primary data collected and assessed by its partners. Changes are made based on information gained through these processes, however CDK has not ensured that the provision of negative feedback from communities is consistently captured so that poor performance can be addressed and programmes improved.

CDK bases its programmes on the Sphere standards and uses the CI Toolkit Manual for Emergency Response to plan, monitor and assess its programmes.

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

Communities were satisfied that the response provided by Caritas Denmark's partner meet their needs. Most understood that the organisation could not always handle all cases in a timely manner and the reasons for that, however this was not consistent across the project sites.

3. Humanitarian response strengthens local capacities and avoids negative effects

Score:1.9

Caritas Denmark programmes are informed by an understanding of risks and hazards as well as the capacities of partners and stakeholders. Programmes are designed and implemented in ways that promote early recovery and local economy and this is especially evident in its livelihood security humanitarian programming. Caritas Denmark and its humanitarian partners have Codes of Ethics and Codes of Conduct in place. However, Caritas Denmark does not require its partners to assess local community capacities or use the results of existing community preparedness plans to guide their activities or take measures to ensure their programming has not unintended negative consequences (including on the local economy and environment). Caritas Denmark does not have a process in place to promote the inclusion of marginalized and disadvantaged groups in local leadership and organisations. It does not routinely develop exit or transition plans in the early stages of its humanitarian programming

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

Users of the health services provided by Caritas Denmark advised that the programme had benefitted the local economy. However, they were not involved in the governance of the services offered and were not aware if local leaders' capacity was built through the programme. Users were unaware of when the health service might cease and felt reliant upon it for affordable quality health care.

4. Humanitarian response is based on communication, participation and feedback

Score:1.8

CDK has a strong mission, policy and strategic emphasis on engaging with communities at each stage of the humanitarian response. Participation is structured around feedback gained through focus group discussions, pre-and post-health session evaluations and telephone feedback. However informed consent and inclusive representation in participatory processes is not consistent. A vast range of data is collected during telephone feedback calls however it is only disaggregated by nationality. CDK does not have a policy on information sharing and this is evident in the lack of information provided to communities – particularly those who are non-literate - about behavior expected from staff and the range of programs available. External communications are respectful and ethical, however there are no guidelines on the use of photos by CDK staff.

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

Many people interviewed had been asked for their feedback by telephone survey. However, they did not know how staff should behave, the full range of programs available and why they had been selected for some services and not others. Levels of understanding of why program decisions were made affecting who received treatment and when was not consistent across the project sites.

5. Complaints are welcomed and addressed

Score: 0

Caritas Denmark has a complaints handling policy and is in the final stages of developing a process whereby people will be able to lodge a complaint through its website. At PS level, its partner regularly receive feedback from its beneficiaries.

Nevertheless, Caritas Denmark has not put in place the adequate systems, processes and culture to ensure that communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints. Specifically, Caritas Denmark does not consult with communities in regards to any aspects of its complaint handling procedure and process, nor requires its partners to do so. Caritas complaints handling process is not documented and the organisation does not have systems in place to ensure people affected by crisis and their communities know how to complain to them or their partners or are aware of the expected behaviours of staff, and especially of its specific provisions on sexual exploitation and abuse. Caritas Denmark has only received and managed one complaint and does not work with its partners to understand how they manage complaints nor support them in developing adequate complaints handling processes.

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

Community members were generally aware of how they could give feedback to Caritas Denmark's partner and some were aware of how they could complain to the organisation. They advised that they had not been told about how they could make a complaint but some health service users had come to understand that they could complain to a centre supervisor if they were unhappy with a decision by frontline staff. However not all community members knew how they could lodge a complaint, including complaints relating to sexual exploitation and abuse. Some complained that calls to Caritas' partner organization to lodge a complaint went unanswered and they were unable to have their complaint heard.

6. Humanitarian response is coordinated and complementary

Score: 3.0

CDK has a strong strategic and policy commitment to co-ordination and implementing complementary responses globally, and within the countries it operates. As part of the CI confederation, it works closely with other Caritas members working in the same region and country and supports emergency response appeals run globally by CI. Responses complement that of national governments and in some countries, must be approved by them prior to implementation. CDK chooses long term nationally based partners who are usually members of the CI network. Knowledge of local and national networks is a partner selection criteria and involvement in them is part of partner funding agreements. Assessments and evaluations are used or conducted with other national actors to minimize demands on communities. Reports and evaluations are shared with partners and other groups. Work with partners is governed by agreements that outline partner obligations and commitments.

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

Communities felt that there was nowhere else where they could receive the same type of health service as they were receiving from CDK, particularly the vulnerable Jordanians.

