



Adventist Development Relief Agency
Denmark (ADRA DK)

CHS Verification

Mid-term Audit Report

ADRADK-MTA-2019
2019-11-13

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1. General information

1.1 Organisation

Organisation	ADVENTIST DEVELOPMENT RELIEF AGENCY DENMARK (ADRA DK)		
Type	<input type="checkbox"/> National <input checked="" type="checkbox"/> International <input type="checkbox"/> Membership/Network <input type="checkbox"/> Federated <input type="checkbox"/> Direct assistance <input checked="" type="checkbox"/> Through partners		
Mandate	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input checked="" type="checkbox"/> Advocacy		
Verified Mandate(s)	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input checked="" type="checkbox"/> Advocacy		
Size (Total number of country programmes/ members/partners – Number of staff at HO level)	8 Country programmes	Sampling Rate (Country programme sampled)	1 field visit, 1 remote audit
Lead auditor		Auditor	Cath Blunt
		Others	
	Head Office	Country programme(s)	
Location	Denmark (remote interviews)	ADRA Malawi	
Dates	9 th , 10 th September 2019	23 rd – 27 th September 2019	

1.2 Indicators verified at the Mid Term Audit

CHS Commitment	Organisational Responsibilities	Key Actions
1	1.4 1.5 1.6	1.1 1.2 1.3
2	2.6 2.7	2.1 2.2 2.3 2.4 2.5
3	3.7 3.8	3.1 3.2 3.3 3.4 3.5 3.6
4	4.5 4.6 4.7	4.1 4.2 4.3 4.4
5	5.4 5.5 5.6 5.7	5.1 5.2 5.3
6	6.5 6.6	6.1 6.2 6.3 6.4
7	7.4 7.5 7.6	7.1 7.2 7.3
8	8.4 8.5 8.6 8.7 8.8 8.9	8.1 8.2 8.3
9	9.6	9.1 9.2 9.3 9.4 9.5

2. Schedule summary

2.1 Verification Schedule

Name of Country programmes/members/partners verified	Location	Mandate (Humanitarian, Development, Advocacy)	Number of projects visited	Type of projects
ADRA Syria	Syria	Humanitarian	Remote visit	Education, WASH, Shelter
ADRA Malawi	Malawi	Development, Advocacy	2 sites	Action for Social Change

2.2 Opening and closing meetings

2.2.1 Remote visit of Head Office:

	Opening meeting	Closing meeting
Date	9 th September 2019	2 nd October
Location	Denmark – via skype	Denmark – via skype
Number of participants	5	6
Any substantive issue arising	None	Monitoring of complaints practice and policy in the field, issues with Information template for partners and subsequent lack of understanding by communities of partner SEA commitments.

2.2.2 On-site visits at Country programme(s):

	Opening meeting	Closing meeting
Date	23 rd September	27 th September
Location	Blantyre, Malawi	Blantyre, Malawi
Number of participants	7	5
Any substantive issue arising	None	Mismatch between Complaints process and Policy, Information Policy.

3. Recommendation

In my opinion, ADRA Denmark has implemented its workplan to address the major and minor CARs identified in the previous audit. I recommend maintenance of the registration in the independent verification programme.

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

Lead Auditor's Name and Signature

Cath Blunt



Date and Place:

