

Norwegian Church Aid (NCA)

Maintenance Audit 1 – Report –2024/04/17

1. General information and audit activities

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| Role / name of auditor(s) | Catherine Blunt | |
| Audit cycle | Third Cycle | |
| Opening Meeting | Date / number of participants | Any substantive issues raised |
| | 2024-03-11 / 11 | No |
| Closing Meeting | 2024-03-15 / 14 | No |
| Sampling from country programmes | Name/location | |
| | Ethiopia | Remote (document review) |
| | Afghanistan | Remote (document review) |
| | Pakistan | Remote (document review) |
| | A number of other Country Offices (COs) involved in working groups for the revision and development of policies and processes. | |
| Interviews | Position / level of interviewees | Number of interviews |
| | Head Office: Senior staff, Programme Quality, Legal and Compliance and Finance | 3 |

2. Actions and progress of organisation

2.1 Significant change or improvement since previous audit

The key strategic steps being undertaken by Norwegian Church Aid (NCA) to close the gaps identified in the Renewal Audit 2023 (RA2023) include modifying the Programme Framework to include new goals for Participation and Inclusion which more closely reflect the requirements of the CHS. These have shifted from cross cutting themes to being goals in their own right. From 2025, every project will report on Accountability to Communities, Participation, Inclusion and Provision of information. These new data collection requirements will be mandatory in all NCA programmes and included in the new five-year Framework Agreements that NCA is currently negotiating with its institutional donors. This data collection will also support NCA tracking its own performance against the CHS. The sampling methodology has been adapted to take account of the nature of the action taken by NCA. A purposive sample of country offices engaged in reviewing key policy and procedural documents was carried out.

NCA has also clarified and streamlined its monitoring routines, clearly differentiating between partner monitoring (undertaken by Country Offices (COs) and project monitoring (undertaken by partners). A monitoring team will be assembled by the COs consisting of Finance and Programmes and will visit partners and projects once a year. COs will verify the data collected by partners on their project monitoring visit, which now will require speaking to communities. COs will be assisted by a script of questions which they can use in the field, directly asking communities their experiences of partner implemented accountability practices, participation, and provision of information. These new draft routines are currently being piloted by COs and have been developed with their support and those of a reference group.

Another initiative to address the issues identified in the RA2023 is to simplify and streamline project requirements for COs. The completion of the Global Resources and Support Analysis (GRASA) which was underway at the RA2023, revealed that the Head Office (HO) overused the word 'mandatory' and created confusion amongst COs between a requirement, a standard and what were the most important documents in the hierarchy of those possible to complete. This approach is evident in the HO's simplification of the project monitoring undertaken by COs.

Another strategic development evident in the revised Programme Framework is the emphasis on equitable partnerships as a key approach in NCA programming. The plan is to have a closer association with the organisation's partners, providing them with a global partners platform and involving them in strategic planning.

A change since the RA2023 is that NCA has recently finalised recruitment of a full time Global Complaints Advisor. This position has been effectively vacant for eighteen months. It has moved from International Programmes and now operates in the Finance Department within the Legal and Compliance team. The Advisor's role is to co-ordinate complaint management and build the capacity of NCA in complaints handling systems in the organisation and for global partners.

2.2 Summary on corrective actions


| Corrective Action Requests (CAR) | Type and resolution due date | Progress made to address the CAR and in response to the findings of the indicator | Evidence (interviews, doc no., KII) |
|----------------------------------|------------------------------|--|--|
| 2023-1.5 | Minor 2026-04-06 | This first Maintenance Audit 2024 (MA 2024) finds that NCA now has a commitment to collect disaggregated data on disability, effective from 2025. NCA has revised its Programme Framework to contain a new goal of Inclusion, which includes disability. Partners will be required to report on how they are working to address disability in their programmes. All NCA people indicators must include disaggregation by persons living with disability (PWD). This data collection will be mandatory in all NCA programmes and included as part of the five-year Framework Agreements NCA is currently negotiating with its donors. As the policy commitment to collect data on disability is operative from 2025, this Corrective Action Request (CAR) remains open. | Interviews with staff 8 114 116 |
| 2023-3.8 | Minor 2026-04-06 | NCA is addressing this CAR through policy and process change. Through the Project Monitoring Tool (PMT), currently under review, Country Offices (Cos) will check how personal and sensitive information is collected and managed by the partner for the project being monitored. This issue will also be addressed in the revision of the Partner Assessment Tool (PAT) which has not yet commenced. Feedback from COs is being sought to ensure usability and practicality. As work to address this minor CAR is not finalised or implemented in the field, it remains open. | Interviews with staff 24 117 122-125 |
| 2023-4.1 | Minor 2026-04-06 | NCA is addressing this CAR through policy and process change. In the revised Programme Framework, Participation is now a distinct goal, with related global indicators to be reported on by partners currently being developed. This includes partner provision of information to communities. NCA is also revising the PMT through which the CO project monitoring team will check both at the partner's project office, and directly with communities, if the information required by this indicator has been provided. The PMT and associated processes have been discussed with COs in the field and are progressing through feedback and dialogue with a select number of COs (see sampling). NCA is also recruiting a Protection Officer who will be responsible for supporting partners to develop contextualised information for communities on the behaviours expected of staff. As work to address this CAR is not finalised or implemented in the field, it remains open. | Interviews with staff 114 115 116 117 122-125 |