7. Humanitarian actors continuously learn and improve

Score: 2.7

CDK has evaluation policies and learning frameworks in place which assist it to continuously learn and improve its humanitarian response. CDK draws on lessons learnt from monitoring visits and evaluations in designing programmes, however it does not support partners to engage in similar critical reflection nor draw on complaints to implement changes. Learning is shared internally by staff in both CDK and its partner organisations, via a system of regular formal and informal meetings. An internal network BAOBAB provides a platform for broader dissemination and sharing of learning within CI however this is not utilized by CDK to share its own evaluations. No learning is shared with affected communities.

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

Communities reported that the programmes had changed and improved over time although they felt they had always been very good. They were not aware why programmes had changed or of any learning that may have informed those decisions.

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

Score: 2.7

CDK staff and their partners have personnel policies and processes which are established, implemented and which meet local employment laws. Both CDK and its partners work to the same mandate and values of CI, which are promoted through organisational processes. Both have a Code of Conduct which is well known by staff. CDK ensures staff capacity to deliver programs through its annual planning budgetary and donor funding proposal cycle which ensures alignment of staff to programmes proposed. Staff capability is enabled through availability of formal training and internal mentoring, gauged during annual appraisals. All CDK staff have job descriptions and this is being completed at partner level. Security policies exist, however wellbeing policies do not exist at CDK or partner level.

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

Communities strongly felt that the partner's staff were highly professional, caring and treated everyone the same. They felt that staff understood their culture and highly valued the respectful and gentle behavior of Caritas staff.

9. Resources are managed and used responsibly for their intended purpose

Score:2.8

CDK has integrated human, financial and grant based funding resources which are allocated annually to ensure that they are used responsibly and for their intended purpose. Policies and processes exist for use of natural resources, ethical receipt and allocation of funds, conflicts of interest and the management of risk. Corruption is managed at CDK through its policy and processes used to deal with corruption if identified and at partner level by mandatory inclusion of the policy in partner agreements. Expenditure is monitored against budget by both CDK and its partners, with checking mechanisms implemented at a number of levels within the organisation.

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

Information about budgets and expenditure are not shared by CDK partners with people affected by crisis however they reported that expenditure appeared to be used wisely and with no apparent waste.

9. Organisation's approval

Acknowledgement and Acceptance of Findings

(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

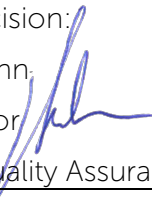
Organisation's
Representative
Name and
Signature:

Date and
Place:

Document date: 2017-07-14

10. HQAI's decision

Certification Decision:	
Certification	Intermediate audit
<input type="checkbox"/> Certified <input checked="" type="checkbox"/> Preconditioned (Major CARs)	<input type="checkbox"/> Maintenance of certificate <input type="checkbox"/> Suspension of Certificate (Major CARs)
Deadlines:	
Fulfilment of Major corrective actions: 2018-03-21	

Certification Decision: Pierre Hauselmann Executive Director  Humanitarian Quality Assurance Initiative	Date: 2017-09-21
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Appeal

In case of disagreement with the conclusions and/or decision on certification, the organisation can appeal to HQAI within 30 days after the final report has been transmitted to the organisation.

HQAI will investigate the content of the appeal and propose a solution within 15 days after receiving the appeal.

If the solution is deemed not to be satisfactory, the organisation can inform in writing HQAI within 15 days after being informed of the proposed solution of their intention to maintain the appeal.

HQAI will take action immediately, and identify two Board members to proceed with the appeal. These will have 30 days to address it. Their decision will be final.

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

Annex 1: Explanation of the scoring scale

In line with the CHS's emphasis on continuous learning and improvement, rather than assessing a pass/fail compliance with the CHS requirements, the CHS Verification Scheme uses a scoring system. It is graduated from 0 to 5 to determine the degree to which organisations apply the CHS and to measure progress in this application.

Be it in the framework of a self-assessment or in a third-party assessment process, it is key to have detailed criteria to evaluate (score) the degree of application of each requirement and commitment of the CHS. A coherent, systematic approach is important to ensure:

- Transparency and objectivity in the scoring criteria;
- Consistency and reliability between one verification cycle and another, or between the different verification options;
- Comparability of data generated by different organisations.

This document outlines a set of criteria to orient the assessment process and help communicate how the respective scores have been attributed and what they mean.

