DAN CHURCH AID

CHS (Certification)

Maintenance Audit Report

DCA-MA1-2018-001

Date: 2018-02-02

Table of Content

1. General information

Organisation	Dan Church Aid		
Type	☐ National ☐ Membership/Network ☒ Direct assistance	☒ International ☐ Federated ☒ Through partners	
Mandate	☒ Humanitarian	☒ Development	☒ Advocacy
Verified Mandate(s)	☒ Humanitarian	☒ Development	☒ Advocacy
Size (Total number of programme sites/ members/partners – Number of staff at HO level)	19 Country Offices, 29 project sites, 193 partners		
Lead auditor	Birgit Spiewok	Auditor	n/a
		Others	n/a
	Head Office		
Location	Copenhagen, Danmark		
Dates	18 January 2018		

2. Schedule summary

2.1 Opening and closing meetings at Head Office

	Opening meeting	Closing meeting
Date	18 Jan 2018	18 Jan 2018
Location	Copenhagen	Copenhagen
Number of participants	9	9
Any substantive issue arising	-	-

2.2 Interviews

Position of interviewees	Number of interviewees
Head Office	
Senior Management Team	1
Middle Management and Management	8
Member of the Board	1 (by telephone)
Total number of interviews	10

3. Recommendation

In our opinion, DCA 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 and its confidential annex.

Lead Auditor's Name and Signature   Date and Place: Berlin,
Birgit Spiewok   2 Feb 2018

4. Quality Control

Quality Control by	Elissa Goucem
Follow up	
First Draft	2018-02-12
Final Draft	2018-03-19

5. Report

5.1 Overall organisational performance

Dan Church Aid (DCA) shows strong dedication to comply with the Core Humanitarian Standard and addressing the CARs identified in its initial audit. The organisation has a track record since its 2008 HAP certification of adhering to the principles of accountability and transparency and shows continued efforts of improving its work both at organisational and project level.

In December 2017, DCA adopted a new organisational Theory of Change re-stating its commitment to accountability. Since the initial CHS certification in 2017, DCA has undergone some structural changes: as of January 1st, 2018, the international department has been restructured, shifting from two directors to one and upgrading the supporting units including the position of Head of Quality Management to middle management. The new Director of Programmes is now part of senior management and line manages all DCA focus countries. The new Emergency Director manages directly non-focus countries with higher security concerns, where country offices and partners have less authority to manage their programmes independently. The Emergency Director also advises the Director of Programmes on any humanitarian issues in focus countries. The position of the Advisor on Anticorruption and complaints handling has been increased from being part-time to being full-time. Staff at HO see these changes as positive, allowing for clearer responsibilities and reporting lines. The Board also takes an active role in the CHS certification process e.g. by designating one Member of the Board as anchor-person for complaints handling. The Member of the Board is informed regularly by the Advisor on Anticorruption and complaints handling on progress made towards addressing identified CAR in the certification process.

Understanding of accountability is expressively part of the culture of DCA partners; partnerships have been ended because of fraud and corruption. Each partner now is assessed regularly using DCA`s Partner Assessment Tool and national Accountability Improvement Plans are used to continuously improve the work of DCA´s partners. Accountability Improvement Plans are a mandatory planning tool for each country office, build around the 9 CHS commitments and combining a baseline of the level of compliance with an improvement plan. The CHS action plan on how to roll out required changes for addressing the CARs has been a key item on the agenda of the meetings of the International Management group that includes Country Directors, to ensure adherence to the plan. Each country office now has a CHS focal point and there is regular consultation between the HO, the international management group and all 20 CHS focal points. DCA has also clarified the responsibilities in the complaints handling process, especially with regard to the role of the advisor. Learning has been given additional attention with e-learning tools being developed for complaints handling and Code of Conduct. Two CARs

regarding the clear communication of the complaints handling mechanism and the mechanism prioritising the safety of complaints have been addressed fully by DCA.

