

# Dan Church Aid

## Maintenance Audit 1 – Report - 2025/12/08

### 1. General information and audit activities

<b>Role / name of auditor(s)</b>	Camille Guyot-Bender	
<b>Audit cycle</b>	Third Cycle (CHS:2014)	
<b>Opening Meeting</b>	<b>Date / number of participants</b>	<b>Any substantive issues arising</b>
	11 November 2025 / 14 participants	No
<b>Closing Meeting</b>	25 November 2025 / 10 participants	No
<b>Interviews</b>	<b>Position / level of interviewees</b>	<b>Number</b>
	Staff/Head office etc.	2
	Staff/Country Office	2

### 2. Actions and progress of organisation

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

Since the Renewal Audit, DanChurchAid (DCA) has undertaken a series of organisational changes aimed at closing previously identified gaps and strengthening alignment with the Core Humanitarian Standard (CHS). DCA has strengthened its accountability, complaints, and safeguarding architecture through the revision of key policies—including the Complaints System Policy, the Whistleblower Scheme Policy, and the Code of Conduct. These policy updates were accompanied by mandatory e-learning modules, translation of key materials into Arabic and French, and the resharing of posters and visibility materials to ensure broader accessibility across all country offices (COs). A new ‘reporting channels’ page was also launched on the DCA website with separate channels for complaints and whistleblowing.

DCA has also advanced its organisational quality assurance and localisation commitments by rolling out a revised Localisation and Local Leadership Strategy reinforcing the development and use of the partner due diligence tools, including the new Pre-Assessment Tool and the revised Partnership Assessment Tool (PAT). These tools reinforce early-stage screening, strengthen capacity-sharing planning, and introduce “passporting” procedures to reduce duplication for local partners. Investments in updated human rights, safety and security, and Human Rights-Based Approach (HRBA) frameworks also demonstrate broader organisational alignment with CHS principles and greater coherence across strategic documents.

To improve the application of the CHS at country and partner levels—especially regarding information sharing, expected staff behaviour, and complaints mechanisms—DCA has institutionalised more systematic monitoring and capacity-building. Accountability and Complaints Focal Points located in COs have recently received structured support through quarterly webinars, targeted guidance, and one-on-one follow-up meetings with the Accountability and Complaints Advisor at DCA’s Head Office to review implementation challenges and progress. MEAL teams also have updated monitoring tools, feedback templates, and consultation tools to assess community awareness of Complaints Handling Mechanisms (CHMs), Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH) commitments, and staff behaviour. Community-level awareness-raising has been reinforced through increased use of posters, business cards, kick-off workshops, standardised messaging, and tailored communication materials translated into local languages.

DCA has strengthened its internal controls to monitor whether corrective actions are systematically applied and sustained. This includes the annual Accountability Improvement Plans (AIP), annual complaints and risk reporting, project-level monitoring reports, revised mandatory monitoring and evaluation procedures, global results reporting, updated MEAL policies, and the Recommendation and Requirement Overview tool that helps track CHS-related CARs and observations across the organisation. Combined with partner assessments through the PAT, ongoing donor due diligence, and regular review of monitoring and evaluation data, these mechanisms create a multi-

layered system designed to detect gaps early, reinforce organisational standards, and prevent recurrence of non-conformities.

## 2.2 Summary on corrective actions

Corrective Action Requests (CAR)	Type and resolution timeframe	Progress made to address the Corrective Action Request (CAR) and in response to the findings of the requirement	Evidence (document no., Key Informant Interview etc)
2024-2.6: DCA programme commitments are not systematically in line with organisational capacities.	Minor / by the 2028 Renewal Audit	DCA has made significant progress toward meeting Indicator 2.6 by strengthening and systematising how partner capacity is assessed and aligned with programme commitments. The organisation has revised and approved its Localisation & Local Leadership Strategy with six objectives and pathways for 2025-2031. DCA has also approved a new Partner Assessment Tool (PAT) and Procedure. It introduced a Pre-Assessment Tool in July 2025 to provide a transparent, standardised first screening of potential partners, ensuring early alignment before full assessments take place. The fully revised PAT—developed with Charter4Change INGO partners and tested with more than 100 organisations—has become a mandatory due-diligence requirement for all partnerships above 100,000 DKK, directly addressing previous inconsistencies in application across Country Offices (COs). DCA has adjusted and expanded its Flexible Financial Support mechanism from 70,000 DKK per year to 100,000 DKK to support informal actors e.g. community-led responses, human rights activist and other social movements. Webinars and orientation sessions were delivered to CO and HQ staff to standardise understanding and use of these tools, while long-term multi-year partnership agreements continue to strengthen predictability and reduce risk. Collectively, these actions have formalised, harmonised, and strengthened DCA’s approach to ensuring programme commitments are proportionate to organisational and partner capacities.	ORGDCA 159; ORGDCA 169; ORGDCA 170; ORGDCA 171; ORGDCA 172; ORGDCA 175; CAM; DRC; KEN; SYR
2024-4.1: DCA does not consistently ensure that its partners provide communities and affected populations with information about the organisation, its principles, or the expected behaviours of staff.	Minor / by the 2028 Renewal Audit	DCA has made clear progress toward Indicator 4.1 improving its transparency efforts to a more structured, monitored approach to information sharing with communities. In March 2025, the Accountability and Complaints Advisor developed an action plan (captured in the DCA Recommendation and Requirement Overview) that requires MEAL staff to routinely assess community awareness and satisfaction with information received, and for Accountability and Complaints Focal Points in Country Offices to follow up where communication is weak and support partners to address barriers. Partners are now more systematically guided and trained to use easy-to-understand posters on the Code of Conduct, PSEAH, and Complaints Handling Mechanisms, and Focal Points are required to use the DCA checklist for partners’ complaints systems and to re-share key guidelines on information sharing and expected staff behaviour. These expectations are embedded in Accountability Improvement Plans so that COs must plan, implement, and report on how	ORGDCA 69; ORGDCA 71; ORGDCA 81; ORGDCA 114; ORGDCA 156; ORGDCA 157; ORGDCA 166; ORGDCA 173; ORGDCA 174;

