

# Diakonia Sweden

## Maintenance Audit 2 – Report – 2024/10/24

### 1. General information and audit activities

<b>Role / name of auditor(s)</b>	Jorge Menéndez Martínez	
<b>Audit cycle</b>	Second cycle	
<b>Opening Meeting</b>	<b>Date / number of participants</b>	<b>Any substantive issues arising</b>
	2024/09/12	None
<b>Closing Meeting</b>	2024/10/07	None
<b>Interviews</b>	<b>Position / level of interviewees</b>	<b>Number</b>
	Head Office Managers and Advisors	3
	Country Programme Staff	0

### 2. Actions and progress of organisation

#### 2.1 Significant change or improvement since previous audit

Since Maintenance Audit 1 (2023), Diakonia has been undergoing a restructuring process because one of its main donors informed Diakonia that there will be a significant reduction in available funds in 2025. Diakonia has designed a new organisational structure for its programmes and projects, aiming to decrease the structure cost and increase efficiency without reducing program quality and its commitment to the CHS. The organisation is currently developing a restructuring plan, which will start in January 2025 and is expected to end in September 2025.

Since the previous audit, Diakonia has developed the following key documents:

- Partnership policy that commits the organisation to engage more actively with and support and work through local civil society organisations and social movements to implement projects and programmes with and for rights-holders.
- Diakonia's Triple Nexus Roadmap is a practical toolkit that aims to support its staff and partners in making the links between Humanitarian Action, Development Work, and Peacebuilding efforts apparent and actionable. From a programme management perspective, the toolkit relies on the commonalities of the three approaches, ensuring a comprehensive and effective strategy.

Due to this restructuring, Diakonia has not been able to implement the action plan developed in 2023 to address the gaps; however, several actions have been conducted, such as:

- Diakonia has developed the new Humanitarian Operational Manual and Needs Assessment Tool.
- Diakonia has developed some actions to increase the IT security systems.
- Diakonia has consulted their partners about the Complaint and Incident Reporting Mechanisms (CIRM).

Diakonia shows a high level of commitment to addressing the issues raised in the Renewal Audit 2022; however, at the time of this audit, due to the restructuring process, the action plan has been delayed, but the organisation is committed to addressing the gaps before the next Renewal Audit in 2025.

Diakonia refers to communities and people affected by the crisis as rights-holders to reflect the organisation's rights-based approach; this audit report also uses the terminology of rights-holders.



## 2.2 Summary of actions completed since the previous audit to address open CARs

Corrective Action Requests (CAR)	Type and resolution due date	Progress made to address the CAR and in response to the findings of the indicator	Evidence (doc no., KII)
2022-1.2: Diakonia does not consistently ensure that its partners conduct impartial assessments of needs in order to design and implement appropriate humanitarian projects.	Minor  By 2025 (RA)	<p>In 2024, Diakonia developed the new Humanitarian Operational Manual and Needs Assessment Tool to guide its humanitarian response operations. The manual provides practical guidance on ensuring that the organisational capacities, preparedness plans, and relief response supported by Diakonia meet the humanitarian sector's best practices, including the CHS. The Need Assessment Tool provides the steps that staff and partner staff must take to ensure the engagement and participation of rights holders, including in needs assessment.</p> <p>At the time of this audit, the new Humanitarian Operational Manual and Needs Assessment Tool is not yet approved and is expected to be approved by the end of 2024 or early 2025.</p> <p>The Renewal Audit in 2025 will assess if impartial needs assessments are effectively conducted by partners and if rights-holders are engaged in needs assessments.</p>	MA1ORG6 ORG1, ORG4.
2022-3.8: Diakonia does not support POs to establish systems to safeguard personal information collected from rights-holders.	Minor  By 2025 (RA)	<p>Since the previous audit, Diakonia has sought to improve its IT security systems. The organisation has conducted an analysis to review how Diakonia staff log into Microsoft 365 and ensure that unused accounts are de-registered. It has also contracted a company to raise staff awareness of IT security and ensure that all employees follow these security recommendations.</p> <p>However, at the time of this audit</p> <ul style="list-style-type: none"> <li>- Diakonia did not update the Data Protection Policy to ensure safe data storage, transparency and accountability towards rights-holders as it had planned (see Maintenance Audit 1 report).</li> <li>- Diakonia did not update the partnership assessment or implement any actions to ensure that partner organisations have a policy and functional systems in place to safeguard any personal information collected from rights-holders.</li> </ul>	MA1ORG7, ORG8
2022-5.1: Diakonia does not systematically consult its partners as community representatives on the design, implementation and monitoring of its own Complaints and Incident Reporting Mechanism.	Minor  By 2025 (RA)	<p>Since 2023, the new senior business controller has been in charge of developing a participatory methodology for the Complaint and Incident Reporting Mechanisms (CIRM). Despite the challenges posed by the Restructuring process, the organisation remains steadfast in its commitment to finalising the methodology as planned in the CAR Action Plan before the Renewal audit in 2025.</p> <p>At the time of this audit, the organisation has carried out a consultation with its partners on the CIRM that will serve as the basis for the new methodology. Diakonia aims for the new methodology to be inclusive and provide clear guidance to Country Programmes on how partners and community representatives can actively participate in the design, monitoring and implementation of the CIRM. This approach aims to ensure</p>	MA1ORG7, ORG7

