



Church of Sweden
CHS Certification Mid-term Audit Report

COS-MTA-2018-002

2018 - 02 - 23

Table of Content

TABLE OF CONTENT	2
1. GENERAL INFORMATION	3
2. SCHEDULE SUMMARY	4
2.1 VERIFICATION SCHEDULE.....	4
2.2 OPENING AND CLOSING MEETINGS.....	4
3. RECOMMENDATION	5
4. HQAI QUALITY CONTROL	5
QUALITY CONTROL BY	5
FOLLOW UP	5
5. BACKGROUND INFORMATION ON THE ORGANISATION	5
5.1 GENERAL.....	5
5.2 ORGANISATIONAL STRUCTURE AND MANAGEMENT SYSTEM	6
5.3 WORK WITH PARTNERS	6
5.4 CERTIFICATION HISTORY	7
6. SAMPLING	7
6.1 RATIONALE FOR SAMPLING.....	7
DISCLAIMER:.....	7
6.2 INTERVIEWS:	7
7. REPORT	8
7.1 OVERALL ORGANISATIONAL PERFORMANCE.....	8
7.2 SUMMARY OF CORRECTIVE ACTION REQUESTS/WEAKNESSES	9
7.3 SUMMARY OF CORRECTIVE ACTION REQUESTS/WEAKNESSES OF THE MID-TERM AUDIT 10	
7.4 STRONG POINTS AND AREAS FOR IMPROVEMENT:	11
8. ORGANISATION'S REPORT APPROVAL	14
ACKNOWLEDGEMENT AND ACCEPTANCE OF FINDINGS.....	15
9. HQAI'S DECISION	15
CERTIFICATION DECISION	16
NEXT AUDIT	16
APPEAL	16

1. General information

Organisation			
Type	<input type="checkbox"/> National <input 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 programme sites/ members/partners – Number of staff at HO level)	12 country programs 3 regional programs 117 partners 12 staff at HO	Sampling Rate (Country programme sampled)	One country programme: Ethiopia
Lead auditor	Cath Blunt	Others	n/a
		Second auditor	Nina Wöhrmann
	Head Office	Programme Site(s)	
Location	Remote visit	Gambella, Holeta, Addis Ababa	
Dates	22 nd January 9am – 12.30 PM CET; 24 th January 9am-12.30pm CET	Wed 31 st January – Fri 2 nd Feb	

2. Schedule summary

2.1 Verification Schedule

Name of Programme sites/members/partners verified	Location	Mandate (Humanitarian, Development, Advocacy)	Number of projects visited	Type of projects
Lutheran World Federation	Gambella	Humanitarian	1	Refugee
Ethiopian Graduate School of Theology (EGST)	Addis Adaba, Holeta	Development, advocacy	3	EGST Training and Empowerment; EGST Community Outreach and Practicum; GST Master of Arts and Development

2.2 Opening and closing meetings

2.2.1 Remote visit of Head Office:

	Opening meeting	Closing meeting
Date	22/01/2018	14/2/2018
Location	Participants in Uppsala	Participants in Uppsala
Number of participants	6	6
Any substantive issue arising	None	Closing out of CAR, new CAR, observations 2,3,4,8, 8

2.2.2 On-site visits at Programme Site(s):

	Opening meeting	Closing meeting
Date	31, 1, 2 nd Feb 2018	None
Location	Gambella, Addis Ababa	Addis Ababa – by email 2 nd Feb
Number of participants	Gambella – informal Addis Ababa – 3	None – lack of time.
Any substantive issue arising	None	None

3. Recommendation

In our opinion Church of Sweden has implemented 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.