However, DCA has been facing changes in its legal context that slowed its actions on data protection (Indicator 3.8). DCA has taken steps to put itself in conformity with the new EU – General Data Protection Regulation, which made the issue of safeguarding personal information more complex and time consuming. As a consequence DCA is not yet fully in conformity with the indicator 3.8 of the standard and the CAR is at this point in resolution.

On a different topic, the actions taken to ensure that DCA staff and partners are aware of the organisations Code of Conducts including PSEA, e.g. the e-learning course, have been launched but are not fully implemented yet. Consequently, the effects of these actions on communities being aware of what behaviour they can expect from DCA staff and partners, cannot be measured yet and will need to be verified in the next surveillance audit.

5.2   Status of the Corrective Action Requests of the previous audit

Corrective Action Requests	Type (Minor/ Major)	Original time for resolution	Status of CAR (Closed/In resolution/New)
3.8 DCA does not systematically ensure that personal information collected from communities is adequately safeguarded.	Minor	1 year	In resolution
5.2b DCA does not clearly communicate or ensure that communities are informed about how relevant stakeholders can access its complaint mechanism and the scope of issues it can address.	Minor	2 years	Closed
5.3b DCA does not systematically ensure that complaint-handling mechanisms for communities routinely prioritise the safety of the complainant and those affected at all stages.	Minor	1 year	Closed
5.6 DCA does not ensure that communities are aware of expected behaviours of staff, including commitments made on PSEA.	Minor	2 years	In resolution
5.7 DCA does not have in place formal referral mechanisms for complaints that do not fall within the scope of the organisation or that of its partners.	Minor	1 year	Closed
8.7 DCA does not systematically ensure that partner codes of conduct are implemented or that staff and partners are aware of the Prevention of Sexual Exploitation and Abuse (PSEA)	Minor	2 years	In resolution

5.3   Summary of the Corrective Action Requests of the maintenance audit

Corrective Action Requests	Type (Minor/Major)	Status of CAR (Closed/In resolution/New)	Time for resolution
3.8 DCA has yet not put in place the systems to ensure that all the personal information collected from communities is adequately safeguarded in all its programmes	Minor	In resolution	1 year
5.6 DCA does not ensure that communities are aware of expected behaviours of staff, including commitments made on PSEA.	Minor	In resolution	1 year
8.7 DCA does not systematically ensure that partner codes of conduct are implemented or that staff and partners are aware of the Prevention of Sexual Exploitation and Abuse (PSEA)	Minor	In resolution	1 year
TOTAL Number of open CARs			3

6.   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

[handwritten signature]
ANNETTE KINGGAARD

Name and Signature

Copenhagen, 21 March 2018

Date and Place

Date of document: 2018-02-02

7.   HQAI's decision

Certification Decision
Certificate:

Certificate:	
☒ Certificate maintained	☐ Certificate reinstated
☐ Certificate suspended	☐ Certificate withdrawn

Next audits

Mid-term: 2019-01-26

Maintenance: 2020-01-26

Re-certification: 2021-01-26

Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative	Date: 2018-03-23

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 day to address it. Their decision will be final.

The details of the Appeal Procedure can be found in document PRO049 – Appeal and Complaints Procedure.

Annex 1: Explanation of the scoring scale

In line with the CHS's emphasis on continuous learning and improvement, rather than assessing a pass/fail compliance with the CHS requirements, the CHS Verification Scheme uses a scoring system. It is graduated from 0 to 5 to determine the degree to which organisations apply the CHS and to measure progress in this application.

Be it in the framework of a self-assessment or in a third-party assessment process, it is key to have detailed criteria to evaluate (score) the degree of application of each requirement and commitment of the CHS. A coherent, systematic approach is important to ensure:
- Transparency and objectivity in the scoring criteria;
- Consistency and reliability between one verification cycle and another, or between the different verification options;
- Comparability of data generated by different organisations.

This document outlines a set of criteria to orient the assessment process and help communicate how the respective scores have been attributed and what they mean.