While verification needs to be rigorous, it needs also to be flexible in its interpretation of the CHS requirements to be applicable fairly to a wide range of organisations working in very different contexts. For example, smaller organisations may not have formal management systems in place, but show that an Organisational Responsibility is constantly reflected in practices. In a similar situation, the person undertaking the assessment needs to understand and document why the application is adequate in the apparent absence of supporting process. It is frequent that the procedures actually exist informally, but are "hidden" in other documents. Similarly, it is not the text of a requirement that is important, but whether its intent is delivered and that there are processes that ensure this will continue to be delivered under normal circumstances. The driving principle behind the scoring is that the scores should reflect the normal ("systematic") working practices of the participating organisation.

What do the scores stand for?

Score	Key actions	Organisation responsibilities
0	<ul style="list-style-type: none"> Operational activities and actions systematically contradict the intent of a CHS requirement. Recurrent failure to implement the necessary actions at operational level. A systemic issue threatens the integrity of a CHS Commitment (i.e. makes it unlikely that the organisation is able to deliver the commitment). 	<ul style="list-style-type: none"> Policies and procedures directly contradict the intent of the CHS requirement. Complete absence of formal or informal processes (organisational culture) or policies necessary for ensuring compliance at the level of the requirement and commitment.
	<p>Score 0 means: The organisation does not work currently towards the systematic application of this requirement/commitment, neither formally nor informally. This is a major weakness to be corrected as soon as possible.</p>	
1	<p>Some actions respond to the intent behind the CHS requirement. However:</p> <ul style="list-style-type: none"> There are a significant number of cases where the design and management of programmes and activities do not reflect the CHS requirement. Actions at the operational level are not systematically implemented in accordance with relevant policies and procedures. 	<p>Some policies and procedures respond to the intent behind the CHS requirement. However:</p> <ul style="list-style-type: none"> Relevant policies exist but are incomplete or do not cover all areas of the CHS. Existing policies are not accompanied with sufficient guidance to support a systematic and robust implementation by staff. A significant number of relevant staff at Head Office and/or field levels are not familiar with the policies and procedures. Absence of mechanisms to ensure the monitoring and systematic delivery of actions, policies and procedures at the level of the commitment.
	<p>Score 1 means: The organisation has made some efforts towards application of this requirement/commitment, but these efforts have not been systematic. This is a weakness to be corrected.</p>	

Score	Key actions	Organisation responsibilities
2	<p>Actions broadly respond to the intent behind the CHS requirement:</p> <p>Actions at operational level are broadly in line with the intent behind a requirement or commitment.</p> <p>However:</p> <ul style="list-style-type: none"> • Implementation of the requirement varies from programme to programme and is driven by people rather than organisational culture. • There are instances of actions at operational level where the design or management of programmes does not fully reflect relevant policies. 	<p>Some policies and procedures respond to the intent behind the CHS requirement. However:</p> <ul style="list-style-type: none"> • Relevant policies exist but are incomplete or do not cover all areas of the CHS. • Existing policies are not accompanied with sufficient guidance to support a systematic and robust implementation by staff. • A significant number of relevant staff at Head Office and/or field levels are not familiar with the policies and procedures. • Absence of mechanisms to ensure the monitoring and systematic delivery of actions, policies and procedures at the level of the commitment.
<p>Score 2 means: The organisation is making systematic efforts towards application of this requirement/commitment, but certain key points are still not addressed. This is worth an observation and, if not addressed may turn into a significant weakness.</p>		
3	<p>Actions respond to the intent of the CHS requirement:</p> <ul style="list-style-type: none"> • The design of projects and programmes and the implementation of activities is based on the relevant policies and reflects the requirement throughout programme sites. • Staff are held accountable for the application of relevant policies and procedures at operational level, including through consistent quality assurance mechanisms. 	<p>Policies and procedures respond to the intent of the CHS requirement:</p> <ul style="list-style-type: none"> • Relevant policies and procedures exist and are accompanied with guidance to support implementation by staff. • Staff are familiar with relevant policies. They can provide several examples of consistent application in different activities, projects and programmes. • The organisation monitors the implementation of its policies and supports the staff in doing so at operational level.
<p>Score 3 means: The organisation conforms with this requirement, and organisational systems ensure that it is met throughout the organisation and over time.</p>		
4	<p>As 3, but in addition:</p> <ul style="list-style-type: none"> • Field and programme staff act frequently in a way that goes beyond CHS requirement to which they are clearly committed. • Communities and other external stakeholders are particularly satisfied with the work of the organisation in relation to the requirement. 	<p>As 3, but in addition:</p> <ul style="list-style-type: none"> • Policies and procedures go beyond the intent of the CHS requirement, are innovative and systematically implemented across the organisation. • 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.