Lead Auditor's Name and Signature

Catherine Blunt



Date and Place:

23/2/2018

Canberra Australia

4. HQAI Quality Control

Quality Control by	Elissa Goucem
Follow up	
First Draft	2018-03-05
Final Draft	2018-04-16

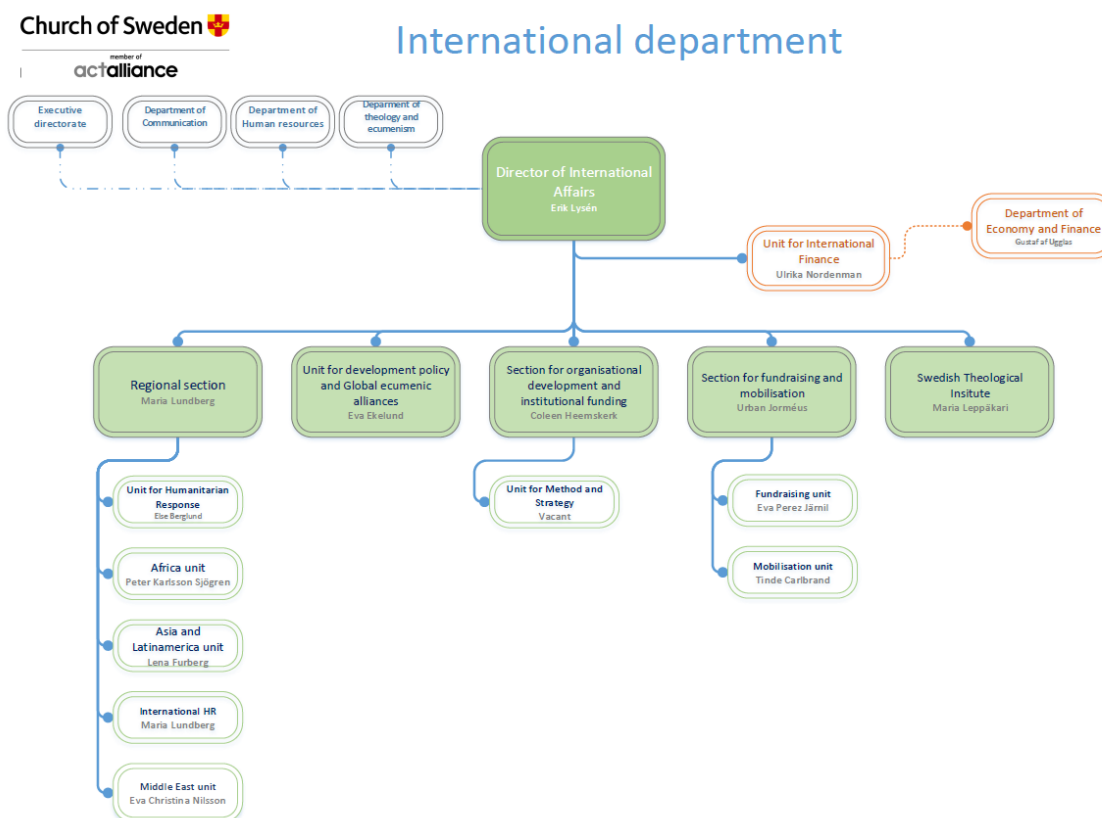
5. Background information on the organisation

5.1 General

The initial CHS audit of the Church of Sweden (CoS) occurred in April 2015 and the maintenance audit occurred in March 2017. The major changes to the organisation over this period relate to the release of a new Strategic Plan for the international work of CoS, revision of the quality and accountability framework (QAF) and a refinement of a staff restructure for the International Department which commenced in 2014, continued in 2017 and is detailed below. The new Strategic Plan (2018 – 2022) and CoS Sida CivSam application (2018-2022) places a greater emphasis on the CoS membership of the ACT Alliance and the co-ordination and efficiency gained through collective advocacy, joint partner capacity building and program implementation. Harmonisation between development, humanitarian and advocacy programs is planned through a common thematic framework of theology and development, just peace, gender justice and equality, sexual and reproductive health rights, fair and sustainable livelihoods, saving lives and alleviatesuffering. Additionally, there is a greater emphasis on the environment, climate change and conflict sensitivity in program risk management and quality control. Some of these changes have been completed in the last six months and are in the process of flowing through to everyday programmatic activities. This will need to be checked at the next audit.

