

DIGNITY Kwanza Community Solutions

Initial Audit – Summary Report - 2025/03/25

1. General information

1.1 Organisation

Type	Mandates	Verified
<input type="checkbox"/> International <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Membership/Network <input type="checkbox"/> Direct Assistance <input type="checkbox"/> Federated <input type="checkbox"/> With partners	<input checked="" type="checkbox"/> Humanitarian <input type="checkbox"/> Development <input checked="" type="checkbox"/> Advocacy	<input checked="" type="checkbox"/> Humanitarian <input type="checkbox"/> Development <input checked="" type="checkbox"/> Advocacy
Legal registration	NGO	
Head Office location	Dar re Salaam (Tanzania)	
Total number of organisation staff	9	

1.2 Audit team

Lead auditor	Jorge Menéndez Martínez
Second auditor	Gertrude Dendere - Chibwe
Third auditor	
Observer	
Expert	
Witness / other participants	

1.3 Scope of the audit

CHS:2014 Verification Scheme	Verification
Audit Cycle	First Cycle
Type of audit	Initial Audit
Scope of audit	The audit covers the whole organisation. The audit includes Dignity Kwanza's Head Office in Dar Es Salaam and all the programmes and projects.
Focus of the audit	

1.4 Sampling*

Sampling unit	Project
Total number of Country Programme/Project/unit sites included in the sampling	4
Total number of sites for onsite visit	2
Total number of sites for remote assessment	0
Sampling Unit Selection	
Random Sampling — onsite/remote	Purposive Sampling — onsite/remote
Towards Sustainable Refugee Rights Advocacy and Implementation (TSRRAI)-Onsite	
The Local Engagement Refugee Research Network (LERRN)- Onsite	
Any other sampling considerations:	

Project selection was carried out as part of the Tareminet Group audit. Two projects were selected, ensuring that the sample covered the humanitarian and advocacy mandates and that the projects could be accessed from Dar Es Salaam for feasibility.

Sampling risks identified:

There is no sampling risk identified. The audit team has full confidence in the findings and conclusions of this audit based on the sample as outlined above.

**It is important to note that the audit findings are based on a sample of an organisation's activities, programmes, and documentation, as well as direct observation. Findings are analysed to determine an organisation's systematic approach and application of all aspects of the CHS across different contexts and ways of working.*

2. Activities undertaken by the audit team

2.1 Opening Meeting

Date	2024/09/23	Number of participants	3
Location	Dar Es Salaam	Any substantive issues arising	None

2.2 Locations Assessed

Locations	Dates	Onsite or remote
Dar es Salaam (Tanzania)	23 Sept – 1 Oct	Onsite

2.3 Interviews

Level / Position of interviewees	Number of interviewees		Onsite or remote
	Female	Male	
Head Office			
Management	2	0	Onsite
Staff	2	3	Onsite and Remote
Stakeholders	1	1	Remote
Total number of interviewees	5	4	9

2.4 Consultations with communities

Type of group and location	Number of interviewees		Onsite or remote
	Female	Male	
Group discussion - male Dignity Kwanza project participants – Dar Es Salam, Tanzania	0	3	Onsite
Group discussion - female Dignity Kwanza project participants – Dar Es Salam, Tanzania	3	0	Onsite
Group discussion - male Dignity Kwanza project participants – Dar Es Salam, Tanzania	0	3	Onsite
Group discussion - female Dignity Kwanza project participants – Dar Es Salam, Tanzania	3	0	Onsite
Total number of participants	6	6	12

2.5 Closing Meeting

Date	2024/11/06	Number of participants	7
Location	Remote	Any substantive issues arising	None

3. Background information on the organisation

3.1 General information

DIGNITY Kwanza Community Solutions (DK) is a Non-Profit organisation registered in Tanzania under the NGOs Act of 2002. The organisation was founded in July 2018 to contribute towards efforts to find solutions to the challenges facing marginalised and vulnerable populations in Tanzania by promoting human dignity and inclusive development. The organisation was founded by the former employees of Asylum Access Tanzania (AATZ) upon its closure.