18th October 2019

Canberra Australia

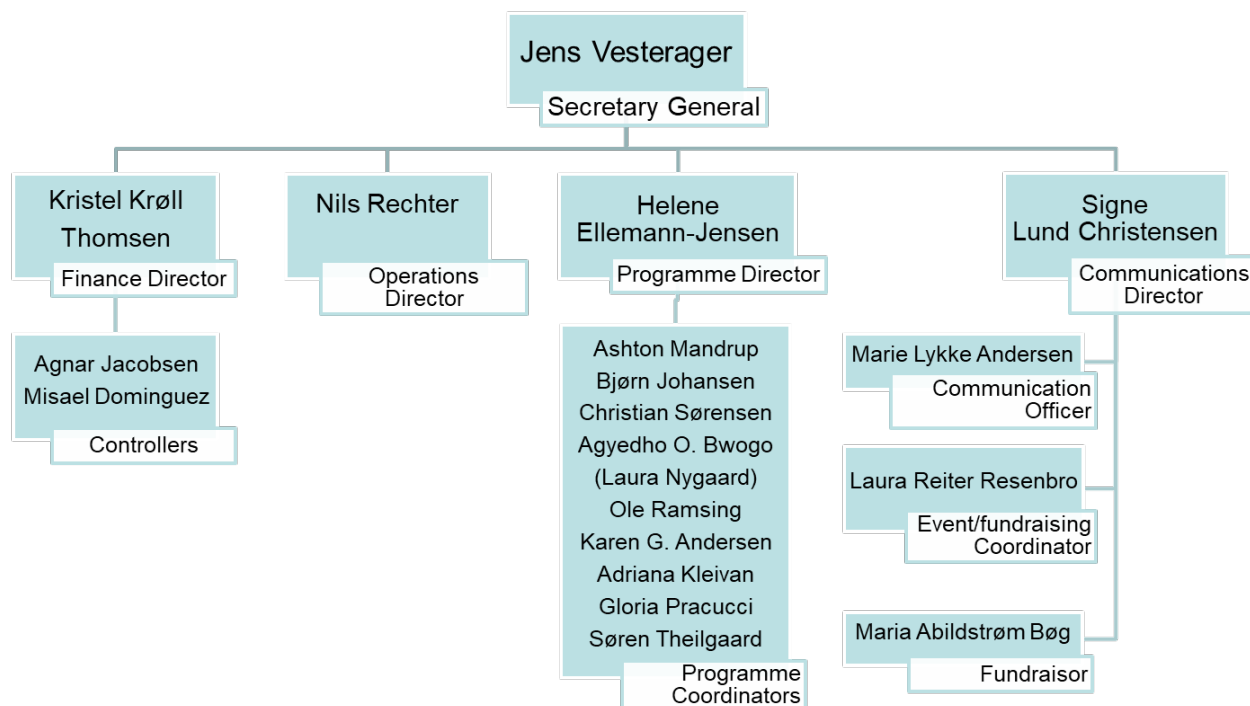
4. HQAI Quality Control

First Draft	2019-10-22
Final Draft	2019-11-13

5. Background information on the organisation

5.1 Organisational structure and management system

ADRA DK (Adventist Development Relief Agency Denmark) is a faith based Danish humanitarian organisation established in 1987. Since the Initial Audit (IA) in 2017 the Management team has increased from three to five people with the addition of the Communications and Operations Directors. The organisation reports that the inclusion of additional senior staff and weekly meetings has streamlined decision making within ADRA DK. There are no changes to the governance structure. The Board is aware of the progress made by ADRA DK as they have approved policy changes over the last two years (e.g. Complaints, Protection, Fraud and Whistleblowing). ADRA DK is strongly committed to complying with the Core Humanitarian Standards (CHS) and addressing the non-conformities identified at the IA. This is evidenced by the organisation's progress on meeting its workplan, the recruitment of permanent additional staff and the range of activities undertaken to work with partners on highlighted weaknesses.



5.2 Organisational quality assurance

Since the IA in 2017, ADRA DK and ADRA's global governance body ADRA International (AI) have made significant changes to organisational and global network mechanisms and processes that are relevant to quality assurance and compliance with the CHS.

ADRA DK developed a permanent role for a Monitoring and Evaluation and Accountability Advisor in 2019 to strengthen its internal capacity to deal with CHS compliance related issues, particularly complaints processes amongst partners. The organisation has developed the role of Protection Officer (held by the Secretary General) to orientate staff on Protection policies and ensure the signing of the Code of Conduct, in Denmark and amongst partners. The organisation's Programme Manual has been updated several times since the IA, and again this year, to reflect policy and practice changes made as part of its workplan.

ADRA International released the newly developed ADRA Accreditation and Licensing program (AAL) in February 2019. This process involves self-assessment and submission of supporting documents reviewed externally by ADRA International Regional Offices. The Guidelines state that the CHS Commitments are included in the standards.

