

Maintenance Audit – Summary Report MA2 2020/02/11

General information

Organisation	Dan Church Aid		
Type	Mandates	Verified mandates	
<input type="checkbox"/> National <input type="checkbox"/> Membership/Network <input checked="" type="checkbox"/> Direct Assistance <input checked="" type="checkbox"/> International <input type="checkbox"/> Federated <input checked="" type="checkbox"/> With partners	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input checked="" type="checkbox"/> Advocacy	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input checked="" type="checkbox"/> Advocacy	
Head office location	Copenhagen		
Total number of country programmes	17	Total number of staff	750+ world-wide

Audit team	
Lead auditor	Birgit Spiewok
Second auditor	-
Third auditor	-
Observer	-
Expert	-
Other	-

Scope of the audit

Audit Stage	CHS Verification Scheme			
	Certification	Independent Verification	Benchmarking	Other
Initial audit (IA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First maintenance audit (MA1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mid-term audit (MTA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second maintenance audit (MA2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recertification audit (RA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extraordinary audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sampling

Randomly sampled country programme sites	Included in final sample (Yes/No)	Replaced by	Rationale / Comments (If random sample not included explain why and give rationale for selected country programme)	Onsite visit / remote assessment
Syria	yes			remote
Malawi	yes			remote
Nepal	yes			remote

Add any other sampling performed for this audit (for example federations, regional offices, etc.): - none

*It is important to note that the audit findings are based on a sample of an organisation's country programmes, its documentation and 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.

1. Activities undertaken by the audit team

Interviews

Position / level of interviewees <i>(add information as necessary)</i>	Number of interviewees	Onsite or remote
Head Office		
Management & Staff	4	remote
Country Programme(s)		
Management	1	remote
Staff		
Partner staff	2	remote
Others (specify)		
Total number of interviews	7	remote

Opening meeting

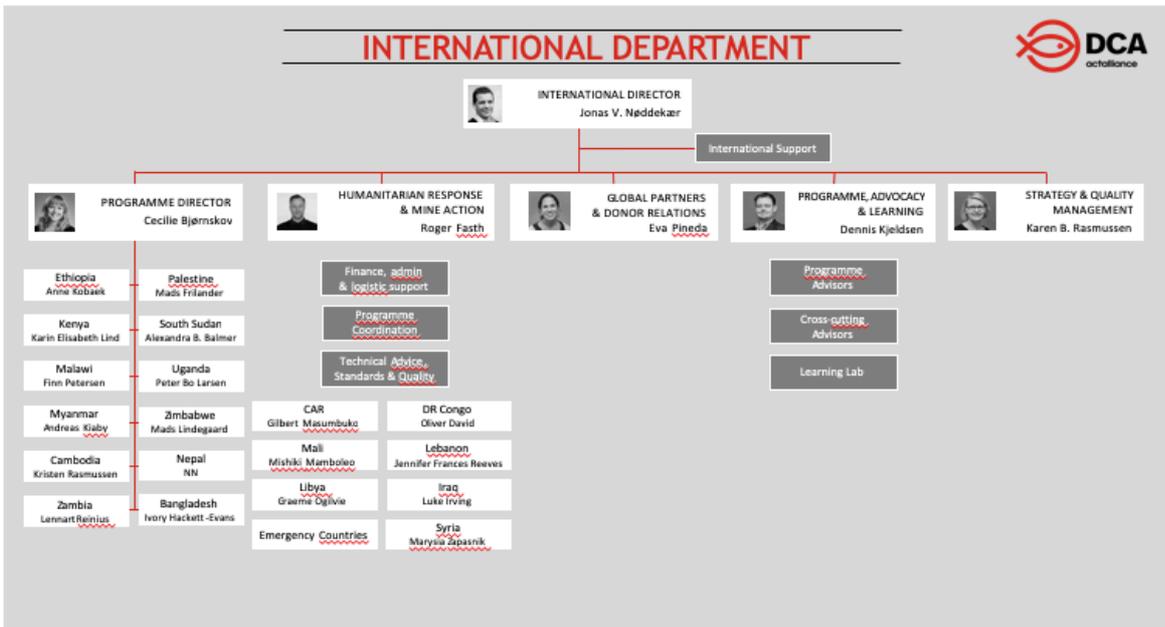
Date	(2020/01/08)
Location	remote
Number of participants	2
Any substantive issues arising	-