DK envisions a Tanzania in which every person lives with dignity and is assured of the opportunity to achieve self-fulfilment. The organisational mission is, therefore, to safeguard and promote the human dignity of the most marginalised and vulnerable. DK's overall goal is to contribute to the creation of conditions and opportunities for their clients to enjoy their rights, live in dignity, attain social and economic growth and participate in the search for lasting solutions to their needs and the overall nation-building.

The organisation works with Refugees (including asylum seekers and vulnerable migrants), Stateless and people at risk of statelessness as well as marginalised and vulnerable Tanzanians.

DK provides services in the four priority areas identified as:

- Legal status.
- Economic and social inclusion.
- Gender equality.
- Governance and accountability.

DK strategic objectives are as follows:

- Engagement in broad advocacy at all levels.
- Advocacy and support for clients in obtaining legal status.
- Advocacy for and promotion of gender equality practices.
- Engagement with clients and various actors to increase access to resources and opportunities.
- Strengthening the capacity and sustainability of DK.

According to its 2023 financial statements, total revenues reached US\$ 131.260 (TZS 330.775.210), with expenses of US\$ 122.906 (TZS 309.725.210) and a surplus of US\$ 8.354 (TZS 21.050.000).

3.2 Governance and management structure

DK is steered by its members that constitute The General Meeting (GM), this serves as the highest decision-making body and meets annually or when necessary for an extraordinary meeting.

The Board of Directors is composed of 5 people and reports to the GM and provides strategic oversight for the organisation. The board meets 2/3 times a year and is led by the Executive Director, who is appointed by the members and manages the organisation's daily operations.

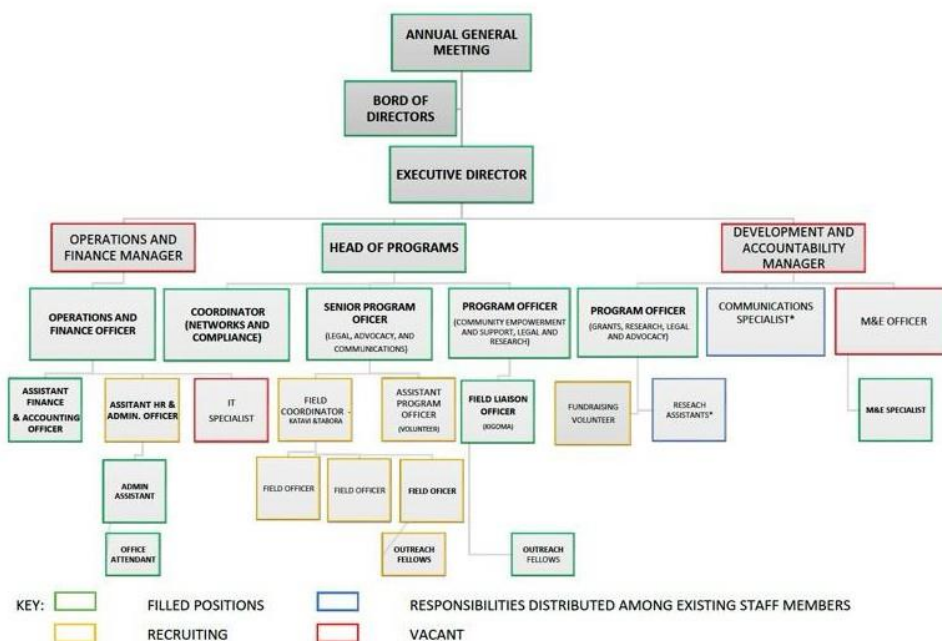
The Head of Programs manages all programme mandates and reports to the Executive Director. The Development and Accountability Manager reports to the Executive Director and is responsible for MEAL and communications, this post is vacant, and MEAL functions are the responsibility of the Head of Programs. The Operations and Finance Manager

reports to the Executive Director, this post is also currently vacant, and the responsibilities are allocated to the Finance and Operations Officer.

The organisation also uses volunteers and interns (international and local) in the implementation of its activities and as a way of reducing staff-related costs and building the capacity of new professionals in the areas and groups we are working on.