		that all voices are heard and considered in the process. The methodology is expected to be finalised by 2025.	
--	--	---	--

### 2.3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2022-1.2: Diakonia does not consistently ensure that its partners conduct impartial assessments of needs in order to design and implement appropriate humanitarian projects.	Minor	Open	By 2025 (RA)
2022-3.8: Diakonia does not support POs to establish systems to safeguard personal information collected from rights-holders.	Minor	Open	By 2025 (RA)
2022-5.1: Diakonia does not systematically consult its partners as community representatives on the design, implementation and monitoring of its own Complaints and Incident Reporting Mechanism.	Minor	Open	By 2025 (RA)
<b>Total Number of open CARs</b>	3		

## 3. Lead Auditor Recommendation

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

I recommend maintenance of certification.

**Name and signature of lead auditor:**



Jorge Menéndez Martínez


**Date and place:**

Buenos Aires, 7 October 2024

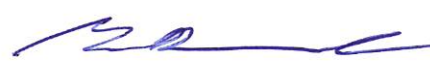
## 5. HQAI decision

<input checked="" type="checkbox"/> Certificate maintained <input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate reinstated <input type="checkbox"/> Certificate withdrawn
<b>Renewal audit before 2025/09/08</b>	



<b>Name and signature of HQAI Executive Director:</b>  Désirée Walter 	<b>Date and place:</b>  Geneva, 24 October 2024
---	---

## 6. Acknowledgement of the report and request to proceed to the renewal audit

<b>Space reserved for the organisation</b>	
Any reservations regarding the audit findings and/or any remarks regarding the behaviour of the HQAI audit team:  If yes, please give details:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Acknowledgement and Acceptance of Findings:</b>  I acknowledge and understand the findings of the audit  I accept the findings of the audit  I request HQAI to proceed to the renewal audit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name and signature of the organisation's representative:</b>   MATTIAS BRUNANDER	<b>Date and place:</b> 25 OCTOBER 2024 STOCKHOLM

## Appeal

In case of disagreement with the quality assurance decision, the organisation can appeal to HQAI within 14 workdays after being informed of the decision.

HQAI will transmit the case to the Chair of the Advisory and Complaint Board who will confirm that the basis for the appeal meets the appeals process requirements. The Chair will then constitute an appeal panel made of at least two experts who have no conflict of interest in the case in question. The panel will strive to come to a decision within 45 workdays.

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><b>Score 0:</b> 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"> <li>Independent verification: major weakness.</li> <li><b>Certification:</b> major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issued or immediate suspension of certificate.</li> </ul>
1	Your organisation is making efforts towards applying this requirement, but these are not systematic.	<p><b>Score 1:</b> 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"> <li>Independent verification: minor weakness.</li> <li><b>Certification:</b> minor non-conformity, leading to a minor corrective action request (CAR).</li> </ul>
2	Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed.	<p><b>Score 2:</b> 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"> <li>Independent verification and certification: observation.</li> </ul>
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><b>Score 3:</b> indicates full conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <li>Independent verification and certification: conformity.</li> </ul>
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><b>Score 4:</b> indicates an exemplary performance in the application of the requirement.</p>

\* Scoring Scale from the CHSA Verification Scheme 2020