5.2 Organisational structure and management system

At the initial audit in 2015 the Church of Sweden had just undergone a major restructure of the International Department. Further refining has occurred in the two months prior to the mid-term audit, and involves a simpler two-tier management system (Unit and regions) designed to improve decision making, increase programmatic and Program, Monitoring Evaluation and Learning support (PMERL) and improve fundraising and external communications. There is an additional emphasis on quality and accountability, with the revised and expanded Quality and Accountability Framework(QAF) now integrated into the strategic plan and PMERL. The structure of the International Department is shown below:



5.3 Work with Partners

CoS works entirely with partners and this has not changed since the initial audit. As mentioned earlier, greater efforts are being made to work more closely with the ACT Alliance (particularly for humanitarian work) and several pilot projects within the eight European members aim at improving partner capacity and maximising use of resources. The initial audit report mentions that CoS had withdrawn from some countries and reduced its program activities to 17 countries. Currently CoS has 12 country programs and 3 regional programs, with a total of 119 partners overall.

5.4 Certification history

- CoS received certification under the Humanitarian Accountability Partnership (HAP) in February 2013. Audited field programmes sites included South Africa and Bangladesh.
- CoS received CHS certification in April 2015 under the Humanitarian Quality Assurance Initiative (HQAI). Audited field programme sites were in Israel and Palestine.
- CoS had a maintenance audit in March 2017

6. Sampling

6.1 Rationale for sampling

Criteria for choosing the countries included: presence of a country liaison officer, full scope of the audit possible, security levels and ease of travel within a short time frame (geographic distribution of the projects within the country).

Country programme shortlisted included Ethiopia, Tanzania and India. Ethiopia was chosen as from the information provided the projects were the easiest in the shortlisted countries to travel to within the timeframes.

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.

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	8
Programme site(s)	
Gambella	4
Addis Ababa (LWF and CoS)	5
Addis Ababa (EGST)	12
Holeta	5

Total number of interviews	34
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5.2.2 Focus Group Discussions (interviews with a group >6)

Type of Group	Number of participants	
	Female	Male
Refugees	19	14
Mentor mothers	11	0
Gender empowerment trainers	4	5
Total number of participants	34	19

7. Report

7.1 Overall organisational performance

Church of Sweden has taken major steps to address the issues raised at the initial audit in 2015, which were primarily focused on information sharing and complaints handling, but also included referral, security of personal information and non-discrimination in Human Resources policies (translation of key documents).

There has been a major effort to embed quality and accountability principles and mechanisms throughout the organisation, from the strategic policy level to staff performance appraisal and partner agreements. Referral and advocacy of unmet needs has been systematised throughout the organisation through the development of an IASC tool and within the ACT Alliance network. New EU and Swedish Privacy legislation has informed the development of improved systems for safeguarding sensitive information, which occurs adequately at project sites. Policies on Information Sharing and Complaints have been revised and changes relevant to partner assessments, agreements and PMERL tools have been made. Human resource policies and key policy documents have been translated into English providing greater transparency and fairness for non-Swedish speaking staff. Partners have been made aware of the CHS and supported to implement it through e-learning and in-country workshops (CHS, Developing a complaints response mechanism (CRM), Community Based Psycho-Social Support (CBPS)).

Observations made in 2015 and addressed include: changes in the structure of the International Department aimed at improving timeliness in decision making; greater ownership of PMERL tools by staff; inclusion of environment, livelihoods and the local economy in country program context analysis and program monitoring tools; and deepening of partner knowledge of participatory processes through CBPS training. Ethical considerations of presentation of local people is included in policy documentation.

During the mid-term audit, it was observed that CoS is not always timely with partner funding agreements, does not share learning with communities and does not assess or monitor the development of partner's security guidelines.

Despite systemic changes made to partner assessments and monitoring that communities are aware of the expected behaviours of staff, and commitments made on the prevention of sexual exploitation and abuse, this has not yet flowed through to communities. In addition, despite changes made to how partners are supported to develop and implement a complaints

process, communication of the process is a weakness. It was identified that not all communities are aware of how to make a complaint.