It is important to note that as the organisation charts below indicate, several relevant positions within the organisation are not covered, and this is due to the organisation's financial situation.

DIGNITY KWANZA'S ORGANOGRAM (UPDATED ON FEBRUARY 2024)



3.3 Work with partner organisations

DK does not work with partner organisations to implement projects in Tanzania. The organisation is an implementing partner for Mercy Corps, Heinrich Böll Stiftung - Horn Africa, Norwegian Refugee Council and Carleton University, with which it has signed agreements detailing the responsibilities and commitments of each party.

DK has a Partnership Policy that outlines the principles and procedures governing its relationship and collaboration with other organisations.

4. Overall performance of the organisation

4.1 Internal quality assurance and risk management mechanisms

DK's constitution outlines the roles and responsibilities of the General Meeting, Board of Directors and the Executive Director and includes conducting mandatory annual external audits of the Financial Statements. The Executive Director presents the audit report and Financial Statements to the Board for review and approval. The Financial Statements for the year ending 31 December 2023 were audited by external auditors and were said to reflect a true and fair financial position of the organisation. The organisation does not have an internal audit function.

DK's Internal control processes are carried out mainly through management of its operations and financial information. DK has a Financial Procedures Manual, Procurement of goods and services policy and Asset Management policy. The organisation's internal control procedures include limited segregation of duties, due to the presence of key vacant posts, authorisations, management reviews, accounting reconciliations.

DK's Risk Management Policy outlines the organisation's approach to risk management and assigns responsibilities for risk management within the organisation. However, the organisation does not currently undertake organisational wide risk assessments and there is no systematic risk identification process at the project design stage.

The anti-corruption policy covers the prevention of fraud and corruption, and procedures designed to ensure compliance with all relevant anti-corruption laws and regulations.

DK has a Monitoring and Evaluation (M&E) guideline indicating the processes involved in the M&E cycle and tracking project deliverables from the Results Matrix (RBM), a tool to monitor the progress and timeliness of project activities; the RBM tool is reviewed and updated quarterly. Project timelines, deliverables and work plans are agreed upon with the project funder at project inception, and DK reports periodically on the progress of its project against the work plans and budgets. The M&E Processes are also supported by periodic internal organisational project review meetings.

4.2 Level of application of the CHS

DK seeks to ensure the quality and accountability of its programmes while respecting humanitarian standards. However, it is important to note that due to the financial situation and lack of funds, although it seeks implementation, it does not have the capacity to conform with the CHS.

While the audit identified several major and minor weaknesses, which will be explained later, it also identified areas where they are strong and in line with the CHS such as:

- Impartial assistance. DK's assistance is based on community needs and capacities, considering diversity and including disadvantaged and marginalised people.
- Collaboration and coordination: DK effectively collaborates with network members, working groups, local and national authorities, and partners, ensuring their projects complement other humanitarian efforts.
- DK's programmes are inclusive and involve the participation and engagement of communities and people affected by crisis at all stages of the work
- The audit findings include two major weaknesses (commitments 5.1 and 8.5) that are linked to:
- The lack of a community-level complaints mechanism.
- The lack of financial capacity to fulfil its staff policies and procedures.

Also, the organisation has 19 Minor weaknesses, which are as follows:

- DK does not have a systematic organisational process to ensure an ongoing analysis of the context
- DK does not provide information to communities about the expected behaviours of its staff and PSEAH commitments.
- DK does not systematically facilitate communities to provide feedback on their level of satisfaction with the assistance provided.
- Lack of policy or procedures to ensure the safety of staff.
- DK does not identify projects' potential or actual undesired negative effects.
- Lack of a mechanism to ensure learning and adaptation of projects based on monitoring recommendations and conclusions.

