

Dan Church Aid

Maintenance Audit 2 – Report – 2024/04/22

1. General information and audit activities

Role / name of auditor(s)	Lead Auditor / Camille Guyot-Bender	
Audit cycle	Second cycle	
Opening Meeting	Date / number of participants	Any substantive issues raised
	04.03.2024 / 6 participants	No
Closing Meeting	21.03.2024 / 4 participants	No
Sampling from country programme	Lebanon, Palestine, Nepal	
Interviews	Position / level of interviewees	Number
	HQ coordinators, advisors, managers	4
	Country Programme staff	3

2. Actions and progress of organisation

2.1 Significant change or improvement since previous audit

Since the mid-term audit (MTA) in 2023, Dan Church Aid (DCA) has progressed against the identified areas of weaknesses and taken actions to address the two open Corrective Action Requests (CARs). This is displayed on multiple levels of the organisation such as the efforts made to improve the Risk Management Framework, Whistleblower Scheme, Complaints Mechanism, and updates to the Code of Conduct (CoC) at the Head Office (HO), as well as the dissemination of information about these changes and systems to Country Office (CO) staff, partners, and communities.

DCA continues to implement its new Risk Management Policy which was rolled out in 2023. COs have updated risk registers which feed into DCA's Annual Risk Report submitted to the Board annually. The most significant improvements to the risk register template are the additions of criteria to account for varying risk types, as well as the inclusion of an action owner for follow up and accountability. An update to DCA's Risk Management Framework will also take place during the first half of 2024. Compliance with the Framework will be the responsibility of DCA's Compliance Coordinator and the independent Internal Audit Unit, which are meant to strengthen the organisation's operations, risk management, internal controls, and governance.

DCA had a Whistleblower Scheme and Complaints System Policy prior to the MTA (2023). After the MTA (2023), the policy was divided into two separate ones - a Whistleblower Scheme Policy and Complaints System Policy since there would be two different units managing and responsible for each (respectively, the Internal Audit Unit and the Strategy and Quality Management (SQM) Unit). This separation and revision to the policy has yet to be approved by DCA's Senior Management and Board. A dedicated staff is being hired to run the Whistleblower Scheme on a day-to-day basis and will manage the Standard Operating Procedures (SOPs) which are also in development at the time of the second Maintenance Audit (MA2). The Scheme is independent from any other department and reports directly to the DCA Board. Once approved, a link to report an incident will be made available on the website.

The DCA CoC and related policies (Anti-Corruption Policy, Child Safeguarding Policy, and Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH)) were revised and approved by Senior Management in the second quarter of 2023. Each policy is available in English, Arabic, and French. The policies were launched and disseminated across DCA at a house (all staff) meeting in September 2023, uploaded to DCA Programme and Project Manual (PPM), uploaded to the DCA website, shared at a webinar in September 2023 with Accountability and Complaints

Focal Points (FPs), as well as shared with Country Directors (CDs) during an International Management Meeting in January 2024.

Furthermore, DCA has developed a Monitoring, Evaluation, Accountability and Learning (MEAL) policy to explain DCA's MEAL system and processes, and aims at establishing common principles, standards, and requirements across DCA that govern the application of effective MEAL systems to maximise the results and achievements of DCA's work. DCA also developed a guidance document on Value for Money (VfM). Both documents are intended to strengthen accountability and transparency of MEAL to all stakeholders.

And finally, new Guidance on Information Sharing was launched in 2023. The guidance includes standards to ensure that information about the DCA CoC and staff behaviour are shared with communities. They also explain that information sharing should be carefully planned and systematically integrated during key moments in the project lifecycle (i.e., Monitoring visits, project activities, budgets to develop visibility material).

To ensure these documents and systems are communicated to CO staff and properly put in place for the benefit and use of partners and communities, DCA uses the following communication channels:

- Monthly house meetings attended by all DCA staff; DCA Intra which is DCA's online SharePoint platform; DCA's website; the Programme and Project Manual (PPM); and monthly International Management Meetings.
- The content of the onboarding courses on DCA's e-learning platform (FABO) has been updated to reflect the changes made in the CoC and accompanying policies. The courses are being finalised and plan to be translated into French and Arabic to allow for a wider reach of staff. A new PSEAH course is also being developed to further describe what the expected behaviour of staff is, as well as reinforce the understanding of staff that DCA has zero tolerance to SEAH.
- Quarterly webinars with Accountability and Complaints FPs in the COs are hosted by the HO Accountability and Complaints Advisor. These serve as an opportunity to share updates, such as when there are new or revised policies in place, as well as provide information to the FP about what needs to be shared and/or disseminated with their colleagues in CO.
- All CARs and observations from the MTA (2023) were incorporated into a consolidated document of recommendations called DCA Recommendation and Requirement Overview, which also highlights CHS recommendations specifically to ensure COs are aware of the work required to address the weaknesses and can follow-up accordingly.