Observed in the initial audit but not fully addressed in the resolution period is CoS dialogue with partners on feedback from beneficiaries disaggregated by age, gender and diversity. This is now an area of weakness to be addressed by CoS.

7.2 Summary of Corrective Action Requests/Weaknesses

Corrective Requests	Action	Type (Minor/Major)	Original time for resolution	Status of CAR (Closed/In resolution/New)
2.3 CoS has not developed a systematic approach to referral and advocacy on unmet needs		Minor	2018-03-11	Closed on 2017-05-23
3.8. CoS has not developed a systematic approach to safeguarding sensitive information		Minor	2018-03-11	Closed on 2018-03-11
4.1 CoS has not developed a systematic approach to information sharing with communities at field level about the organisation, the principles it adheres to, how it expects its staff to behave.		Minor	2018-03-11	Closed on 2018-03-11
4.2. CoS does not systematically communicate in languages, formats and media that are easily understood, and are respectful and culturally appropriate to all its stakeholders.		Minor	2018-03-11	Closed on 2018-03-11
5.1 Communities and people affected by crisis were/are not consulted on the design, implementation and monitoring of the CRM.		Minor	2018-03-11	Closed on 2018-03-11
5.2 Affected communities are not provided a clear and systematic access to CoS' CRM at field level.		Minor	2018-03-11	Closed on 2018-03-11
5.6 Despite the systemic changes made by CoS in its processes to ensure that people affected by crisis are aware of the expected behaviour of partner staff,		Minor	2018-03-11	Closed on 2018-03-11

communities and people affected by crisis are not fully aware of the expected behaviour of the staff, and of the prevention of sexual exploitation and abuse.			
8.5 CoS procedures do not ensure transparency, fairness and non-discrimination	Minor	2018-03-11	Closed on 2018-03-11

7.3 Summary of Corrective Action Requests/Weaknesses of the mid-term audit

Corrective Action Requests	Type (Minor/Major)	Status of CAR/Weaknesses (Closed/In resolution/New)	Time for resolution
4.4 CAR CoS does not systematically include feedback from communities in their dialogue with partners and does not systematically pay particular attention to gender, age and diversity of those giving feedback.	Minor	New	2 years
5.2 CoS does not systematically support its partners on communicating with communities how to access CRM processes.	Minor	New	2 years
5.6 Systemic changes made to CoS processes to ensure that people affected by crisis are aware of the expected behaviour of partner staff including partner's organisational commitments made on the prevention of sexual exploitation and abuse in their Code of Conduct have not yet flowed through to all communities.	Minor	New	2 years
TOTAL Number			3

7.4 Strong points and areas for improvement:

Commitment 1: Humanitarian assistance is appropriate and relevant

Score: 3.1

CoS still conforms to the requirements of this commitment and there is no significant change from the initial audit in 2015.

Commitment 2: Humanitarian response is effective and timely

Score: 3

The initial audit found that CoS made systematic use of relevant technical standards, and designed, monitored and evaluated programs that were timely and effective. However, CoS did not have a systematic approach to referrals and unmet needs. This is resolved by closer liaison with the ACT Alliance, development of specific tools and CoS monitoring of referrals made by partners. Timeliness in programmatic decision making at CoS Head Office and with partners was a cause for delay in 2015 but was not apparent in this audit. However, timeliness in finalising payments to partners was an issue. The initial audit noted that uptake of the new PERML tools needed to be owned by CoS staff and this appears to have occurred.

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

People affected by crisis and their communities consistently said that CoS' partners were quick to respond to their needs.

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

Score: 3

The initial audit found that CoS designed and implemented programs that developed and built on people's capacity, resilience and ability to respond to and recover from disasters. However, it did not have adequate systems to safeguard personal information. The pace of CoS policy changes has been determined by EU and Swedish legislative changes and is almost complete.

Potential effects on livelihoods, local economy and the environment were not included in CoS program design and implementation in 2015 but are now included in context analysis and program monitoring tools. However, the audit team observed these changes are recent and are yet to flow through to monitoring reports.