4.3 Organisational performance against each CHS Commitment

Strong points and areas for improvement	Average score*
Commitment 1: Humanitarian assistance is appropriate and relevant	2.3
<p>DK's policies commit to impartial assistance based on the needs and capacities of the communities served and consider their diversity, its policies are designed mainly to serve disadvantaged or marginalised people.</p> <p>The organisation conducts context and stakeholder analyses in its 5-year Strategic Plan and some of the sampled projects include a context analysis; this is also done through informal channels such as attending local and regional meetings and forums and utilising local community governance structures. However, DK does not have systems in place to ensure appropriate ongoing context analysis and there are no systems to adapt programmes to changing needs and capacities.</p>	
<p>Feedback from communities:</p> <p>Communities indicate they cannot influence the type of activities delivered and that DK does not ask them if their needs or capacities have changed to adapt the programmes, they have also not experienced any programme changes.</p>	
Commitment 2: Humanitarian response is effective and timely	2.0
<p>DK utilises relevant technical standards and good practices in the design and implementation of programmes. However, the organisation currently has several key vacant positions and operates with limited capacities for programme implementation. DK utilises the Tareminet network to refer unmet community needs. However, DK does not have systems to ensure that unmet community needs that cannot be referred within the Tareminet network are referred to relevant external organisations.</p> <p>The organisation conducts monitoring and evaluation activities mainly as stipulated by the project funders; however, they do not have adequate systems to ensure ongoing Monitoring and Evaluation (M&E) activities, and that evidence from the M&E activities is used to adapt programmes.</p>	
<p>Feedback from communities:</p> <p>Some communities indicate that they frequently experience delays in receiving services from DK, and the cause of delays is not communicated.</p>	
Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	2.3
<p>DK's programmes build on local capacities and improve resilience of communities and enable the development of local leaders and organisations' capacity as first responders. DK's programmes also promote early disaster recovery and benefit the local economy, and the organisation has systems in place which safeguard personal information collected from communities that could put them at risk.</p> <p>However, DK does not systematically identify potential or actual unintended negative effects in the areas of people's safety and security, sexual exploitation and abuse by staff and the environment, the organisation has no security protocols or environmental policy, nor does it include environmental considerations in its procurement policy or project design.</p> <p>In addition, the organisation does not utilise the results of existing community hazard and risk assessments and preparedness plans to guide activities.</p>	
<p>Feedback from communities:</p>	

<p>Community members, including marginalised members, state that they participate in DK's activities and are equipped to take lead roles in their communities.</p> <p>Community members are not aware of project timelines or when DK will stop providing the services to them.</p>	
Commitment 4: Humanitarian response is based on communication, participation and feedback	2.4
<p>DK has policies for engaging communities that reflect the priorities and risks they face; they communicate in languages and formats that are easily understood and culturally appropriate to the communities. DK's policies and programme documents also ensure that representation is inclusive, involving the participation and engagement of communities.</p> <p>However, DK does not systematically provide information to communities about their organisation and expected staff behaviour. In addition, the organisation does not systematically facilitate communities to provide feedback on their level of satisfaction with the quality and effectiveness of the assistance received.</p>	
<p>Feedback from communities:</p> <p>Community members indicate they receive information in languages and formats they understand, and DK's programmes are inclusive, and all community members can participate. However, communities indicate they do not receive information on expected staff behaviour from DK.</p>	
Commitment 5: Complaints are welcomed and addressed	0
<p>A major weakness has been identified at the level of commitment 5 due to the number and significance of the minor weaknesses identified on several inter-connected indicators in commitments 3, 4, and 5, which fundamentally undermine the DK's ability to meet this commitment. Specific indicators where weaknesses are identified are: 3.6, 4.1, 4.4, 5.1, 5.2, 5.3, 5.4, 5.5, 5.6 and 5.7</p> <p>DK does not have functional Complaints Handling Mechanisms as the mechanisms are still under development and have not yet been rolled out to employees and communities. The organisation's policies do not include the need to consult communities on the design, implementation and monitoring of Complaints Handling Mechanisms. The organisation's staff have limited knowledge on how the complaints handling mechanism functions.</p> <p>DK does not systematically refer out of scope complaints to a relevant party in a manner consistent with good practice and it does not monitor or report on the Complaint handling processes.</p>	
<p>Feedback from communities:</p> <p>Community members indicate that they can informally raise their complaints with DK staff; however, they are not aware of how to access the organisation's other complaints handling mechanisms and were not involved in their design. Community members are also not aware of how to report sensitive complaints.</p>	
Commitment 6: Humanitarian response is coordinated and complementary	2.8
<p>DK is committed to the coordination and complementarity of its activities and ensures that activities create no duplication and are coordinated with national and local authorities and other organisations. Staff participate in various coordination mechanisms such as District Management committees and working groups.</p> <p>DK identifies the roles, responsibilities, capacities and interests of different stakeholders; however, the organisation does not systematically document this information for all projects and programmes.</p> <p>DK demonstrate leadership in sharing information related to refugees, asylum seekers, and migrants in Tanzania. They share knowledge and research through multiple channels in the humanitarian sector, including academia and the media.</p>	