ADRA International also developed a Protection Policy which must be used as a basis for all ADRA DK and Country Offices' policies in this area. It requires that all complaints involving sexual exploitation and abuse must be referred to the ADRA International Protection Officer.

ADRA DK invited the AI Protection Officer to conduct an on-site audit of ADRA DK Protection policies and processes. This has resulted in an action plan to address the weaknesses identified within the one year timeframe established.

5.3 Work with Partners

ADRA DK works exclusively through partners and this has not changed since the IA. However, there are now additional mechanisms introduced at ADRA DK and supports from ADRA International, that assist the organisation to work more effectively through its partners.

All ADRA DK's partners have participated in the AAL process, and staff are hopeful that the results of the assessment will assist in a more co-ordinated capacity building approach amongst the regional and global network. The AAL process also recommended improvements in the way that ADRA DK works with its partners and this is being enacted via the workplan.

ADRA DK's Partnership Agreement template was modified in 2018 to include CHS principles. It requires adherence to AI Protection policies (PSEA, Child Protection, Gender Based Violence) and requires the partner to provide communities affected by crisis with a complaints process. The Agreement also states that ADRA DK will monitor adherence to these policies. The organisation has also made a new commitment to meet every two years with its partners to disseminate new policies and exchange learning. The first meeting was held in 2017 and the next will be held early in 2020 (delay due to the HQAI and donor audit).

5.4 Verification history

Initial Audit	Preconditioned 25 th July 2017
Maintenance Audit	10 th September 2018

6. Sampling

6.1 Rationale for sampling

ADRA DK works in 8 countries and according to the HQAI sampling formula must have one field and one remote visit at the MTA. The random sampling tool developed by HQAI selected Syria and Malawi. The auditor chose to visit Syria as no humanitarian programme was visited at the IA, and on ADRA DK advice, there was no other humanitarian programme operative which was safe to visit. Unfortunately, as the auditor was visiting the USA straight after the audit, (and the visa waiver program to the USA does not operate if a visit to Syria has occurred in the last five years), there was insufficient time available in Australia at the US Embassy for a visa interview to occur prior to the audit. For this reason, Malawi was visited and a remote review of Syria undertaken.

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 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.

6.2 Interviews:

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

Position of interviewees	Number of interviewees
Head Office	
Secretary General	1
Director	3
Programme coordinator/advisor	5
Partner – ADRA Malawi (field visit)	
Director (Head Office - HO)	3
Manager (HO)	4
Co-ordinator Regional Office (RO)	1
Field staff	1
Partner – ADRA Syria (remote)	
Country Director/Program director	2
Co-ordinator/project manager	2
Total number of interviews	22

5.2.2 Group Discussions (interviews with a group >6

Type of Group	Number of participants	
	Female	Male
Farmer Co-operative (Mpapa)	10	3
Reflect circle advocacy (Mbosongwe)	14	4
Traditional leaders (Kawinga)	7	8
Health support group (HIV) Mponda support group	9	5
Village savings group– Mwaiwathu VSLA	14	1
Liwonde Community Based Organisation	4	12
Total number of participants	58	33

7. Report

7.1 Overall organisational performance

ADRA DK has implemented its workplan since the Initial Audit in 2017 to address the systemic weaknesses identified at that time. As a result, the organisation has markedly increased its compliance with the CHS. It has reduced weaknesses by half, with improvements most notable in avoiding negative effects. This has been achieved through changes to the Programme Manual, including risk assessment as a stage in the project cycle and in the Theory of Change model used to define desired programme outcomes. Risks of sexual exploitation and abuse (SEA) by staff have been addressed by Protection Policy and practice review, utilising specialist external ADRA International staff to assess ADRA DK Protection processes and dedicating staff resources to implement the Policy and monitor compliance by partners. Detailed guidance, tools and templates have been developed to be used at the programme design and quarterly reporting stage. These require staff and partners to formally address risk, analyse the context and stakeholders, collect disaggregated data and monitor outcomes. Support has been provided to partners to develop contextualised information plans. However, the organisation has not yet supported partners to develop systems to safeguard personal information collected that may put communities at risk.