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

Communities could find no negative effects from the programs run by CoS' partners.

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

Score : 2,7

The initial audit found that CoS had policies in place for information sharing, participation and feedback of communities. However, CoS did not have a systematic approach to information sharing with communities at field level, about the organisation, expected staff behaviour and programs offered. Nor did it communicate in a variety of appropriate media.

CoS has revised its information sharing guidelines and made changes to its program templates, partner assessments and agreements to include specific requirements for information sharing with communities. In this audit, partners in the field used different formats and languages to inform communities about the principles of the organisation, project deliverables and budgets. In the initial audit it was observed that CoS did not receive feedback from communities, and that this was not disaggregated by gender, age and diversity. This remains an area of weakness for CoS.

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

Beneficiaries expressed knowledge about the organisation and what they intend to deliver. Communities said that they were involved in program decisions via their representatives.

Commitment 5: Complaints are welcomed and addressed

Score: 2.4

The initial audit found that CoS had a documented complaints policy; managed complaints in a safe way; has an organisational culture which takes complaints seriously and referred complaints that are out of its scope to relevant parties. However, CoS did not consult with communities in developing both CoS and partners CRM and making this accessible to communities in crisis. This has been addressed in how CoS has developed its own CRM, by guidelines developed by CoS for use by partners on how to develop a CRM and training provided for partners. Since 2015, CoS has also taken steps to include checking partner's CRM in partner assessments and program monitoring. However, communities knowledge of how to make a complaint to partners is not consistent. In the initial audit CoS was also required to ensure that communities were fully aware of the expected behaviours of staff and the prevention of SEA. This has now been included on partner assessment forms for checking by CoS staff. However, few communities reported an understanding of the behaviours expected of partner staff.

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

Many but not all communities are aware of how to make a complaint to the partner organisation. Few communities are aware of the behaviours expected from partner staff and organisational commitments on sexual exploitation and abuse.

Commitment 6: Humanitarian response is coordinated and complementary

Score: 3,5

CoS still conforms to the requirements of this commitment and there is no significant change from the initial audit in 2015.

Clear commitments to coordination and collaboration continue to be part of updated and revised key strategic documents.

Commitment 7: Humanitarian actors continuously learn and improve

Score:4.5

CoS still conforms to the requirements of most of this commitment and there is no significant change from the initial audit in 2015.

It was observed in 2015 that CoS does not share learning with the community. This continues as CoS has not supported partners to share learning with communities.

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

Score: 3

The initial audit in 2015 found that CoS had the management and staff capacity to deliver its programs with Human Resource functions (appraisals, code of conduct, staff training) operating effectively. However, non-Swedish speaking staff and co-workers were not able to access all Human Resources (HR) policies and processes, including the COS CRM. This has been almost fully addressed, with forty-five translations of key HR and organisational documents into English completed. The initial audit observed that CoS did not communicate the support it can bring to staff. This was not apparent in this audit. It was also observed that CoS did not include HR issues in partner dialogue. This has been addressed through revised partner guidelines, assessment and monitoring tools.

The initial audit observed that security guidelines, instructions and briefings were not provided orally and in writing to staff travelling abroad, and that they were not updated regularly as needed. This is still an area of weakness for CoS at the partner level, as it does not assess or monitor partners to develop and implement their security guidelines.

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

Communities stated that CoS partner staff are competent, treat them respectfully and do their jobs well.

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

Score: 3.3

CoS still conforms to the requirements of this commitment and there is no significant change from the initial audit in 2015.

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



Erik Lysén



Name and Signature

Uppsala, 2018-04-19

Date and Place

Date of document: 2018-04-12

9. HQAI's decision

Certification Decision	
Certificate:	
<input checked="" type="checkbox"/> Maintained <input type="checkbox"/> Suspended	<input type="checkbox"/> Reinstated <input type="checkbox"/> Withdrawn
Next audit	
Second Maintenance Audit before date: 2019-03-20	
Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative 	Date: 2018-04-16 

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.