DK implements all its programmes directly and does not sub-contract or partner with other organisations to deliver its programmes; the agreements with the donor partners are clear, and each partner's mandate, obligations, and independence are respected.

Feedback from communities:

Community members indicate there is no duplication of assistance provided by DK with that of other organisations and the organisation coordinates well with other local actors, assistance provided does not put unnecessary demands on their resources.

Community members consider the assistance and programme activities to be coherent and well-coordinated, without unnecessary demands on their resources.

Commitment 7: Humanitarian actors continuously learn and improve

2.0

DK indicates its commitment to learning and improving assistance in its guidelines, however, the guidelines do not provide a systematic approach to learning from experiences and improving practices. Furthermore, DK does not have a policy or any other document that articulates its approach to evaluation and learning.

DK is part of working groups and contributes to learning and innovation amongst their peers through various means,

DK shares lessons learned and innovations internally in organisational meetings; however, there is no system for collecting, recording, and sharing organisational and programme knowledge and experiences across all levels of the organisation.

Results of the monitoring activities and feedback from the communities are discussed during the team meetings; however, there is no system to follow up the findings and community complaints and feedback.

Feedback from communities:

Community members recall that Group members have shared learning and innovation; however, it is not a systematic practice.

Community members have not identified any positive changes in programmes since the project started, nor have they identified changes in the projects made due to feedback provided by DK.

Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably

0

A major weakness has been identified at the level of commitment 8 due to the number and significance of the minor weaknesses identified on several inter-connected indicators in commitments 8, which fundamentally undermine the DK's ability to meet this commitment. Specific indicators where weaknesses are identified are: 8.5, 8.6, 8.8 and 8.9.

DK's staff policies and procedures are fair, transparent, non-discriminatory and compliant with local labour laws; however, the organisation does not comply with all the requirements of its staff policies.

DK has a Code of Conduct in place, which includes the obligation of staff not to exploit, abuse, or discriminate against people. It reflects SEAH principles including the duty to report allegations or suspicions of SEAH.

DK's policies include the need to support staff to improve their skills and competencies through various mechanisms, however, the organisation is not implementing these mechanisms and staff are not fully supported with relevant training and continual development.

DK's workplace and personnel policies and procedures indicate the safety and security rules to be followed in the Dar Es Salaam office. Although, the DK's risk management policy requires to include provisions for security and implement the measures to ensure the security. DK does not have a security policy or procedure in place that indicates how the safety of DK's staff is ensured.

Feedback from communities:

<p>Community members indicate that staff treat them with respect, dignity, and compassion.</p> <p>Some Community members indicate that DK's staff is not always competent and effective in their work.</p>	
Commitment 9: Resources are managed and used responsibly for their intended purpose	2.3
<p>DK has policies and processes to ensure resources are managed and used responsibly, including managing the risk of corruption. However, the absence of a functional complaints handling mechanism limits the identification of possible corruption incidents.</p> <p>The organisation monitors and reports expenditures against budget and conducts annual external audits.</p> <p>DK does not have a policy that requires it to use resources in an environmentally responsible way and there are no established procedures and protocols that measure the possible impact of its activities on the environment.</p>	
<p>Feedback from communities:</p> <p>Community members indicate that they are not aware of any incidents of corrupt activities or extortion from DK's staff.</p> <p>Community members state that DK is not wasteful with its resources.</p>	

* Note: Average scores are a sum of the scores per commitment divided by the number of indicators in each Commitment, except when one of the indicators of a commitment scores 0 or if several scores of 1 on the indicators of a Commitment lead to the issuance of a major non-conformity/weakness at the level of the Commitment (in these two cases the overall score for the Commitment is 0).