Closing meeting

Date	(2020/02/03)
Location	remote
Number of participants	6
Any substantive issues arising	-

2. Background information on the organisation

Governance and management structure	The governance and management structure of DCA has not changed since the 2019 MTA:
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<p>Effectiveness of the internal quality assurance systems</p>	<p>DCA continues to formally commit to the CHS in its current strategy 2019 – 2022 and this is expressed in its policies, procedures and guidance for staff on how to implement programmes and projects in line with CHS, e.g. through M&E frameworks and internal auditing. Annual reports include reporting on how the organisation applies CHS. DCA also shows progressive realisation towards ensuring that their partner organisations (POs) fully comply with the CHS as well. This is put into action e.g. via its system of appointing CHS focal points in each country office. These focal points jointly with support from the head office work with POs to understand their approaches towards accountability and transparency. Annual accountability improvement plans are mandatory for each Country Programme and these are continuously used to monitor and document compliance with the nine Core Commitments.</p>
<p>Work with partner organisations</p>	<p>DCA’s work with its POs is fundamental to its values and identity and DCA staff give substantial time and effort in understanding their partners (e.g. Partner Assessment Tool) and supporting them through capacity building activities. DCA country office staff regularly visit the PO’s projects and conduct annual meetings with all POs. These meetings are also used to train POs in new standards and procedures e.g. on PSEA. In addition to the annual meeting, DCA provides trainings and exchanges between partners in the country e.g. on how to set-up complaints handling mechanisms in the local context. DCA also supports partners via technical support visits by head office staff e.g. on how to comply with international data protection standards, as done in Nepal End of 2019. In 2018, DCA implemented 34% of its assistance through national partners (DCA 2018 Annual Report).</p>

3. Overall performance of the organisation

<p>Effectiveness of the management system and internal quality assurance and governance</p>	<p>DCA’s management system was changed over the past 3 years and a new single International Department was created by the time of the mid-term audit (MTA) in 2019. This set-up allows the organisation to strengthen its work across the humanitarian-development-peace nexus: both humanitarian and development programmes work within a common strategy and quality management system. Strategy and Quality Management were strengthened and the new structure allows the use of unified systems, procedures and tools across all country programmes. Decision-making is decentralised to Country Directors, who are responsible for the country programmes and the cooperation with implementing national POs.</p>
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<p>Overall organisational performance in the application of the CHS</p>	<p>DCA continues to show a high level of organisational commitment towards implementing the CHS. Since the initial audit in January 2017, DCA has worked towards addressing weaknesses in a systematic way. The MTA identified one CAR (3.8) which still needed to be addressed within a two-year time frame for resolution. Also, three observations were made.</p> <p>The organisation has set out a plan to address the CAR (3.8) on data protection and has been implementing these activities according to the two-year plan. Although not all activities have yet been implemented at the time of the MA2 and therefore remain outstanding, the organisation has made significant progress: It has identified the main areas to work on, has made a clear plan of action and documents its progress. This has included revising the Partner Assessment Tool to include data protection, rolling out a data protection policy and guidelines and training country offices and POs.</p> <p>The organisation demonstrates that it is taking the issue seriously, is systematically addressing it and has successfully made the relevant changes. The organisation shows significant progression and the CAR has therefore been closed. In consideration of the outstanding key activities, an observation is made that the roll-out of the new data protection guide has not been fully completed and not all country offices and POs have been reached yet.</p>
<p>Overall performance on PSEA</p>	<p>DCA is an organisation that demonstrates an organisational culture where complaints are taken very seriously and are acted upon in a timely and structured manner according to defined policies and procedures. The organisation invests time and resources in ensuring that programmes take into consideration needs and risks, identify potential negative effects and work with its partners to implement strategies and guidance in order to prevent sexual exploitation and abuse. Although not all POs have a CoC and a complaint handling system in place, DCA has a clear understanding of where their partners stand on these issues. They agree on a work plan with their partners to build their capacities on accountability and follow-up on the agreed improvement plans. The POs interviewed in the MA2 confirmed that they have Code of Conducts and feedback and complaints handling systems in place.</p>
<p>Overall performance on localisation</p>	<p>DCA implements its programmes to a large extent through partner organisations. The cooperation with their partners is based on clear agreements, outlining each others' roles and responsibilities. DCA is committed to build the capacities of its partners, support local leadership, and promote early recovery and resilience of communities and local stakeholders.</p>
<p>Overall performance on gender and diversity</p>	<p>DCA ensures inclusive representation, participation and engagement of people and communities at all stages of the work. This is achieved by clear policies and followed-up by application of guidelines and procedures on impartiality, gender and diversity awareness. Staff regulations include a Code of Conducts and ensure fair, transparent, non-discriminatory procedures that are compliant with national employment law. The organisation communicates in a way that is respectful, culturally appropriate and takes into consideration the communication needs of vulnerable and marginalised groups.</p>