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| 2023-4.4 | Minor 2026-04-06 | NCA is addressing this CAR through policy (see 4.1) and process change. The global indicators under the Participation goal include community feedback indicators. In the draft revised PMT, COs will be required to ask communities directly if the partner seeks their feedback on the quality of services and projects. The organisation has a defined process for implementing Knowledge Attitude Practice (KAP) surveys and is considering including satisfaction questions when these are implemented. See 4.1 on COs' involvement). As work to address this corrective action is not finalised or implemented in the field, it remains open. | Interviews with staff 114 115 116 117 122-125 |
| 2023-5.1 | Minor 2026-04-06 | NCA is addressing this CAR through policy and process change, and staff recruitment. The new goal of Participation includes drafting global indicators on the existence of contextually and culturally appropriate complaints handling mechanisms which have been devised in consultation with the community. The draft revised PMT requires COs to ask communities if they have been consulted on how to set up the partner's complaints mechanism. NCA has just finalised recruitment of a full time Complaints Advisor (CA), who will be revising the organisation's Complaint Handling Mechanism (CHM) policies and procedures. The position has been filled since February. The Complaints Advisor Strategy (2024) details plans to work closely with the Programme Quality team, undertake policy review, develop context sensitive training material and work with COs and partners to build their capacity in this area. The revisions to the existing policy will be completed by July 2024 and launched to the COs early 2025. As work to address this corrective action is not finalised or implemented in the field, it remains open. | Interviews with staff 26 114 115 116 119 120 121 |
| 2023-5.2 | Minor 2026-04-06 | NCA is addressing this CAR through process change, and staff recruitment (see 5.1). The new goal of Participation includes draft global indicators requiring partners to communicate about the complaints process and the scope of issues it covers. The draft revised PMT requires COs to ask communities if they are aware of the complaints mechanisms in place, and if the partner has provided information on how to use them. The CA will focus on implementation of the CHM at CO level later this year and in the longer term. This will include the strengthening of the local Complaints Teams and Compliance Focal Points at CO level. As work to address this corrective action is not finalised or implemented in the field, it remains open. | Interviews with staff 114 115 116 119 120 121 |
| 2023-5.6 | Minor 2026-04-06 | NCA is addressing this CAR through process change, and staff recruitment (see 5.1). The draft revised PMT requires COs to ask communities if they have been informed from partners about their staff expected behaviour. RA2023 noted the lack of contextualised local material in information provided to communities. As outlined in 5.1, the newly recruited CA will start to focus on the development of context sensitive material for use at CO level later this year. As work to address this corrective action not finalised or implemented in the field, it remains open. | Interviews with staff 114 115 116 119 120 121 |

3. Summary of non-conformities

| Corrective Action Requests (CAR) | Type | Resolution due date | Status | New resolution due date (if) |
|--|----------|---------------------|--------|-------------------------------|
| 2023-1.5: NCA does not have a policy commitment to take account of and collect disaggregated data on disability across its programmes. | Minor | 2026-04-06 | Open | |
| 2023-3.8: NCA does not adequately require, monitor and support partners to put systems in place to safeguard personal information collected from communities that could put them at risk. | Minor | 2026/04/06 | Open | |
| 2023-4.1: NCA does not support and monitor partners to ensure that information about expected staff behaviour is systematically provided to communities and volunteers. | Minor | 2026/04/06 | Open | |
| 2023-4.4: NCA does not systematically ensure that partners encourage and facilitate communities to provide feedback on their level of satisfaction with the quality and effectiveness of the assistance received, paying particular attention to the gender, age and diversity of those giving feedback. | Minor | 2026/04/06 | Open | |
| 2023-5.1: NCA does not support partners to consult with communities on the design, implementation and monitoring of complaints-handling processes. | Minor | 2026/04/06 | Open | |
| 2023-5.2: NCA does not support partners to communicate how complaint handling mechanisms can be accessed and the scope of issues they can address. | Minor | 2026/04/06 | Open | |
| 2023-5.6: NCA does not support or monitor partners to ensure that communities and people affected by crisis are fully aware of the expected behaviour of humanitarian staff, including organisational commitments made on the prevention of sexual exploitation and abuse | Minor | 2026/04/06 | Open | |
| Total Number of open CARs | 7 | | | |


4. Lead auditor recommendation

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| <p>In my opinion, NCA has demonstrated that it is taking necessary steps to address the CARs identified in the previous audit and continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability.</p> <p>I recommend maintenance of certification.</p> | |
| <p>Name and signature of lead auditor: Catherine Blunt</p>  | <p>Date and place: 18th March 2024</p> |

5. HQAI decision

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|---|---|
| <input checked="" type="checkbox"/> Certificate maintained <input type="checkbox"/> Certificate suspended | <input type="checkbox"/> Certificate reinstated <input type="checkbox"/> Certificate withdrawn |
| Surveillance audit before: 2025-05-11 | |
| Name and signature of HQAI Executive Director: Désirée Walter  | Date and place: Geneva, 17 April 2024 |

6. Acknowledgement of the report by the organisation

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| Space reserved for the organisation | |
| 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 | <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: Dagfinn Høybråten  | Date and place: Apr 22, 2024 |

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.

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>Score 0: 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"> <input type="checkbox"/> Independent verification: major weakness. <input type="checkbox"/> Certification: major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issued or immediate suspension of certificate. |
| 1 | Your organisation is making efforts towards applying this requirement, but these are not systematic. | <p>Score 1: 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"> <input type="checkbox"/> Independent verification: minor weakness. <input type="checkbox"/> Certification: minor non-conformity, leading to a minor corrective action request (CAR). |
| 2 | Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed. | <p>Score 2: 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"> <input type="checkbox"/> Independent verification and certification: observation. |
| 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>Score 3: indicates full conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent verification and certification: conformity. |
| 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>Score 4: indicates an exemplary performance in the application of the requirement.</p> |

* Scoring Scale from the CHSA Verification Scheme 2020

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Final Audit Report

2024-04-22

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