5. Summary of weaknesses

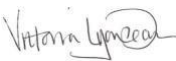
Weaknesses	Type	Status	Resolution timeframe
2024-1.6: DK does not have a systematic organisational process to ensure an ongoing analysis of the context.	Minor	New	By Renewal Audit 2028
2024-2.3: DK does not have a systematic process to refer unmet needs	Minor	New	By Renewal Audit 2028
2024-3.2: DK does not use the results of any existing community hazard and risk assessments and preparedness plans to guide activities.	Minor	New	By Renewal Audit 2028
2024-3.6: DK does not systematically identify potential or actual unintended negative effects.	Minor	New	By Renewal Audit 2028
2024-4.1: DK does not provide information to communities about the expected behaviours of its staff.	Minor	New	By Renewal Audit 2028
2024-4.4: DK does not systematically facilitate communities to provide feedback on their level of satisfaction with the assistance provided.	Minor	New	By Renewal Audit 2028
2024-5.4: DK does not have a Complaints Handling Mechanism in place.	Minor	New	By Renewal Audit 2028
2024-5.5: DK does not monitor or report on its complaint handling processes.	Minor	New	By Renewal Audit 2028

2024-5.6: DK does not ensure that communities are fully aware of the expected behaviour of its staff and DK's commitments made on the prevention of sexual exploitation and abuse.	Minor	New	By Renewal Audit 2028
2024-5.7: DK does not systematically refer complaints that do not fall within the scope of the organisation to a relevant party in a manner consistent with good practice.	Minor	New	By Renewal Audit 2028
2024-5.1: DK does not involve the community on the design, implementation and monitoring of complaints-handling processes.	Major	New	By Renewal Audit 2028
2024-5.2: DK does not provide information on how the mechanism can be accessed and the scope of issues it can address.	Minor	New	By Renewal Audit 2028
2024-5.3: DK's does not ensure that complaints are managed in a timely, fair and appropriate manner.	Minor	New	By Renewal Audit 2028
2024- 7.4: DK does not have an Evaluation and Learning policies in place.	Minor	New	By Renewal Audit 2028
2024- 7.5: DK does not have mechanisms to record knowledge and experience and make it accessible throughout the organisation.	Minor	New	By Renewal Audit 2028
2024- 7.2: DK does not learn and innovates based on monitoring and evaluation, and feedback and complaints.	Minor	New	By Renewal Audit 2028
2024- 8.5: DK does not comply with its policies and procedures.	Minor	New	By Renewal Audit 2028
2024- 8.6: DK does not ensure that all the staff have a job description in place.	Major	New	By Renewal Audit 2028
2024- 8.8: DK is not able to support its staff to improve their skills and competencies, as indicated in its policies and procedures.	Minor	New	By Renewal Audit 2028
2024- 8.9: DK does not ensure the safety of its staff.	Minor	New	By Renewal Audit 2028
2025-9.6: DK does not have any policy that requires DK to use its resources in an environmentally responsible way.	Minor	New	By Renewal Audit 2028
Total Number of open CARs/Weaknesses	19 Minor and 2 Major		


6. Lead auditor recommendation

INDEPENDENT VERIFICATION In our opinion, DK demonstrates a high level of commitment to the Core Humanitarian Standard on Quality and Accountability and its inclusion in the Independent Verification scheme is justified.	
Name and signature of lead auditor: Jorge Menéndez Martínez	Date and place: Buenos Aires, 18 March 2025

7. HQAI decision

Registration in the Independent Verification Scheme:	<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Refused
Next audit before: 2028/03/21	
Name and signature of HQAI Head of Quality Assurance: Victoria Lyon Dean 	Date and place: 21.03.2025

8. 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: <i>If yes, please give details:</i>	<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: Janemary Ruhundwa 	Date and place: 17.04.2025

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>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"> • Independent verification: major weakness. • 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"> • Independent verification: minor weakness • 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"> • 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"> • 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