Average score per commitment

CHS Commitment	Average score*
Commitment 1: Humanitarian assistance is appropriate and relevant	3.0

Commitment 2: Humanitarian response is effective and timely	3.0
Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	2.9
Commitment 4: Humanitarian response is based on communication, participation and feedback	3.0
Commitment 5: Complaints are welcomed and addressed	3.1
Commitment 6: Humanitarian response is coordinated and complementary	3.5
Commitment 7: Humanitarian actors continuously learn and improve	3.2
Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably	3.0
Commitment 9: Resources are managed and used responsibly for their intended purpose	3.0

**Note: scores are culminative and updated at this audit stage based on the results from previous audits*

4. Summary of non-conformities

Corrective Action Requests (CAR) / Weaknesses (YYYY – indicator)	Type (minor / major)	Close-out due date (YYY/MM/DD)	Date closed out (YYYY/MM/DD)
2019 – 3.8: DCA has not yet put in place the systems to ensure that all the personal information collected from communities is adequately safeguarded in all its programmes	Minor	21-02-21	2020-02-11

Sampling recommendation for next audit

Sampling rate	As outlined for re-certification
Specific recommendation for selection of sites	Include also a country programme for onsite visit where DCA self-implements humanitarian programmes

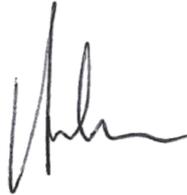
5. Lead auditor recommendation

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 on Quality and Accountability. We recommend maintenance of certification.	
Name and signature of lead auditor:  Birgit Spiewok	Date and place: Berlin, 11 Feb 2020

6. HQAI decision

<input checked="" type="checkbox"/> Certificate maintained	<input type="checkbox"/> Certificate reinstated
<input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate withdrawn

Next audits
Re-certification before 2021-01-13

Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative	Date: 2020-03-06 
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7. Acknowledgement of the report by the organisation

Space reserved for the organisation	
Reservations regarding the findings / remarks regarding the behaviour of the audit team: Reasons, please give details:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit I accept the findings of the audit	
Name and signature of DCA representative: Birgitte Qvist-Sørensen  Date: 2020-04-19	

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

0	Major non-conformity or Major weakness
	Your organisation currently does not work towards applying this requirement, either formally or informally. It's a major weakness that prevents your organisation from meeting the overall commitment.
1	Minor non-conformity or Minor weakness
	Your organisation has made some efforts towards applying this requirement, but these efforts have not been systematic.
2	Observation
	Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed.
3	Conformity
	Your organisation conforms to this requirement, and organisational systems ensure that it is met throughout the organisation and over time – the requirement is fulfilled
4	Exceptional conformity
	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.