		<p>communities are informed about DCA, partners' principles, and staff behaviour. The annual partner satisfaction survey has also become an important input for identifying gaps in partners' communication practices and for determining where additional guidance or support is needed. For projects implemented directly by DCA, information on expected staff behaviour and CHMs is now explicitly included in project kick-off workshops and monitored through MEAL visits. Progress is further reinforced through quarterly webinars and newly introduced one-on-one meetings between the Accountability and Complaints Advisor, Country Directors, and Focal Points, which are used to review practice, troubleshoot implementation challenges, and link information-sharing to partner capacity plans. MEAL staff in COs have also conducted accountability awareness sessions, integrating information-sharing questions into monitoring tools and outcome surveys, and using customised visibility materials and cards to make information more accessible—indicating a growing, organisation-wide effort to systematically inform communities about DCA, its values, staff conduct, and available feedback and complaints channels.</p>	<p>ORGDCA; 176; CAM; DRC; KEN; SYR</p>
<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.</p>	<p>Minor / by the 2028 Renewal Audit</p>	<p>DCA has made notable progress toward Indicator 5.6 by consolidating and operationalising its approach to staff conduct, PSEAH, and complaints handling, and by starting to monitor how well these are understood by communities. Following the CHS renewal audit, DCA strengthened its Complaints System and Whistleblower Scheme by revising both policies, creating a new reporting platform with clearly separated links for complaints and whistleblowing, and rolling out updated posters with QR codes and standardised visibility materials on CoC, PSEAH and CHMs to Country Offices. It has complemented this with practical guidance and tools: COs received standardised materials and instructions on expected staff behaviour and complaints procedures; feedback and monitoring templates were updated to include questions on community awareness of CoC, PSEAH and CHMs; and community consultation tools were introduced to capture local preferences and perceptions. Accountability criteria are now embedded in partner assessments, encouraging accessible and culturally appropriate complaints mechanisms. In 2025, DCA further fostered a collective organisational effort through quarterly webinars where Accountability and Complaints Focal Points share challenges and actions, integration of CHM and staff behaviour actions into AIPs, and systematic reminders and follow-up on the use of posters and information-sharing during partner reporting. MEAL staff have begun to test and use strengthened monitoring questions—such as awareness of conduct standards, knowledge of how to complain, and experience of misconduct—in routine monitoring, endline surveys and FGD tools, and some country teams are running dedicated accountability awareness sessions and using locally adapted materials and cards. At HQ level, the Accountability and Complaints Advisor has re-shared visibility materials with Country Directors, initiated one-on-one meetings with COs to review how information on CoC, PSEAH and CHMs is disseminated and monitored, and promoted the use of partner checklists and templates as part of capacity-sharing plans. Finally, DCA is developing Mandatory Monitoring Procedures</p>	<p>ORGDCA 83; ORGDCA 167; ORGDCA 168; ORGDCA 169; ORGDCA 170; ORGDCA 173; ORGDCA 174; ORGDCA 175; ORGDCA 176; CAM; DRC; KEN; SYR</p>

		that explicitly include verifying adherence to CHS, PSEAH and Do No Harm commitments, aiming to make the communication and monitoring of expected staff behaviour and complaints mechanisms more systematic across all programmes and partners.	
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### 3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2024-2.6: DCA programme commitments are not systematically in line with organisational capacities.	Minor	Open	By the 2028 RA
2024-4.1: DCA does not consistently ensure that its partners provide communities and affected populations with information about the organisation, its principles, or the expected behaviours of staff.	Minor	Open	By the 2028 RA
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	Open	By the 2028 RA
<b>Total Number of open CARs</b>	3 Minor CARs		

### 4. Claims Review


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

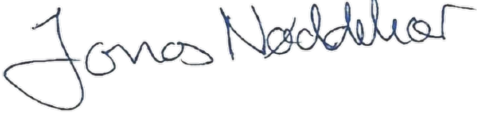
<p>In my opinion, DCA has demonstrated that it is taking the necessary steps to address the CAR(s) identified in the previous audit(s) and continues to demonstrate no major non-conformities in its application of the Core Humanitarian Standard on Quality and Accountability.</p> <p>I recommend maintenance of certification.</p>	
<p><b>Name and signature of lead auditor:</b></p> <p>Camille Guyot-Bender</p> 	<p><b>Date and place:</b></p> <p>2<sup>nd</sup> December 2025</p> <p>Grenoble, France</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
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<b>Surveillance audit before:</b> 2026/12/08	
<b>Name and signature of HQAI Executive Director:</b> Désirée Walter 	<b>Date and place:</b> Geneva, 08 December 2025

## 7. Acknowledgement of the report by the organisation

<b>Space reserved for the organisation</b>	
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
<b>Acknowledgement and Acceptance of Findings:</b> I acknowledge and understand the findings of the audit I accept the findings of the audit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name and signature of the organisation's representative:</b> Jonas Vejsager Nøddekær 	<b>Date and place:</b> Copenhagen, Denmark 15-12-2025

## 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