

# Caritas Denmark (CDK)

## Maintenance Audit 1 – Report - 2025/04/16

### 1. General information and audit activities

Role / name of auditor(s)	Lead auditor / Meur Elisabeth	
Audit cycle	Third cycle	
Opening Meeting	Date / number of participants	Any substantive issues arising
	10.03.2025/10	-
Closing Meeting	31.03.2025/5	-
Interviews	Position / level of interviewees	Number
	Management	2
	Staff	4

### 2. Actions and progress of organisation

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

Since the last audit, CDK has taken significant steps to address the Corrective Action Request (CAR) and the observations. The CDK management and staff remain committed to the CHS audit response and are coordinating corrective actions at both strategic and programmatic levels. The Accountability Coordinator manages the response process.

CDK is in the midst of an important strategic period, both at organisational and national level. CDK is working on the development of its new organisational strategy (2025-2030), supported by a newly appointed strategic coordinator (Jan. 2025). The Strategic Partnership (SPA) period with the Danish Ministry of Foreign Affairs (MFA) has been extended by one year (until 2026) and the new DANIDA (Danish Development Cooperation under the MFA) strategy is expected to be published in the summer of 2025. During this period, CDK is taking advantage of several evaluations to work on its quality and accountability management systems: the MFA programme review, the Caritas Internationalis Management Standards (CIMS) evaluation, the CHS audit, the partnership evaluation, and a staff assessment to map staff competencies and potential gaps. CDK is considering to rejoin the CHS Alliance to strengthen its international and national positions and to influence the debate on quality and accountability.

Based on 2024 audit report, CDK developed a detailed Action plan covering the observations and the CAR from the previous audit. This document is regularly updated, and it includes action points, roles, responsibilities, supporting documentation, and timeframes.

At the policy level, the International Manual was adopted in 2024 and a new MEAL coordinator was appointed to continuously improve the MEAL system. The International Manual makes clear CDK's commitment to the CHS and the MEAL coordinator works to achieve an effective approach to MEAL that balances MFA requirements, local partner ownership, and the principle of subsidiarity. The International Manual will be updated in 2025 to reflect CDK's evaluation requirements. In the meantime, CDK has developed Terms of Reference (ToR) for locally-led end-of-programme evaluations for country programmes. These ToR focus on quality, accountability, and sustainability.

The Environmental policy has not yet been adopted and is still under development. This is due to the partial renewal of the Board (two new members and a new Chair have been appointed in 2024), the new strategic period, and the need to coordinate environmental requirements at organisational and programme level.

New reporting and monitoring templates also address some gaps. The Partner Visit Report includes discussion points with partners on areas of weaknesses identified during the last audit, and particularly in relation to information

sharing with communities and awareness raising. Discussing community awareness is part of the usual monitoring discussions between CDK and its partners.

CDK is a reflective organisation, constantly striving to improve quality and accountability to its partners and communities. The organisation remains strongly committed to the CHS and is taking strategic steps to address the gaps identified in the previous audit, while maintaining its commitment to the principle of subsidiarity, safe and dignified programming, the local leadership strategy, and the nexus approach.

## 2.2 Summary on corrective actions

Corrective Action Requests (CAR)	Type and resolution timeframe	Progress made to address the CAR and in response to the findings of the indicator	Evidence (doc no., KII)
2024 – 5.6: CDK does not sufficiently support its partners to ensure, monitor and assess the level of awareness of communities regarding expected staff behaviour and especially the commitment made on the prevention of sexual exploitation and abuse.	By 2027 RA	<p>The MA found that CDK is on track to address this CAR. Indeed, CDK's Action plan, following the last audit report, includes possible directions and questions on how best to address this CAR and to develop a culturally adapted system.</p> <p>While, the Action plan does not yet develop specific measures to address this CAR, the International Manual (2024) and several monitoring and reporting tools show progress in the way CDK assesses and monitors partners' awareness raising activities on expected staff behaviour. The International Manual (2024) refers to the CHS audit and commits CDK to ensure that communities are aware of the expected behaviour of the staff implementing the programme.</p> <p>The Partner visit report for Programme Coordinators includes specific questions on raising awareness in communities about expected staff behavior. Then, the Bi-Annual and Annual reports include specific questions on the type of awareness raising activities on expected staff behaviour carried out by CDK's partners. Finally, the Quartely Logical Framework Approach (LFA) Progress report requires partners to attach their Complaints and Feedback report.</p>	<p>Documents: 7, 12, 13, 14.</p> <p>Interviews with management and staff.</p>

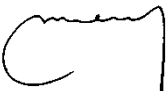
## 3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2024 – 5.6: CDK does not sufficiently support its partners to ensure, monitor and assess the level of awareness of communities regarding expected staff behaviour and especially the commitment made on the prevention of sexual exploitation and abuse.	Minor	Open	By 2027 RA
<b>Total Number of open CARs</b>		1	

## 4. Claims Review

<b>Claims Review conducted</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Follow-up required</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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## 5. Lead auditor recommendation

<p>In my opinion, CDK has demonstrated that it is taking necessary steps to address the CAR identified in the previous audit and continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability.</p> <p>I recommend maintenance of certification.</p>	
<p>Name and signature of lead auditor: Meur Elisabeth</p> 	<p>Date and place: 16.04.2025, Malbuisson (FR)</p>

## 6. HQAI decision

<input checked="" type="checkbox"/> Certificate maintained <input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate reinstated <input type="checkbox"/> Certificate withdrawn
<p>Surveillance audit before: 2026/04/16</p>	
<p>Name and signature of HQAI Executive Director: Désirée Walter</p> 	<p>Date and place: Geneva, 16 April 2025</p>

## 7. Acknowledgement of the report by the organisation

<p>Space reserved for the organisation</p>	
<p>Any reservations regarding the audit findings and/or any remarks regarding the behaviour of the HQAI audit team:</p> <p>If yes, please give details:</p>	<p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
<p><b>Acknowledgement and Acceptance of Findings:</b></p> <p>I acknowledge and understand the findings of the audit</p> <p>I accept the findings of the audit</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>Name and signature of the organisation's representative: Maria Krabbe Hammershøy</p> 	<p>Date and place: 24.04.2025, Denmark</p>

## 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 – Appeals 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