ADRA DK has implemented its workplan for welcoming and addressing complaints, however more work with partners is required on this Commitment. The permanent staff position responsible for monitoring and supporting partners to develop and implement complaints handling processes has provided practical assistance as well as tools, templates and checklists for staff and partners. Weaknesses identified in consulting communities on the design and documentation of complaints handling processes and referral processes have been addressed. The organisation continues to promote and welcome complaints. Weaknesses remain in how partners are supported to manage complaints, implement processes in line with documented policies and ensure that communities are fully aware of ADRA DKs commitments on SEA. These need to be verified in the field at the reverification audit.

7.2 Summary of corrective action requests

Corrective Action Requests	Type (Minor/Major)	Original deadline for resolution	Status of CAR at MTA	Time for resolution
2017-3.6: ADRA DK does not formally identify all potential and actual unintended negative effects in a timely and systematic manner.	Minor	2019-01-25	Closed	
2017-3.8: ADRA DK does not have systems to safeguard personal information collected from communities and people affected by crisis and does	Minor	2019-01-25	Open	Extended to 2021-10-19

not formally work with partners to develop systems to safeguard personal information collected by them.				
2017-4.1 ADRA DK does not support partners to develop contextualised information sharing plans to ensure they share information about its values, principles or staff behaviour.	Minor	2018-07-25	Closed	
2017-5.1 ADRA DK does not support its partners to consult communities on any aspects of complaints handling mechanisms.	Minor	2018-01-25	Closed	
2017-5.3 ADRA DK does not support partners to manage complaints.	Major	2018-01-25	Minor	Extended to 2021-10-19
2017-5.4 ADRA DK does not track partner's development or implementation of complaints mechanisms or support partners to develop complaints mechanisms.	Minor	2018-01-25	Closed	
2017-5.5 ADRA DK has not yet developed an organisational culture in which complaints are taken seriously and acted upon according to defined policies and processes.	Minor	2018-01-25	Open	Extended to 2021-10-19
2017-5.6 ADRA DK does not support its partners to communicate expected behaviour by its staff to communities.	Minor	2018-01-25	Open	Extended to 2021-10-19
2017-5.7 ADRA DK does not support its partners to refer out-of-scope complaints to relevant parties.	Minor	2018-01-25	Closed	

7.3 Strong points and areas for improvement:

Commitment 1: Humanitarian assistance is appropriate and relevant

Score: 2.8

The Initial Audit (IA) observed that ADRA DK did not support partners working in development contexts to analyse stakeholders. Its policies and strategies did not commit to working with the most in need. The organisation's policies more broadly did not recognise or commit to collecting disaggregated data on important diversities such as disability.

ADRA DK addressed these issues by revising its Programme Manual (PM) and devising checklists and modifying partner project planning and reporting documents to include stakeholder analysis and the collection of broader diversity considerations.

The organisation continues to comply with designing and adapting programmes based on impartial assessment of needs, risks, vulnerabilities and capacities. Processes continue to be in place for analysing context. Checklists and templates devised have yet to be socialised with partners.

Feedback from people affected by crisis and communities on Commitment 1

Communities stated that ADRA DK's partner based programmes on their needs and capacities. These were established at group inception and revisited during implementation. Programmes changed as communities became better at learning how to advocate for themselves and as issues arose in the community (e.g. early child marriages). Programmes offered were available to those who fitted the profile of the group, were willing to participate or were selected by their communities.

Commitment 2: Humanitarian response is effective and timely

Score: 3

The IA observed that development programmes were not designed using the ADRA DK risk assessment tool, and that outcomes were not systematically monitored and poor performance identified. The organisation did not have guidance on how monitoring results were used to adapt and improve programmes or an organisational development plan to ensure that commitments were in line with capacities.

