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HUMANITARIAN QUALITY
ASSURANCE INITIATIVE

# Norwegian Church Aid
# Maintenance Audit 2 – Report – 2025/04/24

## 1. General information and audit activities

| Role / name of auditor(s) | Lead Auditor, Camille Guyot-Bender | |
|---|---|---|
| Audit cycle | Third Cycle | |
| | Date / number of participants | Any substantive issues arising |
| Opening Meeting | 10-03-2025 / 6 | No |
| Closing Meeting | 02-04-2025 / 5 | No |
| | Position / level of interviewees | Number |
| Interviews | Head Office: Senior Staff, Legal and Compliance, Programme Quality, Civil Society, Finance, Monitoring Evaluation Accountability and Learning (MEAL) | 7 |
| | Country Office: Senior Staff, Technical Managers | 2 |

## 2. Actions and progress of organisation

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

Since the last maintenance audit (MA1) in 2024, Norwegian Church Aid (NCA) has continued to take strategic steps to address the gaps identified in the 2023 Renewal Audit (RA2023). This has included the revision of core processes at the Head Office (HO) aimed at decentralising decision-making, improving alignment with NCA's systems, increasing Country Office (CO) ownership and leadership, strengthening HO support to COs, and enabling more strategic engagement with partners.

At the time of this second maintenance audit (MA2), NCA is in the final stages of negotiating a new five-year agreement with its primary donor, the Norwegian Directorate for Development (NORAD). This new agreement has prompted reflection on how to more effectively strengthen partner capacity to deliver services, while also identifying risks associated with the localisation initiative. As a result, policies are being revised to be more user-friendly and to include non-negotiable, concrete action points.

In November 2024, the Global Indicators measuring progress against the Programme Framework 2025-2030 were finalised and approved by the management team. This Framework will serve as the backbone for five-year programming under the new NORAD agreement. Between January and March 2025, the first phase of the rollout was implemented, including the collection of baseline data for relevant thematic areas. Detailed guidance on how to apply and report on the indicators has been uploaded to the ONE SharePoint site, and four rollout webinars were conducted in February 2025. The second phase of the rollout, which marks the start of the annual reporting process, will begin in June 2025. MEAL is leading the development and implementation of these indicators and is tracking progress through a dedicated Community of Practice (COP) that facilitates learning, promotes understanding of the guidance, and provides ongoing clarification.

New crosscutting indicators within the Framework that were developed in response to RA2023 findings include Participation and Inclusion Indicators (focusing on how partners engage with communities) and Equitable Partnership Indicators (focused on how NCA supports partners beyond basic capacity building). All indicators will be reported on at project level, requiring partner involvement. In the second rollout phase, reporting will be integrated into NCA's online reporting system, PIMS. An interactive dashboard is also being developed to allow partners to report directly on these indicators.

Since late 2024, NCA has also been engaged in a comprehensive revision of its Operational Manual—now renamed the Country Office Manual. This updated manual serves as a technical guide for COs and outlines how

to operate efficiently and sustainably, including key documents, routines, and action items. The revision led by the Effective and Efficient Steering Committee, introduces clearer procedures, defined responsibilities, and updated mechanisms. Cross-departmental working groups, including staff from COs, have been involved in reviewing and refining content, with an emphasis on partner support. The Manual is being finalised at the time of the MA2.

A new Joint Project Monitoring Tool is also being piloted at the time of the MA2 and will be linked to quarterly grant reviews. This tool defines roles and responsibilities more clearly, emphasises reporting requirements, and ensures that information from monitoring visits is accessible. The monitoring process is aligned with the new Country Office Manual and will be rolled out alongside it. Together, these tools will significantly enhance oversight and clarify expectations for tasks and responsibilities.