Score	Key actions	Organisation responsibilities
		<ul style="list-style-type: none"> • They can relate the examples to improved quality of the projects and their deliveries.
<p>Score 4 means: 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>		
5	<p>As 4, but in addition:</p> <ul style="list-style-type: none"> • Actions at all levels and across the organisation go far beyond the intent of the relevant CHS requirement and could serve as textbook examples of ultimate good practice. 	<p>As 4, but in addition:</p> <ul style="list-style-type: none"> • Policies and procedures go far beyond the intent of the CHS requirement and could serve as textbook examples of relevant policies and procedures. • Policy and practice are perfectly aligned.
<p>Score 5 means: On top of demonstrating conformity and innovation, the organisation receives outstanding feedback from communities and people. This is an exceptional strength and a score of 5 should only be attributed in exceptional circumstances.</p>		

Addendum to the report – 2018-04-30

As per HQAI POL114 – Third party quality assurance policy, chapter 3.1- iv., Caritas Denmark decided in September 20th, 2017 to put in place an action plan that would lead to the closing or transformation of all its major non-conformities into minor non-conformities before the 20th of March 2018.

On the 19th of March 2018 Caritas Denmark submitted to HQAI its work plan as well as the documented evidence of its application at HO and country programmes. The work plan and all the evidence were submitted to the Lead auditor for review and analysis.

The detailed analysis of the lead auditor and documented evidence submitted by Caritas Denmark can be found in STD021 - CDK - Corrective Actions Plan revised - PM HQAI 2018-04-30. A summary of non-conformities is to be found below, section 2.

1. Recommendation

The lead auditor in charge of the audit reviewed the actions taken by Caritas Denmark to close its non-conformities as well as the evidence submitted. Additional evidence was requested on specific points related to commitments 3 and 5.

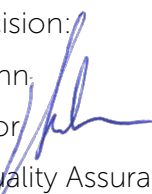
The conclusion of the lead auditor after a thorough review is that all major non-conformities had been closed by Caritas Denmark before March 20, 2018. Thus, certification is recommended.

2. Summary of non-conformities

Non-compliance	Type	Time for resolution
2017 - 3.3 Caritas Denmark programmes do not enable the development of local leadership and organisations in their capacity as first responders and promote an appropriate representation of marginalised and disadvantaged groups in local leadership and organisations	MINOR	2019-09-21
2017 - 3.8 Caritas Denmark does not ensure that its partners have systems in place to safeguard personal information collected from communities and people affected by crisis that could put them at risk.	MINOR	2018-09-21
2017 4.5 There is no policy or guidelines on information sharing. A culture of open communication was not observed in partners.	MINOR	Closed

2017 - 5.1 Communities and people affected by crisis are not consulted on the design, the implementation and the monitoring of complaints handling processes.	MINOR	2018-09-21
2017 - 5.2 Caritas Denmark does not ensure that stakeholders and beneficiaries know how they can make a complaint	MINOR	2019-09-21
2017 5.3 Caritas Denmark does not work with its partners to ensure they are aware of their obligation to manage complaints in a timely, fair and appropriate manner and prioritise the safety of the complainant.	MINOR	Closed
2017 - 5.4 Complaints handling processes that cover sexual exploitation and abuse of people, or other abuses of power are not finalised.	MINOR	2018-09-21
2017 5.5 Caritas Denmark have not established an organisational culture in which complaints are taken seriously and acted upon according to defined policies and processes nor does it work with its partner organisations to ensure that they have systems and a culture which ensure complaints are taken seriously	MAJOR	Closed
2017 - 5.6 Communities and people affected by crisis are not aware of the organisations commitment on prevention of sexual exploitation and abuse.	MINOR	2019-09-21
2017 5.7 Complaints that do not fall within the scope of the organisation are not referred to a relevant party in a manner consistent with best practice	MINOR	Closed
2017 - 8.9 Caritas Denmark has not ensured that policies are in place for staff wellbeing at partner level.	MINOR	2018-09-21
TOTAL Number of Non-conformities	7	


3. HQAI's decision

Certification	Intermediate audit
<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Preconditioned (Major CARs)	<input type="checkbox"/> Maintenance of certificate <input type="checkbox"/> Suspension of Certificate (Major CARs)
Deadlines: Maintenance audit before 2018-09-20 Mid-term audit before 2019-09-20 Second Maintenance audit before 2020-09-20	
Certification Decision: Pierre Hauselmann Executive Director  Humanitarian Quality Assurance Initiative	Date: 2018-04-30

4. Organisation's approval

Acknowledgement and acceptance of the final report.

Organisation's Representative Name and Signature:

Secretary General
 Janu Eursen


Date and Place:

2018/05/03
 Copenhagen