While verification needs to be rigorous, it needs also to be flexible in its interpretation of the CHS requirements to be applicable fairly to a wide range of organisations working in very different contexts. For example, smaller organisations may not have formal management systems in place, but show that an Organisational Responsibility is constantly reflected in practices. In a similar situation, the person undertaking the assessment needs to understand and document why the application is adequate in the apparent absence of supporting process. It is frequent that the procedures actually exist informally, but are "hidden" in other documents. Similarly, it is not the text of a requirement that is important, but whether its intent is delivered and that there are processes that ensure this will continue to be delivered under normal circumstances. The driving principle behind the scoring is that the scores should reflect the normal ("systematic") working practices of the participating organisation.

What do the scores stand for?

Score	Key actions	Organisation responsibilities
0	• Operational activities and actions systematically contradict the intent of a CHS requirement. • Recurrent failure to implement the necessary actions at operational level. • A systemic issue threatens the integrity of a CHS Commitment (i.e. makes it unlikely that the organisation is able to deliver the commitment).	• Policies and procedures directly contradict the intent of the CHS requirement. • Complete absence of formal or informal processes (organisational culture) or policies necessary for ensuring compliance at the level of the requirement and commitment.
1	**Some actions respond to the intent behind the CHS requirement. However:** • There are a significant number of cases where the design and management of programmes and activities do not reflect the CHS requirement. • Actions at the operational level are not systematically implemented in accordance with relevant policies and procedures.	**Some policies and procedures respond to the intent behind the CHS requirement. However:** • Relevant policies exist but are incomplete or do not cover all areas of the CHS. • Existing policies are not accompanied with sufficient guidance to support a systematic and robust implementation by staff. • A significant number of relevant staff at Head Office and/or field levels are not familiar with the policies and procedures. • Absence of mechanisms to ensure the monitoring and systematic delivery of actions, policies and procedures at the level of the commitment.
2	**Actions broadly respond to the intent behind the CHS requirement:** Actions at operational level are broadly in line with the intent behind a requirement or commitment. **However:** • Implementation of the requirement varies from programme to programme and is driven by people rather than organisational culture. • There are instances of actions at operational level where the design or management of programmes does not fully reflect relevant policies.	**Some policies and procedures respond to the intent behind the CHS requirement. However:** • Relevant policies exist but are incomplete or do not cover all areas of the CHS. • Existing policies are not accompanied with sufficient guidance to support a systematic and robust implementation by staff. • A significant number of relevant staff at Head Office and/or field levels are not familiar with the policies and procedures. • Absence of mechanisms to ensure the monitoring and systematic delivery of actions, policies and procedures at the level of the commitment.
3	**Actions respond to the intent of the CHS requirement:** • The design of programmes site(s) and country programme(s) and the implementation of activities is based on the relevant policies and reflects the requirement throughout programme sites. • Staff are held accountable for the application of relevant policies and procedures at operational level, including through	**Policies and procedures respond to the intent of the CHS requirement:** • Relevant policies and procedures exist and are accompanied with guidance to support implementation by staff. • Staff are familiar with relevant policies. They can provide several examples of consistent application in different activities, programmes site(s) and country programme(s) • The organisation monitors the implementation

	consistent quality assurance mechanisms.	of its policies and supports the staff in doing so at operational level.
4	**As 3, but in addition:** • Field and programme staff act frequently in a way that goes beyond CHS requirement to which they are clearly committed. • Communities and other external stakeholders are particularly satisfied with the work of the organisation in relation to the requirement.	**As 3, but in addition:** • Policies and procedures go beyond the intent of the CHS requirement, are innovative and systematically implemented across the organisation. • Relevant staff can explain in which way their activities are in line with the requirement and can provide several examples of implementation in different sites. • They can relate the examples to improved quality of the programmes site(s) and country programme(s) and their deliveries.
5	**As 4, but in addition:** • Actions at all levels and across the organisation go far beyond the intent of the relevant CHS requirement and could serve as textbook examples of ultimate good practice.	**As 4, but in addition:** • Policies and procedures go far beyond the intent of the CHS requirement and could serve as textbook examples of relevant policies and procedures. • Policy and practice are perfectly aligned.