## 2.2 Summary on corrective actions

| Corrective Action Requests (CAR) | Type and resolution timeframe | Progress made to address the CAR and in response to the findings of the indicator | Evidence (doc no., KII) |
|---|---|---|---|
| 2023-1.5: NCA does not have a policy commitment to take account of and collect disaggregated data on disability across its programmes. | Minor / by 2026-04-06 (RA) | The MA2 finds that NCA is strengthening its commitment to disability inclusion by requiring the collection of disaggregated data on disability as part of the Participation and Inclusion indicators. Detailed guidance on disaggregated data collection is available to staff. Indicators will be reported at the project level and eventually by partners, with country offices responsible for supporting this through contracts and capacity development. NCA is also recruiting a dedicated Inclusion Advisor to reinforce internal and partner capacity, ensure systematic approaches, and promote accountability across the organisation. The practical impact of this policy commitment will be looked into at the next renewal audit. | Interviews with staff<br><br>129, 131, 132, 140, 153, 155 |
| 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 / by 2026-04-06 (RA) | NCA has demonstrated strong awareness of data protection within its gender and gender-based violence (GBV) programmes, particularly through adherence to the GBV information management system (IMS) and annual data-sharing protocols aligned with United Nations Populations Fund (UNFPA) standards. A Data Protection Officer is being recruited, signalling NCA's ongoing commitment to strengthening data protection systems. While project-level Data Management Plans include general data protection regulations (GDPR) compliance and some project agreements reference data protection, templates do not consistently reflect these clauses. Moreover, there is no formal global guideline or system in place to safeguard personal information collected from communities. Partners are also not yet systematically required or supported to implement data protection measures, and key tools like the Partner Assessment Tool (PAT) and Project Monitoring Tool (PMT) have not yet been updated to monitor these practices. | Interviews with staff<br><br>129, 132, 133, 135, 138, 139, 140, 159, 160 |
| 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 / by 2026-04-06 (RA) | NCA supports and monitors partners in sharing information about expected staff behaviour with communities through a variety of channels, including project kick-off meetings, community engagement, and distribution events. While there is no formal tracking tool, efforts are supported by guidance on effective communication, the PAT, and the new Participation and Inclusion Indicators, which include partner self-reporting and project monitoring questions directed at both staff and rights-holders. Community actors receive training, and materials such as posters and leaflets are used to | Interviews with staff<br><br>127, 129, 131, 132, 138, 140, 155 |

| | | reinforce key messages. Discussions have been ongoing to make these practices mandatory in project agreements, with a focus on ensuring communities are informed and empowered to understand staff conduct expectations and how to raise complaints. | |
|---|---|---|---|
| 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 / by 2026-04-06 (RA) | NCA is making progress in promoting partner practices that encourage and facilitate community feedback. The new Participation and Inclusion Indicators require reporting on community feedback mechanisms. These are being integrated into tools such as the revised PMT, which includes direct questions for communities about whether and how feedback is collected. The monitoring, evaluation, accountability and Learning (MEAL) team has provided guidance to support implementation across the organisation. Partners often use complaints boxes and toll-free numbers, but more proactive and inclusive feedback systems are still under development. While systems are being strengthened, efforts to ensure feedback is actively sought and disaggregated by gender, age, and disability are ongoing and not yet fully embedded across all programmes. | Interviews with staff 129, 131, 132, 135, 137, 140 |
| 2023-5.1: NCA does not support partners to consult with communities on the design, implementation and monitoring of complaints-handling processes. | Minor / by 2026-04-06 (RA) | NCA is taking steps to strengthen how partners consult with communities on complaints-handling mechanisms (CHM). The Participation and Inclusion Indicators require partners to report on how information is shared with communities, including mechanisms for feedback and complaints. There is also a commitment to strengthening alignment with partners through the Equitable Partnerships Indicator. These indicators are supported by the rollout of the revised PMT, which includes questions for both partner staff and rights-holders about complaints-handling practices, helping to assess whether communities are informed and engaged. Some COs use complaints boxes and toll-free lines, and guidance has been provided to improve classification and contextualisation of complaints, but these systems are not yet systematic. NCA is working to address this through updated tools, capacity building, and clearer expectations in partner agreements. | Interviews with staff 129, 131, 133, 140, 141, 142, 143, 144, 147, 148, 149, 151, 163 |
| 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 / by 2026-04-06 (RA) | NCA supports partners in communicating the accessibility and scope of CHM primarily through guidance, community engagement activities, and training. Participation and Inclusion Indicators also promote more systematic self-reporting by partners on how CHMs are communicated. At the organisational level, a revision of the CHM process has proposed clearer classifications for complaints (sensitive, non-sensitive, feedback, etc.), aiming to improve partner and community understanding. However, while awareness-raising activities are in place, the consistent and proactive communication of CHMs' scope and access points is still being strengthened across programmes. | Interviews with staff 129, 131, 132, 137, 140, 141, 142, 143, 144, 147, 148, 149, 151, 163 |
| 2023-5.6: NCA does not support or monitor partners to ensure that communities and people affected by | Minor / by 2026-04-06 (RA) | NCA continues to strengthen its support to partners in informing communities about expected staff behaviour and its commitments to the prevention of sexual harassment, exploitation, and abuse (PSHEA). The Participation and Inclusion Indicators require partners to self-report on how this information is shared with rights- | Interviews with staff 129, 131, 132, 133, |