ADRA DK addressed these issues by revising its PM to include risk assessment as a stage in the project management cycle and providing formal guidance on reviewing risk in programme design models used for development and humanitarian programmes on a quarterly basis with partners. Guidelines for monitoring visits by ADRA DK staff and programme planning and reporting templates have been modified accordingly. Staff capacities have been formally recorded and assessment occurs during performance appraisal. The organisation will not develop an organisational development plan due to their small size. Partner capacity is now additionally assessed via the recently introduced ADRA Accreditation and Licencing program. ADRA DK continues to deliver humanitarian response in a timely manner, refer and advocate for needs to be addressed and use relevant technical standards.

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

Communities state that programmes are safe as they design the programme with ADRA staff. Involving traditional leaders makes it safe for community groups to discuss challenging issues. Communities and stakeholders confirmed that ADRA DK's partner was timely in response but felt that the field officers were stretched. Stakeholders reported staff levels matched tasks required.

Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects

Score: 2.6

ADRA DK had a minor non-conformity at the IA because it did not support partners to identify or act upon potential or unintended negative effects in safety and security, dignity and rights; sexual exploitation and abuse by staff; culture, gender, social and political relationships; livelihoods, the local economy and the environment. It also did not have systems in place to support partners to safeguard personal information collected from communities.

It was observed that it did not have formal procedures or assist partners to identify existing risk assessments, exit strategies and prevention of SEA by staff.

The organisation addressed unintended negative effects of both humanitarian and development programmes by systematising its formal guidance in manuals, policies, planning and reporting templates and checklists. These will be introduced to partners in the next quarter. Unintended effects from SEA by staff has been addressed by the newly created role of Protection Officer who is responsible for raising awareness amongst staff and partners on protection issues and ensuring the implementation of the Protection Policy. Obligations (now contained in partner agreements) re undertaking training and signing the organisation's/partners Code of Conduct are monitored. All SEA complaints in the organisation now go via the Protection Officer to ADRA International. Assistance was sought from the international body to assess ADRA DK's protection policies and processes. An action plan to be completed in 2020 is underway. These initiatives closed the non-conformity, however the observation is made that policies and processes have yet to be realised in the field with partners. Little progress has been made on supporting partners to safeguard personal information of communities and this corrective action remains.

Exit and sustainability strategies are in the PM and partners are well linked into and participate in shared risk assessments.

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

Communities stated that they were involved in designing the programmes and so felt safe accessing them. Programmes positively affected the local economy as they had money to buy goods, were using improved farming methods and could better access services through increased knowledge of them. Community groups varied in their understanding of when partners are concluding projects. Groups are not dependent and most said they would keep on going if ADRA DK's partner pulled out. Communities stated that programs built on existing village structures and helped them to improve their lives and those of their communities.

Commitment 4: Humanitarian response is based on communication, participation and feedback

Score: 2.6

At the IA ADRA DK had a minor non-conformity in this commitment as it did not support partners to develop contextualised information sharing plans to ensure they shared information about their values, principles or staff behaviour. It also had a minor non-conformity as it did not have an Information Policy – this was closed at the Maintenance Audit. It was also observed that ADRA DK did not have formal approval processes for the organisation's own communication materials.

Since then, ADRA DK has developed a template, checklist and tool and provided on the ground support for partners to develop their own information sharing plans and this has closed the non-conformity. ADRA DK now has formal sign off processes on the organisation's communication materials.

However, there are inconsistencies between the support materials and the new practices have not flowed down to the field. Feedback on programme quality is obtained informally and is not disaggregated.

The organisation continues to communicate appropriately in a variety of media and ensures policies are in place for the inclusive participation of communities.

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

Communities generally have a good idea about the partner organisation but are not aware of the behaviours expected by staff. They report that staff provide clear communication in multiple formats. Communities are involved at all stages of the programmes, as it is both their ideas and the partner's that decide what issues to focus on.

