



Caritas Denmark
CHS Certification
Maintenance Audit Report

MA1-2018-005

Date: 2018-11-13

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1. General information

Organisation	Caritas Denmark		
Type	<input type="checkbox"/> National <input type="checkbox"/> Membership/Network <input type="checkbox"/> Direct assistance	<input checked="" type="checkbox"/> International <input type="checkbox"/> Federated <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 type="checkbox"/> Development	<input type="checkbox"/> Advocacy
Size (Total number of programme sites/ members/partners – Number of staff at HO level)		4 humanitarian programme countries: Uganda, Chad, Niger, Jordan 16-20 employees and volunteers	
Lead auditor	Claire Goudsmit	Auditor	
		Others	(Observers, ...)
		Head Office	
Location	Copenhagen, Denmark		
Dates	20.09.2018		

2. Schedule summary

2.1 Opening and closing meetings at Head Office

	Opening meeting	Closing meeting
Date	20.09.2018	20.09.2018
Location	Copenhagen, Denmark	Copenhagen, Denmark
Number of participants	3	3
Any substantive issue arising		

2.2 Interviews

Position of interviewees	Number of interviewees
Head Office	
Secretary General	1
International Team Leader	1
Head of Admin and HR	1
Project Coordinators for Niger and Jordan	1
Project Coordinator (Uganda, CHS, IATI)	1
Total number of interviews	5

3. Recommendation

In our opinion, Caritas Denmark continues to implement the necessary actions to close the minor CARs identified in the previous audit and continues to conform with the requirements of the Core Humanitarian Standard. We recommend maintenance of certification.

Detailed findings are laid out in the rest of this report and its confidential annex.

Lead Auditor's Name and Signature

Claire Goudsmit



Date and Place:

01.11.2018

UK

4. Quality Control

Quality Control by	Elissa Goucem – Pierre Hauselmann
Follow up	
First Draft	2018-11-02
Final Draft	2018-11-14

5. Background information on the organisation

5.1 Organisational structure and management system

No major change since the initial audit. Refer to section 5.2 for information related to changes in the Caritas Internationalis Management System (CIMS).

5.2 Organisational quality assurance

The new version of the CIMS includes a risk management tool with an increased focus on preparedness to external and internal risks. Caritas Denmark has the tools to evaluate external and internal risks to programmes and ensure mitigation measures are in place.

The Board was involved in the design and adoption of the updated complaints management handling system and has now an overview on the management of complaints, especially SEA related complaints, through regular Secretary general reports.

5.3 Work with Partners

Caritas Denmark has engaged in a thorough review of the complaints handling mechanism (CHM) in place at partners' level. In coordination with other members of the Caritas Internationalis, Caritas Denmark provides targeted support to partners in setting up context appropriate CHMs. The organisation is also in the process of setting up an appeal system by which sensitive complaints from project levels can be referred directly to its own complaints system. This appeal system is part of high-level negotiation within the Caritas Internationalis confederation. Caritas Denmark is also supporting partners to review how they protect data, especially collected from communities that could put them at risk, and raising awareness of commitments to the RCCOC, including sexual exploitation and abuse, promoting messages to be discussed with communities.

The annual review of partners now includes the assessment of capacities and performance on all elements of the CIMS and tools are being aligned with the CHS.

6. Report

6.1 Overall organisational performance

Caritas Denmark has made significant efforts to address the corrective actions and weaknesses highlighted in the initial audit. It has taken major steps to work more systematically with its partners on data protection, complaints management and prevention of sexual exploitation and abuse. Caritas Denmark has developed a number of specific tools and undertaken activities to support and monitor partners' progress in these areas; partners assessments, targeted support, reviews during monitoring and evaluation visits, annual reviews of performance and capacities to deliver on CIMS and CHS. It works in coordination with other Caritas Internationalis members to streamline and align the mechanism of the CIMS with the CHS and provide a platform for appeal processes on complaints (see 5.3).

6.2 Status of the Corrective Action Requests

At the initial audit 11 CARS (2 Major and 9 Minor CARs) were issued.

Based on evidence provided by Caritas Denmark for the 6-month audit review to address the Major CARs (20.04.2018), 1 Major CAR (2017 - 5.5) was closed, 1 Major CAR (2017 - 5.4) was transformed to a Minor CAR, and 3 Minor CARs were closed.

The remaining open 7 Minor CARs were reviewed at the Maintenance Audit (see below).

Corrective Action Requests	Type (Minor / Major)	Original deadline for resolution	Status of CAR at MA	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	Closed	
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	Extended	2019-09-21
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	Closed	
2017 - 5.2: Caritas Denmark does not ensure that stakeholders and beneficiaries know how they can make a complaint	Minor	2019-09-21	Closed	
2017 – 5.4: Caritas Denmark does not have a complaint handling process in place for communities affected by crisis which covers sexual exploitation and abuse of people, or other abuses of power	Minor	2018-09-21	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	2018-09-21	Extended	2019-09-21

2017 – 8.9: Caritas Denmark has not ensured that policies are in place for staff wellbeing at partner level.	Minor	2018-09-21	Closed	
TOTAL OPEN CARS			2	

6.4 Recommended Organisational Responsibilities to check at the mid-term audit

Organisational responsibilities of commitments 3, 4, 5, 6, 8 should be included in the scope of review at the mid-term audit.

7. 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



Name and Signature

23/11/18

Date and Place

BETINA GOLLANDE-JENSEN

2018-11-13

8. HQAI's decision

Certification Decision	
Certificate:	
<input checked="" type="checkbox"/> Certificate maintained	<input type="checkbox"/> Certificate reinstated
<input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate withdrawn
Next audits	
Mid-term audit: 2019-09-20	
Second maintenance audit: 2020-09-20	
Renewal audit: 2021-09-20	
Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative	Date: 2018-11-13 

Appeal

In case of disagreement with the conclusions of the report 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 day 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

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> <ul style="list-style-type: none"> Operational activities and actions contradict the intent of a CHS commitment. Policies and procedures contradict the intent of the CHS commitment. Absence of processes or policies necessary to ensure compliance at the level of the commitment. 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. Failure to implement to resolve minor non-conformities in the adequate timeframes 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.
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 currently 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> <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. Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment.
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> <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.

	<ul style="list-style-type: none"> • 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> <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. • 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. • Communities and other external stakeholders are particularly satisfied with the work of the organisation in relation to the requirement. • Policies and procedures go beyond the intent of the CHS requirement, are innovative and systematically implemented across the organisation.
5	<p>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>
	<p>EXAMPLES:</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. • Policies and procedures go far beyond the intent of the CHS requirement and could serve as textbook examples of relevant policies and procedures.