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| crisis are fully aware of the expected behaviour of humanitarian staff, including organisational commitments made on the prevention of sexual exploitation and abuse. | | holders. And the commitment to local ownership of their own services to keep processes sustainable is outlined in the Equitable Partnerships Indicator. Tools such as the PAT assess the information partners provide, while the revised PMT includes follow-up with both partner staff and rights-holders to verify effective communication. In August 2024, NCA hired a Protection Advisor whose responsibilities include ensuring PSHEA focal points are in place across all COs, collaborating with the Legal and Compliance team to strengthen reporting mechanisms, and updating PSHEA policies. Staff and partners are required to sign anti-corruption and sexual harassment prevention policies, and discussions are ongoing to formalise these commitments in project agreements. While progress is evident, NCA continues to work toward greater consistency through updated tools and enhanced staff capacity. 140, 153, 154, 155 |

# 3. Summary of non-conformities

| Corrective Action Requests (CAR) | Type | Status | Resolution due date |
|---|---|---|---|
| 2023-1.5: NCA does not have a policy commitment to take account of and collect disaggregated data on disability across its programmes. | Minor | Open | By the Renewal Audit 2026 |
| 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 | Open | By the Renewal Audit 2026 |
| 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 | Open | By the Renewal Audit 2026 |
| 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 | Open | By the Renewal Audit 2026 |
| 2023-5.1: NCA does not support partners to consult with communities on the design, implementation and monitoring of complaints-handling processes | Minor | Open | By the Renewal Audit 2026 |
| 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 | Open | By the Renewal Audit 2026 |
| 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 | Open | By the Renewal Audit 2026 |
| **Total Number of open CARs** | **7** | | |

# 4. Claims Review

| Claims Review conducted | ☒ Yes   ☐ No | **Follow-up required** | ☒ Yes   ☐ No |
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# 5. Lead auditor recommendation

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| In my opinion, Norwegian Church Aid has demonstrated that it is taking necessary steps to address the CARs identified in the previous audits and continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability.<br><br>I recommend maintenance of certification. | |
| **Name and signature of lead auditor:**<br><br>Camille Guyot-Bender | **Date and place:**<br><br>Grenoble, France<br><br>**16th April 2025** |

# 6. HQAI decision

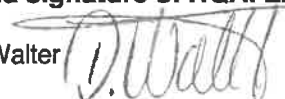| | |
|---|---|
| ☒ Certificate maintained<br>☐ Certificate suspended | ☐ Certificate reinstated<br>☐ Certificate withdrawn |
| **Surveillance audit before: 2026/05/10** | |
| **Name and signature of HQAI Executive Director:**<br><br>Désirée Walter | **Date and place:**<br><br>Geneva, 24 April 2025 |

# 7. Acknowledgement of the report by the organisation

| **Space reserved for the organisation** | |
|---|---|
| Any reservations regarding the audit findings and/or any remarks regarding the behaviour of the HQAI audit team:<br><br>If yes, please give details: | ☐ Yes   ☒ No |
| Acknowledgement and Acceptance of Findings:<br><br>I acknowledge and understand the findings of the audit<br><br>I accept the findings of the audit | <br><br>☒ Yes   ☐ No<br><br>☒ Yes   ☐ No |
| **Name and signature of the organisation's representative:**<br><br>ARNE NASS-HOLM | **Date and place:**<br><br>Oslo,<br>05.05.2025 |

# Appeal

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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.*

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# 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. | **Score 0:** indicates a weakness that is so significant that the organisation is unable to meet the commitment. This leads to:<br><br>• Independent verification: major weakness.<br><br>• **Certification:** major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issue or immediate suspension of certificate. |
| 1 | Your organisation is making efforts towards applying this requirement, but these are not systematic. | **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:<br><br>• Independent verification: minor weakness.<br><br>• **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. | **Score 2:** indicates an issue that deserves attention but does not currently compromise the conformity with the requirement. This leads to:<br><br>• 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. | **Score 3:** indicates full conformity with the requirement. This leads to:<br><br>• 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. | **Score 4:** indicates an exemplary performance in the application of the requirement. |

\* Scoring Scale from the CHSA Verification Scheme 2020