Commitment 5: Complaints are welcomed and addressed

Score: 1.9

At the IA ADRA Dk had a major non-conformity supporting partners to manage complaints appropriately, which was reduced to a minor at the Maintenance Audit due to initiatives undertaken to monitor partner complaints processes. It also had minor non-conformities consulting with communities, documenting complaints handling processes, including programmatic and SEA in the scope of complaints received, referral of complaints and ensuring that communities are fully aware of organisational commitments on SEA. It also did not have a culture of taking complaints seriously and acting upon complaints according to defined policies and processes.

ADRA DK has addressed many of these weaknesses, by creating a permanent staff position to work one on-one with partners to assist them to develop and implement their complaints handling processes. ADRA DK has developed resources such as policy templates, tools and checklists for partners and included reporting on complaints in ADRA DK monitoring visits and quarterly reporting templates. All SEA complaints must be referred to AI for resolution.

These initiatives have closed indicators relating to involving communities in the development of complaint handling processes, having documented complaints handling policies and referral of complaints. The organisation continues to welcome and promote complaints handling processes.

However, the practice of managing complaints appropriately and the organisational culture of taking complaints seriously and enacting policies as described is still not fully developed. Practices cannot be verified due to the newness of initiatives undertaken. Communities are not aware of ADRA's organisational commitments on SEA. CARS on these indicators therefore remain open.

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

Communities are divided on how much partners involved them in the choice of how to make a complaint but know that community members are going to be involved in the implementation and monitoring of the process. Communities and stakeholders are aware of the new complaints process, its scope and how and where to make a complaint. As it is a new initiative communities had no experience of how ADRA DK's partner manages complaints. They are not aware of organisational commitments on the prevention of SEA.

Commitment 6: Humanitarian response is coordinated and complementary

Score: 3

At the IA ADRA DK identified the roles of different stakeholders, ensured that programmes complimented national and other authorities, participated in and collaborated with relevant co-ordination bodies and shared relevant information with stakeholders. Its policies and strategies had a clear commitment to co-ordination and collaboration. It was observed that partner constraints were not included in partner agreements. This issue has been addressed through revision of the partner agreement template.

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

Communities and stakeholders stated that ADRA DK's partner did not duplicate services and worked well with other government and non-government agencies.

Commitment 7: Humanitarian actors continuously learn and improve

Score: 2.8

At the IA ADRA DK drew on lessons learnt to design programmes and shared learning internally and externally. It was observed that the organisation did not use learning from complaints to implement changes and that it did not support partners to contribute to learning and innovation within the sector.

The observation on learning from complaints still remains, as country office and organisational templates are new and complaints have not been compiled and analysed. ADRA DK has initiated partner meetings every two years for learning to be shared amongst partners and has supported partners with funding to initiate innovative livelihood enhancement programmes.

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

Communities worked on the program together with ADRA DK's partner and shared experiences with them about it.

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

Score: 2.9

At the IA it was observed that ADRA DK did not sufficiently outline its approach to non-discrimination in hiring practices. Its Code of Conduct did not mention SEA and it did not monitor partners' use of Codes or support their development.

Since then ADRA International has devised a Protection Policy that all ADRA's must abide by, which includes a Code of Conduct involving SEA and other abuses of power. ADRA DK has established a Protection Officer who checks partner compliance with the Protection Policy and ensures that all country office staff have signed the Code and undertaken relevant training.

ADRA DK has not revised its approach to non-discrimination in employment as this will occur at the end of 2019 when the Human Resources Manual is due to be revised.

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

Communities stated that staff are well trained and competent.

Commitment 9: Resources are managed and used responsibly for their intended purpose

Score: 3

At the IA ADRA DK had minor non-conformities on this commitment relating to a lack of policies regarding management of resources which were resolved at the Maintenance Audit. It was observed that policies did not adequately address allocation of funds and gifts in kind, how resources should be used in an environmentally responsible way and how audits were conducted.

. Allocation of funds is guided by ADRA International requirements. The organisation has developed a draft Environment Policy and audit instructions were included in the last finance manual update in 2018 and are included in partner agreements.

The organisation continues to design programmes using resources efficiently, minimises waste, monitors and reports expenditure against budget and manages the risk of corruption and takes action if identified. ADRA DK does not accept gifts in kind nor do its partners however this is not detailed in financial policies.