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

Corrective Action Requests (CARs)	Type and resolution due date	Progress made to address the CARs and in response to the findings of the indicator
2023-4.1: DCA does not systematically ensure that information on the expected behaviour of DCA and partner staff is effectively communicated to communities.	Minor 2025/05/30	<p>DCA has made significant improvements to ensure that information on expected behaviour of DCA and partner staff are effectively communicated to communities.</p> <p>Specific efforts to address this CAR have been made. For example, in order to strengthen the information sharing channels, especially with regards to DCA and partner staff behaviour with communities, a series of standard easy-to-understand posters were developed by the HO in July 2023 on topics such as expected staff behaviour, CoC, PSEAH, and the DCA Complaints System Policy and Whistleblower Scheme. The posters are currently available in Arabic, English and French and are editable to adapt to appropriate cultural contexts and translate to local languages.</p> <p>Once the Whistleblower Scheme and Complaints System Policy are approved, the posters will be finalised with QR codes to access the platforms. In some locations, the Whistleblower and Complaints information has been placed onto distributable business cards to increase the methods of sharing the information with community members, especially in discretionary cases.</p> <p>The Guidance on Information Sharing continue to be rolled out to COs and have now been incorporated as recommendations into CO Accountability</p>

		<p>Improvement Plans (AIPs) for 2024 to ensure regular follow-up on progress. AIPs are updated annually.</p> <p>The topics for the two last quarterly webinars for Accountability and Complaints FPs were on: 1. Guidance on Information Sharing, and 2. Dissemination of the posters.</p> <p>Since much of the communication to communities is done through partners, dissemination of the information to partners has also received special attention. In particular:</p> <ul style="list-style-type: none"> • In some locations, there are annual partner platform meetings where COs are discussing information sharing with partners, especially having to do with appropriate behaviour of staff. • A similar annual refresher training that is offered at CO level on the CoC and PSEA and expected behaviour of staff, is now provided to partners. Since it was found that in some locations it is difficult to understand what is considered a breach, training on the CoC and on staff behaviour has been available to better equip staff to share this information with community members. • Furthermore, a Partner Capacity Building Plan is in place and followed up on every six months. This provides an opportunity for partners to identify if there are gaps in certain systems and can request support. <p>COs have reported that they are also working to help build the communities' confidence in the system. Confidence in the system is making sure that staff know they should take it seriously.</p>
2023-5.6 DCA does not consistently ensure and monitor that communities and people affected by crisis are fully aware of the expected behaviour of DCA and partner staff, and their commitment to PSEAH.	Minor 2025/05/30	<p>DCA has made improvements in ensuring and monitoring communities awareness of expected behaviour of DCA and partner staff, as well as their commitment to PSEAH.</p> <p>At projects sites, quarterly field visits and meetings are held with communities to check the information that partners are sharing with them, and make sure they are aware of the systems to report an incident or provide feedback. COs are encouraged to keep track of their complaints through a complaint's tracker and quarterly reporting tracker. During interviews with staff at both HO and CO levels, it was shared that numbers of complaints have increased in the last year indicating that more people are aware of and understand how to use the systems.</p> <p>An annual monitoring report required by the HO consolidates the quarterly information including the number of complaints in the year, as well as achievements, such as whether the capacities of partners have been improved.</p> <p>A system has also been put in place in DCA's Partnership Assessment Tool where there are criteria ensuring that the partners have a Complaints System Policy as well as making sure that they share information with community members on their complaints system and commitment to PSEAH. If partners do not have a complaints system, they are required to use the DCA one.</p>

2.3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Resolution due date	Status	New resolution due date (if applicable)
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2023-4.1: DCA does not systematically ensure that information on the expected behaviour of DCA and partner staff is effectively communicated to communities.	Minor	By the 2025 Renewal Audit	Open	
2023-5.6 DCA does not consistently ensure and monitor that communities and people affected by crisis are fully aware of the expected behaviour of DCA and partner staff, and their commitment to PSEA.	Minor	By the 2025 Renewal Audit	Open	
Total Number of open CARs	2			

3. Recommendations for renewal audit

Proposed timeframe for the renewal audit	June – Dec 2024
Total number of country programme sites in scope	17
Audit sampling rate	4
Total number of sites for onsite visit	1
Total number of sites for remote assessment	3
Sampling	As per normal procedure for sampling rates.
Any other specificities to be considered in the Renewal Audit	An onsite visit to project(s) with a strong advocacy component.

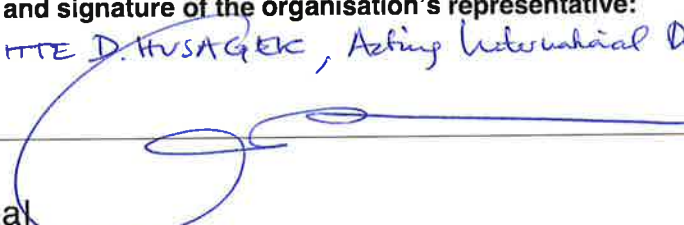
Name and signature of lead auditor:  Camille Guyot-Bender	Date and place: 2 April 2024 Grenoble, France
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4. HQAI decision

Renewal audit before 2025/01/13	
Name and signature of HQAI Executive Director:  Désirée Walter	Date and place: Geneva, 22 April 2024

5. Acknowledgement of the report and request to proceed to the renewal audit

Space reserved for the organisation
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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
Acknowledgement and Acceptance of Findings: 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
Name and signature of the organisation's representative: OTTE D. HUSAGER, Acting International Director 	Date and place: 26-04-2024 Copenhagen, Denmark

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 HQAI in writing 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 – Appeal Procedure.