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

Communities and stakeholders stated that ADRA DK's partner is careful with its resources and is not wasteful.

8. Organisation's report approval

Acknowledgement and Acceptance of Findings

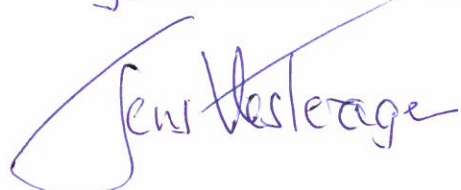
For Organisation representative – please cross where appropriate

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

JENS VESTERAGER


Name and Signature

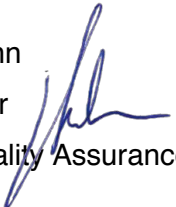
Narum Denmark

3/12-2019

Date and Place

2019-11-13

9. HQAI's decision

Independent Verification Decision	
Registration in the verification scheme:	
<input checked="" type="checkbox"/> Maintained	<input type="checkbox"/> Reinstated
<input type="checkbox"/> Suspended	<input type="checkbox"/> Withdrawn
Next audits	
Before date: type of audit (MTA or re-verification/certification, as relevant)	
Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative 	Date:

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 in writing HQAI 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 – Appeals Procedure.

Annex 1: Explanation of the scoring scale

0	<p>A score of 0 denotes a weakness that is so significant that it indicates that the organisation is unable to meet the required commitment. This is a major weakness to be corrected immediately.</p>
	<p>EXAMPLES:</p> <p>Operational activities and actions contradict the intent of a CHS commitment.</p> <p>Policies and procedures contradict the intent of the CHS commitment.</p> <p>Absence of processes or policies necessary to ensure compliance at the level of the commitment.</p> <p>Recurrent failure to implement the necessary actions at operational level make it impossible for the organisation to ensure compliance at the level of the commitment.</p> <p>Failure to implement corrective actions to resolve minor non-conformities in the adequate timeframes (for certification only)</p> <p>More than half of the indicators of one commitment receive a score of 1 (minor non-conformity), making it impossible for the organisation to ensure compliance at the level of the commitment. (for independent verification or certification only)</p>
1	<p>A score of 1 denotes 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 the commitment.</p>
	<p>EXAMPLES:</p> <p>There are a significant number of cases where the design and management of programmes and activities do not reflect the CHS requirement.</p> <p>Actions at the operational level are not systematically implemented in accordance with relevant policies and procedures.</p> <p>Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment.</p> <p>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.</p> <p>Absence of mechanisms to monitor the systematic application of relevant policies and procedures at the level of the requirement/commitment.</p>
2	<p>A score of 2 denotes an issue that deserve attention but does not <u>currently</u> compromise the conformity with the requirement.. This is worth an observation and, if not addressed may turn into a significant weakness (score 1).</p>
	<p>EXAMPLES:</p> <p>Implementation of the requirement varies from programme to programme and is driven by people rather than organisational culture.</p> <p>There are instances of actions at operational level where the design or management of programmes does not fully reflect relevant policies.</p> <p>Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment.</p>
3	<p>The organisation conforms with this requirement, and organisational systems ensure that it is met throughout the organisation and over time.</p>
	<p>EXAMPLES:</p> <p>Relevant policies and procedures exist and are accompanied with guidance to support implementation by staff.</p> <p>Staff are familiar with relevant policies. They can provide several examples of consistent application in different activities, projects and programmes.</p> <p>The organisation monitors the implementation of its policies and supports the staff in doing so at operational level.</p>

	Policy and practice are aligned.
4	<p>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> <p>EXAMPLES:</p> <p>Field and programme staff act frequently in a way that goes beyond CHS requirement to which they are clearly committed.</p> <p>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. They can relate the examples to improved quality of the projects and their deliveries.</p> <p>Communities and other external stakeholders are particularly satisfied with the work of the organisation in relation to the requirement.</p> <p>Policies and procedures go beyond the intent of the CHS requirement, are innovative and systematically implemented across the organisation.</p>